

# IMPROVING CHILDREN'S MOBILITY AND ACCESS TO SOCIO-ECONOMIC OPPORTUNITIES: A synthesis of literature

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## ABSTRACT

Children and youths under the age of eighteen have received remarkably little attention in transport and mobility studies in low income countries, apart from limited work on road safety. This is an extremely important omission given that over half the population of many such countries consists of children and young persons. Improving mobility and access to socio-economic opportunities for this group is crucial if the Millennium Development Goals of Universal Primary Education, Promotion of Gender Equity and Empowerment of Women, and Reduction of Child Mortality are to be achieved. The paper aims to explicate how the girl and boy child's rights to Universal Primary Education and Health are affected by the capacity - or lack of capacity - of transport systems to meet their mobility and access needs.

## 1 INTRODUCTION

Children and youths under the age of eighteen have received remarkably little attention in transport and mobility studies in low income countries, apart from limited work on road safety. This is an extremely important omission given that over half the population of many such countries consists of children and young persons. Improving mobility and access to socio-economic opportunities for this group is crucial if the Millennium Development Goals of Universal Primary Education, Promotion of Gender Equity and Empowerment of Women, and Reduction of Child Mortality are to be achieved.

The paper aims to explicate how the girl and boy child's rights to Universal Primary Education and Health are affected by the capacity - or lack of capacity - of transport systems to meet their mobility and access needs. It aims to discover how their mobility and access characteristics impact on participation in education, and how they impact on child morbidity and mortality. The paper suggests that:

- Lack of reliable low-cost transport severely affects access to regular education, with knock-on impacts on subsequent livelihood opportunities.
- Lack of reliable low-cost transport impacts severely on children's access to health

services (including vaccination and other preventive health services) and to adequate safe water supplies.

- Children's widespread (but often hidden) role as transporters further substantially constrains their access to education, health and associated livelihood options since this reduces the time available to attend school or health centres, etc. This is likely to apply particularly to girls, especially fostered girls.
- Some intermediate modes of transport, notably bicycles, have an important potential role in improving access especially to schools.
- Mobility constraints may impede children's subsequent livelihood opportunities through impacts on both education and health and thus reduce overall long-term potential for poverty eradication. The constraints are likely to be even greater for girls than for boys.
- Mobility constraints on children are likely to be higher in rural than urban and peri-urban areas, but even in an urban context there may be substantial constraints on access imposed by transport factors, particularly for girls.

This paper will review literature pertaining to children's mobility in South Africa, with reference to material from other developing countries. The aim is to consolidate what is known about the impact of transport on South African children's rights to universal primary education and health, and to highlight gaps in transport-related research and policy that need to be addressed in order for children's rights to education and health to be realised, protected, promoted and nurtured.

### 1.1 Addressing children's transport needs in South Africa

Children and young persons have to date received little attention in transport research, policy and planning, a surprising oversight in light of the fact that they often constitute over half of the population of many developing countries, including South Africa. In the South African case, the oversight is much more pronounced, given that children's rights have been enshrined in the Constitution of South Africa (1996) and reaffirmed in South Africa's Children's Bill (2003), which guarantees children's right to the access of basic services and resources. However, the reality is that a lack of affordable and reliable transport is severely limiting many South African children's access to fundamental services and resources, including health care and education. This is particularly true of children living in rural and peri-urban areas, where access is constrained not only by geographical isolation, but also by inadequate and poor transport infrastructure and services. These children often have domestic and economic responsibilities that include travel and transport over long distances, often carrying heavy loads (Murray et al, 2004). Small wonder that mobility constraints may indeed impede children's subsequent livelihood opportunities through negative impacts on both education and health and thus reduce overall long-term potential for poverty eradication.

While there is anecdotal evidence of children's transport needs and constraints in developing countries including South Africa, little rigorous or systematic research has been undertaken to inform policy and strategy formulation. Where this research has been undertaken, child transport policy and planning has often focused narrowly on scholar transport, without due regard to the more wide-ranging access needs and constraints of the greater community of children, a significant number of whom do not visit educational facilities.

Travel and transport constraints for children impact on a range of rights, needs and opportunities, including access to education, health care facilities, social services, information, social networks and economic participation. For many children in South Africa who live in poverty, domestic and economic work is linked to household survival. For these children the prohibition of work, for example, is impractical and unviable. Instead, ways of protecting them from harmful and exploitative work is necessary, as are strategies towards making their work easier, less time-consuming, safer and located closer to their residential areas. Transport can play a vital role in realising, protecting and nurturing these rights, as well as in providing opportunities for breaking the cycle of poverty.

This paper will review literature pertaining to children's mobility in South Africa, with reference to material from a few other developing countries. The aim is to consolidate what is known about the impact of transport on South African children's rights to universal primary education and health, and to highlight gaps in transport-related research and policy that need to be addressed in order for children's rights to education and health to be realised, protected, promoted and nurtured.

## **2 LEGISLATIVE AND POLICY ENVIRONMENT**

### **2.1 Children's universal rights to education and health**

On December 10, 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Article 25 declared that every person has the right to a standard of living adequate for the health and well being of that person and of that person's family. Furthermore, it was stipulated that mothers and children be entitled to special care and assistance (Article 25[2]). Article 26 declared that everyone has the right to education, and that education shall be free and compulsory, at least in the elementary and fundamental stages (Article 26[1]).

### **2.2 The South African Constitution and the Children's Bill**

Children in South Africa have the legal protection of rights afforded to them by the highest law of the land: the Constitution. These rights are reinforced in the Children's Bill of 2003. Chapter 3 of the Children's Bill (2003) provides, *inter alia*, for the child's right to basic nutrition, shelter, basic health care services and social services (Section 11(1)[c]). In relation to health care, a further provision is added in Section 13 of the Children's Bill (2003), which guarantees every child's right to have access to information on health promotion, sexuality, reproduction and prevention of ill-health and disease (Section 13[a]). This right to access health information also has relevance to enhanced child mobility, particularly for children in rural areas for whom access to information is particularly difficult.

Chapter 3 of the Children's Bill (2003) also provides that a child has the right not to be required to perform work or provide services that are inappropriate for a person of that child's age (Section 11(1)(f)[i]) or place at risk the child's well-being, education, physical or mental health

or spiritual, moral or social development (Section 11(1)(f)[i])). Since many children in South Africa - particularly in rural areas - perform domestic and economic work often entailing the transport of heavy goods over long distances, children's mobility constraints are linked to child labour.

The Constitution also provides for the right to a basic education (Section 29(1)[a]). Children constitute the majority of beneficiaries in relation to the right to basic education.

Section 10 of the Children's Bill (2003) states that every child capable of participating meaningfully in any matter concerning that child has the right to participate in those proceedings in an appropriate way, and that views expressed by the child must be given due consideration. Shifts towards the greater meaningful participation of children in these processes are often primarily advocated for by pressure groups in the field, but are also legally enshrined in the Children's Bill (2003). The right to participation could have widespread implications for research and policy-making around matter affecting children, as will be discussed later.

### 2.3 Identifying persons most in need

Many policy documents from various departments highlight the importance of – and assert a commitment to - addressing the needs of the most vulnerable and marginalised groups in South Africa. These include persons from households afflicted by poverty, in particular women and children, and persons living in rural areas.

As part of the Department of Transport's *Moving South Africa* project, for example, *special needs customers* were identified, and a specific policy commitment made to gathering more and better data on this group and addressing their special needs. Within this group, children of certain ages were included under "*life cycle passengers*". These are customers who have special transport needs by virtue of the fact that they happen to be in normal stages of the human life cycle (Department of Transport, 1999). Examples include children between the ages of five and fourteen for whom transport is particularly unsafe, or who need special assistance in using the transport system. Furthermore, a special commitment was made to improving transport services and infrastructure, and providing targeted transport subsidies, in rural areas of South Africa.

In the *Education White Paper 2* of 1996 and in the subsequent policy document *Plan of Action: Improving Access to Free and Quality Basic Education for All* of June 2003, the Department of Education stated its commitment to redressing the inequalities resulting from Apartheid policies, legislation and structures, and to the channelling of resources into the improvement of the most disadvantaged schools. Transport plays a crucial role in seeking to fulfil this aim.

The policy environment in South Africa is generally supportive of the need to improve access to – and quality of – services for the most vulnerable and marginalised. In South Africa, children with the greatest need for improved access to services are indeed among the most vulnerable and marginalised. For children's rights to be asserted in everyday life and by implication, policy objectives to be realised, however, the need for further and more rigorous

research on their needs - corroborated by some of the policy documents cited above, for example, *Moving South Africa* (1999) - cannot be over-emphasised.

## 2.4 Implementing children's rights

### 2.4.1 *Rights-based approach to development*

It is germane to note that mainstreaming children's needs into the transport sector, like gender, requires intuitively as its departure point and mainstay, a rights-based approach to development. A rights-based approach seeks to continually improve the well-being of communities and individuals within communities, on the basis of their active, unfettered and meaningful participation in development as well as in the fair distribution of the resulting benefits (United Nations Declaration on the Right to Development – [www.unhchr.ch/development/htm/menu3/b/74.htm](http://www.unhchr.ch/development/htm/menu3/b/74.htm)). It is underpinned by a holistic politico-socio-economic and cultural process. The human rights approach to development is thus integrated and multidisciplinary by definition. It is predicated upon the following tenets, values and principles:

- Express linkage to rights
- Accountability
- Empowerment
- Participation and inclusion
- Equality and non-discrimination, and
- Interdependence and inter-relatedness
- Attention to vulnerable groups
- Universality, inalienability, undivided and indivisibility.

### 2.4.2 *Implications for implementing Constitutional provisions*

Government capacity, budgetary restraints and allocations, and the design of strategies with regards to the fulfilment of children's rights still need to be evaluated and untangled in relation to the Constitution. In *Budget Brief No. 141* pertaining to government spending on children, Streak and Ngamphe (2004) for example, asserted that the South African Government is obliged in terms of the Constitution to take measures to eliminate child poverty and give effect to the rights of children as enshrined in the Bill of Rights. The Constitution assigns most of the responsibility for delivering such welfare services to provincial government, through the provision of health care, education and other welfare services, and through programmes that target poor families and children in particular (Streak & Ngamphe, 2004). However, the authors identify the need for greater clarification of the unqualified socio-economic rights afforded to children in the Constitution, that may be claimed from government in terms of services to children and their care givers (*ibid*).

Furthermore, Streak and Ngamphe (2004) point to the higher-level delivery obligation on the state provided for by the Constitution in terms of children's rights and the right to education. The wording of the Constitution suggests that rights given to children under sections 28(1)(c) and 29(1)(a) place a different, higher-level delivery obligation on the state compared to the

socio-economic rights given to all in sections 26 and 27 (*ibid*) However, the Constitutional Court is yet to make a judgement on the government's obligation to realise any unqualified rights given to children (*ibid*). While political policy in South Africa supports children's rights, operational policy is often lagging behind. Operational policy would include specific intervention plans, implementation policy and evaluation policy.

### **3 ACCESS TO EDUCATION**

#### **3.1 Transport for education**

Transport has a significant impact on children's ability to access education. In both rural and urban areas, safe, reliable and affordable transport to school is needed by children. However, questions of availability and affordability are a major constraint especially for children from poor households. Even where transport subsidies are available, many households still cannot afford scholar transport particularly those in rural areas (Murray et al, 2004). In general, children living in rural areas in the developing world face severe accessibility constraints, due to geographical remoteness and poor or non-existent transport infrastructure and services (Vasconcellos, 1997). Many children in South Africa walk long distances to school and back, and in rural areas these trips to school are often combined with domestic tasks such as the collection and carrying of firewood and water (see for example Porter & Blaufuss, 2002; *The National Child Labour Action Programme for South Africa*, 2003 & Murray et al, 2004). This can impact negatively on their energy levels and punctuality in arriving at school, affecting their ability to participate successfully at school. Time and energy used for travel and transport also limits children's ability to do homework assignments after school and on the weekends.

Many children from poor households are also engaged in commercial work, both formal and informal (the latter is more common in South Africa, as *The National Child Labour Action Programme for South Africa* (2003) points out). In these cases, economic tasks and the transport time invested in them can also impact negatively on school attendance. As indicated elsewhere in the paper, according to the Constitution (1996) and the Children's Bill (2003), work that negatively impacts on children's health and well-being is prohibited. Furthermore, the right to basic education for children of a certain school-going age is enshrined in the Constitution and the Children's Bill. If these forms of work inhibit children's access to education or negatively impact on their health and well-being, they are thus prohibited.

Yet, the issue of child labour in South Africa is a complex one. Due to widespread poverty, child labour cannot simply be resolved by prohibiting child work. Instead, one of the strategies to supplement interventions that seek to protect children from harmful, exploitative or excessive work, for example, could be to alleviate their plight through child-friendly transport policy and planning. Along with contributions from various sectors (for example, the provision of potable water close to households could reduce the time taken by children to collect water), their labour can be reduced to a level that is acceptable for children.

While basic education for those who cannot afford school fees is free, there is still limited uptake of this state provision. Anecdotal evidence suggests that high transport costs and children's domestic responsibilities are among the factors that impact on the uptake of free

education. The role of transport in constraining or aiding access to and unfettered participation in education for children in South Africa is in need of further and more systematic research.

### 3.2 Legislative and policy environment around scholar transport

Uncertainty over the locus of responsibility for scholar transport coupled with profound shifts from an education system divided along racial lines under the Apartheid regime towards a single and newly structured Department of Education under the new government, resulted in great difficulties in determining responsibility for and design of scholar transport policies. Currently, the Department of Education has taken up the issue of scholar transport with greater clarity. The *Education White Paper 2* (1996) identified scholar transport provision as a necessary requirement for greater and more equitable access to education, especially for children of a compulsory school-going age. The Department of Transport's *Action Plan* (2003) has also committed to ensuring that infrastructure is developed to make schooling easily accessible to all learners of compulsory school-going age, and to ensure that no poor learner should be further than one hour away from the closest school offering their grade (see for example, Mashiri 2004). A study in conjunction with the Department of Transport during 2004 to assess current initiatives and formulate recommendations for the way forward was undertaken.

Currently, information gathered with respect to learner transport is in the process of being translated into policies and initiatives by provincial departments. The provinces has been given the responsibility for the creation of specific policies, programmes and budget allocations regarding scholar transport and other special learner needs. Some provincial education departments have already introduced scholar transport schemes. For example, the Province of the Eastern Cape Department of Education introduced the *Schools Education Act* in 1999. This Act provides for subsidized scholar transport services for learners undertaking primary and secondary education under certain conditions. These include (but are not limited to):

- Availability of access roads on which to transport the learners (see for example Mashiri, 2004)
- Learners who qualify for subsidies on that particular route

While the financial responsibility for subsidisation lies with the individual provinces, the infrastructure required to meet the conditions of this Act would be the responsibility of the Transport of Department. Cooperation between the Department of Transport and the Department of Education is necessary for each to fulfill their policy requirements in an integrated and mutually supportive way. Evaluation of the impact of various subsidisation schemes would be necessary to gauge the extent to which they benefit children in need, and to ascertain which children may not be taking the service up and why. In this sense, operational policy is necessary for political policy to have an impact on the ground.

Education policy also seeks to address transport issues by generating non-transport solutions, for example, the provision of schools in close proximity to communities, especially for poor and isolated communities highlighting the need for a multi-sectoral approach.

The Department of Transport is currently also supporting projects aimed in part at providing scholar transport, through the provision of bicycles – *the Shova Kalula Bicycle Partnership Programme* is a case in point. It is a government sponsored initiative providing subsidised bicycles to rural and peri-urban beneficiaries with mobility constraints, mainly scholars with a view to promoting and mainstreaming the use of non-motorised transport as a cost-effective mobility solution (Mashiri et al, 2003). The potential of intermediate means of transport (IMT) to provide affordable transport and empower poor households and individuals through increased and low cost sustainable mobility, has drawn increasing attention from policy makers and project planners. Bicycles have frequently been suggested as one of the key solutions to scholar transport issues, given the high costs of subsidisation and running of public services in areas with low population densities. Pilot projects targeting scholars in different areas could enhance government's knowledge of the potential role of bicycles in the provision of scholar transport, and highlight context specific factors that impact on the benefits of bicycle initiatives for children.

### 3.3 Other transport constraints impacting on education

As indicated elsewhere in the paper, children from poor households in developing countries especially in rural areas are often responsible for a variety of domestic and economic forms of work such as the collection of fuel and water. It is germane to note that scholar transport services issues are often get the limelight, while studies on daily mobility patterns related to household production and reproduction tend to be subsumed in broader studies of women's work (Porter & Blaufuss, 2002).

The National Child Labour Action Programme for South Africa identifies these "hidden" forms of child labour as widespread in South Africa, and states the need to recognise and address them. However, transport and education policies do not reflect anomaly in a significant way. Children are identified as "vulnerable" or "special needs" persons in many policies, but the extent and nature of the work they do and its impact on access to education are not highlighted. Gendered differences in transport burdens also require attention. According to Grieco: "the cost of [females] carrying Africa's rural transport burden is felt very clearly in the absence of girls from the schoolroom: a loss which is viewed by leading economists as of great consequence for the economic development of Africa". The current focus on scholar transport, and especially that of children who fall into the compulsory school-going age, often results in non-school-going children's transport needs being neglected. Without attending to children's roles as workers, many children who would potentially have accessed basic or further schooling will remain outside of the education system or truncate their education early.

### 3.4 Research issues around transport for education

Local government has the responsibility of rationalising and allocating funds towards scholar public transport. Local education departments have begun to be inclusive in seeking solutions relating to better access to educational facilities. Solutions such as widening the subsidization dragnet, provision of alternative modes of transport such as bicycles need to be combined with other non-transport interventions, such as boarding allowances for children living far from their schools and providing schools closer to the people. More generally, education policy has

identified children from poorer and rural households as primary target groups for transport assistance.

Viable policies, strategies and budgetary allocations are still in the process of being designed to scale the challenge presented by the high costs of transport subsidisation in the context of limited financial resources. While the provision of bicycles has been recognised as a low-cost, sustainable solution to scholar transport, an opportunity exists for expanding the scope of these non-motorised scholar transport modes, particularly in rural and peri-urban contexts, where dispersed populations pose challenges to cost-effective provision.

A primary gap in research and policy relates to children's specific transport patterns and needs that are not directly (although are often indirectly) related to transport to schools. Focusing on scholar transport leaves gaps in research and policy, and will not fully address children's right to education. The roles children have as workers and transporters, among other things, still need to be adequately explored in terms of their relationship to children's right to basic education. Operational policy aimed at children's transport needs, including better developed implementation and evaluation policies, is needed for children's access to education to be sufficiently improved. Children themselves need to be directly involved in the generation of solutions to their mobility and access problems.

## **4 ACCESS TO HEALTH**

### **4.1 Transport and health**

While it is widely recognised that transport and mobility can contribute significantly to development and the livelihoods of poor people, the role of transport in improving poor people's health is still not sufficiently acknowledged or understood within the development sector (Njenga, [www.ifrtd.gn.apc.org/new/issues/health.htm](http://www.ifrtd.gn.apc.org/new/issues/health.htm)). Most of the available research on transport and health is focused on Northern and high-income settings, and has tended to focus on issues around transport safety and international diffusion of infections (*ibid*). In terms of literature on child transport and health, the focus has been mainly on road safety for children and again most research has been conducted in Northern settings. Research conducted in developing countries has mostly pertained to the impact of mobility on the spread of HIV/AIDS, specifically looking at rural-urban HIV/AIDS diffusion (*ibid*).

However, improved transport and mobility impact both positively and negatively on health in many ways. (Njenga, [www.ifrtd.gn.apc.org/new/issues/health.htm](http://www.ifrtd.gn.apc.org/new/issues/health.htm)). Some of these impacts are better known than others. Direct positive impacts of improved transport provision on health are increased access to health care services (*ibid*). Improved transport infrastructure and services can also play a significant role in improving access to health care by enhancing community health workers' mobility. Improved access to safe water can also have positive consequences for the health of communities (*ibid*).

On the other hand, increased mobility, especially among poor communities and via the development of transport corridors for long distance goods transport, has often resulted in increased sexual activity and the spread of HIV/AIDS (Njenga,

[www.ifrtd.gn.apc.org/new/issues/health.htm](http://www.ifrtd.gn.apc.org/new/issues/health.htm)). Large scale transport programmes and initiatives that work towards the prevention of the spread of HIV/AIDS are now working to address this problem through awareness training (Njenga, [www.ifrtd.gn.apc.org/new/issues/health.htm](http://www.ifrtd.gn.apc.org/new/issues/health.htm); Department of Transport, 1999).

What is lesser known about the relationship between transport and health are the impacts of transport constraints on the health status of women and children in particular. Travel patterns related to the access of health care services are not well documented, either in rural or in urban contexts. There is also a need to know how transport constraints, including but not exclusively those related to cost, time spent and ability to travel autonomously, affect the types of health care accessed by and for children (for example, preventative, reactive and information related health services).

It is well documented that the HIV/AIDS pandemic has resulted in an even more urgent need to address children's health issues in South Africa. HIV/AIDS has contributed significantly to the overburdening of the health care sector. The result has been a dramatic emergence of informal health care services, such as home-based care services usually comprising chiefly of women care workers, as well as a massive increase in care giving responsibilities for women and children. A recent study confirmed that seven percent of care givers in households were under the age of eighteen, and two-thirds of care givers were female (United Nations, 2004). The burden placed on girl-children in particular has repercussions for their future livelihood opportunities and experiences. Households headed by children are also becoming more common, and HIV/AIDS accounts for almost seventy-five percent of all new orphans (Ntuli, 2004). Orphanhood is currently affecting the time-use patterns of children. Orphanhood, particularly in poor communities, has led to increased time spent on income-generation, food production, household chores and caring for sick relatives and household members (United Nations, 2004). These activities require transportation to make them viable.

Yet, most of these children do not have access to or control over affordable transport, despite the fact that they are in positions that require them to take increased responsibility of their own and their household's destiny. Children care givers and children whose lives have been affected by HIV/AIDS need to be empowered socially and economically, an important component of which would be increased mobility. Furthermore, large numbers of informal health care workers need structural support to assist children infected and affected by HIV/AIDS, of which transport would be critical component.

Children's roles as transporters, particularly in poorer rural communities, have also been linked to health problems. Carrying heavy loads over long distances may cause significant injury to developing limbs, and children may injure themselves when lifting heavy loads (Department of Labour, 2003). Girl children are often required to carry the heaviest loads. Children's safety is also affected by traffic and the quality of paths and footbridges they travel along. In rural South Africa, poor or non-existent transport infrastructure such as bridges has led to children being harmed or killed while crossing rivers. For girls in South Africa, where rates of rape and assault are alarmingly high, travel by public transport or walking could include the threat of sexual harassment or assault, although the extent and nature of this problem is not well documented.

Currently, one of the main knowledge gaps in relation to child transport and health research is that little is known about exactly where the existing gaps in knowledge are (Njenga, [www.ifrtd.gn.org/new/issues/health.htm](http://www.ifrtd.gn.org/new/issues/health.htm)). However, transport as an integrated part of development, poverty alleviation and empowerment strategies could certainly be further linked and harnessed to promote the health rights of children.

#### 4.2 Legislative and policy environment around transport and health

The White Paper for the Transformation of the Health System in South Africa (1997), emphasizes the Department of Health's policy commitment to the health of children in South Africa. The Paper states that sixty-one percent of children in South Africa live in poverty, and that it is estimated that the infant mortality rate, under-five mortality rate and maternal mortality rate are much higher than expected of a country with South Africa's level of income (Department of Health, 1997).

Part of the policy strategy to improve Maternal, Child and Women's Health (MCWH) was to transform all health facilities, as far as possible, to render MCWH services on a one-stop, "supermarket" basis. This would involve the review of existing health facilities and the possible relocation of MCWH services closer to one another (Department of Health, 1997).

Notwithstanding the widespread provision of health facilities in previously transport infrastructure and services have a profound influence with regard to the realization of the "access for all" dictum of healthcare services. In under-resourced areas, for many poor South Africans, particularly those living in rural areas, accessing health care services is still a mission. Time-poverty combined with a lack of access to reliable and affordable transport modes, especially for women and children, renders accessing health care facilities a difficult task indeed. Clearly, improved

The Department of Health has encouraged informal health care services and grass-roots organisations to support state health services (Department of Health, 1997). This decentralisation policy has led to the emergence of a number of (often women-based) non-governmental and grassroots organisations providing health services to poorer communities. In many instances, the women involved in these organisations have limited resources themselves. Research into their transport needs is currently lacking. Enhanced mobility may, however, facilitate and heighten their contributions in caring, for example, for the many children infected and affected by HIV/AIDS, as well as reduce the burden of care-giving placed on many children at home.

The Department of Labour (2003) has also introduced policies that address potentially harmful forms of work performed by children, such as the transporting of heavy loads over long distances. However, there is currently a lack of research directly quantifying the effects of head-loading on women and children's physical health, a link that anecdotal evidence has pointed to but that has not been systematically researched.

#### 4.3 Research issues around transport for health

The policy environment supports initiatives aimed at promoting children's right to health. However, research and policies related specifically to children's transport needs in relation to improved health and access to health care services are lacking. There is anecdotal evidence to suggest that mobility constraints negatively impact on access to health care services. However, transport patterns relating to children's access to health services are not well documented.

Labour policy has acknowledged children's roles as transporters, particularly in poor rural areas, and the link to health risks which this implies. There are transport policies addressing access problems in these areas through improved transport infrastructure and services. However, direct research quantifying the effects of children's transport roles and constraints is largely lacking, and children are seldom specifically targeted as participants and beneficiaries of transport research and initiatives. Given the impact of HIV/AIDS on households and family connections, the need to empower children themselves – and not only adult caregivers – has perhaps never been greater. The informal health sector could also benefit from transport strategies. Community health workers, and community development workers could benefit from structural support and facilitative policy around mobility issues. Reaching children in need of health care and health related information could be greatly enhanced through transport strategies that empower health and community workers, such as for example, the provision of bicycles and motorbikes.

Clearly, transport policy planning, implementation and evaluation specifically addressing the needs and rights of children to access healthcare facilities needs to be further developed. For this to happen, further research – placing children at the centre of the process – needs to be undertaken.

## **5. PARTICIPATION AND EMPOWERMENT**

South African children have the right to meaningful participation in processes involving them in accordance with Section 10 of the Children's Bill (2003). In this regard, some initiatives aimed at empowering children through active participation have yielded positive results. In India, The Concerned for Working Children, for example, have developed methodologies towards children's participation and empowerment, and have trained and supported working children to become actively involved in advocacy and research around their needs and rights. Through this initiative, working children have increasingly been able to take responsibility for the protection and promotion of their own rights and to work with government and other institutions in matters that affect them.

In South Africa, however, a gap between theory and practice exists regarding the importance of children's participation in development processes as well as the protection of their rights. Many South African children bear substantial social-economic responsibilities and do not have the luxury of adequate financial or social support systems. This could also involve strengthening community institutions to enable them to react purposefully when disaster strikes (such as the HIV/AIDS pandemic), but also to work pro-actively to alleviate the problems. Furthermore, without the meaningful participation of children in formulating the research agenda and process, children's mobility and access needs to enable them to participate fully in the socio-economic realm, cannot be adequately understood. Methodological approaches

towards children's participation in research and advocacy thus need to be developed for participation to be meaningful.

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