

SA infant mortality unacceptably high

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A NEW study on child health in South Africa has raised a red flag on the level of maternal and antenatal health care provided in the country's public health institutions.

The Human Sciences Research Council (HSRC) study, *The Health of our Children in SA: Results from a national HIV prevalence survey*, shows that while the majority of pregnant women (97 percent) had access to antenatal care during their pregnancy, infant mortality remained unacceptably high with about 2 500 children dying in the country every year.

The study, which sampled about 9 000 children, is a further analysis of data gathered for the Third SA National HIV, Behaviour and Health Survey in 2008.

Despite the good access to health care, the study suggested that services at clinics and hospitals were insufficient to save lives, a fact that might have played a part in the deaths. Apart from HIV/Aids, which claimed most of the children's lives, other deaths were the result of hypertension, obstetric haemorrhage, pregnancy-related deaths, sepsis and pre-existing maternal disease.

Presenting the study in a teleconferenced press briefing in the city yesterday, Dr Olive Shisana, the HSRC's chief executive, said the "massive problems" related to the quality of health care at hospitals and clinics remained a major concern.

Some of the incidents reported between September, 2007, and March, 2008, were shocking, revealing serious inadequacies in health care, including the fact that guidelines were not being followed.

These included delays in transfers

of very sick babies or in cases of foetal distress, failure to resuscitate patients because of lack of ventilators, uncontrolled bleeding and septic cases after caesarean section, failure to give blood to patients because blood sets were not available, and ambulance staff who delivered a baby in an ambulance but had no oxygen.

The study found further that there was high use of public primary health-care services for children in the country. This did not always result in essential services being accessed by those most in need of them. Such services included prevention measures such as immunisation.

Shisana blamed the recent outbreak of measles on failed health systems, saying this was a result of low immunisation levels in health-care centres – levels of immunisation against measles, tetanus, polio, haemophilus influenzae and Hepatitis B remained low.

Researchers also expressed concern about feeding practices in the country, reporting that while exclusive breast-feeding in the first six months of life had been proven a good method that increased infant survival rates, mixed feeding seemed more popular.

At least 51.3 percent of the babies in the study were mixed-fed, a quarter exclusively breast-fed, and about 22.5 percent were exclusively formula-fed.

HIV prevalence among younger children was, however, lower, at just 2.1 percent among children younger than two. This was lower than the 3.3 percent average in the age group from birth to four.

This pattern could indicate a possible positive impact of the national prevention of mother-to-child HIV transmission programme in the two years before the study took place.

