



Is South Africa on Track with the 2015 Millennium Development Goals?

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Methods: this article is an analysis of the current situation of South Africa and the aim of this analysis is to look beyond the statistical values, to see if the achievements are on track or life-time achievements and also if what is yet to be achieved can really be achieved. Different data were used as secondary information.

Results: There are eight MDGs to be achieved by 2015 such as eradicating extreme poverty; achieving universal primary education; promoting gender equality and the women empowerment; reducing infant and child mortality; improving maternal health; fight with HIV/AIDS, Tuberculosis and other diseases; ensuring environmental sustainability; and developing a global partnership for national development. A country development is dependent on many factors; therefore, different countries across the world have adopted the MDGs as means of alleviating many of the social ills hindering progress and development. This paper will focus on a glance with entire MDGs. Based on different sources South Africa is on track with the MDG, there is no doubt South Africa crucialto work hard with complete MDGs.

GJHSS-C Classification : FOR Code: 370199p



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Conclusion: It was argued that there has been progress made which has resulted in significant changes to people's lives, but the question that has to be asked is for how long can these achievements last. Serious requirements for reducing the rate of maternal mortality and HIV /AIDS in South Africa are needed. South Africa may still be considered to be on track to achieve the MDGs target by within couple of years if the above mentioned issues are taken into consideration.

1. BACKGROUND

The South African government worked on *Millennium Development Goals* through the social wage which according to Stat SA is "a package intended to reduce the cost of living of the poor" [1]. The poor and inadequate health system in South Africa presents many challenges when it comes to prospects of achieving the health-related (as well as other) Millennium Development Goals [2, 3]. Even with many strategies being implemented by the South African government, it seems as if people still do not fully utilize the health services available to them – as in the case of rural areas. There have not been many studies conducted in South Africa to explicitly research the role

played by women's educational attainment on the use of maternal health care services. Although some researchers have paid more attention to other demographic and socio-demographic aspects of maternal health care use, there is little known with regards to the influence of maternal education on maternal health care use. Maternal health services are offered – for a large number of the population – mainly through the primary health care sector. Moreover, this health sector is often surrounded by much controversy when it comes to the availability of health resources, especially in rural areas. Education is an important demographic factor as it has the potential to improve one's social status, as well as improve many other socio-demographic factors. Education is an important human right; it links well with all other human rights and it is important when it comes to making good choices that affect one's life as it promotes individual autonomy [4, 5]. Therefore, education provides women with the necessary knowledge to claim and seek adequate health care [6]. Moreover, various studies have found that education is positively associated with the utilization of health care services [7]. It is also argued that educated women tend to seeking modern medical health care (or treatment) whilst those with (little or) no education tend to stick to their traditional (belief) systems [8]. Therefore, education plays an essential role in health, health use, and health-related outcomes.

Apart from positively influencing the utilization of maternal health services, maternal education also affects maternal mortality and as a result, plays a role in the achievement of millennium development goal five [9,10, 11]. The illiteracy of most women, especially those in rural areas, is a factor in the lack of maternal health service utilization. This is due to the fact that most (rural) women who are uneducated do not utilize the maternal health services that are required of them [12]. Investing in maternal education will improve the quality of life and will have a big impact in the reduction of maternal mortality as well as in the achievement of millennium development goal five – because education is a powerful tool that can enhance the knowledge of many women and thus aid in the use of maternal health care services [6, 13]. Therefore, focusing on maternal education, especially in developing countries can be a key strategy in reducing maternal mortality and in improving maternal health (MDG 5). In planning for the reduction of maternal mortality, attention should be

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given to social and socio-demographic determinants of health as this will have an effect in improving maternal health (Millennium Development Goal five) [11].

Maternal mortality is defined as the death of women during pregnancy, childbirth, or within the 42 days after delivery [10, 14]. Throughout the world, women's health is a priority for many countries, especially those with high mortality rates [15 16] argue that maternal mortality is higher for women living in rural areas and also higher for those living in poorer communities [16]. The current maternal mortality rate for South Africa is estimated at 300 maternal deaths per 100 000 live births; this is a considerable decrease (at 73%) when compared to the 2008 estimates which were at 410 maternal deaths per 100 000 live births [17]. South Africa has high maternal mortality rates which are still rising, and this presents major challenges in terms of the country's prospects of achieving the Millennium development Goals [15].

South Africa is working very hard to reduce maternal mortality. the South African Department of Health has adopted a number of initiatives as means of reducing the maternal mortality rate, and thus move closer to the 2015 Millennium Development Goal (of reducing maternal mortality by 75%). One such programme is the adoption of the UNFPA's Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) by the department of health, as a strategy for reducing maternal mortality in South Africa. The department of health plans to use this campaign to fast-track the reduction of the maternal mortality rate, which is estimated at 300 maternal deaths per 100 000 live births, in order to meet the 2015 targets. Another strategy that the department of health has adopted as means of reducing the country's maternal mortality is the Strategic Plan for Maternal, New-born, Child and Women's Health (MNCWH). The objective of the MNCWH is to reduce the maternal mortality rates by at least 10% by 2016, and to ensure that all women have access to reproductive health services. From a monitoring and evaluation point of view, South Africa needs more initiatives that will strengthen its objectives of reducing the country's maternal mortality before the target year of 2015. Such initiatives must speak to, and add on, what the programme such as the CARMMA has already achieved. Therefore, this article aim is to evaluate South Africa's prospects of achieving three out of eight of the MDGs by 2015.

II. DATA AND METHODS

The article used different journal articles, scientific reports and review of related literature by the South African Population Census, Demographic and Health Survey, United Nations, United Nations Development Program, World Health Organization, Statistics South Africa, Millennium Development Goals

Report, United Nations Children Fund, etc., were used as secondary information. There is no significant statistical analysis but this article is an investigation of the current situation of South Africa and the aim of this analysis is to look beyond the statistical values, to see if the achievements are on track or life-time achievements and also if what is yet to be achieved can really be achieved.

a) *Ethical Considerations*

This study used secondary materials from different sources. There is no specific data.

III. RESULTS

The results shows that poverty is a multidimensional phenomenon that is often difficult to define. Due to the complexity of this concept, many developing countries face challenges in terms of targeting poverty and employing strategies to eradicate it [18]. South Africa has made several strides towards eradicating extreme poverty – achieving the set targets among the population living below \$1.00 and \$1.25 per day [19]. Likewise, the country is likely to eradicate poverty among the population living below \$2.00 and \$2.50 per day by the target year [19]. South Africa presents a complex social structure marked by vast differences and inequalities which are often attributed to the past. The apartheid system enforced hierarchies which divided people for years, and those divisions are still present today. Statistics from the 2011 Census revealed that the Black/African and Coloured populations contribute to over 80% of the total South African population [20]. Even so, both these population groups also contribute large numbers to South Africa's unemployment rate [2122]. It is important for the country to work within its historical context in trying to alleviate poverty. Furthermore, poverty levels could be drastically reduced by ensuring that there are employment opportunities for the youth. Even though South Africa is unlikely to eradicate unemployment among the different population groups, many developmental strategies have been put in place to ensure that unemployment (and poverty) is eradicated by 2030.

According to the report produced by Statistics South Africa in 2013 [21], the country is likely to achieve the set targets related to universal education by 2015. According to data from [22], over 8 out of ten children aged 5-10 are attending school, which is an enormous improvement from rates reported in earlier censuses. There is a general decline in school attendance as children get older (i.e. those aged 19-24) [20, 21, 22] – this trend can be attributed to school drop-out among those in this age cohort and older. As of 2011, South Africa has achieved the MDG (domesticated) target for gross enrolment rate in tertiary education (at 22%), which is over the set target of 20% [19,20]. Another (domesticated) target that has been reached is that of

learner-to-educator ratio, which as of 2012 was estimated at 30:1 [2, 23]. These results show improvement in the country where universal primary education is concerned – but there is more that needs to be done regarding the retention of these results as children grow older and move into secondary and hopefully higher education. There is also a tendency among young people (i.e. aged 18+) to drop-out of school in order to go and look for employment to support themselves and their families; this says a lot about the living conditions within the country. The current situation regarding the matric pass rate (i.e. grade twelve) is another avenue that needs much consideration; there needs to be measures put in place in order to increase the overall pass rate among learners in secondary education.

South Africa is a patriarchal society where male-dominance has been the norm for hundreds of years. Wide divisions were further elevated by the apartheid government, which divided people by race – and this put most women lower on the “*empowerment scale*”. Over the years, since the advent of a democratic South Africa, there has been a focus on equality and ensuring that women have equal opportunities comparable to men. Gender equality and empowerment of women is central to the South African government’s plan to promote human rights for all citizens. The country has achieved most of the MDG (and domesticated) targets related to gender equality and empowerment of women [19, 21], which shows the country’s determination to promote gender equality. As of 2011, the ratio of literate females to literate males, and that of female unemployment to male unemployment, was 1:1 [21]. Results show that there has been a growing trend of women who held seats with the National Assembly (in parliament) [21, 23, 24], but there is still room for improvement. After the 2014 national elections 163 women are reported to hold seats within the National Assembly out of 400 seats [25]. This number shows that the percentage of female seats is 40.75% compared to male seats (of 59.25%) within the National Assembly, which is quite low/high and below the target of 50% [25]. In many patriarchal societies, governments struggle to provide an equal base for both genders, where women are mostly side-lined from decision-making positions. This provides wide gender gaps where women do not have autonomy to be involved in business and other social positions. South Africa, is working towards the provision of an equal base for all citizens regardless of gender and race. Most government programmes, aimed at redressing the ideologies of the apartheid regime have focused mostly on women empowerment. Even though strides have been taken to redress gender and racial inequalities, there is still much room for improvement and a need for more research on issues of gender and empowerment in the country.

Globally, countries are mandated to reduce child mortality and maternal mortality, by at least 67% and 75% respectively [1,2]. These targets have proved to be quite a challenge for many developing countries, even though some strides have been made to improving the health of mothers and children worldwide. Maternal health relates to child health in such a way that when the mother is healthy, then the child has more odds of being healthy. As of 2012, South Africa’s Under-five mortality rate (U5MR) was estimated at 45 deaths per 1000 live births – showing a 39.2% decrease from the reported U5MR in the year 2000 [2]. According to the report published by Statistics South Africa, the country is likely to achieve the target of 20 deaths per 1000 live births by the year 2015 [2]. Also worthy of noting, South Africa is not likely to achieve the 2015 target of increasing its life expectancy to 70 [2].; with the male population’s life expectancy at birth estimated at 57.7 years in 2013, and that of the female population estimated at 61.4 years in the same year [1]. Life expectancy relates to mortality levels and as such also relates to the development of the country. On the other hand, South Africa is unlikely to reach the targeted maternal mortality ratio of 38 deaths per 100 000 live births [2]. In the year 2010, the country’s maternal mortality ratio was estimated at 300 deaths per 100 000 live births, which shows a percentage decrease of 16.7% from the 2005 estimate (360 deaths per 100 000 live births) [7]. Like child mortality, maternal mortality is a challenge for many developing countries, with sub-Saharan Africa contributing among the highest numbers to maternal mortality [7]. On a more positive light, South Africa has worked well and has achieved the antenatal coverage with regard to the recommended number of antenatal visits by expecting mothers [2]. Delivery care is not achieved, but the country is making progress towards the goal, with an estimated rate of 94.3% in 2009 [8]. The three dimensions of maternal health (i.e. antenatal care, delivery care, and postnatal care) are important factors that need to be completely addressed in order for the country to progress towards the improvement of maternal health. To address the challenges that the country faces regarding maternal and child health, there needs to be more done in terms of awareness through messages which relate to the importance of these services. It might be that many women are not informed about these services and about the dangers of not taking maternal and child health seriously. Education is the most fundamental tool that women should be equipped with to reduce child mortality and improve maternal health.

South Africa is one of the countries with a highest number of people living with HIV/AIDS, with an estimated number of over six million people – which is over ten per cent of the total South African population as estimated in 2011 Census [8]; this is a very large number of people living with the pandemic, which has

shown an increasing trend over the years since the first case of the virus was discovered in the country. Globally, the pandemic is a serious health issue, and it is mostly developing countries that are struggling to minimise the plague of this virus. Another deadly disease that South Africa is facing is that of tuberculosis (TB); this disease is among the leading causes of death in the country – and has evolved over the years, with new strains of TB (MDR-TB and XDR-TB) reported [9]. According to data from the World Bank, the incidence of TB (per 100,000 people) in South Africa was estimated at 1,003 in 2012; and this shows that there has been a growing trend in the incidence of TB over the years [10]. South Africa has achieved its MDG target of reducing deaths rates associated with TB (per 100 000 population), but there is a lot that can be done to decrease the growing number of people acquiring the disease every year. Even though the department of health has put strategies to reduce the spread of TB and give adequate cure to those infected, some people do not completely take care of themselves. According to the country's MDG report, South Africa is unlikely to reach the MDG target of increasing the knowledge of HIV/AIDS among youths aged 15-24 years by 2015; and it is also unlikely that the target for condom use at last high risk sex will be reached [2]. This shows the complexities of the pandemic; HIV/AIDS is influenced by many factors central to people's behaviour and life's choices. Therefore, it is generally a challenge to try and change the way people carry themselves; but there needs to be strategies put in place to promote low-risk sexual behaviours among youths and adults. Most people already know about HIV/AIDS, even though some may think that it will never happen to them. So there is a need to educate people about the dangers of risky sexual behaviours and ways in which they could limit their risks of acquiring the virus.

This MDG has certain targets that each country has to reach by 2010, 2015 and some by 2020. At the centre of MDG Seven, is the target of reducing industrial pollutants, particularly Carbon Dioxide (CO₂) emissions. It is essential to reduce CO₂ emissions in order to slow down the effects of global warming. South Africa must reduce CO₂ emissions by 34% below business as usual by 2020 – and it seems that the country is on track to reaching this target [3]. South Africa has improved access and provision of basic services over time. A target that has already been reached before the target year (target being 88.3% by 2015) is the percentage of population using an improved drinking water source (estimated at 90.8% in 2011) [3]. The percentage of the population using an improved sanitation facility has improved over the years, since 1996 (estimated at 66.5% in 2011) just 8.15% short of the 74.65% targeted for 2015 [3]. Apart from that, a target that South Africa is unlikely to reach by 2020 is the percentage of terrestrial areas protected (estimated at 6.71% of total in 2012) –

with a target of 17% of total by 2020 [3]. This particular speaks directly to nature conservation, where the main issue is the protection of the nature reserves and other land which holds environmental value. Throughout the world, populations have become too dependent on the environment and its resources, which makes environmental sustainability a concept that has (in recent years) taken the global stage. Protecting and preserving the current resources and ensuring that the country survives and is able to sustain itself.

Global partnerships are essential in bridging the gap between rich and poor countries. Generally, there is a wide gap between the developing and the developed world which presents many challenges for developing countries regarding funding and sustainability of their markets. In 2010, the country achieved its 2015 targets for the Debt to GNI ratio (which is meant to stay below 44.4) and that of Cellular telephone subscribers per 100 populations (which is meant to stay at 50 and above) [11]. Targets likely to be achieved by 2015 include: Percentage investment share in GDP and gross saving as percentage of Gross Disposable Income (GDI) [11]. The recent mine and other industry strikes have serious consequences on the progress of the country. It can hamper potential foreign investments and partnerships, which will be a setback to the country's progress (related to MDG 8).

IV. DISCUSSIONS

As per discussion, even though South Africa is unlikely to eradicate unemployment among the different population groups, many developmental strategies have been put in place to ensure that unemployment (and Goal 1 poverty) is eradicated by 2030. Need to achieve the Goal number 2 the primary education needs to be concentration on measures with mandatory put in place in order to increase the overall pass rate among learners in higher education and eliminate drop out cases. Third Goal, even though strides have been taken to redress gender and racial inequalities, there is still much room for improvement and a need for more research on issues of gender and women empowerment in the country. Goals 4 & 5 maternal health relates to child mortality in such a way that when the mother is healthy, then the child has more odds of being healthy. As of 2012, South Africa's Under-five mortality rate (U5MR) was estimated at 45 deaths per 1000 live births – showing a 39.2% decrease from the reported U5MR in the year 2000 [6]. It might be that many women are not informed about these services and about the dangers of not taking maternal and child health seriously. Education is the most fundamental tool that women should be equipped with to reduce child mortality and improve maternal health. Another burning issue in South Africa, most people already know about HIV/AIDS. If we need to emphasis the Goal 6, there is a need to educate people

about the dangers of risky sexual behaviours and ways in which they could limit their risks of acquiring the virus.

The world populations have become too dependent on the natural environment and its resources, which makes environmental sustainability a concept that has (in recent years) taken the global stage. Protecting and preserving the current resources and ensuring that the country survives and is able to sustain itself the Goal 7. The recent mine and other industry strikes have serious consequences on the progress of the country. It can hamper potential foreign investments and global partnerships, which will be a setback to the country's progress (related to MDG 8).

V. CONCLUSION

Now we can conclude that there has been progress made which has resulted in significant changes to people's lives, but the question that has to be asked is for how long can these achievements last. Some goals are achievable, very closer to achieve, some goals was far away or not reachable in particular time period. Critical requirements for reducing the rate of maternal and child mortality in South Africa are needed. We must try to prevent diseases to which children are vulnerable and promote safe childhood. *South Africa may still be considered to be on track to achieve the MDGs target by within couple of years if the above mentioned issues are taken into consideration.* It is therefore, policy recommendation needs to be implemented and work with globally.

VI. ACKNOWLEDGEMENTS

Authors would like to thank various data providers, especially Statistics South Africa (StatsSA) for providing latest information.

Competing interests

The author declares that they have no financial or non-financial competing interests in relation to this manuscript.

Funding

There were no sources of funding for the study, for the authors or for the manuscript preparation.

Author contributions

SA is a sole author carried out the data analysis, drafted and revised the manuscript. SA read and approved the final manuscript.

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