



CENTRE FOR
SOCIAL SCIENCE RESEARCH

**MISSING LINKS? AN EXAMINATION
OF CONTRIBUTIONS MADE BY
SOCIAL SURVEYS TO OUR
UNDERSTANDING OF CHILD
WELL-BEING IN SOUTH AFRICA**

Rachel Bray

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The Administrative Officer
Centre for Social Science Research
University of Cape Town
Private Bag
Rondebosch, 7701
Tel: (021) 650 4656
Fax: (021) 650 4657
Email: kforbes@cssr.uct.ac.za

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Rachel Bray is a Research Associate in the Social Surveys Unit, Centre for Social Science Research at the University of Cape Town.

Missing Links? An Examination of the Contributions Made by Social Surveys to our Understanding of Child Well-Being in South Africa

Introduction

Commitments to children featured prominently in the rhetoric that accompanied the new South African constitution and the 1994 elections. The Government recognised the active role that children played in the struggle, most visibly in the 1970s protests against the Bantu Education Act, and the consequences this had in terms of forfeiting their schooling. Their rights to a place in the new democracy and to equal access to the state's resources were spelled out in the National Programme of Action for Children (NPA). Modelled closely on the UN Convention on the Rights of the Child, this document sets out the quality of life desired for South African children. The aims were, and still are, laudable, but they were extremely ambitious in the context of entrenched inequalities between children previously classified in different racial groups. Precisely how each plan towards better health care, schooling, nutrition and protection was to be achieved was not described. Neither were mechanisms with which to measure progress towards the respective NPA goals. Media coverage of continuing high rates of violence against children, poor quality schooling and child malnutrition suggest that little progress has been made towards these goals. At this point in time, the critical question is whether we have appropriate, reliable data and the analytical tools needed to track changes on child well-being over time. Current policy debate, both internationally and lately within South Africa, is centred on the development and use of indicators to monitor child poverty and well-being (Anderson Moore and Redd, 2002; Richter 2002). Indicators are indeed crucial to the process of measuring change and need to be chosen carefully for their ability to represent the bigger picture. Furthermore, experience around the world shows that monitoring social development is notoriously complex and time-consuming. It is therefore critical that indicators are kept simple and linked to existing data where possible in order to establish baselines and measure change using existing survey procedures.

The aim of this paper is to examine the available data on children's lives in South Africa in order to see whether we have the necessary tools to trace changes in child poverty and well-being over time, and to link these changes to broader social, political and economic trends. The analysis offered in this paper

is important not only in terms of understanding the factors that currently influence the lives of almost half of South Africa's population¹, but also in terms of gaining insight into the links between child poverty and adult poverty, and the opportunities that exist to break the poverty cycle. Before addressing these concerns, I set the scene by briefly describing the major developments in the social sciences and in social development policy with respect to the study of children and childhood.

Children and Childhood in the Social Sciences

Internationally, it is only in the last decade that childhood has become a major focus of study in the social sciences. With the exception of development psychology, social science disciplines have tended to treat children as members of households, family and community, rather than as social actors in their own right. The main concern in studying children across all disciplines was to understand the socialisation process into adulthood. Youth, on the other hand, have been the focus of much sociological analysis, the bulk of which focuses on youth sub-cultures, class dynamics, conflict and employment (for example, Willis *et al.*, 1990). Research topics such as these reflect an over-riding concern with youth as a cohort of the population who pose a threat to social stability and cohesion. In periods of change and uncertainty, such research is driven by and helps substantiate a socially constructed 'youth problem', as observed in South Africa in the early 1990s (Seekings, 1996). In this case, the prevalent public discourse of a dangerous and delinquent 'lost generation' gave rise to a moral panic around black youth (particularly young men) which was later proven to be unsubstantiated (*ibid*).

Despite the blurred boundaries between childhood and youth (see discussion below), children have been treated very differently by the research community, both in South Africa and elsewhere. During the apartheid era, no substantial work was done on the links between inequality, poverty and child well-being. The government at the time was not eager to draw attention to the impact of its policies on such large sections of the population. In an attempt to fill gaps in understanding and thinking about childhood, poverty and social change, an edited volume was published in 1986 titled '*Growing up in a Divided Society: the contexts of childhood in South Africa*' (Burman and Reynolds, 1986). At the time, this collection was unique in its focus on children and its efforts to develop a holistic, inter-disciplinary approach to understanding the diversity of childhoods within South Africa. The topics covered include health, child-care,

¹ Of the 44.4 million people living in South Africa, approximately 19 million (43%) are children under the age of 18 years (UNICEF, 2002).

the development of ethnic identity and racial orientation, and children who live in particularly challenging environments (such as the streets, and communities that had been forcibly removed by the apartheid state). The majority of authors rely on qualitative data generated amongst small communities, with the occasional reference to a survey. With the exception of health statistics and Census data on household structure (that do not feature children *per se*), none of these surveys stretch to provincial or national level. Although not a comprehensive analysis of child well-being, this volume succeeded in drawing attention to children as members of society deserving further research.

Child poverty is mentioned briefly in the seminal texts on poverty and inequality in South Africa (Wilson and Ramphela, 1989; May, 2000). Attention is drawn to the proportion of children who are under-nourished, unable to attend school or study effectively owing to hunger, and to problems such as sexual abuse that are considered to be associated with frequent migration and dispersion of family members, high levels of alcohol abuse and unemployment (May, 2000:32). However these volumes do not explore the details of causal relationships involving household poverty and child well-being, nor the factors that enable some children to cope better than others in equally adverse environments.

In the early 1990s, two important shifts in thinking occurred internationally that have significantly altered approaches to research on child well-being. The first stemmed from the drafting and almost universal ratification of the UN Convention on the Rights of the Child². Welfarist approaches based on concepts of children's needs were replaced with rights-based approaches in which children have – at least on paper – legitimate claims to the state's resources and to a say in decisions affecting their lives. Although it is fair to say that the change in rhetoric has been greater than the change in practice, the framework of children's rights has filtered into research design and programme development.

The second shift in thinking arose from a reassessment of the sociological study of childhood initiated during the last decade by British sociologists James, Jenks and Prout with a number of other European scholars (Jenks, 1996; Qvortrup *et al*, 1994; James *et al*, 1998). The gist of this is greater recognition of historical and cultural variation in notions of ideal childhoods, and of children's active participation in society. The 1990s saw considerable theoretical and methodological development as a result of a heightened interest in children as research subjects. For example, much work has gone into the design of methods capable of shedding light on the way children experience, understand and shape their everyday lives (examples of South African research using these approaches

² Somalia and the United States of America are the two countries that have not ratified the UN Convention on the Rights of the Child (UN-CRC).

are found in Dawes and Donald, 1994 and Donald *et al*, 2000). More recently, increasing attention is being paid to the part that macro-economic and social analyses can play in enhancing our understanding of child poverty, and the effects of different policy decisions directed at household and family on children (Qvortrup *et al*, 1994; Markus and Wilkinson, 2002).

The Scope and Structure of the Paper

In this paper, children are defined as individuals under 18 years of age in line with South African law and international agreements (specifically the United Nations Convention on the Rights of the Child). As will become apparent, definitions of ‘children’, ‘youth’ and ‘adolescence’ vary between studies according to the subject under investigation and dominant cultural perceptions of life stages. In terms of the experiences and perspectives of young people in South Africa, a definition that stretches childhood to 18 years can be problematic because it falsely separates so-called ‘children’ from the wider socio-political and economic environment. However for the purposes of this paper, analysis will focus on studies of South Africans under eighteen years of age, whether they are labelled ‘children’, ‘adolescents’ or ‘youth’.

I use the term ‘child well-being’ because it is broad enough to encompass economic factors, health (both physical and psycho-social), education, development and social inclusion. Use of the term ‘well-being’ does not assume a one-way relationship such that the well-being of children is solely dependent on the features of their environment. Rather it allows analysis of the two-way interaction between children and their environments, and of the effect of children’s perceptions and actions on well-being outcomes. This is consistent not only with the international developments outlined above, but with recent thinking amongst South African development psychologists who point out that “the way [children] perceive their circumstances will influence the way they respond to their human and physical contexts” (Donald *et al*, 2000:4). Attention to these aspects of the relationship does not imply losing sight of the larger structural forces that impact children’s lives whether directly or indirectly through their membership of families and communities.

Aspects of child well-being are of course heavily interdependent, however the paper is divided into four parts for organisational purposes. The first discusses child poverty and economic well-being, the second child health, the third education and development, and the fourth civil rights and social inclusion. The following questions are posed in relation to each of these topics:

- Where can we find relevant quantitative data able to provide a national picture?

- How have these data been used so far and with what result in terms of our knowledge of child well-being?
- What else could these data tell us about if analysed differently?
- What are the limitations of the data sets in terms of methodology and content?
- What has been learnt through qualitative research that has an impact on the design and focus of future quantitative studies?

Table 1 provides a reference point for this discussion by summarising the major quantitative data sets available on childhoods in South Africa and certain pertinent features of these surveys.

Table 1: South African social science surveys providing data on child well-being: Data sources, topics covered and major studies to date

Survey, sample size and provider	Respondents / Source of data on childhood	Topics related to children and age range surveyed	Major studies on children that have used the data
<p>October Household Survey (OHS 1995-99)</p> <p>Sample = 30,000 households</p> <p>Statistics South Africa</p>	<p>Household member (household head if present) reports on all members of household</p>	<p>Income of household and number of household members</p> <p>OHS 1995: employment of those aged 10 years and over</p> <p>Attendance at educational institution (5-25 years)</p> <p>Educational levels (over 20years)</p> <p>Disability (0-65+ years)</p>	<p>Anderson, K. et al. 2001. Causes and Consequences of Schooling Outcomes in South Africa: Evidence from Survey Data. <i>Social Dynamics</i> Vol 27. No 1. pp. 37-59.</p> <p>Cassiem, S. et al. 2000. <i>Are poor children being put first? Child poverty and the budget 2000</i>. Cape Town: IDASA.</p> <p>Cassiem, S and Streak, J. 2001. <i>Budgeting for children's socio-economic rights: Government obligations and the child's right to social security and education</i>. Cape Town: IDASA.</p>
<p>Labour Force Survey (LFS 2000-02)</p> <p>Sample = 30,000 households</p> <p>Statistics South Africa</p>	<p>First module: household head/member responds for all (babies included)</p> <p>Second module: those aged 15-65 years respond for themselves (where possible)</p>	<p>As above, but includes question on employment in the home (fetching water and fuel) for all ages.</p> <p>Employment within the last seven days, reasons for unemployment and job-seeking behaviour</p>	<p>None known</p>
<p>Income and Expenditure Survey (IES 2000)</p> <p>Sample = 30,000 (same households as LFS)</p> <p>Statistics South Africa</p>	<p>Household member who purchases for the household (or who knows the answers to questions)</p>	<p>Source and amount of income for each member of the household (including grants and work for pay, profit or family gain).</p> <p>Expenditure on food (by type), clothing, health services, leisure, education (fees for day-care, crèche, school, college and university, plus private tuition) for the whole household</p>	<p>None known: IES 2000 data just released.</p>

Survey, sample size and provider	Respondents / Source of data on childhood	Topics related to children and age range surveyed	Major studies on children that have used the data
<p>Demographic and Health Survey (DHS 1998)</p> <p>Sample = 12,000 individuals (national)</p> <p>Medical Research Council</p>	<p>Household member or 'competent respondent' (aged 15 or over) reports on education</p> <p>Separate questionnaire for women aged 15-49 years, who report on children's health</p>	<p>Whether individuals have ever attended school (6-24 years), highest education level achieved (6-65+ years)</p> <p>Infant and child mortality, rates of immunisation, infections and treatment (0-5 years).</p> <p>Maternal health; antenatal care and vaccinations (15-35+ years). Infant and child feeding practices (0-3 years)</p> <p>Adolescent health; adolescent sexual behaviour, contraceptive use, incidence of injury, exposure to and use of tobacco, alcohol use/misuse and various indicators of poor physical health (15-19 years).</p>	<p>Shung-King. M. et al 2000. Child Health. Chapter in <i>South African Health Review 2000</i>. Durban: Health Systems Trust.</p>
<p>Project for Statistics on Living Standards and Development (PSLSD) 1993 (also known as South Africa Integrated Household Survey)</p> <p>Sample = 9,000 households SALDRU, University of Cape Town.</p>	<p>Household head or member reports on all members</p>	<p>Educational attendance (6-24 years)</p> <p>Child health: anthropometry for growth status</p> <p>Employment (16 years and over)</p>	<p>Case, A. and A. Deaton. 1999. School Inputs and Educational Outcomes in South Africa. <i>Quarterly Journal of Economics</i> no. 458 (August): 1047-84.</p> <p>Haarmann, D. 1999 <i>The Living Conditions of South Africa's Children</i>. AFRcC Research Monograph (no.9).</p> <p>NIEP. 1996 <i>Children, Poverty and Disparity Reduction: Towards Fulfilling the Rights of South Africa's Children</i>. Report commissioned by the Office of the President.</p>
<p>Time Use Survey (2000)</p> <p>Sample = 8564 households, 14,553 individuals Statistics South Africa</p>	<p>Household head/member Two persons per household aged 10 years and over respond on time use</p>	<p>Demography, access to services, income Work and work seeking behaviour, time spent in each activity (by half hour intervals) including child care (using a diary)</p>	<p>Budlender, D and D. Bosch. 2002 <i>South Africa Child Domestic Workers: A National Report</i>. Geneva: ILO-IPEC.</p>
<p>General Household Survey (2002 but data not yet released)</p> <p>Sample = ? Statistics South Africa</p>	<p>Women aged 12-50 years report for themselves, and on behalf of children (0-17 years)</p>	<p>Education, health, disabilities, working roles within the household (but not outside)</p>	<p>Data not yet released</p>

Survey, sample size and provider	Respondents / Source of data on childhood	Topics related to children and age range surveyed	Major studies on children that have used the data
<p>Survey of Activities of Young People (SAYP 1999) Sample size = 26,081 households, and sub-sample of 4,494 in which at least one child engaged in 'child labour'</p> <p>Statistics South Africa</p>	<p>'Responsible' adult household member (usually female)</p> <p>Children aged 5-17 years</p>	<p>Household demography; education (of children only?), occupations and economic status of parents,</p> <p>Migration status, hours spent in certain activities (housekeeping, domestic work, economic activities, school maintenance work), conditions of work (5-17 years).</p>	<p>Budlender, D and D. Bosch. 2002 <i>South Africa Child Domestic Workers: A National Report</i>. Geneva: ILO-IPEC.</p>
<p>Khayelitsha/Mitchell's Plain Survey (2000/2001)</p> <p>Sample = 1176 households, 1883 children</p> <p>SALDRU, Univ. of Cape Town.</p>	<p>Adults aged 18+</p> <p>i) recall information providing retrospective data on childhood ii) respond on behalf of children aged 17 and under</p>	<p>Inter-generational mobility; standard of living, occupations and educational levels of household heads during childhood</p>	<p>None known.</p>
<p>Transitions to Adulthood (Wave 1 in 1999, wave 2 2001). Sample = 2,000 households in KZN with total of 3,096 young people</p> <p>School of Development Studies, Univ. of Natal, The Population Council.</p>	<p>Household members (usually household heads)</p> <p>Young people (14-22 years)</p>	<p>Household demography, economic status, income, expenditure, grants received.</p> <p>Education, employment, sexual and reproductive health , coverage of the school-based Life Skills Programme.</p>	<p>Rutenberg, N. et al. 2001. <i>Transitions to Adulthood in the Context of HIV/AIDS in South Africa. Report of Wave I</i>. Horizons, Population Council and the University of Natal.</p>
<p>Birth to Ten (1990-2000). Sample = 70% of original sample of 3,275 children (approximately 2,290) tracked over 8 yrs</p> <p>Univ. of the Witwatersrand with the Human Sciences Research Council (HSRC) and the Medical Research Council (MRC.)</p>	<p>Mothers of children born in public institutions (no age limit) respond about their children</p>	<p>Household education levels, assets and income. Children's access to food, development (physical and cognitive), emotional and social functioning, socialisation processes.</p>	<p>Barbarin, O. and Richter, L. 2001. <i>Mandela's Children: Growing up in post-apartheid South Africa</i> London: Routledge.</p> <p>Particular sections of the BTT data set have been analysed and reported in a large number of journal articles (see www.wits.ac.za/birthto20)</p>

Survey, sample size and provider	Respondents / Source of data on childhood	Topics related to children and age range surveyed	Major studies on children that have used the data
<p>Birth to Twenty (2000-2010; first round of data shortly to be released).</p> <p>Provider: as above</p>	<p>As above, with module for children (aged 10 years and over)</p>	<p>Background demographic, health, education and socio-economic data.</p> <p>Specific focus on bone health and on reproductive health and related behaviours</p>	<p>None (data collection under preparation)</p>
<p>Langeberg Survey 1999 (Western Cape)</p> <p>Sample=294 households and 294 children.</p> <p>SALDRU, Univ. of Cape Town</p>	<p>Separate questionnaires for: Adults: 55 years and over Young adults: 18-54 years</p> <p>Anthropometric survey on children</p>	<p>Anthropometric measurements giving data on stunting (height for age) and wasting (weight for age).</p>	<p>None known</p>
<p>HSRC Student Choice Behaviour Project Survey (2000)</p> <p>Sample = 12,201 learners from 300 schools, nationally.</p> <p>HSRC</p>	<p>Written questionnaires sent to schools for distribution amongst grade 12 learners</p>	<p>Household demography, SES of learner, education and employment of parents, educational history of siblings, intentions to enter higher education, factors affecting choice of institution and subject.</p>	<p>Cosser, M. and du Toit, J. (2002) <i>From School to Higher Education? Factors affecting the choices of grade 12 learners.</i> Cape Town:HSRC Publishers.</p>

Survey, sample size and provider	Respondents / Source of data on childhood	Topics related to children and age range surveyed	Major studies on children that have used the data
<p>The South African Behavioural, Sero-Prevalence and Mass Media study (SABSMM): Household Survey (2002)</p> <p>Sample: approximately 9,000 in total, of whom 3000 are children aged 12-14 years</p> <p>HSRC with inputs from the MRC, CADRE and UNAIDS.</p>	<p>Separate questionnaires for:</p> <p>Adults: 25 upwards</p> <p>Youth: 15-24 years</p> <p>Children: 12-14 years</p> <p>Adults responding on behalf of children aged 2-11 years</p>	<p>For all ages: Saliva samples were used to determine HIV status.</p> <p>For 2-14 years: Demography and education, orphanhood status, home environment, care and protection, health status,</p> <p>For 2-11 years; employment, income, income adequacy and number of dependents of adult respondent, educating the child on live issues, sources of information on HIV/AIDS and media impact.</p> <p>For 12-14 years: knowledge and communication about HIV/AIDS, sexual experience and behaviour, circumcision.</p> <p>For 15-24 years: as above with marital status and practices, sexual debut, sexual practices and condom use, perceived risk of HIV, voluntary counselling and testing, sexual violence and coercion, alcohol and drug use, knowledge, attitudes and perceptions of HIV/AIDS, stigma, public perceptions on HIV/AIDS policies, mass media.</p>	<p>Shisana, O and Simbayi, L. 2002. Chapters 2 and 3. In <i>Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media: Household Survey 2002</i>. Cape Town:HSRC.</p>
<p>Cape Area Panel Study (CAPS) (wave 1: 2002)</p> <p>Sample size: approx. 5,000 households, 4500 young adults</p> <p>Centre for Social Science Research (CSSR), Univ. of Cape Town with Population Studies Center, Univ. of Michigan.</p>	<p>Two questionnaires:</p> <p>1) Household member age 18 or above (where present)</p> <p>2) Young adults (14-22 years)</p>	<p>Roster of household members and non-resident children (residence, schooling, work experience and contact), household events, income, expenditure and debts.</p> <p>Life history: family structure, residence patterns, schooling, employment. parental investment over past year, role of extended family, health and reproduction.</p>	<p>Data collection underway.</p>

Part 1: Child Poverty and Economic Well-Being

The October Household Surveys (OHS 1995-1999) provide data on numbers and ages of children in each household, as well as household income levels and living conditions such as shelter and access to services. Calculations using these variables can tell us the proportion and geographical distribution of children of particular ages who live in poor households in any one year (when poverty is defined according to household income and living conditions). Recent estimates of child poverty trends using the OHS household income data and poverty line of R400 per month per child found that 75.8% of South African children lived in poverty in 1999 as compared to 64.7% in 1995 (Streak, 2002:3-4). The increase is considered to reflect both a real growth in child poverty and the under-reporting of household income in OHS 1999³.

Similar calculations have been made using the 1995 Income and Expenditure Surveys (IES) and result in a child poverty rate of 60% (May, 2000:33) and similar patterns of inter-provincial differences to those calculated by IDASA using the OHS 1995. Household income alone does not give an accurate picture of child poverty and its impact on well-being. A better picture is formed by using a composite index of poverty indicators (for example expenditure, housing, health and employment opportunities for adult household members) and an appropriate data set. Haarmann (1999:28) used the 1994 PSLSD data to calculate that 69.3% of children aged 0 to 6 years lived in poverty, meaning a lack of economic means and access to basic services (such as adequate shelter and education). The fact that source data were collected only one year later than the 1995 OHS and IES yet produce an estimate of child poverty that is 5-10% higher, suggests that inadequate access to basic resources as well as low household income levels compromise the well-being of the majority of South African children, and/or that children are getting poorer.

These calculations of child poverty reflect the household resources that are theoretically available to children, rather than actual provision for children. Information on the resources allocated to children requires

³ “There is a general consensus amongst experts on survey data analysis in South Africa that the reliability of the OHS 1999 data is undermined by an under-reporting of income in the 1999 October Household Survey” (Streak, 2002:4).

analysis of intra-household resource distribution. The IES provides a very detailed breakdown of household expenditure that would allow calculation of both absolute and proportional household expenditure on children's clothing, school fees, and leisure activities – all of which can contribute positively to child well-being. It is more difficult to isolate expenditure on children relating to other key aspects of their well-being such as food and health-care because the IES questions ask for household-level expenditure⁴. The potential of these data to provide insight into the spending patterns of poor households with children (of certain age groups) as compared to those without children has yet to be realised. One possible avenue to be explored is the relative amounts spent on food of various types, particularly foodstuffs known to be critical to children's physical development. However, in order to draw conclusions about the effects of household poverty and resulting spending patterns (allocation of resources) on child well-being, we would need to control for any bias in intra-household food allocation (discussed later in this paper) and analyse these findings against anthropometric data on children's growth patterns (which are not collected in the IES nor any other survey that uses the same sample). A further potentially valuable comparison would be between households receiving the Child Support Grant (CSG) and those of similar composition, employment profile and location who do not receive the CSG. If findings could reveal the type of additional expenditure made by households receiving the CSG, this would inform policy makers concerned that increasing the sum of the CSG and/or the age of children eligible will have only limited impact on child well-being.

Researchers in IDASA have studied the allocation of resources to children at a macro level by comparing inter-provincial measures of child poverty (calculated from the 1996 Census data) with government policy, spending and service delivery in each province (Cassiem *et al*, 2000, Cassiem and Streak 2001). Their analysis looks at the health, justice, welfare and education sectors to see whether state resources could reach poor children, and in theory stand to improve their well-being. As would be expected, their findings reveal differences between government policy commitments and actual practice. National policies that relate to provincial allocations of resources do indeed prioritise the needs of poor children. For example, the proportions of funds allocated to the three child-specific conditional grants for each province mirror the income poverty rates of children in the province (Cassiem *et al*, 2000:40).

⁴ The only food types isolated in the IES questionnaire for which expenditure can be assumed to be on children are infant formula and processed baby food.

However, the impact of these grants on children is found to be significantly undermined by under-spending and implementation problems. What this means is that although the large numbers of very poor children in Limpopo Province, for example, would appear to be receiving appropriate levels of government assistance, the administrative barriers may in fact prevent families and children receiving any benefits. A further problem related to the fiscal budget is the real decline in spending on the three child-specific conditional grants and the Integrated Nutrition Programme over the period 2000-03 (*ibid*: 39).

Understanding the Economic Roles of Children

An important additional factor in understanding the economic well-being of children is the extent to which children contribute to the household economy and the resulting costs or benefits to their well-being. Owing to the official definition of the working age population as those between 15 and 65 years, most national household surveys do not collect data on employment on anyone under 15 years. The few exceptions are the 1995 OHS, which asks for employment information on those aged 10 years and over, and the PSLSD, which captures information on adults' and children's involvement in casual/temporary work and self-employment.

One further example is the Labour Force Survey (LFS) which asks brief questions about children's contributions to the household economy in terms of number of hours spent fetching water and fuel. The accuracy of these data is questionable in view of the fact that the respondent, normally the household head, may not know how long children spend on these tasks or may wish to under-report in order to create a good impression of their parenting. Even if we are confident of the accuracy of the data, a common limitation to all these data sets is the difficulty of deducing the effects of household chores and/or an assigned domestic role on child well-being. Plausible consequences of high work loads include absence from school, poor school achievement and/or ill-health (Boyden *et al*, 1998). The LFS question on school attendance is posed in such a way that it is likely to elicit information on who is enrolled and therefore should be attending, rather than the actual attendance rates of children or their achievements⁵. Hence the information is inadequate for analysing the effect of long working hours on children's education.

⁵ Problems arising from the phrasing of questions relating to education are discussed further in part 3.

The IES (1995 and 2000) questionnaire includes of age of each household member and questions about their income. In theory, data should be available on income generated by children (through earnings, or work in kind for family gain). However, several factors make it unlikely that children's incomes will be captured in this survey. Firstly, children are very unlikely to be responding for themselves and adult respondents may not know of their income or consider it significant enough to report⁶. Secondly, adult respondents may wish to hide income from children under 15 years old because work is illegal for this age group. A further question relating to the ability of the IES to reflect the economic role of under eighteen year olds relates to the inclusion or exclusion of child-headed households. Analysis of the recently released IES 2000 data would quickly reveal whether there are respondents who are 17 years old and younger⁷. If not, we need to know whether enumerators were advised to exclude such households or to ask an adult neighbour to report on their behalf.

In searching for information on children's work I am struck by the diversity in estimates of the numbers of working children. Bosch and Gordon's (1996) analysis of the October Household Survey of 1994 finds that approximately 200,000 children between 10 and 14 years (or 4% of that age group) are working. However, the PSLSD and OHS 1995 identified very small numbers of employed children under 14 years (ten and nine individuals respectively) (Muller, 2002:11-12), meaning that these figures cannot be extrapolated to provide a national picture. There are three plausible explanations for the discrepancy between figures relating to child work. The first is the use of different definitions of work. In other words, if work is considered to be any form of productive contribution (remunerated for cash or kind, or non-remunerated) to the family livelihood including domestic work, then figures for 'child workers' will be much higher than if a narrower understanding of employment for remuneration is used. The second explanation is that the wording of questions and the context in which they are asked inhibits responses relating to children's work. The third explanation is the different reference periods used for measuring children's participation in work.

⁶ The questionnaire is administered through face to face interviews with the household head or responsible adult (Statistics South Africa 2002:4).

⁷ See part 4 for discussion of the capacity of existing surveys to capture numbers of child-headed households.

Looking firstly at the definition of work used in national surveys, we find that although there is no formal exclusion of children, they are excluded owing to criteria relating to work. For example, the Mesebetsi Labour Force Survey (1998) collected data on the employment, demographic and wages of all household members. It included a question asking whether each person spent time collecting wood or water, occupations we know are often performed by children. However, these data are not included in measures of employment because “although these activities do contribute to the household economy, they were not classified as employment unless done for other households for pay” (Fafo, 2001:6). Turning to the PSLSD questionnaire, we find several opportunities for capturing data on child work, but see that each has limitations. The employment module covers all members of the household by asking the respondent ‘Did X do any casual or temporary work within the past month for which she/he was paid in some way, for example, by being given money or food?’ Despite attention to the casual nature of work and the use of examples such as caring for others’ children, the fact that the questions define work as an activity remunerated through monetary income or food, means that adults responding on behalf of children may not consider their contributions significant enough to mention, or may simply not perceive the activities of children as work. The educational module of the PSLSD includes a question about the reason why household members aged 6-24 years are not attending an educational institution, and a code is given for the response ‘needed to get work’. However, a number of factors relating to cultural norms may prevent a household head replying affirmatively to this question even if situation applies. These include common perceptions of what children should and should not be doing (namely attending school but not working), normative ideas about parental responsibilities to educate children and the tendency to report according to expectations of what an interviewer wants to hear.

Given that South African children are unlikely to be working for an income over a sustained period, the length of the reference periods used will strongly influence rates of child work captured. Most household surveys (including the OHS and LFS) classify people as employed if they have worked in the seven days prior to the interview (Muller, 2002:11). The PSLSD questionnaire asks for information on employment of all household members over the past month (see quote above). However, the more recent Survey of Activities of Young People (SAYP) uses a reference period of twelve months, specifically in order to capture seasonal or irregular child work (Orkin, 2000). The outcome is that any child who had conducted one of a range of activities designated as work (see definitions below) for even a few days could be classified as a

working child. As we would expect, the results suggest that much higher numbers of children are working than indicated in any preceding survey. Before examining the findings of the SAYP in more detail, it is worth drawing attention to fact that the survey was a collaborative endeavour of the Department of Labour and The International Labour Organisation's International Programme for the Elimination of Child Labour (ILO-IPEC) that was designed to fill gaps in data on the nature and prevalence of child labour in South Africa. In addition to internal demands for more information on child work⁸, the priority of ILO-IPEC and international donor agencies is to gather information that can assist in the identification of hazardous child work. The last five years has seen increasing debate around the distinction between child work and child labour (see Boyden *et al*, 1998), where child labour is understood to be "work by children under 18 that is exploitative, hazardous or otherwise inappropriate for their age, detrimental to their schooling, or social, physical, mental, spiritual or moral development" (1998 South African Child Labour Action Programme based on ILO terminology). Governments are under pressure to find out about child labour and implement appropriate plans for the elimination of the worst forms⁹.

Owing to the fact that this definition of child labour does not limit 'work' to work for financial or other gain, but includes activities such as domestic tasks that could potentially have negative effects on their development, the SAYP set out to gather detailed information on a wide range of children's activities. In order to identify the proportion of this activity to be classified as 'child labour', a number of proxy indicators and filters were used to qualify the findings.

The results of the SAYP most relevant to our discussion on children's economic role and its impact on their well-being are as follows:

- 26% of South African children had been economically active (defined as economic activities for pay, profit or family gain, and excluding unpaid domestic work and fetching wood and water, for any amount of time per week),

⁸ The lack of adequate and reliable data on the nature and extent of child labour prior to the SAYP is stated in the government's 2001 Report on the State of the Nation's Children (NPA, 2001:113).

⁹ Action across the world to address exploitative and harmful child labour follows international consensus around ILO Convention on the Worst Forms of Child Labour (No. 182).

- 45% of South African children are engaged in child labour (as defined by a minimum of 1 hour of economic activity per week, and/or 5 hours of school labour¹⁰ and/or 7 hours of household chores),
- 36% of South African children are in the higher risk category of child labourers (preferred by the Department of Labour), because they spend at least 3 hours per week engaged in economic activities, and/or 5 hours in school labour and/or 7 hours doing household chores (Orkin, 2000).

These findings require closer examination with respect to the nature and frequency of children's work before they can be used to draw conclusions about the impact of work on child well-being. For example, the definition of economic activity used within the two measurements of child labour includes unpaid domestic work for non-family members and fetching wood/water. However it excludes other chores within children's own households. If we look at a breakdown of the most common types of work done by South African children, we find that fetching wood/water is the most common (conducted by 26% of girls and 21% of boys), farm work is next (6.3% of boys and 4.7% of girls) followed by very low levels of paid work in other sectors (only 1.5% of boys and 1.2% of girls). It would therefore appear that for the vast majority of children, what we are actually talking about is the impact of work in and around the home and farm on their well-being. Only a very small proportion of this is likely to be immediately hazardous to child health (for example exposure to toxic pesticides on commercial farms), and the pertinent questions lie in the extent to which children are able to balance a working role and educational progress, and whether children are at greater risk as a result of their working role (through gender, age, birth order or unusual family composition). The proportion of time children spend working is of course relevant to impact on well-being. It is worth bearing in mind that the figure of 26% economically active children is reduced to 15% if the criterion of at least one hour of work per week is applied, and to 8% if the cut-off is set at at least 3 hours per week. Few of the jobs done by the children surveyed are likely to have significant impact on children's well-being if done for less than three hours per week.

In concluding this discussion around the potentials and limitations of current surveys in relation to children's economic role, I compare the two major approaches taken by surveys thus far. National household surveys, by their nature, are primarily interested in the socio-economic status of

¹⁰ School labour is defined as school maintenance and improvement activities, for example cleaning toilets (Orkin, 2000).

households and owing to the methodological limitations outlined above, effectively exclude children's contributions. In contrast, the SAYP focuses specifically on children and sets out to identify children's activities that can be classified as work. What this results in is an under-estimation of children's roles in the household economy by national household surveys and an exaggeration of children's work in a focused survey such as the SAYP. Furthermore, neither approach is able to capture the place of work in children's lives. Household surveys that assume (and find) that children's working roles play a negligible role in household economies, are in danger of missing other benefits accrued to the household such as care-giving, or doing the chores normally undertaken by adults and thereby allowing them the time to generate income. In very poor families, such roles may be critical in enabling the family to continue functioning although under severe pressure.

Insights Gained from Qualitative Research

Although children were key respondents in the SAYP, little attention was given to the subject of why children work and how they feel about the work they do. As a result, there is a danger that assumptions around child work as 'only a bad thing' remain un-challenged despite contrary evidence from qualitative research in Southern Africa and around the world (Baker and Hinton, 2001; Nieuwenhuys, 1994; Reynolds, 1991). Reynolds (1991), for example, shows that children in rural northern Zimbabwe derive a positive sense of self and social status within the family and community from their working roles. What the SAYP did show is that 58% children who worked for three or more hours per week did so out of duty to help the family, while a further 15% did so to assist the family with income (Budlender and Bosch, 2002:12). Clearly, children's sense of duty to the family is a key factor that needs to be further understood in terms of its influence on work and consequent impact on well-being. It is reasonable to expect that children whose adult family members are without work or earning too little to support the family will feel that it is their duty to work. A similar scenario is likely in families where illness or death have resulted in fewer adults of working age or capacity. Indications of an increased work burden amongst children in communities heavily affected by HIV/AIDS are apparent in a recent qualitative study of the needs and existing provision for children affected by HIV/AIDS in six provinces of South Africa (The Children's Institute, University of Cape Town: in progress).

A closer examination of the SAYP data and Bosch and Gordon's work (1996) using the OHS 1995 reveals that over a third of child workers were living in commercial farming areas and were engaged in agriculture. Those from families living on farms grow up in a work setting and are unlikely to be paid (Levine, 2002). Their work is considered part of their parents' obligations to the farmer. For these reasons, child work of this nature will not be picked up by surveys asking about financial contributions from children. The question of whether and how such work affects children's well-being is best answered by consulting qualitative research. Through the use of interactive methods designed to elicit the understandings of children, their families and employers, such studies are able to explore the relationship between children's activities, outcomes relating to their well-being and underlying wider socio-political factors. For example, Susan Levine's (2002) anthropological study of child work on wine farms in the Western Cape identified risks to children's health related to the pesticides, physical strain and hours they were expected to work. Yet she also found very high rates of physical abuse to children related to alcohol consumption, that worsened at the weekends when parents were not working and therefore drinking more. Parental drunkenness and subsequent violence was something that most frightened children and motivated them to leave their homes and seek domestic work in the towns. Her conclusions were that working children were at particular risk not due to the work *per se*, but due to the power structures inherent in the labour arrangements, and the inadequate facilities and services (for health-care and education) that were available to them. Such findings raise serious questions about the appropriateness of moves to prevent children working on commercial farms that follow the current global agenda to eliminate exploitative child labour. Levine argues that in cases such as this where child work is part and parcel of larger structural inequalities, a focus on child labour only can act as a smokescreen that diverts attention away from the larger social and economic issues that are critical to child well-being (Levine, 1999).

These conclusions force us to ask about the potential of existing national surveys to provide data that is able to guide national policy to reduce child poverty in ways that account for children's working roles. Relevant questions include the type of work children do, reasons why they work, the role of their work in the household economy and the positive and negative effects on child well-being. No single survey asks all these questions. As noted earlier, national household surveys tend to overlook children's economic roles and the SAYP asks detailed questions about children's work but is less comprehensive with respect to the role of this work in the household economy and its impact on child well-being.

Qualitative research on the lives of poor children highlights two further potential limitations of surveys in the analysis of children's economic roles. Firstly, ethnographic studies conducted in urban and rural South Africa show the extent to which household composition fluctuates owing to migration (that is often seasonal), illness and or death of carers (Henderson, 1999; Jones, 1993; Ramphela, 1993 and 2002). Consequently, children experience frequent changes of care-givers and discontinuities in their relationships with parents. They may take on increasing social and economic responsibilities in the home. The snapshot nature of cross-sectional surveys means that they are unable to document these fluctuations or their impact on children. Analysis of resulting data must therefore avoid assuming stability in family composition and roles in the household. Longitudinal studies, on the other hand, are better placed to track the movements of household members although very frequent movement may not be detectable if data collection phases take place one or more years apart.

The second area where quantitative research is often limited is in its ability to incorporate children's perspectives and their responses to the challenges posed to them through poverty. These variables are important to our understanding of why certain children fare better than others, and the coping mechanisms that children employ. Carefully executed qualitative research can provide insight into these factors, as demonstrated by Swart-Kruger's (2001) work amongst children in a squatter camp in greater Johannesburg. By concentrating on children's experiences at a particular point in the day (bed-time), she reveals the features of living in a small space with little material possessions that matter to children and – in their terms – affect their well-being. The majority of children reported feeling safe and at home in their family shacks, and enjoyed the companionship afforded by the proximity of family members at bed-time. Yet at the same time, they experienced frustration with the lack of space and fear related to violence at home or in the neighbourhood. Children's responses to the restricted space and privacy afforded by shack living (for example, returning home later in the evening) served to protect both their own and their parents' need for space and privacy. Data of this nature are valuable because they enable us to see the connections between the well-being of children, and both their own and their families' actions to protect themselves and each other in the context of particular pressures from the wider social environment. The micro-level analysis of both attitudes and behaviour serves to uncover factors that play a part in children's resilience that may be further investigated in large-scale surveys.

Sub-National Surveys: Challenges and Opportunities

The Birth-to-Ten is a longitudinal study begun in 1990 with the aim of exploring the relationship between children's environment and their well-being in an urban context. The study tracked approximately 2290 children born in 1990 from their birth to their tenth birthday, and will continue to do so for the next ten years under the name Birth-to-Twenty. Its primary focus is on child health and development (see part 2), and data on the socio-economic status of children's households (including income, assets, debt and expenditure) were collected to explore the extent and nature of poverty within children's households and begin determining its effects on children's development. The set of indicators chosen was expected to be "especially sensitive in detecting variations in the material hardship experienced by families clustered at the low end of the socio-economic spectrum" (Barbarin and Richter, 2001:58). Their aim was to document the success of households in obtaining food, shelter, clothing and other basic needs, as well as household wealth (used as a predictor of stability and security in being able to continue meeting basic needs). Recognising that material assets are not the only factors affecting a child's economic and social environment, the survey included questions on maternal education and occupation of household head – two variables chosen as indicators of social capital. There are of course many other aspects of social capital not captured by these variables such as access to information and to social support networks. The choices made by researchers designing the study reflect the difficulty of predicting the dimensions of poverty most pertinent to child well-being and selecting variables to reflect these.

A further challenge faced in designing surveys to analyse child well-being highlighted by the BTT study is the question of whose financial, material and human assets are the most relevant in trying to assess the child's environment (*ibid*:59). Options include those of the mother only, the biological parents, the household, the extended family and/or another primary care-giver who is not a family member. The BTT team opted to place greater emphasis on the assets available to the mother or mother-figure (whether family or not) on the assumption that her resources would be available to the child. The contributions of fathers, mothers' partners or extended family members were recorded in terms of the assets they made available to mothers. The principal reason for this decision was widely documented trends towards child-rearing by mothers only, owing to the frequent absence of the father and changes in father-figure

experienced by children (*ibid*:60). Yet even in the context of such trends, results from a small scale survey amongst Xhosa children in the Western Cape show that the social and financial investment made by fathers and step-fathers should not be ignored (Anderson *et al*, 1999). Resident father figures (biological fathers and step-fathers) were found to spend more time with their children than non-resident father figures. Biological fathers (both resident and absent) spent the most money on their children's schooling (*ibid*: 447).

In terms of resources available to children, one of the most interesting findings emerging from the BTT data was the central role of grandmothers in many facets of child-rearing including financial support (through their state pension) and their socio-emotional role as surrogate parent (Barbarin and Richter, 2001:144). After some discussion, the decision has been taken to continue monitoring household economics throughout the next ten year phase (Seager: personal communication). BTT therefore has the potential to further explore the role of grandmothers by documenting the impact of a grandmother's death on child poverty, and/or the roles that grandmothers play upon the death of mothers caused by AIDS. Such data are critical to our understanding of the extent to which grandmothers and other members of the extended family are able to provide a safety net for children who lose mothers, and the financial and other kinds of resources they require to fulfil this role.

The Khayelitsha/Mitchells Plain Survey (KMP) is a cross-sectional study undertaken by the School of Economics, University of Cape Town in 2000. Two particular features of this survey are of interest to our discussion of child well-being, child poverty and their relationships to adult poverty. The first is the inclusion in the household roster of a 'younger persons module' comprising of approximately 10 questions that adults are asked about children aged 17 and younger. The questions relate to education, free meals, grade repetition, dropping out of school, work for pay during last 2 weeks (for all children aged over 6 years), work-seeking behaviour and disability or illness. This set of variables allows for exploration of the relationship between work and schooling (attendance and achievement as measured by grade repetition), but only amongst the minority of children in the sample who work for pay.

The second pertinent feature of this survey is the module on intergenerational mobility. Here respondents (in this case adults aged 18 years or more) are asked to think about the household where they spent their childhood, and to reply to questions on the standard of the dwelling in relation to others around it, its location, as well as the occupations and

educational levels the household head and their spouse (in many cases, the parent of the respondent). Questions are also asked about where the parents of the household head and spouse grew up and their standard of living. There is therefore potential to glean information on mobility and poverty over three generations.

As these parts of the data set have not yet been analysed (Horner, personal communication), conclusions cannot yet be drawn about the value of the KMP data set to our understanding of the economical aspects of child well-being. There is clearly potential to gain some insight into inter-generational mobility and perhaps even changing characteristics of the poverty cycle. This could be enhanced by repeating the survey amongst the same sample using additional questions for children and youth designed to probe generational changes in social and economic roles, and their knock-on effects on household poverty and child well-being.

Part 2: Child health

The aim of this section is to examine the potential of large scale social surveys with a health component to inform our understanding of child well-being¹¹. I draw attention to the use of major data sets and resulting body of knowledge on aspects of child well-being relating to physical and psycho-social health. Gaps in this knowledge base are identified and reasons for these suggested, along with potential avenues of exploration using existing data sets.

The Scope and Limitations of National Surveys

First conducted in 1998¹², the Demographic Health Survey is considered the most comprehensive national survey of demographic, health and socio-economic indicators. This survey aims to collect basic demographic data (particularly on fertility and childhood mortality), as well as statistics on maternal and child health, awareness of HIV/AIDS, chronic health conditions amongst adults, aspects of lifestyle that affect the health status of adults and anthropometric indicators (Department of Health, 1998). The chapter on child health within the South African Health Review 2000 draws heavily on DHS data, for example in calculating rates of neonatal, infant and under 5 mortality and comparing these within and between provinces. Findings include higher infant mortality rates (IMRs) in rural areas, among babies born to mothers with no education, in families with 4 or more children and families where birth interval is less than 2 years (Shung-King *et al*, 2000:368). The fact that risk factors to the survival of infants are associated with geographical location, educational status of parents and family fertility patterns shows that from infancy onwards the well-being of children is closely linked to socio-economic factors operating at societal level and family level, as well as the behaviour within households. This particular analysis is a good illustration of the range of data required to understand the causal factors underlying differential child well-being. The question therefore is what reliable data are available that enable connections to be made between children's environment and their health status, and whether such data are available across the age spectrum of childhood.

¹¹ As the focus is on linking socio-economic data with health data, health-specific surveys on children such as the 1994 South African Vitamin A Consulting Group (SAVACG) survey and the 2000 National Food Consumption survey are not examined in detail.

¹² The DHS is due to be repeated in 2004.

The DHS provides information on the rates and causes of illness and death amongst children under 5 years of age, as well as data on the health, economic and educational status of their mothers. Because very young children are highly dependent on their mothers (who are in most, but not all, cases the child's primary care-giver), analysis of these data allow us to see what characteristics in a mother put children at most risk. What they do not allow us to explore is the variation in the behaviour of mothers and other primary care-givers towards their children in response to the stressors placed on them through poverty, illness or other social factors, nor the impact of these behaviours in terms of protecting children or making them more vulnerable.

The DHS and other more health-specific surveys provide data on the health and nutritional status of children aged 0 to 5 years, and rates of stunting and wasting¹³ for children up to 9 years of age can be calculated using data from the 2000 National Food Consumption Survey. A focus on this age group is justified by the fact that it is a particularly vulnerable period both in terms of immediate survival and in terms of laying the foundations for long-term well-being. However, we have no national survey data on the health status of children aged 6-14 years. Consequently there is a significant gap in knowledge about the risk factors to health faced in middle childhood associated with economic poverty, living conditions or social stability. There are no national data on the health and safety of certain groups of children known to be particularly vulnerable such as homeless street children and children living in institutions. One reason for this is that national household surveys exclude homeless and institutionalised children because they do not belong to 'households' as defined in the survey design.

Current Knowledge of Child Health

The data that we do have paint a bleak picture of child well-being and offer few opportunities to look at explanatory factors. For example, Census 1996 data indicate that trauma and violence accounts for 60% of deaths amongst the 5-19 year old age group (Shung-King *et al*, 2000:386). The most commonly reported causes of death in this age

¹³ Stunting refers to children who have not grown as tall as they should have for their age (according to international references) and is an indicator of long-term under-nutrition. Wasting refers to low weight-for-age amongst children, and is an indicator of more recent under-nutrition. Both stunting and wasting have negative implications for children's long-term well-being with respect to physical health, psychological development and social capacity (Richter and Griesel, 1994).

group are ‘falls’, motor-vehicle accidents and poisoning (through medicine or paraffin). Rates of child death and injury caused by firearms are also high, and it is estimated that 800 children die due to gunshot wounds each year (Van As *et al*, 2000, cited in Shung-King *et al*, 2000:370). Data relating to the rates and affects of abuse and neglect in childhood are similarly alarming, particularly because they are based on child welfare records of reported cases only. Ethical and methodological issues work against including questions about child abuse and neglect in household surveys¹⁴. Consequently the available child abuse data cannot be analysed alongside other aspects of child well-being, nor the broader socio-economic and demographic factors that may play a role in making some children more vulnerable than others.

Available data on middle childhood (or the first few years of this period, namely up to 9 years of age) found in the National Food Consumption Survey (April 2000) shows that 20% of South African children are stunted and 10% are under-weight. Comparison between provinces shows the Northern Cape to have the highest rate of stunting in children (31%). Moreover, the data indicate that both stunting and wasting are more prevalent on commercial farms, and in tribal and rural areas than in urban areas. Given that poor growth status can be caused by insufficient dietary intake, poor quality of diet, high levels of energy expenditure and/or infectious load, further data are required in order to design an appropriate response to these aspects of child well-being. Opportunities to generate information on factors contributing to children’s nutritional status include the analysis of household food consumption patterns that are recorded in the Income and Expenditure Survey (as discussed in part 1), and a closer look at the nature and level of children’s daily activities including any work done in order to document very high energy expenditure and dietary inadequacy. None of the national household surveys offer data on these specific topics, and the SAYP is limited to information on the type of work that children do and the approximate time spent doing it. An additional and more serious gap in our information is that rates of infectious diseases are not collected for children aged 6-14 years in the DHS or other national surveys. Owing to these gaps in the data, and the use of different samples, it is difficult to draw conclusions about the relative influence of diet, activities, illness and other factors in the overall health of children aged 6-14 years. In contrast, the period of life defined

¹⁴ For example, according to South African law, anyone who identifies a case of child abuse is legally responsible for reporting it to the authorities.

as adolescence¹⁵ receives far greater attention in national surveys (discussed later in this section).

A number of sub-national surveys exist that have a particular focus on early and middle childhood. The largest of these is the Birth-to-Ten study (referred to in part 1), which provides longitudinal data on the health and development of children growing up in an urban context. The survey was designed to generate knowledge on the links between children's socio-economic situations and their overall development, that could then be used in policy decisions on preventing negative development outcomes and finding ways to offset existing ones (Barbarin and Richter, 2001:4). It is perhaps premature to judge the extent to which it has succeeded in achieving these aims, but the range of studies undertaken using BTT data suggest that it has produced a lot of information on the physical and psycho-social health of children (for example the predictors and outcomes of low birth weight, dietary intake and energy expenditure, growth status, psychological responses to violence and teenage parenting). In addition, analysis of data on behavioural patterns in early childhood has produced information on the mental and social development of children from the age of 2 to 5 years (*ibid*, 111). Fewer quantitative studies have been conducted that examine the relationship between household socio-economic status, the behaviour of very poor care-givers (that is protective or otherwise) and patterns of child health (both physical and psychological). Such studies are needed if we are to understand why some households have better protective mechanisms for children than others, and how these can best be supported. Guidance in the types of questions that should be asked can be sought from qualitative work. For example, longitudinal ethnographic research with a group of urban poor children and their families identifies the frequency with which children are separated from their mothers (for cultural and economic reasons), the consequences of such decisions for children's well-being and the reasons why some children cope so much better than others (Ramphele, 2002).

The BTT data set has the potential to become increasingly valuable over the next decade as subsequent waves of data collection are added. Providing that the methodology is robust, it will offer a unique longitudinal perspective on factors that are critical to children's short and

¹⁵ The age range of populations defined as 'adolescents' or 'youth' varies between surveys. As our working definition of a child is anyone under 18 years, we are primarily interested in data collected on this age group. The term 'young people' is used to refer to the entire samples covered in adolescent and youth surveys.

long-term well-being. There are however a number of limitations to the BTT data set, some of which are specific to its design and operation, and others of which are common to large surveys aiming to capture data on well-being. While overall attrition rates were kept reasonably low, the BTT survey experienced high rates of attrition in the sample of white children. The difficulties experienced in enrolling and retaining babies born into white families has meant that data relating to white children cannot be used reliably (Barbarin and Richter, 2001:7). As a result of this unevenness in the sample, it will be more difficult to track changes in child well-being in terms of trends in the relative poverty within and between former racial categories and the policies designed to address inequalities between these groups. This limits to some extent BTT's ability to fulfil one of its central aims, namely to track the effects of social change in urban settings on child well-being and development.

Like most large-scale surveys, BTT was unable to generate the desired amount of qualitative data to provide context to the statistics on child well-being. Time pressures and the effort needed to manage data collection on such a large scale were the principal constraining factors (Norris, personal communication). New developments in the second phase of BTT include attempts to capture qualitative data relating to the impact of social capital on child well-being by interviewing children more frequently (every 6 months rather than every year), conducting a larger proportion of interviews in the homes (as opposed to the local clinic) and training fieldworkers to observe and record key characteristics of children's social and physical environment (*ibid*). Although valuable, these steps are unlikely to produce qualitative data of sufficient depth to shed light on the social resources available to children and the dynamics that enable some children to protect themselves better than others.

BTT is currently undergoing transition into its second phase under the name of Birth-to-Twenty. In view of problems experienced during Birth-to-Ten¹⁶, a decision has been made to restrict the study to two foci (namely bone health and youth maturity), and give research teams the opportunity to add components on other areas relating to child well-being such as migration, poverty and nutrition providing they have secured funding (*ibid*). Despite the restricted foci, a fairly broad range of data will

¹⁶ Managerial and financial problems arose due to the many and varied data types sought by a large number of researchers involved in the study (Norris, personal communication).

be collected under the umbrellas of these projects¹⁷. One notable omission from this list is detailed information on the socio-economic status of households, the economic resources available to children nor on the role children's own contributions to household survival. The necessity for some means of stratifying children's households according to socio-economic status has meant that counts of household amenities (water, electricity, television etc.) will be made in each wave of data collection over the next decade. However, data that can reveal trends in the nature and impact of poverty in childhood will not be available unless a project on poverty is added.

I now return to the discussion of national data on the health of children of different ages. As noted earlier, sources of data on adolescent health are relatively numerous. The DHS includes a survey of 15-19 year olds' sexual behaviour, contraceptive use, incidence of injury, exposure to and use of tobacco, alcohol use/misuse and various indicators of poor physical health. The rationale presented is that we need to measure the health and risk-taking behaviours in this age group because adolescence is "not only marked by a crisis of identity, a sense of needing to prove oneself 'old enough', experimentation and high risk behaviours but it is also a time when life-long habits that have a bearing on long-term health begin" (Department of Health, 1998:140). This is a valid statement, yet there is a danger that this and other similar surveys will produce a skewed picture of adolescence by restricting topics of enquiry to negative behaviours and outcomes. To date, national surveys have not included questions on attitudes and behaviour that stand to have positive effects on short and long-term health. These might include information-seeking behaviour, preventative health care (such as fitness), decisions around marriage and parenting, greater responsibility for dependents (both older and younger), entry into the employment market and increased participation in community and political affairs. These social changes are likely to impact on the physical and psychological health of young people, for example in raising or lowering self esteem. In addition, they are probable causal factors in the nature and extent of any 'risky' behaviours that may be responses that help individuals cope in particular pressurised situations. Thinking more carefully about the context in which young people make

¹⁷ Within the context of the projects on bone health and youth maturity, data will be collected on growth, nutrition, health and illness, psychosocial development, child care and education, social and environmental context, sexual maturity and teen parenthood (<http://www.wits.ac.za/birthto20/media3.htm>).

decisions shows that data sets on adolescent well-being are often inadequate.

A methodological question that arises when examining national surveys of 'adolescent' health is whether they are missing important information by excluding children in their pre or early teens. The DHS chose to interview those aged 15 to 19 years, No specific reason is given for 15 years as the minimum age, but possible references may be educational and labour laws, and a notional beginning of the fertile/child-bearing period. Statistics cited later in the DHS report stating that 9 % of adolescents commenced sexual intercourse before the age of 15 years (*ibid*:141). Hence, if a survey uses 15 years for a minimum age it will necessarily omit information on the sexual health of younger children (who we know are particularly vulnerable to STIs) and any resulting pregnancies or health issues for both the mother (herself still technically a child) and the newborn infant. Interestingly, and perhaps in response to this problem, the more recent General Household Survey (2002) interview includes children and women aged 12 to 50 years in the module on fertility and reproductive health. The findings of small scale surveys of sexual behaviour provide support to the inclusion of younger children in surveys of sexual health and decision-making. A review of over one hundred knowledge, attitudes and behaviour studies amongst young people in South Africa (Kelly et al. 2002) found that the median age of sexual debut is 15-16 years for boys and 16-17 years for girls. However, attention is drawn to the fact that in some communities (particularly poor rural ones), it is not uncommon for 13 year olds to have had at least one sexual experience (Kelly and Ntlabati, 2002:24).

Further valuable insights gained from sub-national surveys on adolescent health and behaviour include the role of social, economic and cultural factors in patterns of sexual behaviour. To date, few studies conducted to shed light on HIV/AIDS-related behaviour have attempted to explore these factors in any detail. Using data generated in six sentinel sites around the country using surveys and focus groups¹⁸, Kelly and Ntlabati shed further light on known patterns of sexual relationships. For example, the strong correlation between low socio-economic status and higher rates of sexual activity amongst early adolescents has already been established (Kelly *et al.*, 2002:28), as has the fact that material incentives play a

¹⁸ Study sites were located in Kwa Zulu Natal, the Eastern Cape, the Western Cape, Gauteng, the Northern Cape and Limpopo province. The total number of young people surveyed was 620 and a total of 18 focus groups were conducted (Kelly and Ntlabeni, 2002:29).

strong part in young people's decisions relating to sex (even in 'non-commercial' sexual exchanges) (Kelly and Ntlabati, 2002:25). It is also known that for a large proportion of girls and women, coercion plays a key role in their initial and subsequent sexual experiences yet is inadequately reported in surveys (Jewkes and Abrahams, 2002). What the sentinel survey and accompanying focus groups showed was that young girls do not always see relationships as coercive because relationships with older men are considered attractive owing to the material benefits they offer. The attraction of an older man was described not only in terms of the money he can spend on a girl, but on the social status she can accrue through association with him. One implication of the age and status difference between two such partners is that young women have little power to demand condom use. Social status is also found to play a role in the sexual activity of young boys who reported feeling pressure to be sexually involved because sexual activity is considered a source of peer-group esteem (*ibid*).

One reason why this study is particularly useful is that it is able to relate a range of causal factors from the social, cultural and physical environment to young people's behaviour and to hence to well-being outcomes. For example, the role of gender-based and institutional hierarchies is illustrated in the finding that girls are particularly vulnerable to being manipulated by older and more experienced people when they enter new social environments. A good illustration of this is the reported increased attention paid to girls the first year of high school or tertiary education by older partners who have more experience and seniority in these environments (*ibid*:33). A second example relates to changes in the external material environment. Increased availability of injectible contraceptives for women has meant that young men are less concerned about pregnancy as an outcome of their actions. Hence they no longer feel obliged to follow traditions of non-penetrative sexual practices, are less restrained in pressurising their girlfriends to have intercourse and are less likely to use condoms (*ibid*:37).

For obvious reasons, social surveys are paying increasing attention to the knowledge, attitudes and behaviour of young people in relation to HIV/AIDS. The first major survey of this nature was the Transitions to Adulthood survey conducted in Kwa Zulu Natal during two phases (1999 and 2001 respectively). Its aim was to broaden the focus from knowledge of transmission, condom use and sexual activity, and achieve a more integrated approach by examining the links between school, work, sexual activity and reproductive behaviour (Rutenberg *et al*, 2001:2). A further aim was to evaluate the impact of the Life Skills Programme on

adolescent knowledge and behaviour related to HIV transmission¹⁹. The methodology is interesting because a large proportion of the respondents appear to be children. Two questionnaires were administered, the first to the head of each household containing one or more young people aged 14-22 years, and the second to young people in this age bracket. Interviewers were instructed to glean household information from the household head if possible, and the age criteria given was 16 years and above. Sixty two percent of respondents were household heads, 25% were children of the household head and the remainder were neighbours (Rutenberg *et al*, 2001:7). No figures are given to indicate the proportion of respondents who were under 18 years old, nor any comment made on the quality of data gathered from this group. It is therefore assumed that respondents of this age were judged to be capable of responding to questions relating to the household economy and internal decision-making.

The report of the first wave of the study presents the data according to themes, but underlines the necessity for further analysis in order to understand relationships between risks to young people's health, their knowledge of and attitudes towards HIV, their educational and work experiences and the wider social and physical environment. Notable findings include a surprisingly low proportion of respondents who feel 'at risk' of HIV. Of the total population, only 11% reported feeling at risk and amongst those who had ever had sex, only 18% (*ibid*:36). It is difficult to tell whether this perception is related to a sense of immunity to HIV, or to the steps young people are taking that they believe will protect them from infection. For those who judged themselves to be at low risk, the main reasons were that they were not (currently?²⁰) sexually active (54%), always use condoms (20%), or have only one partner (12%) (*ibid*). The survey reflects more positive attitudes to condoms and higher rates of useage (especially amongst 14-15 year olds) than indicated in previous studies (*ibid*:42). The fact that 85% of sexually active 14-15 year olds report using condoms versus 50% of 20-22 year olds suggests that educational messages are making an impact on behaviour. To probe more carefully into the question of what aspects of behaviour are

¹⁹ Instigated in 1995 by the Departments of Health and Education, the Life Skills Programme was aimed at high-school learners in grades 8-12. It focuses on developing knowledge, skills, positive and responsible attitudes and motivational supports (Rutenberg *et al*, 2001:2).

²⁰ Although not specified in the report, it is assumed that responses reflect current sexual inactivity and that findings may therefore differ significantly within a short time frame.

changing and what remain the same, we would require an analysis of attitudinal data produced by the survey and an age breakdown of figures illustrating the overall gender imbalances. These include numbers of sexual partners (50% of males had two or more sexual partners during the previous 12 months as compared to 9 % of females) and rates of non-consensual sex (experienced by 29% of females versus 8% of males).

The second more recent major study covering these topics is the HSRC's SABSMM study (Shisana and Simbayi, 2002). Distinguishing features of this study are its national coverage, its attempts to measure HIV prevalence amongst persons aged two years and above, and the inclusion of children (aged 12 years and upwards) as respondents to the full range of issues covered in the questionnaire. Response rates for HIV testing were much lower than for participation in the questionnaire, and for some groups these were too low to draw sensible conclusions²¹. This has meant that the reported prevalence rate of 5.4% amongst African children aged 2-14 years cannot be compared with rates for other race groups, nor between locality types or provinces. For the same reason, the authors warn that findings indicating gender differences in prevalence should be interpreted with caution (*ibid*:47)²². The report notes that a prevalence rate of 5.6% amongst children aged 2-14 years was unexpectedly high and that their investigation of vertical transmission for 2-11 year olds could only account for a few of these infections (*ibid*:63). The authors suggest sexual abuse and non-sterile needles as two possible explanations for the remaining majority of infections that deserve further investigation. Somewhat surprisingly, they do not question the reliability of the saliva testing method used in terms of its potential to give false positive responses for children, and/or false negatives for adults. Making sense of these findings would therefore require scrutiny of the reliability of saliva testing for seroprevalence in young children as well as analysis of the distribution of infection across the age group. Only then could explanations be sought for the unexpectedly high number of children aged over five years who were found to be HIV positive²³.

The SABSMM study has produced results for HIV prevalence and distribution that differ vastly from those arrived at through prior research

²¹ For example, numbers of white and tribal children and youth tested are less than 150 (Shisana and Simbayi, 2002:110).

²² The study finds that 5.2% of boys aged 2-14 years and 5.9% of girls aged 2-14 years are HIV positive.

²³ Children infected with HIV at birth through their mothers are not expected to survive for more than a few years without treatment.

using antenatal data. While on the one hand the survey methodology employed has encompassed a broader range of the population, the reliability of HIV testing methods and robustness of the sample are up for debate. The data on sexual debut appear to differ markedly from those arrived at in the Transitions to Adulthood study (described above). The latter found that 10% of 14-15 year olds and 51% of 16-19 year olds had had sexual intercourse. The SABSMM study reports very low levels of sexual activity amongst 12-14 years and 25% amongst 15-17 year olds²⁴, and states that lower figures “suggest the relevance of life-skills and communications interventions that lead youth to endorse appropriate behaviour (ie abstinence)” (*ibid*:79). It should however be pointed out that asking a young person whether she is currently sexually active or whether she has ever had sex will produce different answers because they are entirely different questions. Moreover, answers will be influenced by the position of the question within the interview and the respondents’ understanding of what the interviewer wants to hear. Further analysis of these methodological factors must be conducted before any conclusions can be drawn about the reasons for apparently lower levels of sexual activity amongst the young teenagers most recently surveyed. A valuable exercise for exploring such causal relations further would be to ask young people for their interpretation of sexual behaviour trends amongst their peer group.

Major Gaps in Available Data on Child Health

In concluding this section on child health, I briefly summarise major gaps in the available data. The difficulty of extracting child-specific data from national health surveys is noted by several authors (Cassiem *et al*, 2000, Shung-King *et al*, 2000). Such problems arise partly because morbidity data for children are incomplete and partly because total figures for diseases are often not broken down by age (Shung-King *et al*, 2000:370). As noted above, we have no national-level data on the health status of children aged 6-14 years owing to their exclusion from the DHS.

Presently, there are no national statistics available on the numbers of children affected by chronic illnesses, such as asthma. This is a significant omission because chronic diseases often continue into adulthood and will contribute significantly to the total burden of disease on individuals and their communities.

²⁴ These figures would obviously need to be re-computed for a direct comparison of the same age groups across the two surveys.

While we do have national data on rates of physical disability amongst children²⁵, we do not have any national statistics on mental health (NPA, 2001:80). According to the recent South African Health Review, “mental health promotion, provision and services for children and youth in South Africa has been and still is a neglected area” (Shung-King *et al*, 2000:377). Without the data to inform us of the scale and nature of mental health problems in children, it is likely that this situation will remain.

A different, but related, gap is in the levels of and social dynamics involved in child abuse and neglect. It is hoped that, once operational, the Child Protection Register could provide more accurate figures on numbers of children suffering abuse or neglect. However this register will only capture reported incidents, and qualitative research in communities with high rates of abuse tells us of very low levels of reporting of child abuse by children and adult carers, owing to fear of reprisals (Henderson, 1999).

²⁵ Community Agency for Social Enquiry (CASE) conducted a national study in 1999 on disability among under 20 year olds. They found rates of 0.6% to 5.6% across different age and racial groups, with the highest prevalence amongst white children aged 6-10 years (Shung-King *et al*, 2000:387).

Part 3: Education and Development

When compared to the topics examined so far in this paper, there is a relatively large body of work that has used national social surveys to comment on the availability of education, and to begin building a picture of educational processes and outcomes relating to child well-being. This section will briefly outline the major findings of studies that draw on national data sets, significant gaps in knowledge and the scope for addressing these using existing data sets, sub-national surveys and qualitative approaches.

Given that education is critical to the development of children and their entry into adult roles, it is essential that we understand the factors that determine children's access to school, their achievements in school and the relevance of their educational attainment to both employment opportunities and life-skills. Looking firstly at the question of access to school, the data produced in social surveys (such as the OHS and the PSLSD) and school records show overall high enrolment rates of South African children compared to other developing countries. Overall, enrolment rates rose by 2.8% per year during the period 1991 to 1998 with high variation in growth between provinces (Department of Education, 2000). Unlike most countries in sub-Saharan Africa, almost all South African children complete primary schooling, but only 30% of 20-24 year olds complete secondary schooling (Maharaj *et al*, 2000:6). This difference is partly explained by the alarmingly low attainment levels of a large proportion of South Africa's school children, particularly amongst the black population. These low rates of attainment are explained by low attainment levels in the parental generation²⁶, and by frequent grade repetition amongst African children (Anderson *et al*, 2001). Furthermore, the finding that children who are behind on their grades have less money paid on their fees, transport and other school expenses is partly due to the higher costs of better schools (in which children are less likely to fall behind), and also suggests that for children attending poor quality schools, it becomes ever more difficult to catch up once they start to fall behind.

Additional causal factors in these relationships are revealed through a study of intra-community differences in educational patterns. Fuller and colleagues have investigated ethnic and gender differences within this

²⁶ A strong positive correlation was found between years of schooling of a parent (either father or mother) and that of children (Anderson *et al*, 2001).

population and have found that the Tswana and other larger ethnic groups (Zulus, Xhosa and Sotho speakers) achieve higher attainment and literacy rates than smaller groups (such as the Pedi, Vendas and Tsonga speakers) (Fuller *et al.*, 1996:108). One of the reasons put forward in the study is that children in the former groups spend longer at school. Others relate to the historical precedence of better quality schools in certain former 'homeland' areas, and particular family and community processes relating to education needing further exploration. Interestingly, Tswana females fare even better than their male counterparts in both areas, yet this benefit is halved if girls come from households containing lots of children (*ibid*:111). When costs of educating children are high relative to income, we might expect large family size to negatively affect children's school attainment levels. However studies based on different data sets have produced diverse, and apparently contradictory, findings.

The PSLSD survey is unique in its provision of data on children fostered in and out of the household derived from questions relating to those children in the household whose parents are not resident and to members of the household who have not been resident in recent weeks²⁷. Using these data, an investigation of the relationship between intra-household structure and children's schooling indicates that the number of school age children in a household has very little effect on enrolment and attainment amongst all racial groups (Maharaj *et al.*, 2000:12). The study finds that high rates of fosterage amongst black and coloured households, some of which has the expressed intent of improving children's educational opportunities, has the effect of reducing the economic burden on households who could not afford to educate all their children. Their research finds no evidence of inequitable distribution of economic resources to fostered children, and that fostered children are only disadvantaged compared to biological children in terms of progressing more slowly through school, probably owing to greater domestic work burdens (*ibid*:14).

The opposite conclusion is drawn by Anderson (2000), who used the 1995 OHS to study the effects of family structure on children's education. He found that "virtually all children not living with both biological parents are less likely to be in school, and are further behind for their grade", and that children living with neither biological parent fare even

²⁷ The content and organisation of the survey means that the PSLSD provides good information on children fostered in and children co-residing with parents, but limited data on children fostered out of households (Maharaj *et al.* 2000:13).

worse in terms of enrolment, attainment and number years delayed in school (Anderson, 2000:13). Findings of a study on men's expenditure on education for Xhosa high school students in Cape Town shows that co-resident stepfathers and never co-resident biological fathers spend less than resident biological fathers (Anderson *et al*, 1999).

Becoming a mother appears to have some effect on girls' educational attainment, but according to work done using the PSLSD, this is not as great as one might expect. Although rates of teen pregnancy are very high²⁸, one third of black girls aged 19 and under who have had at least one child continue to attend school (Maharaj *et al*, 2000:15). The study shows that teenage mothers attain an average of just less than standard 6, whereas non-mothers attain an average of standard 6.1 (*ibid*). Clearly childbirth signals the end of schooling for the vast majority of teenage girls but this must be understood against a background of low attainment amongst black females in general. Furthermore, the fact that one third of teenage mothers juggle the economic and time demands of child care with the demands of school suggests that education is still a priority for this group.

Intra-household factors explain only part of the large disparities in children's access to education and their ability to derive gains relevant to their well-being. Intuitively, children's experiences at school will have significant potential to influence the extent to which they are able to learn and perform. Research using the PSLSD and administrative data from schools has shown that regardless of household structure, very high pupil-teacher ratios amongst the black population have significant negative effects on educational enrolment, attainment and numeracy (Case and Deaton, 1999).

According to the government's report on progress towards 'education for all', 16% of children aged 6-14 years were out of school in 2000 of whom slightly more were male than female (Department of Education 2000). This figure bears witness to the substantial effort still required to ensure education for all children and prompts us to enquire into other aspects of school or home life keep children out of school. Apart from low educational attainment of parents (identified by Case and Deaton, 1999), factors detailed in the report but not covered by national social surveys include poor conditions of teaching and learning (for example inadequate

²⁸ Almost 40% of South African girls have been pregnant at least once by the age of 19 years, a figure that is heavily weighted by the experience of black and coloured girls (Maharaj *et al*, 2000:14).

sanitation, buildings and electricity supply), shortages in learning materials²⁹, inappropriate teaching and learning methods (with little or no learner involvement), poor school management and a lack of order and discipline among learners and educators. The report cites classroom disruption, possession of weapons, sexual abuse and the presence of drugs and alcohol at school, and states that “although such practices were reported to occur infrequently, they nonetheless disrupt teaching and learning and threaten the safety of the school population” (Department of Education. 2000:43).

Such a statement begs the question: are there negative aspects of school life that play a significant role in the attendance and achievement of many South African children that are seriously under-reported and hence unacknowledged? Studies conducted elsewhere in Southern Africa show very high levels of abuse and violence in schools. In Zimbabwean junior secondary schools high levels of physical abuse, including corporal punishment, and sexual abuse of girls by teachers, male students and ‘sugar daddies’ have been recorded (Leach *et al*, 2000).

In South Africa, a number of small scale surveys and qualitative studies indicate other factors that may negatively influence children’s experiences at school to the extent of affecting their attendance and performance. A surveillance study conducted in 2002 by the MRC and UNISA in 50 schools in the Western Cape found that 50.9% of injuries to children at school were intentional (caused by sharp objects, blunt objects or feet/fists), and that boys are twice as vulnerable as girls to being injured (Donson and Wyngaard, 2002:36). Such results make it conceivable that children think of school as a dangerous place. Ethnographic work amongst children in New Crossroads, Cape Town, reveals an additional dimension to such fear: “Many children do not attend school any more because of fear of being lashed severely when they make a mistake”, and of being further punished by teachers if it becomes known that they have complained about these beatings to their parents (Ramphela, 2002:88). The children consulted in this study pointed out the efforts their teachers put into their work in extremely challenging environments, but nevertheless felt that “they are wrong to lash us so severely” (*ibid*). Apart from any physical harm done or fear-induced absence from school, it is likely that such authoritarian behaviour by

²⁹ A study conducted in 1998 by the President’s Education Initiative found that textbooks were generally available at schools, but were rarely used systematically, effectively or sufficiently (Taylor and Vinjevold, 1999).

teachers works against effective teaching and learning. The study indicates that loss of respect for teachers, and indeed all adults, is the likely product of such extreme – and in children’s minds unreasonable – authoritarian behaviour. When describing a good teacher, one of the children in this study contrasts him with most teachers who “become furious when asked questions” (*ibid*:89). This observation illustrates the tendency of teachers to rely on verbal instruction of learners who are expected to listen and absorb the information without debate. Interestingly, the IMBEWU project, a recent initiative designed to improve the quality of schooling in the Eastern Cape, sought to influence teachers’ modes of instruction towards listening to and interacting with learners. Clearly, the significance of this barrier to learning had been found to be prevalent.

We do not have national data on rates of physical and sexual violence in schools. Studies in Soweto, Durban and Cape Town indicate that gang-based violence is one of the most serious crime and violence problems affecting schools (Centre for the Study of Violence and Reconciliation, 1997; Griggs, 1998; Phillip, 1999). The insecurity and fear experienced by children and educators attending schools with regular violence of any nature is likely to seriously undermine the educational process.

A further factor that relates to poverty and intra-household distribution of resources is the frequency with which children come to school hungry, and hence unable to concentrate. An evaluative study of a school feeding project conducted by the Primary School Nutrition Programme (PSNP) found that under-nourished children experienced beneficial psychological and behavioural effects following the introduction of the school-breakfast programme (Richter *et al*, 2000:85). However rates of absenteeism remained the same after the introduction of the breakfast programme, and the results indicated that school feeding may well improve cognitive performance but may have very little impact on broad educational achievement. The proposed explanation for the lack of impact on educational outcomes is the absence of coherent educational processes in poor schools that prevent children from converting their cognitive gains into educational achievements (*ibid*). Again, the focus returns to the quality of the educational process – the part of the equation that is not well documented in national surveys. The following section draws attention to such limitations of existing data sets and suggests a number of areas requiring further research.

Limitations of Available Data and Knowledge Gaps

At present, none of the national surveys can tell us the age at which children begin their formal schooling, the number of times they repeat grades nor the frequency with which they fail to enrol (Anderson *et al*, 2001:57, Maharaj *et al*, 2000:10). Without these data, it is difficult to explore the links between delayed or irregular start to children's school careers and later outcomes in terms of educational achievement and well-being more broadly. The DHS 1998 tells us that 23.1% of girls and 27.4% of boys aged 6-9 years had received no education, that the median number of years schooling received by girls and boys this age was 0.9 years and 0.7 respectively and that over 75% of this non-schooled group live in rural areas (Department of Health, 1998). There is therefore reason to believe that a significant number of young children start school after the official age of entry at 7 years.

We know little about the extent to which children's schooling is interrupted through non-attendance, particularly in relation to children's domestic responsibilities and work patterns. Here, methodological questions must be asked about the ability of national social surveys (such as the OHS) to collect statistics on children's attendance in educational institutions. For example, it is worth considering whether the responses of a household head (or other adult member) to questions about the school attendance of children in their household are likely to reflect actual attendance or enrolment. It is possible that respondents consider children to be 'attending school' if they have been enrolled regardless of whether they are currently attending. If normative understandings of 'where children should be' also influence their responses, the data collected will further skewed away from actual attendance. Consequently, the 'attendance rates' derived from these surveys may bear little relation to the actual time children spend in class. It is worth noting that absenteeism and arriving late at school are reported to be the most frequent types of misconduct of learners by educators and principals interviewed in the government's national Monitoring and Learning Achievement (MLA) project³⁰ (Strauss and Burger, 2000:39).

³⁰ The MLA data comprises results of three tasks (in literacy, numeracy, life-skills) given to grade 4 learners from 400 schools across the country, and questionnaires completed by learners, educators, principals and parents (Strauss and Burger, 2000:2).

A potential source of information on the amount of time children actually spend attending school is the 2000 Time Use Survey that was administered to household members aged 10 years and over. This survey has been used to calculate the proportion of children's days spent in household maintenance (Budlender and Bosch, 2002). Her calculation showed that girls spend significantly longer on these tasks than boys, and hence raises questions about the effects of domestic tasks on school attendance or performance. Data collected in the SAYP suggest that 84% of boys and 94% of girls who do long hours of unpaid domestic work are still at school (*ibid*). These allay major concerns about the impact of domestic work on school attendance, but offer no insight into its impact on school achievements.

Some of the central questions relating to educational outcomes for children revolve around household economic decision-making, educational choice and the quality of education received. The relatively low cost of primary education compared to secondary education may partly explain the high rates of primary school completion yet very low rates completion of secondary school noted earlier. We also know that school fees are but a small proportion of the costs relating to education for many households. According to Case and Deaton (1999:1060), "about a quarter of educational expenditures by Black households goes to school uniforms, and rather more than another quarter on transportation and school meals", compared to White households where these three items account for less than a quarter of the educational budget. Evidence that these costs are often the ones that prevent poor children attending school has been collected in recent qualitative research in six provinces (The Children's Institute: in progress). Amongst the less poor, questions revolve around the impact of economic decisions on children's attainment. Presently, we have no substantial information on the reasons why parents send children to more or less expensive schools and whether the speed at which they progress through grades is linked to fee levels or not. Limited information is available from existing local data sets (for example Anderson *et al.* 1999), however a far more nuanced analysis of educational inputs and outcomes in one metropolitan area (Cape Town) will be soon be possible using the CAPS data currently being collected. Owing to the costs involved, the likelihood of children remaining in school relates closely to household composition and decision-making therein. Research shows that a large proportion of South African children live with an older person (usually a grandparent) who receives a state pension, and that this pension plays a key role in providing money for school fees, uniforms and books (Barbarin and Richter, 2001). The proportion of children receiving financial assistance for their schooling

from pensions could be considerable, especially in the context of high rates of migration and change in household composition. Although the PSLSD asked about amounts of income brought into the household through remittances, the use of this income is not recorded and we do not know its significance with respect to children's education. Knowing the extent of reliance on grandparents and their pensions is important because once they have died, children are at risk of dropping out of school. In communities where AIDS-related illness or unemployment prevent parents from working, children may be even more vulnerable.

It has already been noted that all national surveys have very limited data on school quality (Anderson *et al*, 2001:49). The historical precedence for this gap in information lies in the neglect of primary schooling as a topic for research and action during the latter part of the apartheid era³¹. Following the establishment of the President's Education Initiative (PEI) in 1996, an NGO named JET (the Joint Education Trust) was commissioned to undertake the background research necessary to provide guidelines in how to improve the quality of education in schools, particularly teaching in large classes, farm schools and multi-lingual environments (Taylor and Vinjevd, 1999:3). In recognition of key gaps in data on schooling, their approach was to concentrate on investigating and evaluating educational models (*ibid*:5). Their research on possible models for measuring learning outcomes shows the need for a multi-dimensional approach that requires quantitative and qualitative indicators able to account for cultural background, socio-economic background, learner experience and age. The challenge is to find a feasible means of assessing learner outcomes that teachers are able to implement without being overburdened³².

The absence of standard performance indicators prior to matric makes it difficult to analyse the impact of factors relating to the school and home environment on educational outcomes. A number of sub-national but large studies have been conducted using numeracy and literacy tests to measure trends in achievement (e.g. the TIMSS³³ and, more recently,

³¹ Only 5.4% of all research conducted on education between 1985 and 1994 was on primary education (Macdonald, 1993:52 cited in Chisholm, 1995).

³² See Seekings (2002) for a review of performance indicators in South African schools.

³³ The Third International Mathematics and Science Study (TIMSS) was first conducted in 1994 and repeated in 1998 in order to monitor trends in learner achievements in these subjects. Tests were administered to learners in 194 schools across all 9 provinces (Howie, 2001:17).

CAPS) and/or the impact of interventions designed to improve the quality of schooling. A good example of such evaluation research is the report on the impact of the IMBEWU project implemented in 500 schools in the Eastern Cape (Eric Schollar and Associates, 2001; see also the extended discussion in Seekings, 2001). A combination of qualitative methods (interviews, unstructured lesson observation) and quantitative methods (pupil testing and structured lesson observation) were used in 50 schools to gather information on changes that had taken place in schools as a result of IMBEWU. The study found some improvements in teaching and learning practices, but no significant impact on pupil performance as judged by numeracy and literacy tests. These findings do not necessarily indicate failure of the IMBEWU project because the research was done only one year after the project was implemented. This may be insufficient time for positive changes in classroom practice and school management to have an effect on learners' performance.

An appropriate question at this point in the discussion is; where do children's views on their education feature in an assessment of schooling quality, if indeed they do at all? As far as I am aware, there have been no large-scale studies that have consulted children on what they need from schools in order to learn and move on in life, and what they regard as 'quality education'. Better performance indicators would need to include some kind of measure of learner attitudes to the content and style of their education (for example, the relevance of the curriculum to their everyday lives) because we would expect these to have an effect on motivation to study and hence on their performance. Moreover, such data could help explain why some children consider other options (such as a different school, a domestic role in the household and/or working for an income) to have better potential for their immediate and longer term well-being.

In summary, there is little longitudinal quantitative work on learning and teaching processes in schools or on the contexts in which these occur. Much of the work on school effectiveness for example, assumes that there is a clear relationship between redistributing resources and increasing the capacity of the education system, and better quality education. There is a danger that such assumptions are reinforced by quantitative methodologies because these often assume that communities are stable and able to allocate time and resources to their educational institutions – a situation that is far from the reality in many parts of South Africa. Qualitative studies are able to shed light on the dynamics of intra-household decision-making, relationships and physical movements of household members, as well as the attitudes and behaviour experience by children within schools (see for example Jones, 1993; Henderson, 1999;

Ramphele, 1993 and 2002). It is essential that these factors are accounted for in the design of surveys aiming to explain why some children fare better at school than others in both the short and long term.

We would expect that the quantity and quality of schooling received by children have a strong impact on their well-being as they approach adulthood, particularly with respect to employment prospects and social status. Some information on the factors affecting student decisions to pursue higher education or not is available in the recent HSRC Student Choice Behaviour Project (Cosser with du Toit, 2002). Perceptions of Higher Education as a gateway to employment, a strong interest in the field of study and family influence were found to have significant influence on learners' intentions to enter higher education. Although phase 2 of this survey will seek to confirm student choices by finding out whether their intentions became reality, the study is limited in its ability to relate student decisions to the wider family or community setting. The paucity of information on social and economic factors influencing the transition from school to work was a strong motivator in initiating the current CAPS study. Major areas of investigation in this survey include the determinants of grade repetition and transitions from school to work.

In concluding this section, it is worth reminding ourselves that the cumulative evidence of research so far shows that despite the steady reduction in the disparities in educational attainment between population groups over the last few decades, large differences remain in the kinds of education available to children and their abilities to succeed within the school environment. If we are to successfully track changes in educational demographics and outcomes, then we need access to appropriate longitudinal data over the coming decades. As shown in this section, we are reasonably knowledgeable about who enters school and who exits with or without qualifications. However our knowledge of what happens between entry and exit, in schools, families and communities, is very patchy. The same can be said for our understanding of the contribution made by formal schooling to more general life skills that will enhance young people's participation in civil society, and their ability to protect themselves in risky environments. Although increasing attention is being paid to the source of children's knowledge around HIV/AIDS around reproductive health (see part 2), other areas such as parenting skills, knowledge of higher education options and employment opportunities remain under-researched.

Part 4: Civil Rights and Social Inclusion

The purpose of this final section is to comment on the data available that can tell us something about children's participation in society, and the extent to which their rights are upheld. These are aspects of child well-being that relate closely to poverty, health and education yet are often excluded from debate in these areas because they are not considered critical to well-being, or because civil rights and social inclusion are concepts that are not thought applicable in childhood. In this section, I begin by reviewing some fundamental issues relating to the representation of children generally, as well as children considered particularly vulnerable, in national data sets. I then briefly consider children's participation in society in terms of the data and analysis available that relate to children's civil rights as laid out in the United Nations Convention on the Rights of the Child.

Birth registration is fundamental to social inclusion. Without a birth certificate, an individual does not officially exist and therefore lacks legal access to the privileges and protections of the state. Estimations made using the 1996 census data and the updated population register for the same year indicate that only 58% of children were registered at the time of birth, and that the remainder were registered late or not at all (NPA, 2001:61). The contribution of particularly low levels of birth registration in some parts of the country to poverty and ill-health is illustrated when crises occur. For example, when levels of child malnutrition rose steeply in the Mount Frere region of the Eastern Cape in August 2002, the Department of Home Affairs responded with mobile birth registration vehicles so that very poor children could get access to the Child Support Grant.

In addition to the direct consequences of not having a birth certificate (such as barriers to health care, social security, schooling), low rates of birth registration in a particular locality will indirectly impact on child well-being when civil registration is used as a basic tool to count numbers of children and plan schools, health centres and other services accordingly. If the numbers of children counted are much lower than the number who exist, services are likely to be inadequate. Evidence so far suggests that the lowest rates of birth registration are in remote and poor rural areas, and that in these same areas communities are facing high rates of HIV and the consequent premature death of parents. The difficulties of identifying and providing services for children who are most vulnerable in this situation are further compounded when birth registration is patchy.

Currently in South Africa there is considerable concern about the effects of HIV/AIDS on the well-being of children. Orphaned and fostered children are thought to be particularly vulnerable, as are children who head their households. The DHS and 1996 Census have been used to construct a model to estimate numbers of orphans in South Africa (Johnson and Dorrington, 2001). The study shows a slow increase in orphanhood³⁴ from 2.6% of all South Africans aged 0-14 years in 1995 to 2.9% of all South Africans in this age group (and a rate of 3.3% amongst Africans) in 1998. Using a model developed from current rates of infection and death, they predict that the numbers of maternal orphans under the age of 15 will peak around 2015, at approximately 2 million. The recent SABSMM study concluded that 3% of 2-14 year olds had lost a mother (Shisana and Simbayi, 2002:67), a rather lower figure than that predicted by Johnson and Dorrington's model. Additional data collected in this study that have not yet been analysed include the age at which the child was orphaned, the highest level of education and "details regarding the environment of the child"³⁵ (*ibid*:68).

Under such circumstances, it is important that we know how families are responding to AIDS in terms of the care of children. Analysis of the PSLSD data shows that in 1993 (before AIDS deaths were prevalent) only 54% of children aged 17 years or younger lived in households where both parents were present. Absence rather than death of parents accounts for the vast majority of 'missing' parents³⁶. The question therefore is what extra burdens are placed on households with absent parents by AIDS-related illness and death.

A recent study that compares the 1995 and 1998 OHS data shows no clear trend in the percentage of children who were orphaned, and mirrors the PSLSD in finding a much higher percentage of children living apart from their mother than those whose mother was dead (Anderson *et al*, 2002). Another study using the same data finds a large increase in rates of

³⁴ The UN-AIDS definition of orphanhood was used, namely any child under the age of 15 who has lost their mother.

³⁵ Without knowing exactly what questions were asked it is difficult to say how useful these will be in providing more insight into the well-being of orphans. Unfortunately, unless the survey is repeated in several years time (for which there are no explicit plans), these data will not allow us to track orphan well-being over time.

³⁶ Relatively low rates of parental deaths are recorded in the PSLSD (8% of fathers and 2% of mothers), and much higher rates of absence for other reasons (35% of fathers and 13% of mothers).

fosterage (Richter, 2002:5). These findings could be explained by the timing of the survey in relation to the evolution of the epidemic. If a large proportion of parents were sick in 1998, fosterage could be a prevalent strategy of families who feel unable to care adequately for their children and foresee the death of one or both parents. Fosterage may well therefore be an appropriate proxy indicator of orphanhood (as suggested by Richter, 2002:6), but may not offer the best indicator of vulnerability. Depending on the nature of the fostering arrangement, fostered children may or may not fare better than their peers who remain in the home and take on increased domestic responsibilities, particularly in terms of care of sick parents and younger siblings. There is conflicting evidence around the relative disadvantage of fostered children with respect to a share of the household's economic resources (discussed in relation to education in part 3). It could be assumed that parents aim to foster their children to households capable of feeding and clothing them to an equivalent or greater standard than they they are able to. Whether they succeed will depend on the economic conditions in destination families³⁷ and their attitudes towards the fostered child. It is more difficult to quantify the effects of fostering on other aspects of child well-being such as self esteem and the sense of belonging in a family. Research elsewhere suggests that having a role in the family livelihood, even (and perhaps especially) when there is considerable strain on the household, is an important source of self esteem for children (Baker, 1998; Hinton, 2000).

Remaining within the family home when parents are very sick or have died, may therefore not be the worst scenario for children's short and long term well-being providing that basic needs can be met. This discussion serves to illustrate that orphanhood (however defined), is an inaccurate indicator of children's vulnerability in poor communities affected by AIDS. Findings of a recent qualitative study support this conclusion and recommend that when service responses are at stake, the category 'children experiencing orphanhood' is used in order to include children living with a terminally ill care-giver (whether biological kin or not) and the death of a primary care-giver who is not biological kin (Giese *et al*, 2002:13). This broad definition is one that was found to make sense to the children, families and communities consulted during the study. In practice, it means that AIDS is not singled out as the cause of orphanhood nor of related assistance (hence avoiding any stigma), and alerts service

³⁷ Concerns around an 'orphan crisis' are linked to the prediction that AIDS-related poverty will render so many households unable to provide for children that fostering will no longer be a viable option.

providers to the potential vulnerability of any child without a full-time caregiver.

The third related and potentially vulnerable category of children affected by HIV/AIDS are those who have primary responsibility for their households. The 1993 PSLSD recorded very low numbers of households headed by children aged 17 years or younger (17 out of 7205 households³⁸). There were however a higher number of households (366 out of 7205, or 5%) whose head lived was away for three or months in the previous year, or more than fifteen nights in the previous months. It is possible that children were *de facto* heads of a proportion of these households. Methodological practices in regular household surveys such as the OHS may affect their ability to monitor accurately numbers of child-headed households. The instructions given to enumerators working on these surveys are to interview the household head, or another adult member considered competent to answer the questions. It is therefore possible that child-headed households are either excluded completely, or included using the response of a neighbour which may mask the fact that the household is headed by a child³⁹.

There are indications that the numbers of child-headed households have risen in the last nine years. The recent SABSMM study found that 3% of households are headed by someone aged 12-18 years (Shisana and Simbayi, 2002:68). The proportion is slightly higher (4.2%) in urban informal areas (*ibid*). No findings are reported on the domestic or economic responsibilities of these children, nor on the impact of these responsibilities on their economic well-being, health, education and sense of self esteem.

Localised qualitative studies indicate that children are taking on more responsibilities in households severely affected by AIDS and chronic poverty (Smart, 2001). Survey instruments that are able to pick up increases in productive work by children as well as other indicators of well-being and development (such as mental and physical health, school attendance and educational achievement) will be invaluable in tracking the extent to which children are coping with new challenges brought

³⁸ Due to missing data, this information is not available for all 9,000 PSLSD households.

³⁹ Clarity regarding the official policy on the inclusion or exclusion of child-headed households in the OHS, IES and LFS has been sought from Statistics South Africa, but no response has yet been received.

about by the epidemic and give some baseline data from which interventions can be assessed.

Articles 12 and 13 of the UN Convention on the Rights of the Child, to which South Africa is a signatory, state that children have the right to express their views and to be heard in all decisions affecting their lives, and the right to seek, receive and impart information. These rights are often referred to as the 'participation rights' of children and have been the focus of much research and debate at international, national and local level. They are clearly directly relevant to institutions such as schools, children's homes and the judiciary, and even to family life. As far as I am aware, national surveys have not attempted to collect data on children's participation in decision-making and the sharing of information. Some efforts have been made to find out how much children know about particular issues and their attitudes towards these. For example the SABSMM investigated the extent of children's knowledge of HIV transmission routes, and the types of stigmatising attitudes they held (Shisana and Simbayi, 2002). It is more difficult to quantify participation in decision-making or access to information, but not impossible if centred around particular issues and contexts.

Conclusion

The breadth of issues covered in this paper makes summarising its major points both difficult and inappropriate. I therefore take the opportunity to briefly review the significant 'missing links' in national data and hence our knowledge about child well-being, to comment on some underlying reasons for these and to suggest avenues for future research and indicator development.

The scarcity of data on the well-being of children aged 6-14 years was noted, particularly with respect to health, experiences of schooling and economic roles in the household. As Qvortrup (1994) points out, missing out the entire period of middle childhood is not an uncommon feature of large-scale surveys. While it is perhaps reassuring to know that South Africa is not alone in this regard, the consequences of these gaps are severe limitations on our ability to analyse relationships between children's social and physical environment, and outcomes in terms of short and long-term well-being.

Aspects of child health, particularly those involving psycho-social outcomes and their associated sensitivities, are seriously under-

researched. These include mental health, chronic illness, and child abuse (especially sexual abuse). Until very recently, little attention had been paid to the quality of schooling children receive, the environment in which education takes place and the impact of these processes on both educational outcomes and well-being more broadly. There is still room for considerable work on these topics.

The discussion of data sources relevant to children's economic well-being and working roles highlighted some critical conceptual and methodological issues. I draw attention to these because some of the problems encountered in understanding the extent, nature and impact of child work may be encountered in future research around orphanhood and child-headed households (where similar tensions exist between recognising children's economic roles and ensuring their protection).

Examination of the available national surveys on child work revealed vastly different numbers of 'working children' and diverse interpretations of the issue (or indeed whether child work can be considered a significant issue at all). The factors that led to these problems include broad assumptions about children's roles in the household evident in survey design, the variety of definitions of 'work' used in surveys, inappropriate phrasing of questions, likely bias in responses of adults with respect to child work, and the politicisation of 'child labour' as an issue within the global development agenda.

As noted in my discussion of data sources relating to child poverty, we are unable to make much progress in understanding the effects of state efforts to resource children better until decision-making and resource allocation within households is adequately researched. The majority of social surveys in South Africa rely on the household as the unit of analysis. Posel (2001:165) points out that households have tended to be viewed as arenas of cooperation in which resources are allocated in ways that will maximise the combined welfare of the household unit. In other words, studies assumed that altruism governed behaviour within the household. The last two decades have produced research demonstrating that households are complex social institutions, and do not co-operate along the lines assumed (Katz, 1997 cited in Posel, 2001). As a result, economists are now beginning to ask more questions about the role of duty, kinship, sharing and conflict in the distribution of resources within a household (Posel, 2001:171). These approaches are relevant in South African research on the direction of remittances to particular members of a household. As yet, we do not know whether and how particular ages or genders of children benefit, nor do we know whether and how incomes

from working teenagers are channelled into household livelihoods. To generate such knowledge, we first need to include questions on how resources are shared within households in nationally representative surveys (*ibid*:172), and secondly to incorporate questions that recognise the role of children in household decision-making around work, the distribution of resources and expenditure.

Looking at the broad trends in children's participation in social surveys we find increases in the inclusion of children in longitudinal studies (for example Birth-to-Twenty, the DHS and CAPS). However the extent to which children are able to engage with the topics under research is constrained firstly by the logistical demands of very large surveys and secondly by the use of methods that do not allow children to define problems as they see them.

In global terms, South Africa has been relatively slow to explore methodologies aimed at engaging children in the research process. Research designs that incorporate methods appropriate to children's developmental stage and experience are now commonly used in investigative and evaluative research with children in developing and developed countries. In what is often termed 'participatory' or 'child-centred' research, questionnaires and formal interviews are often replaced, at least initially, by drawing, role play or other visual techniques through which children are better able to relate their experiences and express their views.

Reticence to engage with children directly in surveys is sometimes defended by fears that children may not tell the truth, and/or they may not understand the question or response required. Such a stance belies the false assumptions that adults will necessarily tell the truth and that adult participants always understand the questions being posed. The body of work generated in the last few years on participatory research with children and youth clearly shows that children can and do participate effectively in surveys, interviews and a variety of other research methods (Christiansen and James, 2000).

Surveys designed to incorporate in-depth consultation with children do however require more time in order that interviewers can establish some degree of rapport with participants, and valid data can be collected in an ethical manner. They therefore require greater investment of financial and human resources, particularly if children are to be involved in the design and implementation of the research. A recent example of research of this nature is the study done with and by 'hard-to-reach' boys in Johannesburg

(Clacherty and Kistner, 2001). This study demonstrates the advantages – both in terms of data validity and their impact – of engaging young people in defining the questions and conducting the research by interviewing their peer group. As data collection progressed, the interface between research and therapy for the boys involved became apparent. In this case, it was vital that the adults guiding the research process were sufficiently prepared and resourced to offer psycho-social support to the young researchers for whom the study raised issues relating to their own well-being.

In advocating greater participation of children in research, I am not suggesting that by recording children’s understandings and perspectives we will answer all our questions. Children, like adults, do not have access to the full spectrum of behaviour and attitudes of their peers. Their self-understanding must therefore be treated as raw data that need to be interpreted. These interpretations may reveal forces at play that are not part of the conscious thinking of children (or their families) or found within inter-subjective accounts of communities in particular contexts (Kelly and Ntlabati 2002:28).

I turn finally to the implications of the above discussions for the direction of future research and the development of indicators of child well-being. Two prominent child researchers have pointed out that improved monitoring of the national policy goals for children is “severely hindered by the lack of regularly up-dated child-related data” (Biersteker and Robinson, 2000:56). Hence, the value of longitudinal studies that track changes in child well-being alongside broader social change cannot be under-estimated. Encouraging developments in this direction include the extension of BTT until 2010, and the initiation of panel surveys looking at the transition from childhood to youth. The most recent of these, the Cape Area Panel Study (CAPS) will provide longitudinal data on a wide range of aspects of child well-being including school achievements, the transition from school to work, family structure, intergenerational transfers, migration, HIV/AIDS and family formation (marriage and childbearing). Not only are these regional surveys able to offer substantial amounts of data, they also provide useful methodological insights into the design of methods and choice of questions for any further development of national surveys.

What is made clear in this paper is that existing quantitative data, and more specifically national surveys, have considerable potential to provide pertinent information on child well-being yet they are limited in their ability to identify the full range of explanatory factors. It is therefore

essential that insights gained through ethnographic and other forms of qualitative research are included in the analysis of any statistics. One way of improving the quality and validity of data collected in large scale surveys would be to conduct a number of qualitative studies with subsamples of the survey population in parallel with the main survey. Such studies would act as a pilot (for example by testing the influence of normative responses on data about child work and school attendance, experimenting with different ways of phrasing a question) but would continue researching children's experiences and perceptions of the issues under study during the quantitative data collection.

With respect to the development of indicators of child well-being, three questions must be answered. The first is: Do we know sufficient about what makes children vulnerable and has a negative influence on their well-being to put together a set of sensible indicators? The answer is probably: 'Yes, but, we need to continue asking questions about the relationships between the physical, economic, social and psychological components of child well-being, and the factors that influence the resilience and adaptiveness of children to adverse situations. The second question is what are the appropriate indicators of child well-being in South Africa? And the third question, that I have begun to answer here is: Which data sets should be used, either singly or in combination, to provide the data required for each indicator?

As an illustration of the potential to combine information from different data sets, I outline a possible avenue for monitoring the impact of increases in government financial allocations to children on child well-being. In part 1, I drew attention to the fact that the budgetary and policy analyses conducted by IDASA (Cassiem *et al*, 2000; Cassiem and Streak, 2001) do not extend to questions about whether the government's child poverty reduction strategy is actually reducing poverty amongst children. Logically, we cannot equate 'putting children first' in policy and budgetary allocations with impact on child poverty for a number of reasons. These include the time lag between spending and impact, other influencing factors on child poverty, the differences between provision and uptake of services and finally the lack of data on changes in child poverty over time. If we are serious in our aims to answer questions about the impact of policy and practice on child well-being, some form of collaborative effort between researchers leading the large scale studies of childhood and poverty and those analysing trends in spending and service provision is required. For example, it is worth considering whether we could draw conclusions on the effects of policy change if the BTT methodology were to include a measure to track changes in financial

allocations and service provision to children and families (that could document received finances and services rather than merely allocations), as well as monitor factors affecting the whole community that have an indirect impact on child well-being (such as increased prevalence of illness, major economic trends, and climatic or other physical events).

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The CSSR is an umbrella organisation comprising five units:

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The Data First Resource Unit ('Data First') provides training and resources for research. Its main functions are: 1) to provide access to digital data resources and specialised published material; 2) to facilitate the collection, exchange and use of data sets on a collaborative basis; 3) to provide basic and advanced training in data analysis; 4) the ongoing development of a web site to disseminate data and research output.

The Democracy In Africa Research Unit (DARU) supports students and scholars who conduct systematic research in the following three areas: 1) public opinion and political culture in Africa and its role in democratisation and consolidation; 2) elections and voting in Africa; and 3) the impact of the HIV/AIDS pandemic on democratisation in Southern Africa. DARU has developed close working relationships with projects such as the Afrobarometer (a cross national survey of public opinion in fifteen African countries), the Comparative National Elections Project, and the Health Economics and AIDS Research Unit at the University of Natal.

The Social Surveys Unit (SSU) promotes critical analysis of the methodology, ethics and results of South African social science research. One core activity is the Cape Area Panel Study of young adults in Cape Town. This study follows 4800 young people as they move from school into the labour market and adulthood. The SSU is also planning a survey for 2004 on aspects of social capital, crime, and attitudes toward inequality.

The Southern Africa Labour and Development Research Unit (SALDRU) was established in 1975 as part of the School of Economics and joined the CSSR in 2002. SALDRU conducted the first national household survey in 1993 (the Project for Statistics on Living Standards and Development). More recently, SALDRU ran the Langeberg Integrated Family survey (1999) and the Khayelitsha/Mitchell's Plain Survey (2000). Current projects include research on public works programmes, poverty and inequality.
