

## Abstract

### *Demographic and socioeconomic profile of severely ill and disabled children in South Africa*

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#### Background

##### Investigation and objectives of this study

There is less focus on the health and the wellbeing of children with severe illness and disability compared to the livelihood of children with no severe illness or disability. Furthermore, due to the lack of effective policies that have been created based on the inclusive development in the sphere of education, health and social security, inclusion, and integration of disabled children in mainstream society. This study therefore investigates and describes the roles of demographic and socioeconomic factors in the poor health outcome of children, and the access to education, social assistance and access to health inclusive of rehabilitation and empowerment in comparison to children with no severe illness or disability. In understanding this phenomenon, social determinants of health and community-based rehabilitation models were applied. In addition, the aim of this study is to reinforce the importance of establishing and implementing effective inclusive policies in all government social welfare systems.

##### Hypothesis test of this study

$H_0: \mu = 0$   $H_a: \mu \neq 0$

##### Assumption

There is no significant difference between factors such as the socio-economic factors, demographic factors, and provision of social welfare inclusive of access to education indicators, health indicators, and social assistance indicators.

##### Methods

The data was extracted from the National Income Dynamic Study Wave 4 version 2.0.0. The three questionnaires such as the child, household and the weighted questionnaire (hhderived and indderived) were used and merged as one dataset. Moreover, this study consists of 13047 (n) sample size, where 562 of 13047 were severely ill or disabled children. The stratified sampling method was employed, using the quantitative method as the form of research method, this study consists of categorical variables thus it applied the Pearson Chi2 testing for significance and testing for the relationship between the variables and it was analyzed using the 95% CI ( $P < 0.05$ ). Furthermore, STATA version 14 was used as the software of analysis.

## Results

The double burden of diseases was found amongst children under the age of 17 years old. Epidemics both communicable diseases and one non-communicable disease under other respiratory infections such as pneumonia, bronchitis, asthma accounted for 34.2% [26.55, 42.49], these epidemics were found to be high. Whereas the prevalence of non-communicable diseases was found to be predominantly lower including epidemics such as diabetes accounted to 0.4 [0.0479, 2.45], heart disease 3.6% [1.348, 9.152], cancer 0.3% [0.0342, 1.762], epilepsy 6.5% [2.865, 13.92]. Furthermore, the disability prevalence was found to be high in children disabilities such as problems with sight, hearing or speech 18.1% [12.48, 25.55], physical handicapped accounted to 8.2% [4.875, 13.55] and mental problems 4.2% [2.02, 8.321]. Whereas the prevalence of communicable diseases such as tuberculosis accounted for 3.9% [2.025, 7.356] and HIV/AIDS accounted for 8.8% [4.538, 16.33]. The prevalence rates of the epidemics in children were statistically and associated with demographic and household factors. These also result in changes in the household's system. Moreover, demographic, education and health indicators were found to be statically significant and associated with the epidemics. Whereas, there was no significance and association found between the socioeconomic status in relation to the epidemics in children.

## Conclusion and Policy Implication

The findings of this study suggest that there is a need for the restructuring of existing policies and the formulation of inclusive policies in health, education, and social institutions to achieve inclusive development in alignment with SDGs vision 2030 and Africa agenda 2063. Furthermore, the inclusive policies are essential in breaking the widening social, health, economic and political barriers that are encountered by the disabled population.