

REVIEW | Breaking the cycle of intergenerational poverty

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Introduction

There are 18.5 million children in South Africa, all of them born since the advent of democracy. Given this transition 18 years ago, the expectation would have been that their opportunities should be much better and more equal than those of previous generations. Yet, despite the development of an array of policies and programmes specifically aimed at improving opportunities and correcting the inequities of the past, stubbornly high rates of poverty and inequality persist and are likely to be reproduced in the next generation.

The critical issue underlying child poverty is the high rate of adult unemployment and the low earnings of many of those who do work. The labour market simply does not provide enough decently paying jobs for the adults who, in turn, need to provide for the children. In addition, huge differentials in the extent and quality of social infrastructure and services across the country serve to entrench inequalities in human development: many children, particularly those born to poor families, live in environments that are not conducive to healthy growth and development, and are deprived of good education and health services.

The consequences of these inequalities are a matter of grave concern – for the generation of children growing up now, who have intrinsic needs and rights, but also for the broader developmental prospects of South African society. The circular relationship between poverty, educational outcomes and labour market returns to education means that children who grow up poor are likely to become poor parents. In this way, the historic and structural patterns of poverty and inequality are reproduced. The importance of interrupting this cycle is widely acknowledged by policy-makers, and is one of the cornerstones of the National Planning Commission's 'Vision 2030', in which there is an explicit focus on building capabilities and substantially improving life chances.

This article examines recent trends in child poverty and discusses some of the reasons for the persistence of poverty and inequality across generations. It describes some of the policy interventions and anti-poverty efforts, and points to gaps which should be addressed if we are to significantly reduce child poverty and inequality in the future.

Children and poverty

A note on child-centred poverty rates

Most of the commonly available poverty statistics are at the level of the whole population, or at household level, or only for adults. For example, the Presidency's annual 'Development Indicators' report monitors poverty rates for the whole population, the proportion of households with access to potable water and sanitation, and the proportion of working-age adults who are unemployed. However, general population statistics are insufficient, even misleading, when it comes to monitoring the situation of children.

Child-focused analyses have the child (rather than the household, for example) as the unit of analysis. Quite different patterns emerge when we use child-focused analyses (the child poverty rate, the proportion of children with access to potable water and sanitation, and the proportion of children living in households where adults are unemployed). In general, when using these child-focused measures, we find that children are 'worse off' than adults and the population as a whole.

The prevalence and severity of child poverty is partly a reflection of where children live – in larger, poorer households, disproportionately located in areas with high unemployment rates. These arrangements reflect historic spatial and other inequalities.

How and why is the child population distributed so differently to the adult population and to households? Firstly, children tend to live in households that are larger than the national average (the average household size is 3.7 members, but households that consist only of adults have an average size of 1.9 members, while households with children have just over 5 members on average). Secondly, relative to adults and to the household distribution, children are under-represented in urban formal areas, and over-represented in the rural areas of the former homelands (29 per cent of households are in the rural former homelands, and 43 per cent of South Africa's children live in these households). Aggregated population or household-level statistics, therefore, tend to be skewed towards the urban setting, whereas child-centred statistics would reflect proportions based on a larger rural population, thereby revealing the relatively low levels of service delivery,



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infrastructure and employment in households where children live.

The effect of the different distributions is apparent when examining income quintiles (see Figure 4.1.1). When ranked by income (using per capita income), households can be divided into equal quintiles, with the poorest 20 per cent in quintile one, the next 20 per cent in quintile two and so on. Adults are slightly over-represented in the poorest 20 per cent of households because these households tend to have more members, but the unequal distribution of children is much more striking, with 43 per cent of children in the poorest quintile and only 8.0 per cent in the top quintile.

This skewed distribution is not simply about reproductive choice. Nearly a third of children in the poorest quintile do not live with either of their parents but are cared for by their extended family. This is only in small part due to orphaning; a key reason for parental absence (including the absence of mothers) is the need to find work opportunities.

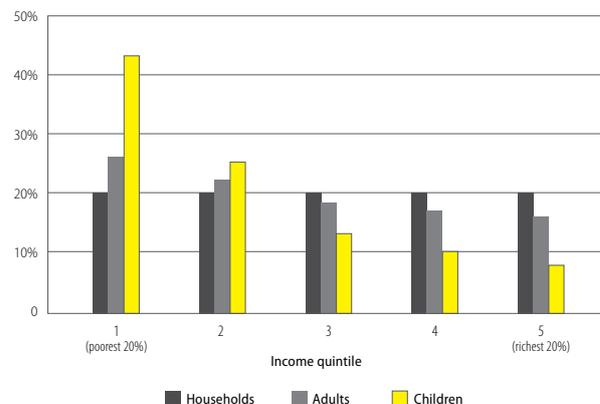
In comparison to adults, children are over-represented in the Eastern Cape, KwaZulu-Natal and Limpopo, and under-represented in Gauteng and the Western Cape. The provinces with disproportionately large child populations are also the main 'sending' provinces for adult migrants, while those with disproportionately small child populations have the largest metropolitan centres and are the main destinations for labour migrants. Many children continue to live out the effects of historic spatial planning and a migrant labour system in which adults seek work in cities and families are spread across households. A large burden of care for children falls on grandparents and other family members in unemployed rural households.

Trends in income poverty and inequality

The number and the proportion of children living in poverty (measured by per capita household income) have declined over the past decade (see Figure 4.1.2). This drop in child poverty rates corresponds with poverty trends for the population as a whole (see, for example, Leibbrandt et al. 2010; Bhorat, Van der Westhuizen & Jacobs 2009), although poverty rates for children remain higher than those for the general population.

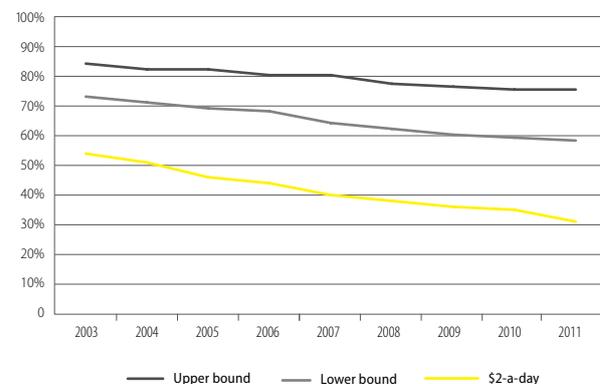
For children, as for the general population, decreasing income poverty rates have not been paralleled by a fall in inequality. On the contrary, levels of inequality have risen slightly since 1994, despite the introduction of redistributive policies such as progressive taxation and social grants (see

Figure 4.1.1: Quintile distributions of households, adults and children



Source: Stats SA (2011a), author's calculations

Figure 4.1.2: Income poverty trend for children in South Africa, 2003–2011



Source: Stats SA (2003–2011a), author's calculations

Note: The upper and lower bound poverty lines are those developed by Hoogeveen and Özler (2006); the upper poverty line is set at R593 per person per month in 2000 rands, and inflated to R1 113 in 2011 using headline CPI; the lower poverty line is set at R322 per person per month in 2000 rands, and inflated to R604 in 2011 using headline CPI; and the US\$2-a-day international poverty line is equivalent to R310 in 2011, using purchasing power parity

Table 4.1.1: Gini coefficients of per capita household income for the whole population and for children, 1993 and 2008

	Whole population	Children only	Children by population group			
			African	Coloured	Indian	White
1993	0.67	0.65	0.53	0.42	0.52	0.41
2008	0.70	0.69	0.58	0.55	0.61	0.50

Source: SALDRU (1993); National Income Dynamics Study (NIDS) 2008; calculations by Arden Finn, SADLRU

Table 4.1.1). Together, these two policies have resulted in a 6.0 per cent reduction in inequality (Leibbrandt et al. 2010), but this has not been enough to offset unequal employment opportunities and wages. The widening gap in labour market income has been the main cause of rising post-apartheid inequality.

Higher rates of inequality amongst children are associated with an increase in inequality *within*, rather than *between* population groups. This corresponds with patterns for the population as a whole, as described by Leibbrandt et al. (2010). However, the disparities in poverty rates between population groups remain very pronounced, as shown in Figure 4.1.3.

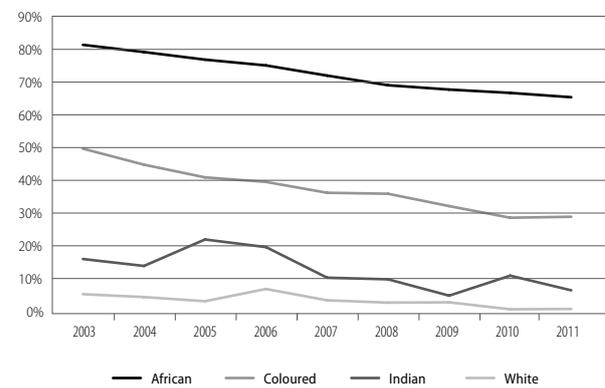
Multiple dimensions of child poverty

Income is one way of measuring poverty, but children are uniquely vulnerable to the multiple and mutually reinforcing forms of poverty. If we understand poverty to be multidimensional in nature (see, for example, Alkire & Foster 2007; Noble, Wright & Cluver 2007), then there is an array of more direct outcome measures that should be monitored. For example, early health, nutrition and educational investments are important for children's development. Conversely, the effects of deprivation in these areas can be detrimental to children's development and limit their long-term prospects.

Access to decent housing, safe water and sanitation are amongst the most basic requirements for healthy living. Yet, despite commitments reiterated over the years that at least the minimum requirement of adequacy will be met for everybody, change has been slow. There have been gradual improvements in children's access to adequate housing and services over the past decade (see Figure 4.1.4), but coverage remains far from universal. A third of all children in South Africa (around six million) do not have easy access to a safe and reliable water supply and five million do not have adequate sanitation (where the minimum 'adequacy' requirement is a ventilated pit latrine). As with many other measures of poverty, children are proportionately worse off: they are more likely than adults to live in households without access to adequate services because of differences in the spatial distribution of the population.

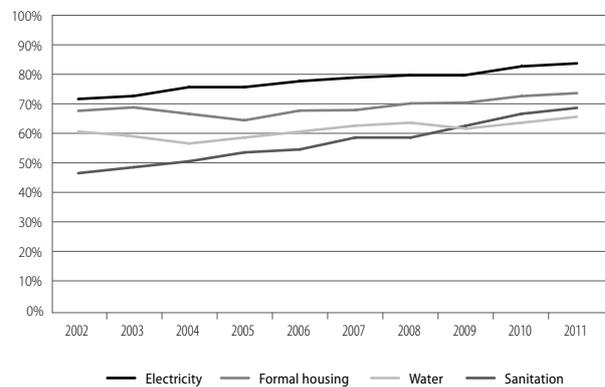
Many childhood diseases are related to substandard water and sanitation, and to the health risks associated with alternative

Figure 4.1.3: Income poverty headcount for children by population group, 2003–2011



Source: Stats SA (2003–2011a), author's calculations using the Hoogeveen and Özler (2006) lower bound poverty line

Figure 4.1.4: Children's access to an adequate standard of living, 2002–2011



Source: Stats SA (2002–2011a), author's calculations



Higher rates of inequality amongst children are associated with an increase in inequality *within*, rather than *between* population groups.

fuels (see, for example, Barnes et al. 2009; Bradshaw, Bourne & Nannan 2003). The very high child mortality rate in South Africa is the most severe consequence of poverty and inequality, and is driven partly by 'diseases of poverty' such as diarrhoea and respiratory infections. Child mortality rates definitely rose between 1996 and 2001, but there is some uncertainty around the trend since then, due to data quality issues. The most recent plausible national estimates, based on the 2007 Community Survey and vital registration data (adjusted for under-registration), put the under-5 mortality rate at 72 per 1 000 live births and the infant mortality rate at 49 per 1 000 live births (Nannan et al. 2012). These rates are much higher than the global medians of 23 and 21 respectively (WHO 2010).

Data on causes of death collected by Statistics South Africa reveal that, after peri-natal conditions (which account for a quarter of deaths in children under five years), diarrhoea (21 per cent) and lower respiratory infections (18 per cent) are the leading single causes of death (Nannan et al. 2012). This burden of disease, and its long-term impacts on children's development and on household economies, could be significantly reduced through the provision of adequate service infrastructure. The National Sanitation White Paper of 1996 acknowledged that poor health perpetuates poverty in numerous ways, and emphasised the importance of investing in infrastructure in order to address the social determinants of health (NSTT 1996). Yet, the economy of providing bulk municipal infrastructure depends on sufficient population density and ability to cross-subsidise through the tariff system. In areas with populations that are scattered and homogeneously poor, this economy simply does not work. The National Development Plan (NPC 2012) calls for 'innovative forms of service and infrastructure provision...where conventional, fixed infrastructure may be unaffordable'. It is important that suitable alternatives are explored and implemented as a matter of urgency to break the cycle of poor health and poverty.

Malnutrition is another important dimension of poverty, linked to child survival, health outcomes and life chances. Poor nutrition is both an outcome of poverty and household food insecurity, and a contributor to intergenerational poverty. Three main anthropometric measures are commonly used to identify malnutrition in children: stunting (height-for-age); underweight (weight-for-age) and wasting (weight-for-height). Of these, stunting is regarded as the best proxy for poverty, as it indicates prolonged malnutrition (including through pregnancy). A 2003 analysis of socio-economic inequities in malnutrition amongst children under five found that stunting was the most prevalent form of malnutrition in South Africa – in other words, child malnutrition tends to be associated with chronic poverty.

There were significant differences in nutritional outcomes amongst socio-economic groups: children from the poorest and most rural provinces (Eastern Cape and Limpopo) were most likely to be malnourished, and the poorest 10 per cent of households had rates of stunting about eight times those of the richest 10 per cent (Zere & McIntyre 2003).

A later study, based on the 2008 NIDS, replicated the method of Zere and McIntyre and found similar patterns in the provincial distribution of child malnutrition, and also found stunting to be the predominant form of malnutrition in young children. However, while the socio-economic inequalities in the distribution of stunting and underweight were still evident, they appeared to have declined considerably (May 2012).

Measurement of reported child hunger through household surveys is a notoriously unreliable way to monitor nutrition. However, assuming that reporting errors are reasonably consistent over time, the trend over the past decade shows a substantial drop in the number of children who go hungry 'sometimes', 'often' or 'always' (see Figure 4.1.5).

These patterns – declining hunger rates and reduced inequalities in nutritional outcomes – seem to be part of the same story: social grants have expanded rapidly over the last decade, and may have significantly reduced hunger and malnutrition. Indeed, a positive causal link between access to the Child Support Grant and children's anthropometric status has been established (Aguero, Carter & Woolard 2007).

Using income quintiles, it is possible to compare the poorest 20 per cent of children in South Africa with the least poor 20 per cent across a range of child-centred indicators, as has been done in Table 4.1.2.

While the socio-economic inequalities in chronic malnutrition may have declined, the disparities between rich and poor remain strong for most other non-monetary measures of poverty. In South Africa, these disparities are also racially and geographically defined. In this way, the structural patterns of apartheid are reproduced over generations: children born into relatively wealthy households are also consistently better off in a range of other ways and, therefore, are likely to have better opportunities in life.

Key drivers of the poverty trends

Many interrelated factors contribute to the reproduction of poverty and inequality over generations. These include the poor quality of education available to many children, unequal employment opportunities and earnings, unequal health risks and health services, and the poor quality of living environments in which many children grow up.

Table 4.1.2: Indicators of deprivation for children comparing poorest and richest quintiles

Dimension of deprivation	Measure	All children	Poorest 20%	Richest 20%
Rural home*	Household is situated in former-homeland ('traditional authority') area	47%	68%	9%
Inadequate housing*	Non-formal dwelling (informal settlement, backyard shack or traditional homestead)	27%	36%	4%
Inadequate water*	Household does not have piped water in dwelling or on site	36%	54%	3%
Inadequate sanitation*	Household does not have access to a flush toilet or improved pit latrine	33%	46%	3%
No electricity*	Household does not have a connection to main electricity supply	17%	23%	1%
Overcrowding*	Household has a ratio of more than two people per room, excluding bathroom but including kitchen	23%	30%	2%
Maternal absence*	Child's biological mother does not live in the household (deceased or absent)	27%	28%	15%
Maternal orphaning*	Child's biological mother is deceased or her vital status is unknown	8%	9%	1%
School accessibility*	Children who travel more than half an hour to reach school	18%	21%	12%
Educational attrition*	16–17-year-old children who have not completed basic education (Grade 9)	37%	46%	11%
Food insecurity*	Households where children sometimes or often go hungry	17%	25%	1%
Under-5 mortality rate**	Probability of dying before reaching 5 years, per 1 000 live births	68	87	22

Source: Reproduced from Hall et al. (2012)

Note: *Calculations by Katharine Hall, Children's Institute (UCT), using StatsSA (2010); **WHO (2007) in Bradshaw (2008)

Labour market

High rates of adult unemployment, coupled with low earnings, underlie the high child poverty rates. Children are by definition dependent on adults, but in the context of widespread poverty and unemployment, many parents and caregivers are unable to provide adequately for the children in their care.

While the official unemployment rate for adults remains around 25 per cent, the effects of unemployment are heightened for children because many children live in households where adults are unemployed. About 6.5 million children (35 per cent) are in households where there is no income at all from wages or self-employment. The differences between the official and child-centred unemployment rates are most pronounced in the Eastern Cape, Limpopo and KwaZulu-Natal – provinces with high rates of outward labour migration (Figure 4.1.6).

Unemployment rates remain considerably higher for women than for men. This is important from a child poverty perspective, as children are more likely to live with their mother than their father. However, there are indications that gendered patterns in the employment trends may be starting to change: although labour migration has been male dominated historically, female labour migration has increased in recent years. Although employment rates amongst women remain lower than for men, the gender difference is narrowing (see, for example, Collinson, Kok & Garenne 2006; Posel 2006; Posel & Casale 2006). In addition, it is particularly among prime-age women that labour migration rates appear to be rising (Posel & Van der Stoep 2008). This may have important consequences

for children, including decision-making about where children live in relation to their mothers.

As would be expected, income poverty status is associated with the presence of a working adult (see Table 4.1.3). More than 90 per cent of children living in 'unemployed' households fall below the lower-bound poverty line. However, 40 per cent of children in 'employed' households are also poor by this definition. In other words, while the presence of an employed adult does not guarantee that a household will be above the per-capita poverty line, the absence of any employed adult is a strong indicator of child poverty. This is despite the fact that many children live in households that receive social grants.

Income decompositions show some striking changes in the contribution of various income streams to household income between 1993 and 2008. In particular, the lower income deciles have recently derived substantially more of their income from social grants (whose contribution to household income in the poorest decile grew from 15 per cent in 1993 to 73 per cent in 2008), and less from wage income and remittances (Leibbrandt et al. 2010). This is the result of both a rapidly growing and well-targeted grant system, on the one hand, and a real decline in income from employment and remittances, on the other.

Spatial inequality

Location is key to many dimensions of poverty: the quality of living environments and level of services available to children is determined largely by where they happen to live. The previous homelands remain the poorest and most underresourced

parts of the country. In addition, pockets of extreme poverty occur on the outskirts of cities, where informal settlements tend to be inadequately serviced and are associated with particular risks to children's safety. Spatial poverty maps, which plot indices of multiple deprivations for children, confirm that the rural former homelands and settlements on the urban periphery are the areas where children are most deprived (Wright et al. 2009).

Nearly half of all children live in households located in rural areas. This is an important consideration from a child poverty perspective, because, while development imperatives prioritise centres that are economic hubs, this kind of spatial targeting risks leaving a large proportion of the population in places that are underserved and underdeveloped. The National Spatial Development Perspective (2006), while acknowledging that the government has an obligation to deliver services to people 'wherever they are', emphasised that 'future settlement and economic development opportunities should be channelled into activity corridors and nodes that are adjacent to or that link the main growth centres'. This approach is critiqued in the National Development Plan, which warns against a 'narrow view of the development potential of different places' and calls for a national spatial framework that differentiates in more nuanced ways between different types of human settlements and their development needs.

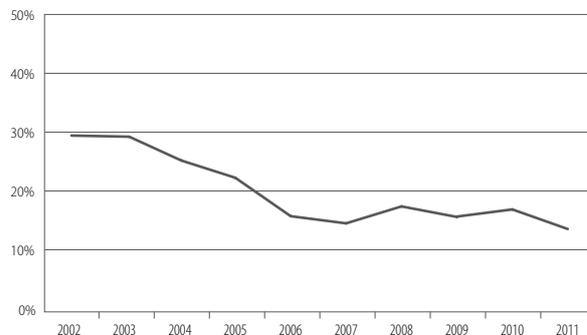
A common criticism of post-apartheid housing policy is that, while the housing subsidy scheme has delivered large numbers of housing units – over 3 million since 1994 – it has exacerbated inequalities by tending to place these houses in high-density townships on the outside of cities, effectively reproducing the spatial arrangements of apartheid. It is certainly not the intention of government policy to create homogeneously poor communities – on the contrary, the housing policy specifically refers to the importance of avoiding this situation through, for instance, the development of a more 'inclusionary' housing programme. However, inclusionary approaches such as social housing and rental options on well-located land have not been implemented on any meaningful scale.

Education

South Africa has almost universal rates of school enrolment and attendance until Grade 9, but educational outcomes are poor, even in comparison with other African countries, and are very unequal. While unemployment and wage differentials are the direct drivers of intergenerational poverty, education is a crucial underlying factor. Numerous studies have shown that employment status and occupation are strongly associated with education: the level of education that a person has attained is the key factor which determines not only their employment status, but also the type of occupation and the income they will earn.

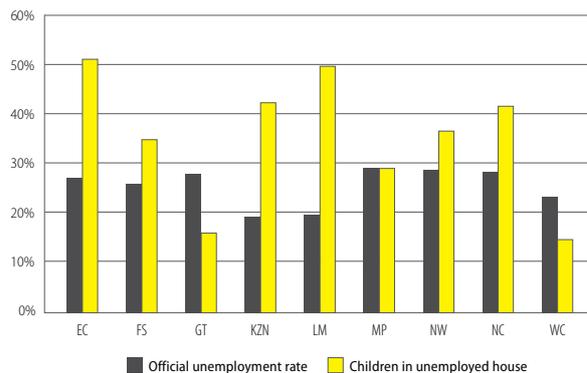
Despite a massive overhaul of the schooling system, starting with the amalgamation of the various apartheid-era edu-

Figure 4.1.5: Reported child hunger, 2002–2011



Source: Stats SA (2002–2011a), author's calculations

Figure 4.1.6: Comparison of official and child-centred unemployment rates by province



Source: Stats SA (2011a), author's calculations; Stats SA (2011b)

Table 4.1.3: Child poverty and employment status of the household

	No employed adults	At least one employed adult	Total
Non-poor	473 764 7%	7 266 796 60%	7 740 560 41.75%
Poor	6 039 522 93%	4 761 266 40%	10 800 788 58.25%
Total	6 513 286 35%	12 028 061 65%	18 541 347 100%

Source: Stats SA (2011a), author's calculations



In the context of high unemployment rates, social assistance (in the form of grants) is an essential form of poverty alleviation.

cation departments into a single department, unequal levels of educational attainment continue to be transmitted across generations. Therefore, educational attainment is ‘inherited’ to a certain extent. Comparisons of education levels over three successive generations show that, contrary to what might be expected, the intergenerational persistence of educational attainment is even more pronounced between the second and third generations (parent–child) than between the first and second generations (grandparent–parent) (Burns & Keswell 2011). This implies that the effects of better schooling will be compounded over multiple generations; there will be no silver bullet in a single generation. This increases the urgency to address failings in the education system.

While much emphasis has been placed on the need to improve education provision in schools, research in the area of neuroscience suggests that learning starts long before children reach school. The early years are a critical period for cognitive development, which sets the scene for later learning (see, for example, Grantham-McGregor et al. 2007; Walker et al. 2007). In South Africa, inequalities in learning ability are already evident in the foundation phase (Grade 1–3) and continue throughout the education system. In this way, education becomes part of the poverty trap (Van der Berg et al. 2011).

The role of social grants in reducing child poverty

Social security can take the form of social insurance or social assistance. Social insurance includes unemployment insurance, maternity benefits, pensions and other contributory schemes for people who are employed. In the context of high unemployment rates, social assistance (in the form of grants) is an essential form of poverty alleviation. It is generally used for people who fall outside the labour market because they are too young, too old or too disabled to work.

Social grants are a major contributor to the reduction of child poverty. By the end of September 2012, over 16 million grants were disbursed each month. Twelve million of these were grants for children (see Table 4.1.4).

The largest grant, in terms of numeric reach, is the Child Support Grant (CSG). It was introduced in 1998 with the explicit intention of alleviating child poverty – although it did not, at that time, carry the weighty objective of bringing about significant improvements in human capital. The CSG is a monthly cash grant paid to the primary caregiver (though not necessarily the mother) of the child. Initially targeted at children aged six years and under, the age threshold was

Table 4.1.4: Total number of social grants, 30 September 2012

Type of grant	Value in 2012	Grants to adults	Grants to children
Old Age Grant	R1 200	2 811 380	
War Veteran’s Grant	R1 200	641	
Disability Grant	R1 200	1 187 457	
Grant in Aid	R270	69 965	
Care Dependency Grant	R1 200		118 469
Foster Child Grant	R770		585 699
Child Support Grant	R270		11 306 024
Total		4 069 443	12 010 192

Source: SASSA (2012)

gradually raised through a series of phased extensions from 2003 onwards, and by 2012 the grant was available to children up to the age of 18. Changes to the means test have also served to expand the reach of the grant to include the originally envisaged 'poor' population, following a period in which a static income threshold effectively contracted eligibility. In addition to the expansion of the grant through revisions to the eligibility criteria, the simplicity and efficiency of the administrative system has made the grant an unparalleled success in terms of the sheer scale of its reach, including to large numbers of poor households in the most remote parts of the country.

Figure 4.1.7 illustrates the rapid expansion of the three social grants for children, with the CSG dwarfing the other two.

Several targeting challenges remain – including barriers around early access to the CSG (uptake rates are considerably lower for children under two than for older groups), and relatively low uptake amongst teenagers (a remnant of the previous age cut-offs). Perhaps the biggest consideration regarding the CSG is the question of its value.

The Foster Child Grant is designed to provide income support for the parents of children in court-ordered foster care as a result of abuse or neglect, although it has increasingly been used to support orphaned children in the care of relatives. The value of this grant was R770 per month in 2012.

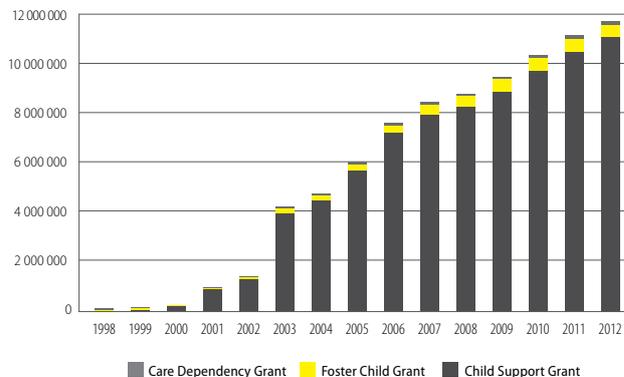
The Care Dependency Grant is available to caregivers of children up to the age of 18 who have severe mental or physical disabilities for which they need 'permanent home care'. The value of this grant is linked to its adult equivalent, the disability grant, and the Old Age Grant: R1 200 in 2012.

When it was introduced, the CSG had a cash value of R100. This has gradually increased over the years, more-or-less in line with inflation, and now stands at R270 per month. The CSG is, thus, substantially smaller than the other grants. As a result, the CSG, which is the only grant that is explicitly designed to alleviate child poverty, has had only a marginal impact on child poverty rates, as shown in Table 4.1.5.

The first column shows the child poverty headcount rate when including all income and grants to the household. The second column shows child poverty rates in the absence of the CSG, by deducting the CSG amount from the income of all households that report receiving it. At the higher poverty lines, the picture hardly changes at all: using the upper bound, the child poverty rate of 80 per cent when including the CSG would rise to 81 per cent if the CSG were taken away. It is only at the lower poverty lines that the CSG starts to make a noticeable difference to income poverty rates. Using the ultra-low dollar-a-day line, the child poverty rate would rise from 17 per cent to 26 per cent in the absence of the CSG.

Children do not benefit from child grants alone. Old age grants, in particular, have been shown to benefit children if they live with grandparents who are over 60 and receive the pension. If all grants (including the Old Age Pension and Disability Grant) were taken away, then 52 per cent of children

Figure 4.1.7: Grants for children, 1998–2012



Source: SASSA Social Pension System reports

Table 4.1.5: The impact of existing social grants on child poverty, 2008

Poverty line	Child poverty headcount rate based on		
	all household income	household income minus CSG	household income minus all social grants
Hoogeveen and Özler upper bound (R949)	80%	81%	93%
Hoogeveen and Özler lower bound (R515)	67%	69%	86%
\$2/day (R260)	40%	47%	70%
\$1/day (R130)	17%	26%	52%

Source: Reproduced from Hall and Wright (2010), based on analysis of NIDS 2008



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would fall below the dollar-a-day poverty, and 93 per cent would be defined as poor when using the upper bound. Although they are not generally targeted at children, it is the bigger grants that make a real difference to income poverty rates.

Grants are part of a basket of goods for children; beneficiaries of child support grants are automatically entitled to school fee exemptions at fee-paying schools, and to free health care.

Several researchers have found that receiving a Child Support Grant increases the chances that a child will attend school, and that it is associated with improved educational outcomes. The Child Support Grant has also been shown to have a positive impact on nutrition, growth and hunger (see, for example, Case, Hosegood & Lund 2001; Agüera et al. 2007). Studies conducted using the KwaZulu-Natal Income Dynamics Study (KIDS) by Woolard, Carter & Agüero (2005) found that receipt of the CSG for two-thirds of the period of a child's life before the age of 26 months resulted in a significant gain in height, an important indicator of nutritional status. This study also showed the importance of making grants accessible as soon as possible after a child's birth in order to be able to use this window of nutritional opportunity.

Grant effects on intergenerational poverty, via impacts on human capital development, may be greater than the immediate effects on income poverty rates. These human development outcomes are important because it is through better nutrition, health and education that patterns of intergenerational poverty and inequality may start to change.

Recommendations

The South African Constitution is regarded as one of the most progressive in the world. Transformative by nature, it holds the vision of a society in which everyone enjoys their right to social dignity, freedom and equality. The rights framework is not simply about protecting rights-bearers from infringements of their rights. Rather, a proactive approach is required to correct historical imbalances and achieve the vision of an equal society. This has to start with children.

Long-term poverty reduction will require the development of meaningful employment opportunities, with decent wages, together with improved quality of education.

In the meantime, while unemployment rates remain high and earnings are low, social grants play a crucial role in that

they buffer households (and children) against the worst effects of poverty. However, the role of poverty alleviation grants targeted at children (the CSG) is effectively that of a safety net. Child grants do not substantially reduce the rate of child poverty, except at the very lowest levels. Adult grants (mainly old age pensions) do a better job of reducing child poverty even though they are not meant for children. Even in combination, the 16 million grants paid each month have not been able to reduce inequality. They have simply mitigated rising inequality. This suggests a need to consider both the size of social assistance benefits, and the individuals or households at which they are targeted.

Alongside an urgent need to improve teaching and learning in schools, there is a need to focus on investments in early childhood in order to establish a healthy base for life-long learning.

Just as rights are interdependent, so are children's needs. A child cannot realise her right to education if she is in poor health. Health, in turn, may be adversely affected by poor nutrition, lack of access to clean water and inadequate sanitation. We need to address the relationship between poor living environments and child health outcomes. A good start is to get basic services ('upstream factors') right in order to reduce some of the most common childhood diseases. The most extreme effects of poverty can be seen in high child mortality rates. These could be reduced simply by ensuring that all children have access to adequate water and sanitation, that they have access to functional health services and are properly immunised, and that paediatric ARV programmes are available to all HIV-infected children.

There are some very practical things that could support poverty alleviation. Basic infrastructure is essential for the delivery of services. Many remote areas remain physically isolated, without easy road access. Poorly graded primary roads can become impassable in the rainy season, preventing mobile clinics, teachers and emergency services from reaching villages, and simultaneously cutting the population off from public transport that would enable them to access healthcare, schools and government offices where they might apply for birth certificates, identity documents and social grants.

Seen from this perspective, infrastructure and service deficits do not amount only to economic gains being forfeited in the present; they also have wider repercussions for the country's future in terms of the postponed social costs related to weak education and poor health.