



Children's Rights Centre

March 2011

## NewsBytes on Children's Rights

### The 2011 Budget and Children's Rights

#### 2011 Budget leaves poor children worse off this year!

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With only a 4% increase in the Child Support Grant this year, poor children are worse off than they were this time last year! Although the Consumer Price Index increased by only 3.7% over 2010, this is NOT the same as the cost of living increase for poorer families. The 'consumer price index' or CPI also includes housing, clothes and transport, but because the expenses of poorer families are heavily weighted on bare necessities – food in particular – their cost of living increase is at least 2% higher. And, what is more, even the CPI is estimated to rise to 5-7% by the end of this year. (Information from 'Business Report')

#### The Food Price Index, or CPIF

Only the food items appearing in the CPI basket are included. The index is regarded as useful to assess the impact of price increases especially on the lower expenditure groups in the population, as food is the single biggest item in the total basket for the CPI.

While CPIF is not a sufficient measure of the impact of policy on poverty, it remains an important indicator. For example, the CPI in the year to June 2002 rose by between 11 and 14% for households earning below R2,030 a month, compared to 8% for the very high-income group, and 9% for the overall CPI in metropolitan and other urban areas (Watkinson & Makgetla, 2002:1).

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Poor children will be getting an increase of R10 a month, which pays for 2 oranges a month or ONE SLICE of bread a day! The grant will increase by a further R10 a month in October – still very little!

Associate Professor Eric Atmore, Director of the Centre for Early Childhood Development, comments on the budget: "Following this budget our young children will still grow up hungry, living in poverty, lacking quality education, being homeless and with their basic human rights trampled on.

Education at 21% takes up the largest share of non-interest expenditure with increases for school infrastructure, teacher bursaries, further education and training colleges and skills development. This is to be commended but much of **this will be wasted because of the lack of quality early childhood development funding and opportunities for young children.**

The benefits of investing in the chosen areas are largely lost if young children enter the education system without the critical skills acquired in the preschool years. If children enter school without early literacy and numeracy skills and hungry they cannot perform and the investment is wasted. Grade R and early childhood development is not mentioned at all in the budget yet international research informs us that the greatest education, economic and social return is expenditure on education at this level."

This text is quoted from <http://www.ngopulse.org/special-edition-201112-national-budget> on the SANGONET website which has comments from many organisations. (continued on next page)

**We gratefully acknowledge the support of the Bernard van Leer Foundation in the production and distribution of this newsletter.**

## 2011 Budget and Children's Rights continued from page 1

Although there is much consensus that Minister Gordhan presented a balanced budget which attempts to respond to most national priorities, some contentious issues remain.

A key issue in this regard is criticism of the macro-economic framework, in particular the continued focus on inflation targeting and reducing the budget deficit. While some agree with the current approach, others feel that the government is too conservative given the resources required to deal with poverty, unemployment and other historical development challenges.

**A concern highlighted by a number of NGOs relates to the ability and capacity of government departments to deliver services in line with their mandate. Specific concerns relate to lack of skills, weak administrative systems, corruption and wastage of resources which characterise many government departments.**

Questions are also raised again about the lack of recognition for the role that NGOs play in responding to the needs of the poor, especially in the view of the mentioned capacity constraints experienced by government departments.

*NOTE: the Child Support Grant is not yet extended to all children under the age of 18 years. This extension is being phased in over two years. At present it applies to children who are **under the age of 17** born on or after 31 December 1993.*

## Participation Rights for the Very Young Child

Participants at a consultation in November last year were challenged as to the right of newborn babies to **participate** – and that this right extended to all very young children! All agreed that a reciprocal relationship was the essence of participation, and that this DID start at birth – and that foundations for this were laid even before birth! Responsive care is the starting point for children to build their capacities for participation with family, school, community and beyond.

Parents generally do not realise or accept that their children are real 'people' until they are verbal, therefore it can be gage with parents about children's rights.

Primary and secondary care-givers provide children's basic needs such as protection and care, but they often do not respond adequately to them.

### SOME CONCLUSIONS FROM THE CONSULTATION

- There is a need for a strong, positive agenda for rights in early childhood - recognising that children are active participants in their own development from birth, not passive recipients of care and teaching.
- Young children's view of the world must be understood, their opinions and feelings respected, their "voices" heard, even before they are able to communicate through spoken language
- Children, including the very young, need to exercise their right to participate in all settings in which they spend their lives - through relationships and communication and in the freedom to play and explore safely.
- The rule (in Article 12 of the Convention on Children's Rights) that children's opinions be given due weight according to their evolving capacities should be applied in a positive and enabling manner, not used to justify practices that restrict children's autonomy or self-expression. We need to strive against beliefs that children are passive in their development and lack competence.

Note: an interest group in the rights of the very young child has been formed – contact the Children's Rights Centre for more details at [bongji@crc-sa.co.za](mailto:bongji@crc-sa.co.za)

**A holistic and appropriate programme for HIV counselling and testing in schools (HCT) could provide a gateway to improving the health and wellbeing of thousands of teenagers. The approach should include PREVENTION of HIV and other sexually transmitted infection as well as TREATMENT, care and support for all who test positive. A narrow HCT programme, with a focus on identifying the HIV status of learners, only, could result in discrimination, trauma and psychosocial problems in children and their families.**

HIV prevalence spikes between the ages of 15 to 24 years. These are therefore the critical years for intervention, particularly during the high school period. The number of teenagers is very large – over 5 million in South Africa between the ages of 13 and 17 years. Prevalence starts at low levels in teens, but in every year after age 15, HIV prevalence climbs sharply in girls while in boys the increase starts at about age 20. By age 21, women are five times as likely as men to have HIV. HIV strikes hard and fast in these critical years and every year counts for prevention, treatment and for care and support.

It is easy to be judgemental and to blame the teenagers for 'misbehaviour' – that is having sex! But in our society, as Cati Vawda points out (in an article written for *The Star*): *normal sexual, emotional and social development occurs in a context of high levels of bullying, stigma, substance abuse and violence in schools, families and communities. Reports indicate that 1 in 3 girls have experienced sexual violence before the age of 18, which includes unwanted touching, forced sex or being sexually exploited by much older men. While reporting levels are low, 40% of victims who do report rape to the police are girls under 18, and 15% are under 12 years. Orphans and vulnerable children may be especially likely to engage in early sexual activity, due in part to lack of social and economic support. One South African study found that 23% of orphans had sex by age 13, compared with 15% of non-orphans.*

### **Challenges to HCT programmes in schools**

The challenges relating to an HCT programme in schools are possible coercion and peer pressure in a mass testing situation; difficulties in assuring informed consent; problems with privacy and confidentiality; the lack of adequate preparation for testing and lack of ongoing support for those that test positive or for whom other sensitive issues are raised such as abuse. In South Africa at present our mental health and social support systems are weak and fragmented and there is very little integration between education, social development and health services.

Current HCT provisions require only a single pre- and post-testing counselling session. What is needed is a thorough and meaningful pre-testing preparation phase at individual, school and community levels. This should include working with educators and parents to deal with personal issues related to HIV and to teens' sexual and reproductive health rights, and implementing long-term care and support around these issues. Learners' involvement should be central to each step. The planning, implementation and monitoring of the testing must be in children's best interests and must fully and meaningfully protect their rights to health, information, care and support, and participation.

HCT needs to be integrated into the Life Skills curriculum, and there needs to be effective training for, and attitudinal changes by, educators.

Post-testing monitoring of stigma, discrimination, mental health and social concerns needs to be carried out at all sites.

Effective prevention programmes for teenagers need to be adapted to their specific needs at different ages.

There needs to be a special focus on the realities and needs of girls, their relationships, sexuality and sexual and reproductive health

### **High stakes**

HCT for Teens is a high-stakes programme that can yield tremendous benefits for individuals, families and the public at large. It can also go hopelessly wrong if not managed carefully. The benefits of testing, if done properly, include opportunities to access health services and information on HIV, sexual and reproductive health. For teens living with HIV, it can facilitate treatment, care and support.

**But in order to achieve these benefits, adults and learners, government and civil society, policy makers and implementers will all need to work together.**

Teenage pregnancy is not only an issue that concerns children's rights, in itself, but it is also a rights issue in the way that it is reported and discussed in the media. Children's stories do make big news and teenagers between 13 and 18 receive 44% of the coverage according to Media Monitoring Africa. Incidentally, MMA also reports that the stories in which children appear are predominantly negative, bad news, and that children are generally represented either as helpless victims ('little angels') or as heartless perpetrators ('little devils').

**Both of these stereotypes are prejudicial to children and against their right to equality and respect as human beings, first and foremost. In the interest of their rights it is important to give the context for the events reported on – and also to access the views of the children concerned.**

**In order to address issues that worry us as adults we need to have on-going discussions with the children and teens in our lives. We need to provide them with accurate information, listen and respond to their concerns and be there for them as they navigate the complexities of their lives.**

### ANSWERS TO FREQUENTLY ASKED QUESTIONS (from recent research)

**1. Are teenage pregnancies on the increase?**

**Answer: YES - IN NUMBER**

*While the total number of pregnancies in teenagers has increased, this is due to an increase in the total number of teenagers and not in the rate at which teens are becoming pregnant. Fertility rates among 15- to 19-year-olds have declined steadily from 124 births per 1000 women (in 1987 - 1989) to 81 (in 1998) and 54 by 2003. (Moultrie, T. A. & McGrath, N. (2007). Teenage fertility rates falling in South Africa. South African Medical Journal, 97, 442-443.)*

**2. Is the pregnancy RATE among teenagers in South Africa growing?**

**Answer: NO.**

The percentage of adolescent girls aged 15 - 19 years who have been pregnant fell from 16.4% in 1998, to 11.9% in 2003, according to the SA Demographic and Health Surveys. But by age 19 almost half the girls had had a pregnancy. (Quoted by the Children's Institute, University of Cape Town - *HIV and Health - Teenage pregnancy* Authors: Updated by Lizette Berry and Katharine Hall - Updated: July 2010).

**3. Is pregnancy a major cause of girls dropping out of school?**

**Answer: YES AND NO!**

Under the Education Act pregnant schoolgirls may not be excluded from school except for health reasons, and must be readmitted if they apply after giving birth. But many young mothers DO drop out of school, especially if they do not come back to class within a year of giving birth. (HSRC survey on Teenage Pregnancy in SA).

**4. Do girls deliberately get pregnant so as to get the Child Care Grant?**

**Answer: NO**

There have been several studies that show that teenage girls do NOT deliberately have babies in order to access the Child Care Grant. The research shows that there is no evidence of an increase in teenage births during the period in which the CSG has been introduced (1995-2005) and there is a low uptake of CSG by teenagers. (Makiwane & Udjo (2006), a later version (2007); Woolard et al., 2005; and Goldblatt & Solange, 2005.) There is also some evidence that girls who access the grant are more likely to complete their schooling. (Budlender & Woolard 2007)

**5. Are teenage pregnancy rates proof of GROWING 'adolescent delinquency, sexual permissiveness and moral decay in our society'?**

**Answer: NO!**

It is not justified to BLAME teenagers in this way! There are many reasons why teenagers fall pregnant and pregnancy is not welcomed by most teenagers. Over two-thirds of young women reported that pregnancy was unwanted because it interfered with educational aspirations and imposed greater financial hardships in a context of high levels of poverty and unemployment. (HSRC Survey on Teenage Pregnancy in SA).

## **6. Should we blame teenage girls who fall pregnant?**

**Answer: NO – NO – NO!**

The HSRC survey points out that teenage fertility is, in fact, the result of a complex set of factors, largely related to the social conditions under which children grow up.

They are at a significantly higher risk of early pregnancy if:

- They drop out of school early on, often because of economic barriers and poor school performance;
- They grow up in residential areas where poverty is entrenched (informal areas and rural areas);
- Both parents are deceased and in particular if there is no mother in the home;
- They have little knowledge about contraception, and limited access to friendly, judgement-free, health services;
- There is general stigma about adolescent sexuality in their community and there are few opportunities for open communication about sexual matters with parents and partners;
- Young women are often involved in relationships where power is imbalanced, men decide the conditions under which sex occurs. All too often, this involves coerced or forced sex;
- Young women struggle to meet immediate material needs, and they make trade-offs between health and economic security. Reciprocity of sex in exchange for material goods leads to young women remaining in dysfunctional relationships, engaging in multiple sexual partnerships and involvement with older men. Under such conditions, there are few opportunities to negotiate safe sex and the risk for pregnancy is increased.

**‘Pervasive poverty in SA stacks these overlapping sources of risk against some young people, offering them limited information to make optimal choices and few incentives to protect themselves against pregnancy.’**

## **7. What is a child rights based approach to early pregnancy?**

Early pregnancy is most often against the best interests of the teenage mother and child, as well as those of the teenage father. It may be a health risk to the mother and baby, it may cause the mother to drop out of school and lose her right to education, it is often an extra financial burden to an already impoverished family and moreover it often causes stress and lays a heavy emotional burden on all the family.

**But every person has a right to sexuality and to the knowledge, skills, services and resources to practice these rights responsibly. Stigma and discrimination against sexually active teenagers is against their rights. This discrimination puts them at risk of harm when they can not talk to trusted adults including parents about these important and sensitive issues.**

## **8. What do young people have a right to know?**

Children and young people have a right to education on sexuality and reproduction that includes:

- Knowledge and beliefs about pregnancy (rather than only HIV as at present) including contraception, conception and a focus on both abstinence and safe-sex practices, according to their age and development.
- Understanding of the responsibilities of parenthood, and the knowledge and skills required for successful parenthood, together with an understanding of the importance of planning for and timing of parenthood;
- Understanding of both the biological and social risk factors (such as gender power relations, poverty, early school dropout) that lead to early pregnancy.

### **9. What interventions to reduce teenage pregnancy need to be made?**

‘ Given the multiple levels of influence on adolescent sexual behaviour, and, in turn, pregnancy, single intervention strategies by single sectors of society will not solve teenage pregnancy’.

#### **WHAT IS REQUIRED IS COMPREHENSIVE APPROACHES WITHIN THE HOME, THE SCHOOL, THE COMMUNITY, THE HEALTH CARE SETTING AND AT A STRUCTURAL LEVEL.**

In addition, while each sector should act within its strength and foster linkages with other sectors, an integrated strategy is required to ensure that all sectors act towards achieving a common goal.’ (HSRC Survey)

‘Without interventions that target relational and structural factors, substantial declines in the rates of teenage fertility will not be achieved.

**Sexuality is a shared activity between two partners. It makes little sense to empower women about their sexuality without concomitant efforts to empower young men about equitable gender relations.’**

**Condoms:** as a support to comprehensive sex education in schools, an assessment of the availability of condoms in the community should be conducted. Where community availability of condoms to young people is low, consideration should be given to making condoms available through the school system.

**Mobile health services:** until the quality of health care services can be improved for young people, consideration should be given to making available health services outside of the health system. For example, mobile services are proving to be an effective means to provide voluntary counselling and testing services to young people, in particular, young men, who do not generally attend traditional health services.

Emergency contraception should be deregulated to increase availability and usage.

**Parent programmes** are needed to promote open communication between parents and children about sensitive subjects and foster strong parent-child bonds, as well as teach parents how to set and enforce rules. As a support to sex education in the school setting, consideration should be given to wide-scale implementation of such programmes.

**Mass media** programmes are needed with a distinct focus on teenage pregnancy, supported by other intervention strategies.

**Poverty reduction:** given the inextricable link between adolescent motherhood, poverty and socio-economic disadvantage, efforts to empower young women through skills development and opportunities for developing sustainable livelihoods may assist in minimising trade-offs between health and economic security.

In fact a cluster randomised trial that tested a microfinance structural intervention on economic security, empowerment of women and intimate partner violence was able to halve the risk of physical and sexual violence after two years (Kim et al., 2007). Such interventions that create synergy between health and development goals, may offer promising approaches for pregnancy and HIV risk reduction.

### **10. How can teenage mothers *and fathers* be supported?**

A systematic and formal system of support is required for those who do become pregnant. Such programmes of support need to reach beyond addressing the health consequences of pregnancy to mitigating the educational, economic, educative and social challenges that young mothers and fathers face. Although remediation is costly and difficult to achieve, it far outweighs the costs to a society of lost human capital potential.

## 11. *What about interventions to retain girls in school?*

'Instituting interventions that promote uninterrupted schooling may be an effective method to prevent pregnancy and HIV. As financial concerns and high levels of repetition are two of the chief reasons for inordinate levels of dropout in SA, addressing the financial barriers to schooling and setting up a system for the remediation of school performance for those learners repeating grades may be effective interventions.'

Much advocacy work is also required to ensure that the gatekeepers of education - principals, teachers and fellow learners, buy into the policy to reduce the stigma that often turns young mothers away from the doors of learning.

Strong referral networks are also required with relevant government departments and other community structures that can support learners with child care arrangements, access to reproductive health services, in particular access to contraception to prevent second birth, child support grants and to develop appropriate parenting skills to mitigate the intergenerational transmission of early parenthood.

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## Useful Resources

### Report on government-funded programmes and services for vulnerable children in South Africa

This report has recently been published. It has chapters on each of the following government departments – home affairs, social development, health, education, agriculture, water, energy, human settlements, police and justice. It lists gaps in service provision and gives recommendations.

There is a comment on the report in E-News 23.02.2011, by the award-winning journalist Anso Thom



#### Government-funded programmes and services for vulnerable children in South Africa



#### Services and benefits for vulnerable children - an overview

### Teenage Pregnancy in South Africa with a specific focus on school-going learners.

(Human Sciences Research Council)

[http://www.hsrc.ac.za/Research\\_Publication-21277.phtml](http://www.hsrc.ac.za/Research_Publication-21277.phtml)

**Measures for the Prevention and Management of Learner Pregnancy**—policy document  
[www.doh.gov.za/docs/Measures-pregnancy.pdf](http://www.doh.gov.za/docs/Measures-pregnancy.pdf)

**Tell Me More! Children's Rights and Sexuality in the Context of HIV/AIDS in Africa**  
[Tell Me More! - Save the Children International Homepage](#)

**Free parenting booklets - Soul Buddyz** offers several resources including free parenting booklets which promotes communication between parents with children on serious issues such as AIDS and sexuality, healthy lifestyles and saving for the future - themes that are covered on the Soul Buddyz tv and radio programmes. Contact 0860 11 5000.

**The Test—a test in time saves lives** - publication from the Children's Rights Centre  
[www.childrensrightscentre.co.za](http://www.childrensrightscentre.co.za)

**Mainstreaming psychosocial care and support through child participation—practical guidelines.** Participation is one of the key principles of psychosocial support. Indeed it could be argued that, to some extent, they are two sides of a coin. It is through getting involved that children:

- 1) enhance their resilience and decrease their vulnerability
- 2) discover and develop their talents
- 3) discover and enhance their own strengths
- 4) are able to overcome many of their psychosocial challenges

These guidelines provide practical steps to mainstream psychosocial support through child participation. <http://www.repsai.org/publications.html>