

Child Poverty in Africa

Meredeth Turshen

The African Child Policy Forum,¹ a non-profit pan-African policy and advocacy centre working on the rights and wellbeing of children, convened the Third International Policy Conference on the African Child from 12 to 13 May 2008 at the UN Conference Centre in Addis Ababa.² A biennial event, this year's conference focused on child poverty and approached it from the angle of children's rights, a position not frequently taken. More commonly, poverty is described in terms of humanitarian disasters, food shortages, health crises such as the AIDS pandemic, education deficits, and a decline in the capacity of future generations of Africans to improve their lives. Human rights and poverty seem to be separate fields with bodies of literature that rarely overlap.

The keynote speaker was Professor Yanghee Lee (Sungkyunkwan University, South Korea), who is the current chair of the UN Committee on the Rights of the Child. Defending child rights and supporting the importance of analysing poverty as a rights issue, she described children living in poverty as those deprived of their right to protection, denied access to food, water, and sanitation facilities, and cut off from basic education, shelter, and healthcare services. Poverty is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential, and to participate as full members of society.

Over 40% of sub-Saharan Africans live on less than US\$1 per day, according to the World Bank; the extremely poor are those living on less than 50 cents a day. The proportion of children living below national poverty lines is higher than adults in many African countries. Household size makes a difference: the inci-

dence of child poverty is higher among large families. For example, 55% of South African households with four or more children are in the lowest income quintile as compared to 14% of households with one child. Among the most vulnerable are children in women headed households, orphans, and children with disabilities. Armed conflict and the AIDS pandemic are thought to be responsible for pushing children into these situations of greater vulnerability to poverty.

Poverty is the likely reason children fail to attend school or fail to reach the last grade of primary education. The cost of child poverty is high in terms of both human and financial capital: death rates before the age of five in the poorest 20% of the population are at least twice as high as rates in the richest 20%. Over 26% of all 5 to 14 year olds are working in sub-Saharan Africa.

Child poverty is not exclusive to Africa and four speakers addressed problems of child poverty in India and Europe. A. K. Shiva Kumar, Professor at the Institute for Human Development, New Delhi, compared India with the African continent and found India behind on such measures of child wellbeing as the percentage of malnourished children (43% moderately to severely underweight in India, 28% in sub-Saharan Africa), which he attributed to stark inequalities and acute discrimination against girls in Indian society. Despite the past decade of economic growth, child poverty declined only 1%, showing that economic growth does not necessarily translate into reduced poverty or less inequality. For growth to lead to improvements in Indian children's lives there would have to be more public investment, better public management, greater public participation with a louder public voice (for example in social audits, independent media, and vigilance in monitoring and reporting on government programmes), and a change in public values, especially respect for the law.

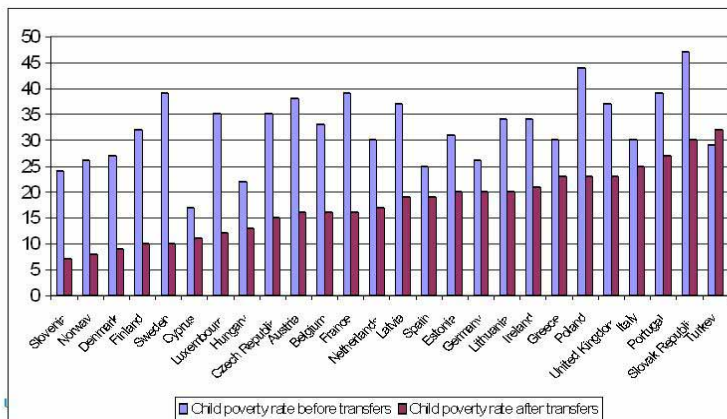
Marta Santos Pais, Director of the UNICEF Innocenti Research Centre, reviewed the plight of children in the Central European shift to market economies. Despite high percentages of children in their populations, few Central European governments place children high on the agenda in their national action plans on poverty. One in four children lives in extreme poverty, and disparities between and within countries are widening. The multidimensional aspects of poverty remain unstudied and disaggregated data are lacking: little information is available on social exclusion and the stigmatization of ethnic minorities like the Roma, while the correlation of poverty with high rates of child abandonment and institutionalization is assumed rather than demonstrated.

Hugh Frazer, advisor to the European Anti-Poverty Network, discussed the 2001 strategy of the European Union to promote social inclusion and eradicate poverty especially among children, a plan made urgent by ageing populations and slow population growth that call into question the future of social security systems. Four core areas of needs emerged from analyses of the data: adequate

early prevention, and participation (early intervention and prevention as well as a balance between universal and targeted policies were cross-cutting themes). The data on child poverty reduction across the European Union are stunning, and most of the gains are due to social transfer programmes (the only exception is Turkey, an anomaly that was not explained).³

Peter Townsend, Professor of International Social Policy, London School of Economics, picked up on the theme of child benefits, declaring that they could save 300 million African children from extreme deprivation. To pay for the benefits, he proposed a new type of currency transfer tax (like the Tobin tax): 1% of payroll taxes from transnational corporations operating in regions with large numbers of children in poverty (yielding about \$500 billion); the tax would fund a UN network of centres that would give cash or in-kind benefits to families with children. Townsend argued that the language of human rights changes the analysis of world conditions, shifting from personal failures of the poor to the responsibilities of international financial institutions, the G8, and transnational

Child poverty rates before and after social transfers EU, 2003



social protection, comparing it to the \$210 billion the UK has spent.

The Gender Dimension of Child Poverty

My own brief was to consider the gender dimension of child poverty. Although offices of national statistics are making progress on publishing disaggregated data in vital statistics, health, and education, they do not publish data on child poverty disaggregated by sex since child poverty is a reflection of family circumstances. In effect the poverty of boys is not separate from the poverty of their sisters. Yet African women represent 70% of the poor, so the issue is to find ways to measure the impact of the discriminatory systems operating in childhood that lead girls to greater poverty in adulthood. If we are to correlate poverty with gender, then we need both data disaggregated by sex and gendered information about the different roles, social status, economic, and political power of women and men in society. A gendered definition of poverty measures more than wealth and income, but policy makers tend to treat gender in isolation from structural analyses of inequality. An exclusive emphasis on gender roles leads to a focus on behavioural change at the individual level, rather than on policy change at the societal level.

Because gender means more than male/female differences, we need to know the dynamics of discrimination and subordination between the sexes. Without the social and economic contexts that establish power differentials, gender is misused as a synonym for the female sex. These social and economic contexts are found within families and communities, within nations, and in global relations between North and South. In societies that prefer and privilege sons, we know that daughters may not survive pregnancy and childbirth, may suffer or die in infancy and childhood from malnutrition and lack of medical attention to

childhood diseases, and will attend school irregularly and receive fewer years of education than their brothers.

To assess the multilayered aspects of subordination, the United Nations Commission on Human Rights has developed the concept of *intersectionality*, the experience of discrimination on more than one ground. Racism, patriarchy, economic disadvantage, and other discriminatory systems create layers of inequality that structure the relative positions of females and males, racial and other groups. Intersectionality describes the way that specific acts and policies create burdens that flow along these intersecting axes, creating a dynamic of disempowerment (Coomaraswamy, 2001).

The Commission on Human Rights distinguishes three types of intersectional subordination: targeted discrimination (ethnically motivated gender-specific forms of violence; rape in civil conflicts is an example); compound discrimination (discrimination against girls and women who are also members of a subordinate racial or ethnic group); and structural discrimination (where policies intersect with underlying structures of inequality to create a compound burden for particularly vulnerable girls and women).

Although gross poverty data exist for North/South differences and for male/female income differences, the data on racial, ethnic, and religious numerical minorities within countries of the South are largely nonexistent. In an issue of the *Bulletin of the World Health Organization* devoted to the theme of inequality and health, a comparative study of child mortality in nine developing countries shows that the largest difference between poor and non-poor occurs in Brazil (Wagstaff, 2000), which is a highly unequal society. Such comparative studies are rare and unfortunately this one does not differentiate between boys and girls. Another article on child mortality

in the same issue of the WHO Bulletin observes 'there has been no systematic examination of ethnic inequality in child survival chances across countries in the [sub-Saharan African] region' (Brockerhoff & Hewitt, 2000:30). Geographical location of ethnic groups (residence in the largest city), household economic conditions, educational attainment and nutritional status of the mothers, use of biomedical maternal and child health services including immunization, and patterns of fertility and migration were the criteria for determining inequality. The authors report no breakdown by sex. Racism, sexism, class prejudice, and discrimination – as either the legacy of colonial rule or the result of internecine power struggles – were apparently not issues considered relevant to inequality.

Although statistical offices have documented the association of high levels of income inequality and poor health, researchers have not explained the uneven experiences of minority communities that do not have the same rates of sickness and death. Societies privilege some minorities like whites in Namibia, and social cohesion mitigates risk in other minority communities. It is not enough, however, to trace disparities in health status to disparate treatment, or to show the different outcomes that result from the minimal and delayed care of disadvantaged minorities when we control for socioeconomic status and access to health care. Intersectionality promises a much richer and deeper understanding of girls' and boys' poverty and health.

War dramatically and fundamentally alters life prospects for girls and boys. It may provide new opportunities – a few boys may use the military to advance and a few girls may take on roles previously denied them – but most girls face more constraints in wartime. Government protections falter or fail, their families may be displaced or even broken up, and their communities often become more conservative and xenophobic dur-

ing armed conflict. Poverty in wartime takes on a different character; war reveals the stark nature of poverty shorn of the mitigating context of neighbourly solidarity and familial networks of mutual assistance.

One assumes that the purpose of improving qualitative and quantitative data about child poverty is to better target aid programmes. Targeting is the approach that, unfortunately, is currently the norm, and an older style of universal programmes that had neither means tests to qualify for aid nor other limitations like age and group affiliation is out of favour. The objections to targeted programmes are that they are expensive to administer, not transformative, not redistributive (despite claims to the contrary), and do not lead to structural change.⁴ At best targeted programmes bring about incremental improvements in the lot of targeted groups, which are often defined as 'vulnerable' with little elaboration of the structures that create vulnerability.

Feminists have criticized a false universalism that masks male-biased arrangements, yet they have found universalistic social policies effective in eliminating forms of inequality in social frameworks that assume that males are the breadwinners and heads of household. Policies friendly to women and girls are found in societies that base their social policies on notions of social citizenship and on universalism as an integral part of social policies (Mkandawire, 2005).

If we are to address the gender dimension of child poverty, it seems that a different sort of research design – leading perhaps to other kinds of projects – is needed. Research could be designed to gather data on girls' and boys' pathways from poverty in childhood and adolescence to an impoverished or better-off life in adulthood. Examination of these trajectories in cohort studies might reveal the points of divergence in girls' and

boys' lives that lead to more poverty in adulthood for women. Such research should be both qualitative and quantitative, tracing children's life chances and setbacks in gendered settings.

The young lives research project on childhood poverty in Ethiopia⁵ reveals the many contradictions involved in current poverty reduction programmes: for example, the conflict between labour-intensive development approaches and child welfare (labour-intensity undermines child welfare by increasing children's work burden). If boys are typically pulled out of school to work in family enterprises or earn wages, and girls drop out to work at home substituting for mothers occupied by income-generating projects, why is the outcome of their lack of education different? Do boys require less education to get out of poverty or do they learn skills on the job that help them in adulthood? Do girls require more education to overcome gender stereotypes and discriminatory systems or do domestic chores deprive them of the practical knowledge and experience they will need to take advantage of occupational opportunities? Only a combination of qualitative and quantitative field research will yield answers to these questions, and only operations research will provide the designs for projects that help overcome the obstacles to eliminating child poverty.

Food Security & AIDS

Jeffrey Sachs, Director of the Earth Institute at Columbia University, addressed the current food crisis. Africa is a net food importer, and grain prices have risen two to three times as energy prices soar. Africa is chronically hungry because its food productivity is the lowest in the world. Yields are typically 3-5 tons per hectare elsewhere and 1 ton per hectare in Africa because of poor seeds and little fertilizer. Poverty precludes the purchase of inputs, and soil depletion amplifies low productivity. African agri-

culture is 96% rainfed (in a period of dwindling rainfall), while population is rising and subdivisions create ever-smaller farms.

The current food crisis is a conjunction of rising world demand, which is outpacing production under an increase in climate shocks, and the diversion of food crops into biofuels to counter scarce oil supplies. Sachs believes we are in a new era of rising commodity prices (and not just food). Emergency food supplies are not a solution to long-term problems. Africa needs a Green Revolution, a revolving fund to finance critical inputs – irrigation, fertilizer, and genetically modified high-yield seeds. Increased investment in agriculture must accompany more schooling (with no fees), clinics for malaria (with no user fees), and better infrastructure (roads, electricity, cell phone coverage, water and sanitation).

Sachs blamed the rich countries for failing to honour pledges of 0.7% of GDP in aid and on spending too much on the military. He had an echo chamber in panelists from the International Food Policy Research Institute (Shahidur Rashid & Alemayehu Seyoum), the UN World Food Programme (Jakob Mikelsen), and the World Bank (Harold Alderman).

Stephen Lewis, former UN Special Envoy for AIDS in Africa, also took the rich countries to task for failing to write off Third World debt (while saving banks in the mortgage crisis), continuing to subsidise agriculture, protecting patented drugs, and giving a fraction of promised aid (the USA gives 0.18% of GDP while spending \$3 billion on the war in Iraq). AIDS complicates everything and exacerbates poverty.⁶ It wrecks children's lives when their families and communities fall apart; 85% of orphans receive no form of aid and most (40-60%) are looked after by grandmothers. Gender inequality and poverty drive the pandemic. Lewis recommended the creation of a

new UN agency for women and suggested \$1.6 billion initial funding. While he mentioned the food crisis in passing, he made no direct link between AIDS and food security

In response, Dharam Ghai, former Executive Director of UNRISD, wondered about the global context of the food crisis, which was occurring worldwide, not just in Africa. Why is the crisis happening now? Is it a short-term crisis? Or, remembering the 1970s food crisis when world population was only 4 billion and pressures on the environment were fewer, is it a cyclical phenomenon? Or is it a long-term structural crisis? Ghai said he was disillusioned and no longer believes in aid; the South must become self-reliant if it is to gain strategic strength and make the world listen (viz. China). African leadership is dysfunctional, he said, a declaration contested by Urban Jonsson, former senior advisor to UNICEF on Human Rights Based Approach to Programming. Jonsson pointed out that Africa has changed since 1960; there is more peace, more efforts for democracy, an end to apartheid. AIDS has crushed many dreams.

Creation of the Africa Movement for Children

A satellite conference – the Second All Africa Consultative Conference of Child, Youth and Human Rights Organisations – met on 11 May 2008 and created the Africa Movement for Children (AMC).⁷ AMC, which is composed of over 200 NGOs around Africa, has several purposes: to build solidarity among African NGOs, to be a lobby to speak on behalf of children, and to build support for NGOs under pressure at home.

Four principles govern the AMC: panAfricanism, universalism, children's rights, and children's participation. The panAfrican approach is seen as essential to standardizing legislation for the protection of children and in resolving

issues like paedophilia and trafficking, which require an Africa-wide approach. Children's participation is a first priority, and questions were raised about how to associate children. The UN General Assembly will celebrate the 20th anniversary of Convention on the Rights of the Child in 2009. For this occasion the Africa Movement for Children will create a plan of action and decide on the organisation's final structure.

Meredeth Turshen, Rutgers University; e-mail: turshen@rci.rutgers.edu

Endnotes

1. The African Child Policy Forum is based in Addis Ababa; Assefa Bequele is Executive Director, and Salim Ahmed Salim is Chairperson of the International Board of Trustees. <http://www.africanchildforum.org>. ACPF is supported by International Child Support, Plan International, Save the Children UK, ILO, UNICEF, and UNFPA.
2. The ACPF prepared several background papers for the conference, notably country studies of child poverty in Burkina Faso, Ethiopia, Nigeria, South Africa, and Tanzania (see the website for all ACPF documents <http://www.africanchildforum.org>).
3. Hoelscher, Petra. 2008. Assessing the impacts of policies on children. UNICEF Global Child Poverty Study, CEE/CIS Regional Meeting, Tashkent, 2-4 April 2008.
4. A targeting rationale drives World Bank structural adjustment programmes and PSRPs (Mkandawire 2005).
5. Young Lives Research Project: Childhood Poverty in Ethiopia, www.idrc.ca/en/ev-73382-201-1-DO_TOPIC.html
6. See statistics in Report of the Secretary-General 'Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals'. http://data.unaids.org/pub/Report/2008/07_unaids_annual_report1_en.pdf and Report of the UN Secretary General, 'Declaration of Commitment on HIV/AIDS: five years later'. http://data.unaids.org/pub/Report/2006/20060324_SGReport_GA_A60737_en.pdf
7. The AMC Steering Committee convenor is Wambui Njuguna (African Network for the Prevention and Protection of Child Abuse and

Neglect); Steering Committee members are Assefa Bequele (African Child Policy Forum), Tounkara Tambake (African Movement of Working Children), Moussa Sissoko (Coalition of African NGOs Working with Children), Fabrizio Terenzio (ENDA TM Jeunesse Action), Samantha Waterhouse (Resources aimed at Prevention of Child Abuse and Neglect), George Nyakora (SOS Kinderdorf), Stella Ayo Odongo (Ugandan Child Rights NGO network). Individuals can join as well as organizations. Wambui Njuguna was elected President and Moussa Sissoko Vice President; ACPF will provide the Secretariat. In addition five regional custodians were elected (using the AU demarcation of African regions).

References

Brockerhoff, M. & P. Hewitt (2000), Inequality of child mortality among ethnic groups in sub-Saharan Africa, *Bulletin of the World Health Organization* 78(1):30-41

Coomaraswamy, R. (2001), Contribution on the subject of race, gender and violence against women. World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance. A/CONF.189/PC.3/5 27 July.

Mkandawire, Thandika (2005), Targeting and Universalism in Poverty Reduction UNRISD Social Policy and Development Programme Paper No. 23.

Wagstaff, A. (2000), Socioeconomic inequalities in child mortality: comparisons across nine developing countries. *Bulletin of the World Health Organization* 78(1):19-29.
