

Pregnancy grant can save lives

Allowance for expecting mothers could promote health education and reduce maternal and child deaths

PREGNANCY, although a normal life occurrence, can place financial stress on women who already cannot afford the necessities – by reducing their income-generating potential and introducing various financial needs.

The formal employment sector recognises the effects of pregnancy on women's earning potential, but there are no equivalent maternity benefits for women in the informal sector or for those who are unemployed.

At the moment, three groups of people receive social grants in South Africa: pensioners, people with temporary and permanent disabilities and children.

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The grant system is intended to target primarily those persons who are poor and or vulnerable, in order to reduce poverty.

The Soul City Institute is advocating for the inclusion of a fourth group of people to receive a support grant, pregnant women.

Pregnancy should be considered in the criteria for social and economic inclusion of women for a grant as is the case in Brazil.

South Africa's total fertility rate is among the lowest in sub-Saharan Africa at 2.41 births per woman (2012), yet maternal and child death rates are extremely high; with 310 maternal deaths per 100 000 live births and 41 child deaths per 1 000 live births.

A child's life begins at conception, so why should we wait until the child is born to provide a child support grant.

Children have been receiving the child support grant since 1998 in South Africa and more than 10 million children receive a social



Analysis

TEURAI RWAFO

KEY POINTS

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grant each month. Caregivers, who are usually women, receive the money.

Studies show that grant money is primarily spent on food. Hence, mothers will be better nourished during pregnancy, which will result in them delivering healthy babies.

Pregnancy support grants will also enable women to have money for transport so that they can access antenatal care.

Pregnant mothers are often unable to access adequate antenatal care and nutrition due to a lack of finances.

Malnourishment of babies in the womb leads to low birth weight who are more likely to die within the first 28 days of their lives. Extending the child support grant to include the pregnancy period would minimise these unnecessary deaths.

Various amounts of money are paid for different grants.

These ranges from R320 per child per month for a child support grant up to a maximum of 6 children, to approximately R1 350 per month for an old age pension or a disability grant.

An estimated total of 1204725 pregnancies come to term per year and analysis reveals that 16.3% of women aged 15-40 years are reported to have private hospital coverage.

This leaves 1008716 women who are reliant on government assistance during pregnancy annually. If such a grant is made available at an estimated cost of R320 per woman per month (amount for the child support grant) for a period of nine months, approximately R2.9bn will be spent on support grants for pregnant mothers per year.

The funding for the pregnancy support grant can be made possible by the Department of Social Development, as it is already funding the other three groups of people.

Pregnant women will be able to prove that they are using the grant accordingly, such as providing their antenatal care cards to show

that they are indeed attending clinic visits.

Various studies conducted by researchers like Michael Samson (in 2007) and UNICEF – in collaboration with the Department of Social Development and SASSA (in 2012) identify positive developmental impacts of the child support grant in promoting nutritional, educational and health outcomes.

Early receipt of such a grant during pregnancy will strengthen maternal and child health outcomes and subsequently reduce maternal and child deaths in the country.

According to a report by Wits University's Centre for Health Policy produced for the Department of Social Development (DSD), maternity and early child support is fully coherent with the DSD's priorities and related government strategies.

Better nutrition in pregnant and postpartum women would also facilitate the achievement of policy initiatives to promote breastfeeding, especially among HIV-infected women.

The report further states that the earlier in a child's life the Child Support Grant starts, the greater its impact on child growth, yet even larger impacts would occur with government support for foetal growth, with gains highest the earlier support begins in pregnancy.

Financial support for vulnerable women during pregnancy will empower them to relate to childbirth as positive and normal, nurture newborns in their first critical year, and improve maternal and foetal health during pregnancy.

Teurai Rwafo is advocacy coordinator (maternal and child Health) at the Soul City Institute. Follow Soul City on Twitter @Soulcity_SA