



INCLUSIVE SOCIETY INSTITUTE

Op-ed

**Born free, but not fair: How supporting expectant mothers can turn children’s lives around
Interventions that support pregnant women and invest in early childhood development can help
disrupt the cyclical effects of racial, class and gender inequalities that show up profoundly in
children’s lives, and beyond.**

By Nicole Daniels and Daryl Swanepoel

South Africa’s inequality is intergenerational; and the livelihood prospects of children are often tied to those of their parents. Two-thirds of Black children live below the poverty line compared to 2% of White children, which illustrates the racial dimension of entrenched inequality. The gendered burden of care means that many young women take on unpaid care work, and, regardless of their level of qualification, women also earn less than their male counterparts. This means that inequality is locked in place by stubborn racial, class and gender dynamics that limit access to quality schooling, propel learner dropout, and obstruct transitions into post-school education and employability. And so, the cycle continues.

We need to ask ourselves, what steps can be taken to improve children’s potential for social and economic mobility, and can structural patterns of inequality be disrupted, starting at the very beginning of the life course?

In the recently released Inclusive Society Institute report titled “Understanding Youth Inequality”, attention is drawn to the important relationship between very early influences and later outcomes in young people’s lives. The research found that gender inequalities in schooling and employment, which overlap with and amplify many other disadvantages, mean that pregnant women are particularly susceptible to poor health, wellbeing and livelihood indicators. It shows that these disadvantages profoundly shape the growth and development of the unborn and indeed, the course of infant and children’s lives.

Surveys of more than 5,000 children conducted between 2018 and 2022 in nine food-vulnerable districts in South Africa, show that 44% of children under one year old were not benefitting from a Child Support Grant (CSG). Low uptake of the CSG among caregivers with 0–2-year-olds contributes to high rates of nutritional stunting which some have estimated affects up to 27% of the country’s children.

Stunting has serious ramifications for future health, learning and earning prospects. Research shows that childhood stunting, together with other aspects of children’s physical and mental wellbeing, is affected by mothers’ mental health and nutrition during pregnancy. Yet, in South Africa’s most disadvantaged communities, pregnant women experience high rates of mental illness and food

insecurity. These women will not be able to access any income support from the state until their child is born.

The CSG grant is not as effective as it could be.

The ISI's report supports the introduction of a Maternal Support Grant which would precede the CSG, starting in pregnancy.

Pregnant women in South Africa are 45.6% less likely than other women of reproductive age to earn an income. In a Western Cape study, 71% of pregnant women were unemployed, and 83% of those reported no prospects of future employment. In this study, nearly four in 10 of the pregnant women surveyed between 2020 and 2021 reported going to bed hungry in the previous week, while six out of 10 had felt depressed. The confluence of these dynamics means that unemployment is linked to higher rates of depression, and greater food, resource and social insecurity.

Consider too, that women are overrepresented in the informal sector, which means that many pregnant women who do earn an income have no form of paid maternity leave or income protection during periods of critical gestational and infant growth. Women in the informal sector are also more likely to live in poorer communities. The burden carried by mothers produces maternal stress, depression and anxiety in pregnancy, which can lead to lower birth-weight, increased attention and behavioural difficulties, and sleep disorders for children.

By extending social protection to caregivers, *before* they give birth, we can safeguard the health and wellbeing of both mother and child, and take the first steps to disrupting intergenerational poverty. Income support, together with accessible, quality antenatal care, can improve pregnant women's nutrition and psychological wellbeing, as well as the physical and cognitive functioning of their babies. Research suggests that if stunted children receive extra nutrition and cognitive stimulation, their life-time earnings potential can increase by 25-40%.

In addition, we need to ensure that pregnant schoolgoers access support to stay in school. This requires a sea change. Presently, teenage mothers face social recrimination and the state's paternalistic approach, which victimises young girls, is adopted by schools who often insist girls leave school to care for their children. Without a matric, young women find themselves cut off from pathways to post-school education and employment. They struggle to find work, remain unemployed for longer periods of time, and if they do find work, have less stable and lower earning jobs. At the level of policy and implementation, we must support both expectant and new mothers to stay in school. Pregnancy and early motherhood are critical moments, both in the life course of the pregnant learner themselves, and in the life course of children born to learners, affecting the future chances of both parent and child.

The important relationship between early influences and later outcomes requires a holistic, life course approach that can identify critical moments where policy and programming can intervene to alleviate inequality and safeguard more just futures for young people. A single intervention such as the Maternal Support Grant could set off a transformative chain of events that would significantly safeguard perinatal outcomes and alter early childhood development indicators.

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