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'One Cup of Blood'
The Morbidity and Mortality of Children

"A just, humane, and compassionate world community would never tolerate the massive indifference shown today toward the unnecessary suffering of children. Humanity's real weapons of mass destruction are hunger, preventable disease, and indifference –and these weapons of mass destruction are killing our children as we watch".

Donald H. Dunson

1. Introduction[1]

According to the recently released results of the 2012 census, a breakdown of the population by age shows that there are more children in the zero-to-four age group than in any other age bracket. This means that over 5.6 million South Africans are under the age of four, while 4.8 million children are aged five to nine, and close to 4.6 million are between the ages of 10 and 14.[2] Furthermore, the results indicate that 60% of children live in poverty. Such conditions provide a serious public health care challenge. Recently, the SACBC Parliamentary Liaison Office held a roundtable discussion on the Morbidity and Mortality of Children; it focused on the relative incidence of disease and injury which may lead to child mortality. The roundtable also explored the entitlements of children to health and well-being in terms of the Constitution and the Children's Act 38 of 2005.

Children, by virtue of their size, dependence, lack of immunity and limited mobility are particularly vulnerable to infection, injury and failure to thrive. Also, children may be born with compromised health and well-being in terms of disability, thyroid imbalances, low birth weight, chronic medical conditions, birth injuries and genetic disorders. All of these factors place them at greater risk than the older sectors of the population, and thus contribute to higher levels of mortality.

2. Why Do Children Get Sick?

The extraordinary vulnerability and fragility of an infant was emphasised by Professor Andrew Argent when he said that babies have only one cup of blood in their little bodies – 250 millilitres. This demonstrates that the margin of intervention in the event of a physical injury is very small. The loss of 100 ml of blood would not be noticed by an adult; to a newborn it could be fatal. Children also get sick very quickly as a result of infections, as they do not yet have the physiological reserves to defend themselves from infection and illness, and some of their immunities may not yet be in place. The gap between the onset of illness and/or the time of injury, and access to medical intervention is thus critical in terms of child survival, as is the quality of that intervention.

3. Demographic Context

The demographic analysis of the morbidity and mortality of children is heavily skewed toward those children living in informal settlements and rural areas where access to health is difficult. The

many, many children living in informal settlements are predominately poor. There are inadequate safe play areas; sanitation is poor, and it is difficult to keep feeding utensils, such as bottles and drinking cups used for babies, sterile. Clean water is a constant challenge and many families struggle to afford heating. It is very easy for children living in such circumstances to develop diarrhoea and other gastro-intestinal complaints, and to become severely dehydrated in a short space of time.[3]

Babies and small children may develop respiratory difficulties due to the smoke generated by the candles and paraffin stoves used for lighting, heating and cooking. A further serious reality of informal settlements is the constant threat of fire, particularly during the winter months. Infants and children often suffocate from the inhalation of smoke or sustain serious burn injuries.[4]

Professor Argent commented that much of the work conducted at the Red Cross Children's Hospital involves "treating preventable conditions such as infectious diseases that should have been eradicated or severely limited by immunization…as well as HIV infections that should have been addressed during pregnancy and delivery".[5]

The above is an indictment of the sorry state of the primary health care system and the obstacles many children face in accessing it; this amounts to societal neglect. Access must be properly understood to mean the availability of clinics in all areas, both rural and urban. Clinics should be situated near affordable public transport wherever possible, and should be adequately staffed and able to refer serious cases to hospital. Such a referral must involve appropriate transport. In the case of paediatric patients an ambulance that is specifically provisioned for children should be available. Anecdotal evidence abounds of mothers walking long distances to seek medical help for a sick child, only to discover that the child is beyond help. Parents may seek private transport to take a sick child to hospital, but this is often very expensive, and the demand for payment immediate. Once arriving at the hospital, there may not be a bed in the intensive care unit as it may well be full. Most hospitals lack sufficient paediatric ICU beds and, due to their greater susceptibility to infection, it is not desirable to place children in adult ICU facilities. Accordingly, health care practitioners often have to make extremely difficult decisions about which children are most in need of care and which have the greatest chance of survival.

In 2001 HIV/AIDS was responsible for 21.6% of child mortalities in the greater Cape Town area. This was followed by low birth weight, which accounted for 19%. Diarrhoeic diseases accounted for 9.8%, while lower respiratory-tract infections accounted 8.7%. However, in 2007 Stats SA reflected huge shifts in infection patterns. 21.4% of deaths of children under the age of five were as a result of diseases associated with diarrhoea (which, it should be noted, is easily and cheaply treated.[6]) This was followed by lower respiratory-tract infections at 16.2%. While there has been a substantial reduction in the rate of HIV/AIDS infection in infants, and the threat of mother to child transmission has been considerably reduced, there appears to have been an increase in diseases that are environmentally influenced and which are preventable at no great cost. This would indicate that there has not been a corresponding improvement in the living conditions of babies and small children. As Dr Christiaan Scott noted, there are "ongoing and worsening inequities in health care and rising under five mortality caused by preventable and treatable conditions linked to poverty, despite the fact that South Africa as a whole is wealthier than ever before."[7]

4. Substance Abuse

The continued abuse of alcohol during pregnancy may result in Foetal Alcohol Syndrome. The increasing use of 'tik' during pregnancy considerably undermines the well-being and future opportunities of those infants affected. The symptoms experienced by neonates exposed to these substances during pregnancy are very similar: both result in poor concentration levels and the child's capacity and facility to learn are also extremely limited.[8] They may also exhibit behavioural difficulties. These long term consequences point to the critical need for public education regarding the dangers of such substance abuse.

5. Palliative Care of Children

The World Health Organization (WHO) provides guidelines for the palliative care of children including those with chronic paediatric disorders. This continuum of care involves the "active total care of the child's body, mind and spirit"[9], and

also involves giving support to the family and other care-givers. There is a need for comprehensive case management to ensure that the continuum of care is effective. Hospital social workers should typically play this co-ordinating role. However, there is an acute shortage of social workers across the board at the present time, and there is little sign that this paucity of skilled professionals is being addressed.

6. Orphaned Vulnerable Children (OVC)

According to the recent census, while there has been a decline in mother-to-child transmission of HIV/AIDS, and hence a decline in the infant mortality rate as a result of the disease, there has been a rise in the number of orphaned children. Among children younger than 17, 3.37 million have lost one or both parents as a consequence of the pandemic. Paternal orphanhood was higher than maternal orphanhood, although the latter has seen an almost twofold increase since 2001. KwaZulu-Natal has the highest number of orphans, followed by the Eastern Cape and Gauteng.[10]

Orphanhood is also caused by other fatal illnesses and incidents, the increasing prevalence of multi-drug resistant TB, cancer, crime, traffic accidents and domestic violence. This group of children is very vulnerable and their health care should be supervised by the staff of the local clinic to ensure that all immunizations have been given and that the child-headed households have access to food and to medical care when needed.

6. The Constitution

In spite of the dire situation discussed above, the children of South Africa are not without rights and recourse to justice. The Constitution particularly affirms the rights of children in Section 28 of the Bill of Rights, which categorically states that every child has the right to "to basic nutrition, shelter, basic health care services and social services; to be protected from maltreatment, neglect, abuse or degradation".[11]

Furthermore, "a child's best interests are of paramount importance in every matter concerning the child".[12] This is also the guiding principle of the Children's Act 38 of 2005.

Advocates Paul Hoffman and Chris Shone from the Institute for Accountability in Southern Africa (IFAISA) emphasized that society has an obligation to make the Constitution live in the lives of the children of South Africa. IFAISA regards South Africa's Constitution as a "landmark, visionary document that guarantees fundamental human rights and good governance that can be respected by all segments of society. An issue of growing concern is that in the implementation of the Constitution various interest groups have sought to undermine the basic functioning of the Constitution."[13] This has led the Institute to prepare litigation, as with its efforts to compel the Department of Health to provide vital equipment and facilities for the paediatric intensive care wards of state hospitals. IFAISA has also lodged a complaint with the Public Protector, Thuli Madonsela, asking her "to investigate why doctors in the public health sector have to effectively choose which children will live and which will die because of inadequate paediatric facilities".[14]

7. Conclusion

There is an increasing focus on the importance of the first 1000 days of a child's life, that is, from conception to the age of two. Pathways to paediatric health and well-being include proper housing, clean water, sanitation, a basic income, maternal support and education, as well as an effective immunization programme. Dr Scott, in outlining the mission statement of the Red Cross Hospital's Advocacy Committee, emphasized that "wherever prudent and possible, [we should] make use of the law to assist or compel the state to comply with its obligations towards the social and economic rights of children -- rights to health care, rights within the health care system and, at a broader level, social and economic rights relevant to health. These are key issues in promoting child health and survival, which lie at the heart of our mission and vision…"[15]

The present unsatisfactory levels of access to health services for children may indeed demand further court interventions to oblige the government to provide "more equitable access to inexpensive and effective interventions that save many lives," and to remedy "the low priority [government] gives towards the realisation of the constitutional rights essential for health".[16] But we should also not overlook the achievements and successes in the field of child health. The Red Cross Children's Hospital stands out, but many other facilities staffed by highly dedicated people are working to improve children's lives. The

notable improvement in mother-to-child HIV transmission rates is evidence of this, as is the success of various immunisation and vaccination campaigns around the country. It is by no means all bad news.

Ultimately, we all have a shared obligation to make the Constitution live in the lives of our little ones and to intervene wherever we can, whether as health-care professionals, legal practitioners, Members of Parliament, social workers, members of faith communities, child-care professionals, educators or just active citizens.

Lois Law
Researcher

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[1] The Catholic Parliamentary Liaison Office hosted a roundtable discussion in September which looked at the morbidity and mortality of children from the epidemiological perspective and from a children's rights approach. To this end the roundtable was addressed by Professor Andrew Argent, Medical Director of the Paediatric Intensive Care Unit of the Red Cross Children's Hospital in Cape Town; Dr Christiaan Scott, Paediatric Rheumatologist and Chair of the Red Cross Children's Hospital Advocacy Unit; and Advocates Paul Hoffman SC and Chris Shone from the Institute for Accountability in Southern Africa (IFAISA), who spoke on the constitutional entitlements of children.

[2] "Almost one in three, or 29.6% of the population of South Africa, is aged between zero and fifteen years, and a further 28.9% is aged between 15 and 34 years," according to the results of the recently issued 2012 Census. Statistics South Africa's demographic analysis executive director, Diego Iturralde, said that this may be due to the HIV pandemic tapering off." It could be that HIV (infection) rates have levelled out and fertility has begun to recover". Mother-to-child transmission is no longer the norm.

[3] It is noteworthy that many informal settlements surrounding small rural towns are supplied with water by a visiting mobile water tanker. However, the delivery of water is erratic, as is evidenced by the experience of the people of 'Verdwaal' where four children died of malnutrition and dehydration nearly a year ago.

[4] Research conducted by the Paraffin Foundation indicates that an average shack can burn in its entirety in as little as 30 seconds. Video shown at a meeting of the Phoenix Burn Forum, 2007.

[5] Presentation by Professor Argent at the CPLO roundtable on the Morbidity and Mortality of Children, 26th September 2012.

[6] Clean boiled water, salt and sugar.

[7] Presentation by Dr Christiaan Scott at the CPLO roundtable on the Morbidity and Mortality of Children, 26th September 2012.

[8] Cape Times, 4th October 2012.

[9] 'Legal Aspects of Palliative Care', Hospice Palliative Care Association of South Africa, Open Society Institute and the Open Society Foundation for South Africa, 2009.

[10] Results of the 2012 Census.

[11] Section 28 (1)(c) and (d) of the Constitution, 1996.

[12] Section 28 (2) of the Constitution, 1996.

[13] IFAISA Founding Vision Statement.

[14] The Star, 27th July 2012.

[15] Presentation by Dr Christiaan Scott on the work of the Red Cross Hospital's Advocacy Committee at the CPLO roundtable on the Morbidity and Mortality of Children, 26th September 2012.

[16] Personal correspondence from paediatrician Professor Louis Reynolds, September 2012.