

CHILD PROTECTION WEEK 2020

MS.BV KGASANE: RESEARCH AND POPULATION DEVELOPMENT

HOW DO WE
PROTECT CHILDREN
DURING COVID-19?



If we do not attend to all aspects of children's wellbeing during the Covid-19 pandemic, it will have long-lasting consequences. Picture: Doctor Ngcobo/African News Agency (ANA)

INTRODUCTION

The **Covid-19** pandemic is **stripping** families and communities of the resources they need to protect children. Lockdown measures have confined people to their homes in the hope of curbing the spread of the virus and saving lives, but this has led to joblessness, poverty and isolation from protective social networks. The government is calling on us to “**protect children during Covid-19 and beyond**” but experts at the Children's Institute, University of Cape Town ask how can we protect children in such constrained circumstances?

DISCUSSION

Lockdown measures may **reduce** the **chances** of **infection**, but children also need responsive caregiving; good health; adequate nutrition; protection from violence and stress; and opportunities to learn. These elements are interdependent and mutually reinforcing and are essential to enable children to thrive and reach their full potential. “Sadly, evidence shows that most South African children were vulnerable before the pandemic hit. Violence, poverty, hunger, and poor-quality education compromised children's development and life chances,” says Lucy Jamieson, Senior Researcher at the Children's Institute, “and lockdown is exacerbating existing problems”.

FOOD SECURITY AND SOCIAL GRANTS

According to Communication and Education Specialist, Lori Lake: “One in three children live below the **food poverty line** (in households that had an income of less than R547 per month in 2018). It is therefore unsurprising that stunting, a sign of chronic malnutrition, affects one in four children (27%) under five in the country. This makes children more susceptible to disease and infection and impairing their mental and physical development. In addition, 60% of child deaths in hospital are associated with malnutrition, so we are deeply concerned about the

potential impact of lockdown on household food insecurity, and access to health-care services which are likely to drive an increase in severe acute malnutrition.”

Lockdown has prevented many poor families working in the informal sector from earning a living and closed down school and ECD feeding schemes which were feeding 10 million children. At the start of lockdown, there were no measures put in place to cushion these hard losses. A month later, the President announced a R500bn relief package which included R50bn for topping up all the social grants and introduced COVID-19 Social Relief of Distress Grant for unemployed adults.

For the over 17 million grant beneficiaries, some relief arrived in early May when they received their first top-ups. Twelve million children on the Child Support Grant (CSG) **received an extra R300 each**, taking their grants to R740, and the 350,000 children in foster care and 155,000 children with severe disabilities, received a R250 top-up – taking their grants to R1,290 and R2,110 respectively. “This relief was much appreciated and immediately used to buy food and other basic necessities,” explains Paula Proudlock, Senior Legal Researcher, “but for the majority of families, especially those dependent on the smaller CSG, the grant money had run out by mid-May. Millions of caregivers (mostly women) and children are currently starving as they wait for the next payday on 5 June. On 5 June, they will get less money than in May as the CSG top-up changes from R300 per child to R500 per caregiver. Caregivers with more than one child will struggle most. A family of one caregiver, a young adult and 3 children will need to survive on R1, 820 or R364 each. This is likely to result in increased hunger, malnutrition and stunting.”

SHIELDING CHILDREN FROM VIOLENCE AND HOMICIDE

Food insecurity, economic hardship, stress and overcrowding all contribute to **violence against children**. We assume that deepening levels of poverty, food insecurity and joblessness are contributing to an escalation in levels of stress and conflict in households, but limited access to alcohol and substances could be mitigating factors. Infants and young children are particularly vulnerable at home to physical abuse (including harsh corporal punishment) and witnessing domestic violence. Older children and teenagers are more at risk from peers, teachers, and strangers so staying at home is potentially protective for them.

The South African child homicide rate of 5.5 per 100,000 children is significantly higher than the global average and young children and older adolescent males are at risk.[1] They are mainly **killed in public spaces** with blood alcohol levels over twice the limit for driving. “Early indications suggest that staying at home and the ban on alcohol reduces risks for this group,” says Professor Mathews. “At the Salt River Mortuary gun-related deaths were down 80% in April compared to the same period last year.” Opening the sale of alcohol from the 1st June can only fuel violence in the home and communities and adding pressures to the health services. Government should, therefore, be urged to reconsider the sale of alcohol under level 3 lockdown.

Nearly half (44.6%) of **child homicides** are associated with **child abuse** and neglect and nearly three-quarters (74%) of these child abuse deaths were in the under-five age group and occur in the home.[1] Infanticide (the killing of an infant in the first year of life) is common in South Africa. The country’s infanticide rate of 28.4 per 100,000 live births is one of the highest reported rates globally and infants are most at risk in the first six days of life.[2] Professor Mathews is worried that: “Lockdown has put extra strain on parents who are cut off from their usual support networks, thus the risk to young children is expected to increase.”

PROTECTING CHILDREN FROM THE TOXIC EFFECTS OF STRESS

With the closure of schools and childcare facilities the **burden of caring** for children has fallen disproportionately on **women**. Over 40% of children in South Africa are raised by single mothers. Many reside in households with other adults, but lockdown is separating some from their social support networks and leaving them to care for children completely on their own. “These **demands** have put **strain** on mothers’ mental health, especially lone parents, and these mental health risks may be transmitted to children as homes become fractured by frustration and constant worry. Equally troubling is the concern that children of all ages, may assimilate the **mental health risk** and issues that their mothers have,” explains Neziswa Titi, “Children can think for themselves. They are feeling and knowing beings. This means that children’s mental health is being negatively affected by **children’s own stressors** through their own experiences of adverse social issues as well as those inherited from their families”. At a time when women and children are still banned from accessing their own support networks, it is essential to ensure that women and children have access to psychosocial support, including access to professional help.

CHILDREN NEED RESPONSIVE CARE

Healthy relationships with caregivers protect children from **adversity**. Staying at home in the presence of nurturing and responsive caregivers should support children’s development, help break the cycle of violence and protect them from the adverse effects of poverty. However, caregivers’ capacity to provide nurturing care is hampered by poverty, social isolation, stress and depression, all of which are escalating under lockdown. This week, easing of the lockdown restrictions will allow some parents to go back to work but there is no provision for care for the youngest children, as early childhood development (ECD) centres, crèches and playgroups remain closed. Community-based programmes that usually support parents are also closed. “Many caregivers may be faced between choosing to go to work or caring for their children,” bemoaned Lizette Berry. “The government is working on new regulations to facilitate the **safe re-opening** of **ECD** programmes, but parents need support now. Government urgently needs to consider a support package to enable ECD programmes to re-open; many programmes are facing closure due to the severe effects of the lockdown. The time-frame for re-opening ECD programmes remains unclear.”

LONG TERM EFFECTS OF DEPRIVATION

Early learning and quality care are central to breaking the cycle of poverty. Good **ECD programmes** have a greater impact on educational attainment and earning potential than interventions later in childhood. If children lose out now, it will cost society more to help them catch up later.

Evidence from the Harvard Centre for the Developing Child shows that **extreme poverty**, malnutrition, violence and/or neglect can - in the absence of care and protection - give rise to **toxic stress**, causing lasting damage to the developing brain and leading to adverse outcomes such as aggressive and antisocial behaviour across the life course. In other words, early exposure to adversity drives an intergenerational cycle of poverty, malnutrition, violence and ill-health. For example, children who are abused or who witness violence at home are at increased risk of youth violence and of both suffering and perpetrating intimate partner violence in adulthood.

HOW DO WE PROTECT CHILDREN?

As a society, we need to ensure that families and caregivers are supported to provide **nurturing care**. This requires strengthening material support to poor caregivers by increasing

the value of the CSG to R500 per child, not R500 per caregiver. All Department of Home Affairs and Sassa offices need to operate at full capacity to ensure caregivers can apply for birth certificates and social grants.

The re-opening of **childcare facilities** would enable more poor women to work while also promoting early learning, social interaction and keeping young children safe during the day. It can also enable young children to access regular Covid-19 screening. If we cannot reopen ECD centres, school feeding schemes should provide extra meals for younger children in need of food.

Women and children need **access** to routine health care services including contraception, immunisation accompanied by growth monitoring in order to identify and support children at risk of malnutrition.

Mental health and **psychosocial support** services are equally important and should be free to access for caregivers and children. We also need to equip teachers and support staff at schools to recognise signs of depression, trauma and abuse and refer children to appropriate services.

The community-based Covid-19 screening teams should be given information to distribute about gender-based violence and violence against children and link women and children to local support services.

CONCLUSION

We cannot afford to neglect **children's rights** in times of **crisis**. If we do not attend to all aspects of their wellbeing during the Covid-19 pandemic, it will have long-lasting consequences.

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