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A REVIEW OF EARLY CHILDHOOD IN SOUTH AFRICA: THE EFFECTS ON MATERNAL AND CHILD HEALTH

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Abstract
Human development and the growth of strong societies are based on early childhood. Over 250 million children under the age of 5 years are not reaching their developmental potential in low-middle income countries due to adversities such as poverty, malnutrition, and infectious disease in pregnant women and children. The South African National Integrated Early Childhood development policy (2015) aims to invest in early childhood develop and is considered an effective long term strategy for poverty eradication and to address poor early childhood development. This essay focuses on maternal health and early childhood development in South Africa.
Keywords: Early childhood development; maternal health and well-being nutrition; early stimulation and responsive caregiving; parenting.

INTRODUCTION

The foundation of human development and the growth of strong societies are fundamentally based on the primary period of early childhood (Engle et al., 2011). While early childhood development is 0-6 years in most developed countries, early childhood development in South Africa is the period from conception to age 9 years (Atmore, Niekerk, & Ashley-cooper, 2012). Over the last two decades, there has been a significant global and national movement toward positioning practices and policies for early childhood development. From a global perspective, the United Nations Conventions on the rights of the Child (1989), emphasise that the state is obliged to ensure children's survival and development to the greatest degree in order to reach their full potential/capacity (Ginsburg, 2007). This, therefore, means that children not only have the right to survive, but also to thrive and have their lives transformed. This policy emphasises the degree to which nations need to go in order to ensure the health and well-being of children and the importance of promoting a child's potential. Very recently, the Nurturing Care Framework (2018) was launched as a means of assisting

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children to develop towards their full potential but within and through a nurturing care framework.

Nurturing care refers to responsive caregiving, early learning, safety and security, health and nutrition (Nurturing care Framework, 2018). From the early years, parents primarily provide nurturing care. Furthermore, as the child develops and grows, a broader network of care and support from communities such as teachers, mentors and religious leaders play an important role (Child gauge, 2017). All these components together provide protection for children from the age of conception from harsh conditions such as poverty as well as unlocking their human potential (WHO, 2015; World Health Organisation, 2018). However, children are still burdened by many afflictions as a result of poverty, in spite of all these well formulated policies.

Even though, there have been many deliberations about early childhood policies focusing on educational goals, research has identified that interventions aimed at reducing adversities will also address physical and mental health of children to produce better childhood outcomes. In the efforts to address this social dilemma, Millenium Development Goals (2000 – 2015) were developed. In 2015, the Countdown to 2015 report indicated that the attainment of the Millenium Development Goals resulted in a 50% decrease in child mortality for the children younger than 5 year. However, newborn babies account for 45% of deaths among children under the age of 5. Furthermore, despite these successes, 65% of children are still at risk for poor development. This means that 250 million children in low- and middle-income countries (LMIC) were still at risk carrying the burden of disease further highlighting urgent action needed (Barros & Ewerling, 2016). The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) identifies three main objectives to ensure their health and well-being. These include (1) to STRIVE by averting preventable deaths in mothers, newborn babies, children and adolescents as well as stillbirths, (2) to THRIVE which improves the life chances of women and children (3) to TRANSFORM by steering a people-centred movement for an inclusive transformation for women's, children's and adolescents' health and sustainable development. These objectives are aligned with the Sustainable Developmental Goals (SDGs), specifically SDG 3: ensuring healthy lives and promoting well-being for all at all ages, and SDG 4: to ensure inclusive and equitable quality education and promotion

of lifelong learning opportunities for all (Kuruvilla et al., 2016; WHO, 2015). It can be argued that the health and well-being of mothers, caregivers and children are of utmost importance as it is considered a global challenge. More recently the Nurturing Care Framework in Early Childhood (WHO, 2018) was launched as a potential implementation framework to help children survive and thrive to transform health and human potential. The five components of nurturing care are: opportunities for early learning, responsive caregiving, good health, adequate nutrition and security and safety. One of the ways in which parents can provide nurturing care is through playing with their children.

Internationally, an estimated 35% of all the children's deaths are a result of under nutrition, measles and pneumonia (Shonkoff et al., 2012). Furthermore, it was estimated that approximately more than 279 million children in their early years from LMIC were not achieving their developmental potential due to poor nutrition and inadequate learning opportunities as a result of poverty (Walker et al., 2011). In South Asia, 53% of children were at risk for not reaching their full potential. The Sub-Saharan Africa had the highest incidence of children at risk of not reaching their full potential due to risk factors such as poverty and low-birth weight (Black et al., 2017). In a longitudinal study done in LMIC, it is estimated that under nutrition during the early years resulted in lower school grades and a 30% decrease in income during adult life (Engle et al., 2011; Shonkoff et al., 2012; Walker et al., 2011). Furthermore, violence in families and within communities, poor infrastructure, and lack of services and services delivery are linked to people experiencing stressful lives as a result of poverty. Children living in LMIC carry a significant burden of early life risk factors to experience poor early childhood development(Walker et al., 2011) Thus, for children living in poverty -stricken areas are more likely to be exposed to harsher circumstances. Environmental factors such a poor water and sanitation and limited household resources may affect childhood develop directly or through parental or caregiving practices. In addition, it has been found that children who are malnourished, are stunted or ill, are less likely to explore their environment and may receive less developmental stimulation from their parents or caregivers and both factors can affect childhood development (Brown & Pollitt, 1996; Prado et al., 2017). Thus, affecting their ability to learn optimally.

To address these socio-economic dilemmas, Millenium Development Goals (2000 – 2015) were developed. In 2015, the Countdown to 2015 report indicated that the attainment of the Millenium Development Goals resulted in a 50% decrease in child mortality for the children younger than 5 year. However, newborn children account for 45% of deaths among children under the age of 5. Furthermore, despite the success of the SDG's, 65% of children are still at risk for poor development. This means that 250 million children in low- and middle-income countries were still at risk carrying the burden of disease further highlighting urgent action needed (Barros & Ewerling, 2016). At the start of January 2016, the United Nations officially rolled out the 17 Sustainable Developmental Goals (SDG) to address a wide range of social burdens and ills by 2030. the SDGs emphasised and focused on (1) zero poverty, (2) zero hunger, (3) good health and well-being, (4) quality education, (5) gender equality, (6) clean water and sanitation, and (7) affordable and clean energy, (8) decent work and economic growth, (9) industry, innovation and infrastructure, (10) reduced in equalities, (11) sustainable cities and communities, (12) responsible consumption and production, (13) climate action, (14) unpolluted oceans and (15) unpolluted land, (16) peace, justice and strong institutions and (17) partnerships to achieve the goals. South Africa aligned their policies with the SDG's to the social ills and burdens of disease that young children were still experiencing to improve better early childhood development outcomes.

In South Africa, there are policies, plans and frameworks which support and emphasise the importance of early childhood. For example, the South African Children's Act (Children's Amendment, Act 41 of 2007), the National Development Plan 2030 the South African National Curriculum Framework (NCF, 2015) for children from before the birth of the child to the age of four years focuses on the care, development and learning of babies, toddlers and young children. The framework is aimed at adults including parents and caregivers who interact with this group of children as there is a growing need to support the development of skills and learning of children for the first 1000 days of life, which is from conception to two years of age, and through to age six years (Ebrahim & Irvine, 2012). When parents are aware of and understand the development of children's cognitive, social, emotional and physical skills and developmental milestones, they are able to make an investment in and promote child development to improve the trajectory of South African children.

The National Integrated Early Childhood development policy (2015) aims to invest in early childhood develop (ECD) and is considered one of the most effective long term strategy for poverty eradication and to address the risk of poor development. The essential components that will be addressed by 2014 are: Birth registration, health promotion and prevention assistance during pregnancy, birth and early childhood, Nutritional support for pregnant mothers and children, psycho-social support services including protection from abuse and neglect, referrals and knowledge about health services and social services (including chid grants and food parcels) and early learning stimulation (Biersteker, 2012). With that being said, parents and caregivers are important contributors to early childhood development.

Therefore, this essay will focus on early childhood develop in South Africa and the risk factors pertaining to achieving maternal and early childhood health and well-being.

Early Childhood Development

The concept of early childhood development and the early intervention approach as a strategy to counter the adverse effects of poverty on child development, originates from emerging research and theory in the 1950's (Bronfenbrenner, 1974). As early childhood is considered to be a critical and important period in the human life, there have been many early childhood development guiding frameworks such as the Integrated Early Childhood development programme of Action (2013-2018) and the National Early Childhood Development policy developed. Scientists, government, societies and individuals are directly or indirectly involved in one way or another (WHO, 2018) to ensure that early childhood policies are implemented.

With that being said, it is not easy yet to implement and fundamental to document the implementation of an ECD framework, policy and/ programme as it comes with some challenges. According to Aboud and Prado (2018), the first aspect to consider is to be able to monitor and know what and how the framework was implemented so that the outcomes match what actually occurred and not what the framework or programme intended to do. The second aspect to consider is, will the outcomes be achievable for the population it is intended? The third aspect**,** could the components of the frameworks be adapted for a similar, less or more resourced area?

Lastly, when there is sufficient similar information from other policy implemented programmes available, then an analysis could be done to establish which components and factors lead to better outcomes. A strong monitoring and evaluative measurement should be considered when addressing the above four aspects (Aboud and Prado, 2018) in LMIC's such as South Africa.

Early Childhood Development in South Africa

South Africa is considered as one of the developing countries with total population of over 56 million. There are 1 million children born in South Africa each year. In addition, 6.2 million children are under the age of 6 and 4 million of these children live in poverty which includes food poor households, inadequate water and poor sanitation (South African Early Childhood review, 2017).

The South African National departments namely the Department of Health, the Department of Social Development and the Department of Education share the responsibility of ensuring the health and wellbeing of all people living in South Africa. In terms of children in the early childhood phase, the Department of Health covers from birth to nine years old, the Department of Social Development focuses on the birth to four-year olds and the Department of Education is responsible for the five to nine years old. These three departments are focused on working together to achieve early childhood health and wellbeing (Atmore et al., 2012). Despite this, the South African government still face a range of challenges in the ECD field and the most significant of these are maternal healthcare and responsive caregiving, nutrition, early learning and Child Support Grant (security and safety).

Maternal healthcare

At the end of 2015, the 15-year timeframe of the anti-poverty eight Millenium Developmental Goals (MDGs) came to an end. At the start of January 2016, the United Nations officially rolled out the 17 Sustainable Developmental Goals (SDG) to address a wide range of social burdens and ills by 2030. The SDG's are built upon/ established upon the eight MDG's, which focused on (1) eradicating poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat

HIV/AIDS, malaria and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnership for development. According to the Millenium Developmental Goals report, not all the MDGs were met globally but significant progress was made in quite a few areas. Specifically, since 1990, there was a maternal mortality decline by 45 percent worldwide, with most of the decrease occurring since the year 2000. Between the year 1990 and 2013, in the sub-Saharan Africa, there was a reduction of 49 percent. Despite the progress made, millions of women especially from the most disadvantaged and poorest locations were left behind. To address these disparities, the SDGs emphasised and focused on (1) zero poverty, (2) zero hunger, (3) good health and well-being, (4) quality education, (5) gender equality, (6) clean water and sanitation, and (7) affordable and clean energy, (8) decent work and economic growth, (9) industry, innovation and infrastructure, (10) reduced in equalities, (11) sustainable cities and communities, (12) responsible consumption and production, (13) climate action, (14) unpolluted oceans and (15) unpolluted land, (16) peace, justice and strong institutions and (17) partnerships to achieve the goals.

All of the 17 SDGs together will assist in ensuring better maternal healthcare. Furthermore, the Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2013) (reference in Nurturing Care Framework), provides a pathway to end preventable deaths, objective 1: survive; ensure health and well-being, objective 2: thrive; and expand enabling environments objective 3: transform, of women, children and adolescents by 2030. These objectives are aligned with nine of the SDGs. The Global Strategy for Women's, Children's and Adolescents' Health acts as an action plan to advance the health and well-being of women, children and adolescents. Furthermore, it's vision is to create a world where every women, child and adolescent realises their rights to health and well-being (Kuruvilla et al., 2016).

Maternal healthcare is essential to children's survival and ability to thrive. Therefore, the Global Strategy for Women's, Children's and Adolescents' Health is crucial to achieving the SDG's. It is a known fact that the period from pregnancy to age 3 is when the child is most vulnerable to be affected by environmental factors (Nurturing care framework reference) (Brown & Pollitt, 1996; Walker et al., 2011) It has also been scientifically proven to be the a very sensitive period for brain

development. Therefore, this period lays the foundation for learning, health and well-being (Hall, K. Samba, W., Berry L., Giese, S., and Almeleh, C. 2017).

In order for children to achieve their full capability, they need nurturing care. Nurturing care is defined as the elements that promote health, nutrition, opportunities for early learning, security, safety and responsive caregiving (reference). Nurturing care is about the children, their families (including maternal health care) and the environments where they interact with each other.

In South Africa in 1994, in order to achieve adequate maternal healthcare and access to health care services, the Minister of Health, Dr. Aaron Motsoaledi, adopted the Primary health care approach. Primary health care does not only focus on treating the disease or conditions, but is concerned with caring for the person primarily, thus being a person-centred approach (WHO, 2008). In 1995, the Maternal, Child and Women's Health (MCWH) committee was established and located in the Reconstruction and Development Programme (RDP). The RDP is a South African socio-economic policy framework implemented by the African National Congress government in 1994. The establishment of the MCWH committee was to monitor and evaluate why African women and children were dying from common preventable diseases. In 2003, major significant step happened in the framework policies, when the introduction of free primary health- services within the health department was employed. Therefore, all clinics, day hospitals, Community Health

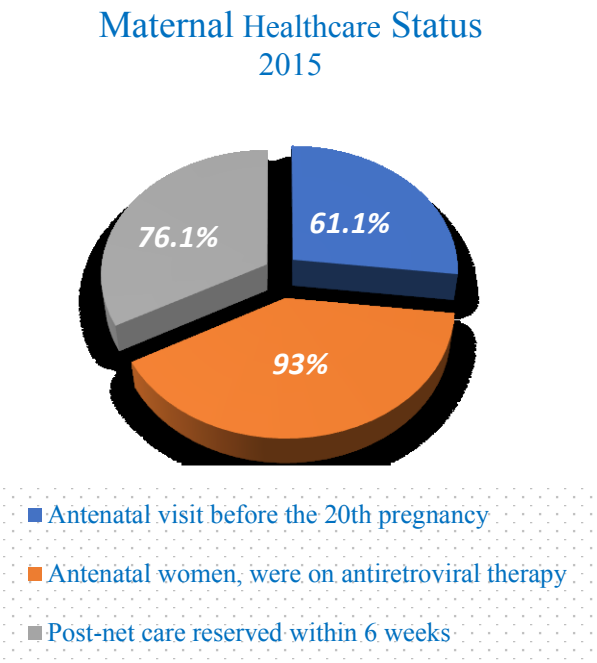

Figure 1. Women who accessed health service in 2015, (DHIS, 2015).

Centres and tertiary hospitals were obligated to adopt this approach. Figure 1 illustrates the percentage of woman who accessed to the health service in 2016 according to the South Africa status in 2016. That has a direct benefit on the Child health where the child morality and HIV were targeted along with the other diseases.

In order to protect and promote maternal and child health, it starts with antenatal care (ANC). Early ANC which occurs before 20 weeks mark in pregnancy is a crucial period for primary health and nutrition in the mother and child to improve the pregnancy outcomes and for the prevention of stunting and HIV in young children. According to the District Health Information System, there has been there has been a steady increase in antenatal bookings from 54% in 2014 to 61% in 2015. Therefore, resulting in better maternal and child health outcomes. However, 40% of first antenatal visits only occur after the 20-week mark and this is only based on the women that do attend the antenatal clinics. Thus, contributing to the current percentage of maternal and child health. However, the data and percentage of maternal mental health and the impact on maternal and child health is still lacking (Hall, K. Samba, W., Berry L., Giese, S., and Almeleh, C. 2017). A good maternal mental and physical health is the start to women being prepared for the unborn children and a disruption during the pregnancy such as undue stress, depression and anxiety, can have negative effects on the women and the foetus (Britto et al., 2017). These disruptions may result in poor maternal mental and physical health leading to insecure maternal infant attachment and are related to negative child outcomes. These negative child outcomes may manifest in poor infant growth and child emotional and behaviour difficulties(Britto et al., 2017; Walker et al., 2011). Thus, the Nurturing care framework includes interventions aimed at being attentive to and ensuring good maternal and child health and well-being (World Health Organisation, 2018).

Nutrition and child development in South Africa

One of the greatest challenges within South Africa is poverty causing food insecurity, malnutrition and severe cases of hunger. According to the South Africa Child Gauge (2017), the percentage of child hunger has declined from 79% in 2003 to 62% in 2015, where 17% are black African children, 13% are colored children and 1% white children which has a positive effect on children's overall health and well-being

(Atmore et al., 2012; Jamieson, Berry, & Lake, 2017). However, in order for children to thrive and not only survive, the progress is not satisfactory. Hunger and the lack of proper nutrition could result in poor overall health and educational outcomes for children, which could contribute to furthering inequalities and perpetuating the cycle of poverty. When children are under-nourished and do not grow as expected, it results in children being too short for their age. This is called stunting. Over the past 10 years, the stunting rate has remained the same. That is 27% of children under the age of five suffer from stunting making this a significant form of malnutrition in South Africa (Aboud & Prado, 2018; Jamieson et al., 2017; Prado et al., 2017).

Education and early learning

Quality education is a central focus to the SDG's. In 1996, the South African constitution proposed that the South African education system to be transformed. It stated that everyone has a right to basic education, including adult basic education (DBE, 2017). In 2009, twelve national priorities were released by the Presidency to improve the basic education in South Africa. In addition, in 2009, strategies were developed called the Action Plan to 2014 – Towards the realisation of schooling 2015. One of the priority strategies, was to improve the access of children to quality Early Childhood Development. In 2013, the National Development Plan 2030 was launched. The aim of the NDP is to eradicate poverty and reduce inequality by 2030. One such way to achieve this is to increase the quality of

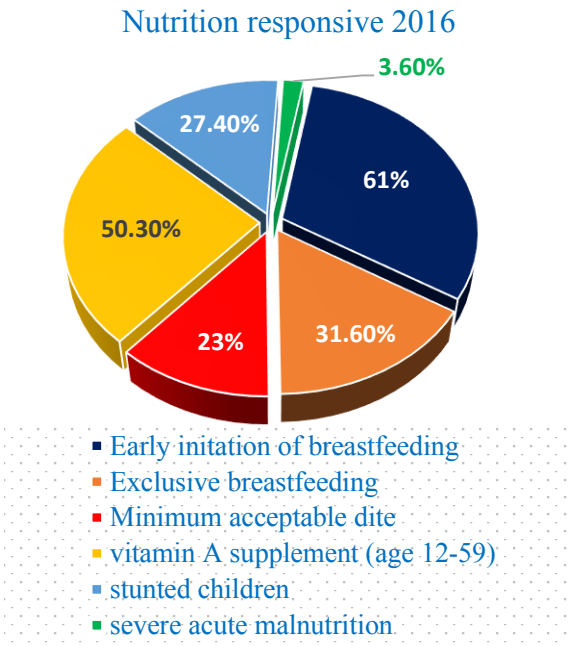

Figure 4: Nutrition (StatsSA, 2016)

education so that all children at least have two years of early childhood education before entering primary school. In 2015, the National Integrated Early Childhood Development Policy was launched with the aim to transform early childhood development services delivery in South Africa.

In the last three years, 53,1 % of children under the age of six years are attending an ECD centre. Furthermore, the caregiver plays a crucial role in stimulating early learning in children (WHO, 2018). According to StatsSA (2018), 74,6% of caregivers talk to their children as a form of parenting and 54,6% of caregivers often or daily provide stimulation through reading or telling their children stories. It has been found that low levels of reading proficiency in children is one of the root causes of poor schooling outcomes and learning challenges. The World Health Organisation (2018) has prioritised responsive caregiving and opportunities for early learning within the first 1000 days of the child's life as part of a framework to ensure optimal development. This forms part of the Nurturing Care Framework. However, one of the caregiver's main concern before considering education and opportunities for learning is how to financially support their child, to provide safety and security too. One way of achieving this is through social assistance programmes such as the South African Child Support Grant.

Child Support Grant (CSG)

In South Africa, three national poverty lines had been proposed: an upper bound poverty line, lower- bound poverty line and food poverty line (Stats SA, 2015). The upper poverty line is the minimum requirement to afford the minimum adequate food and basic non-food items and is equivalent to R965 per person per month. The lower poverty line is defined as there being sufficient income for people to be fed foregoing other essential items and is R621 per month per person. The food poverty line is the most critical as people living below this income level are unable to afford food to provide sufficient nutrition and is R415 per month per person (Stats SA, 2015). According to the General Household Survey in 2015, 62% of South Africa children are living under the food poverty line. This is a great concern, as children living in such poverty are more likely to be malnourished and experience decreased learning and education outcomes (Hall et al. 2017). According to Delany et al. (2016), 30% of these

children are living in unemployed households. Therefore, there are still 1.8 million young children in South Africa still living in households where no one is employed (Hall et al. 2017).

Social assistance programmes such as the Child Support Grant (CSG) was introduced in 1998 by the South African government, to try to alleviate children living in poverty. It was introduced for children 0-7 years in 1998 then extended to all children under the age of 18 years. The CSG is currently R410 per child. In 2011, 10.5 million children benefited from the CSG and in 2017, there are 12 million child beneficiaries of the CSG (Hall et al, 2017; Atmore, 2012). Even though, the CSG has shown to have a positive impact on the recipients of the grants, more needs to be done to address income poverty in light of the fact that the CSG is less than the food poverty line. Caregivers are still in need and do not necessarily have the skills to manage the financial support that they currently receive. Therefore, education and early stimulation will remain less of a priority.

Responsive Caregiving and Parenting

Responsiveness to infant and toddler cues especially in the early years of life is crucial in forming a secure parent / caregiver – infant attachment relationship (Leerkes and Qu, 2017). Responsiveness can be defined as the swiftness with which the parent responds to the infant's signals such as infant crying. Alternatively, the non-responsiveness during the early childhood years, may result in an insecure attachment bond. Responsive caregiving can be affected by a parent or caregiver experiencing depression where the parent may display symptoms of withdrawn and hostility thus affecting the parent-child relationship (LaForett and Mendez, 2016). Furthermore, self-efficacy beliefs, which is defined as a belief in one's ability to engage in a behaviour such a parenting and caregiving to elicit a specific outcome (Bandura, 1977). Thus, the parent's belief in their ability and knowledge to provide nurturing care can impact their child's development (LaForett and Mendex, 2016). Therefore, supporting parents through parenting practices and programmes to develop skills, especially parents living in LMIC would benefit the parent and children in the early years.

CONCLUSION

Early childhood develop is considered a particularly crucial period in a child's life. There are many risk factors that have may have an adverse effect on early childhood development. With over 250 million children under the age of 5 years that are still not reaching their developmental potential in low-middle income countries due to adversities faced from as early as conception. These adversities pose as risk factors and may lead to poor early childhood experiences (Richter et al., 2017). Some of these risk factors include: poverty, malnutrition, stunting, low-birth weight, infectious disease in pregnant women, infants and children, environmental toxins, stress, exposure to violence, psychosocial risks, disrupted caregiving – absent parents, ill parents and non-parent caregivers or abandonment. In order to address these risk factors and to give young children a better start to life, global and South African national policies are there to support young children, mothers, families and communities.

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