

**CHALLENGES FACED BY THE RECIPIENTS OF THE CHILD  
SUPPORT GRANT IN UMHLATHUZE MUNICIPALITY**

**BY**

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**DATE: MAY 2009**

## **DECLARATION**

I Nomandla Beloved Mkhize (nee) Ndlovu hereby declare that  
“Challenges Facing the recipients of the Child Support  
Grant in the Umhlathuze Municipality”  
is my own investigation in partial fulfillment of the Master’s  
degree at the University of Zululand.

.....  
N.B. NDLOVU

**DEDICATION**

This work is dedicated to my family, my husband Vusumuzi, daughters S bongiseni Qhubekile, Hlobisile Nomfundo, Mbali and my only son Maboy Phakama and I also dedicated it to the Mkhize family for bringing me up with love and support.

*Ngiyabonga nina bo Khabazela o Gcwabe ka Ziblandlo.*

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I wish to thank also my respondents for being available for me, without them this study would not have been a success. The managers and staff at the Alton, Ngwelezane and Ongoye Social Development Offices. Not forgetting the recipients of the child support grant grant.

Finally , I wish to thank God the creator of life. I thank God for the rare opportunity that He has afforded me to start and finish this work, I thank Him for the strength, wisdom and endurance above all for the love and mercy towards me every day.

## ABSTRACT.

This study seeks to investigate the challenges facing the recipients of child support grant with special reference to uMhlathuze District Municipality. The government in its efforts to alleviate poverty, to the previously disadvantaged and vulnerable segments of our communities introduced several poverty alleviation strategies like the Child Support Grant which replaced the Maintanance grant.

The Child Support Grant has proven to be successful as it was able, according to the then Minister of Social Development, Mr Zola Skweyiya, to put about 8 million orphans and poor children in the safety net in 2008. However as successful as it may be the Child Support Grant as a strategy is fraught with administrative problems and fraudulent activities committed by the recipients of the grant themselves.

The writer's findings upon conducting empirical research discovered that, recipients forge more children's birth certificates and even boast about having more babies because they command considerable cash from the grant and unemployed parents become excited when their children drop – out of school as a result of the grant benefits. Their reason was that they find it hard to cope with the cost of living as a result of the unforeseen challenges that escalate with each baby.

The main aim of this study was to outline these challenges and make recommendations towards their solutions. The study also sought to answer the question of whether there were any exit programmes designed to assist the beneficiaries to support their children and cater for their needs as they grow until they reach tertiary education.

The study was exploratory and purposive in nature. Both qualitative and quantitative methods of research were used. Interview schedules that were used were the questionnaires and interviews. The sample was divided into two phases.

Phase one consisted of the child support grant recipients and Phase two consisted of social workers and community development workers and two interview schedules were used respectively.

The findings of this study revealed that the majority of the respondents experienced hardships in terms of property ownership, employment, education, training and skills development, emotional and financial support. Lack of basic amenities such as health care and early child development programmes and social development programmes designed to supplement the grant are all social imperatives that they have rights to, according to the Bill of rights enshrined in the Constitution.

This is a challenge for government and the community at large, if the situation is not changed the situation will cost government to loose huge amounts which could be used for other projects.

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## **CHAPTER ONE**

### **INTRODUCTION TO THE STUDY**

#### **1.1 INTRODUCTION**

There is general agreement in developed and developing countries about the importance of social security for poverty reduction, in ensuring a basic minimum standards of living for the people and achieving a more equitable income distribution in society Patel (2005:122). South Africa as a new democratic government committed itself to addressing the realities of poverty by initiating a review and restructuring its social system since the country attained democracy in 1994.

During the past decade, government has developed many policies and programmes especially those affecting vulnerable women and children. This move by government has resulted in the implementation of the following social imperatives, the Child Support Grant, the Foster Care grant, the Child Care Dependency Grant, the National School Nutrition Program, School Fees Exemption Policy and Free primary health care to name but a few.

Despite these achievements in social security, children's access to a full measure of security and basic services as prescribed in the Bill Of Rights remain fraught

with problems, especially the Child Support Grant ( money paid to the primary care giver to provide for the children's basic needs ). This is partly due to various challenges faced by the beneficiaries of the Child Support Grant Jacobs et al (2005: 130).

The concern is that the above challenges may put the grants at risk of being abused by the legal recipients who in most cases come from a background that is highly poverty - stricken, high unemployment, and single – headed households with many children. Hence the Child Support Grant is viewed as one of the means of survival. Therefore, these beneficiaries must be provided with a supportive environment that would encourage their full participation in other alternative programmes that would contribute positively in their lives.

## **1.2. STATEMENT OF THE PROBLEM**

Multiple negative social circumstances in this country over the past years reflect themselves in the deteriorated societies moral and social fiber. The ravages of past political violence has disruptive effects on communities such as unplanned internal migration, development of shack – dwelling, unemployment, poverty and HIV/AIDS stands out prominently.

The pervasive nature of poverty experienced in many communities weighs heavily on young people influencing the manner in which they handle priorities. Young people from poverty stricken families and child-headed families(due toHIV/AIDS ) ,



are sometimes forced to go out and look for financial and emotional support. The Sunday Times of 25 June 2006 showed figures released by Statistics South Africa (SA) which supported a recent report by the Human Rights Commission, which attributed the problem of school drop-out to poverty, teenage pregnancy and girls heading house-holds.

Different research, the findings of which have not yet been released, into why children are absent from school has uncovered startling trends according to Govender (2006: 26), such as the survey into pregnancy – related school – drop out in the Durban Metro region found that 187 of the 327 girls who were pregnant when they drop out of school, did not return. These girls have little or no chances of going back to school because of their poor backgrounds. They are forced to drop out of school and apply for a Child Support Grant in order to take care of their children.

There seems to be challenges experienced by these mothers in spite of the grant they are receiving, some are chased away by parents and will lack accommodation, emotional and financial support. The majority are teenagers and/ or single mothers who because of some certain situation in life, tend to see the social welfare service as the only means of survival. This is where the problem begins as The Child Support grant cannot meet all the needs of mother and child.

### **1.3. MOTIVATION FOR THE STUDY**

Having worked for a number of years in a medical hospital as a social worker, the researcher has observed that a number of young unmarried mothers come to hospital with multiple problems relating to their children ranging from lack of accommodation - to lack of financial, emotional and social support. These young mothers were given supportive counselling and were referred to the Department of Welfare and Population Development for further assistance with the application of the Child Support grant.

Feedback from mothers showed that these young mothers, despite the fact that most were enjoying the benefit of the Child Support grant, most of their needs were still not met, and as such they fall pregnant for the second and third time in order to qualify for more money. In this way they burden themselves with difficult responsibility of raising many children with scarce resources.

The challenge then is to find out about the problems on their own perspectives so that they can be empowered. Patel ( 2005: 104 ) emphasised that strengthening community net – works, building of trust, co- operation in programmes of community care and support are important goals to be striven for when dealing with such situations. Strong community networks combined with local economic development

initiatives and strategies could improve the situation of young people to some degree of self-sufficiency rather than relying on grants.

#### **1.4. OBJECTIVES OF THE STUDY.**

The objectives of the study were:

- (a) To explore the needs and challenges faced by the Child Support grant beneficiaries.
- (b) To determine the nature and extent of teenage pregnancy among recipients of Child Support grant
- (c) To investigate the developmental programmes initiated by social workers for Child Support Grant beneficiaries

#### **1.5. THEORETICAL APPROACHES.**

The theoretical framework central for this research study was: the ecological approach, the systems theory and the empowerment approach. The ecological integrates both treatment and reforms by conceptualising and emphasising the dysfunctional transactions between people and their physical and social environments. In the ecological approach human beings are viewed as developing and adapting to their circumstances through transactions with all elements of the environment. An ecological model explores both internal and external factors. It views people *not* as passive reactors to their environments but rather as dynamic and reciprocal interactors with those environments.

Again, elements of people's environments can be seen through the systems perspective. The systems perspective is based on the systems theory, and it emphasizes looking beyond the clients's presenting problems to assess the complexities and interrelationships of the clients life situation ( Zastrow , 2008 : 50 ). The challenges experienced by the child support grant beneficiaries cited in this study would be viewed in terms of the transactions they made in their environments, that is, in their physical and social environments. Whether they were able to make functional transactions or not, their family, school, significant other like boyfriends which may have resulted in them being in the unfavourable position they found themselves in.

The empowerment approach as the central theme of social work practice, reflects the profession's emphasis on strengths and suggests that the client has the ability to make decisions and pursue change ( Colby & Dziegielewski, 2001 : 117 ).

The challenges also would show how the interplay between the individuals and the environment succeeded or failed to assist the individual to cope with her situation.

## **1.6. METHODOLOGY**

This section presents the procedure to be followed by the researcher in conducting this study.

### **1.6.1. RESEARCH DESIGN**

A researcher should have in mind a plan or method on how he or she will conduct the study. As stated by Durrheim and Blanche (2004:29) “a design is a plan that guides the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.”

The study would essentially utilise exploratory research design to investigate the problem. Interview schedule is normally used to collect data. Interviews would be conducted on one – to - one basis. Open – ended questions would be written in English and translated in IsiZulu to meet the educational level of the respondents.

### **1.6.2 Sampling and Research Tool**

The research was conducted in the Department of Social Development , Ongoye District. Subjects were selected from the case loads of Ongoye social workers. A random sampling method was used to select the sample. All participants were given the same chance to be included in the study.

### **1.6.3 Data Collection Method.**

The research tool that was used to collect data was the interview schedule. The researcher employed four research assistants to collect data. Data was collected through the use of interviews held with 20 beneficiaries of child support grant in their language which is IsiZulu. The research assistants attended a debriefing session first, where issues pertaining to ethics, such as confidentiality and

unanimity were addressed. The second phase of the study was done by the researcher alone, who interviewed 15 social workers involved in community development in the Department of Social Development at Enseleni District Office based at Ngwelezane, Alton Branch Office at Richardsbay and at Ongoye District Office based at Esikhaleni.

#### **1.6.4 Data Analysis.**

Data obtained from this study would be presented in simple tables and analysed using simple graphs and figures from a computer software packaged.

#### **1.7. Definition of terms.**

Definition of key variables and concepts provide the reader with specific guidance on how to understand and use the terms in the study.

##### **1.7.1 Benefits.**

“Family benefits” as known in foreign systems are normally aimed at bearing part of the cost of raising children. In South Africa, family benefits can be classified as means – tested social assistance within the social security framework. To qualify for benefits, one is subjected to a means –test before any grants are paid ( Myburg et al , 2001: 172 ).

##### **1.7.2 Child Support Grant.**

It is at present , the entitlement of every child in South Africa from birth to 14years. It goes direct to the mother or guardian on behalf of the child. It is

supposed to be an income building block towards the child support. It is supposed to encourage independence and self-sufficiency but on contrary it does not. Andrew and Jacobs, 1990 : 54 argue that it is strange that public policy should work to encourage parents to have children.

To qualify for a child support grant:

1. The applicant must be the primary caregiver of the child concerned.
2. Both the child and the primary caregiver must be South African citizens and be residents in the Republic at the time of application.
3. The child must be under the age of seven.
4. The grant is payable to a specific primary caregiver for a maximum of six children.
5. The primary caregiver must not receive remuneration to take care of the children concerned.
6. The primary caregiver must comply with the financial criteria set out in the means test. Additional documentation must be submitted to prove his or her income and assets.
7. An institution that wishes to qualify must not be submitted and, in some cases, a medical report issued by a medical officer is required.
8. The primary caregiver must be a member of a household or group of people who live together in one dwelling and normally contribute to the collective cost of their maintenance and accommodation.
9. The household income must be below R9600 per year, or if the child and primary caregiver live in rural area or in an informal dwelling, the annual income must be below R13 200 per year.

### **1.7.3 Means Test.**

It entails that the body responsible for the administration of the funds evaluates the income and the assets of the beneficiary. For each grant, a maximum income is stipulated. All grants provided for in the Social Assistance

Act 59 of 1992 are means tested. This is to ensure that only families that are in need receive these grants.

#### **1.7.4 Poverty.**

According to the Social Work Dictionary, poverty is “the state of being poor or deficient in money or means of subsistence”

Closely tied to poverty and income is the ability, to purchase or access high-quality health care, decent and safe housing and an adequately nutritious diet (Colby & Dziegielewski, 2001:137).

### **1.8. ETHICAL CONSIDERATIONS.**

The dignity and the rights of the research subjects were fully considered and protected by the researcher. The principle of informed consent was observed. Informed consent essentially entails making the subject fully aware of the purpose of the study, its possible dangers, and the credentials of the researchers Bailey (1987:409). No individual names were connected with any of the statements, thus anonymity was maintained. All participants were clearly informed of the research objectives and consent was obtained prior to engagement.

### **1.9. LIMITATIONS OF THE STUDY**

Some limitations were noted during the course of the study. The first limitation concerns the type of sample that was chosen by the researcher. The sample consisted of only child support grant's recipients who did not have an occupation and those who collect the grant at the pay-point whereas other recipients are at school during the day and other child support grant recipients collect their grant through the bank. The other limitation concerns the social



workers who because of their huge case – loads did not have enough time to give reliable responses.

#### **1.10. DISSEMINATION OF RESEARCH RESULTS**

The results obtained in this research would be disseminated to Welfare officials, students and professionals through oral presentations, and will be disseminated through articles in journals and through seminars, work – shops locally and internationally.

#### **1.11. PRESENTATION OF THE STUDY.**

This thesis is organized in the following chapters:

Chapter One : Orientation to the study.

Chapter Two : Literature review.

Chapter Three : Research methodology.

Chapter Four : Presentation, analysis and interpretation of data.

Chapter Five : Summary of findings, conclusions and recommendations.

## CHAPTER TWO

### 2. LITERATURE REVIEW

#### 2.1 INTRODUCTION .

This study sought to explore the challenges faced by beneficiaries of the child support grant. The researcher started by reviewing literature that is relevant to the study. According to Fraenkel and Wallen (1990) and Marshall and Rossman (1989) in Creswell (2004 : 21) literature in a research study accomplishes several purposes:

- (a.) It shares with the reader the results of other studies that are closely related to the study being reported.
- (b) It relates to a study to the larger, on – going dialogue in the literature about a topic, filling in the gaps and extending prior studies.
- (c) It provides a framework for establishing the importance of the study, as well as a benchmark for comparing the results of a study with other findings.

The challenges according to the researcher, which may include: lack of accommodation, food, water and sanitation, electricity, proper health care and clothing for their children and may cause tension and frustration to the beneficiaries. In order for single mothers to meet the needs of their children, they must work. Yet, women, especially African women, are more likely than men to be unemployed (Budlender and Moyo, 2004 : 28). Statistics on women illustrates the inferior position of women in the labour market which makes them even more vulnerable than South African men to poverty, and more depended on other sources of income, such as the child support grant and child maintenance grant (Budlender and Moyo, 2004 : 23).

In South Africa the division of families caused by apartheid, exacerbated by the poverty and political violence endemic to apartheid, led to a breakdown of the family Goldblatt (2001) in Budlender and Moyo, 2004 : 27 state that a significant proportion of children have spent some part of their lives in female-headed households, with women bearing the financial burden of caring for

children. Traditional values such as marriage have become less popular in the face of important ideas of romantic love and increasing freedom to mix with other young people without social – control by the family ( HIV / AIDS & STI Strategic Plan 2007- 2011 : 32 ). The above problems lead to a continuous cycle of single – parents without support.

The State, bound by its legal obligation as, has since 1994 drafted many policies in the field of health, education and other basic social services to address the plight of children born under such conditions. These included universal cash – grants, a package of services to enable everyone, including children - to live and function in society, strategies to ensure access to food and income generation, and consideration for children and adults with special needs ( Jacobs et al , 2005 :29 ).

Nevertheless grant beneficiaries due to lack of information and knowledge deficit about the above goods and service choose the child support grant as the only strategy to deal with child poverty. The child support grant if used as the only means to support children is insufficient to cover up for all the beneficiaries needs and their children's needs.

This chapter is based on the theoretical background that serves as a frame of reference for the research.

## **2.2 THEORETICAL APPROACHES OF THE STUDY.**

### **2.2.1 Medical Approach.**

This approach was developed by Sigmund Freud . It viewed clients as “patients.” The medical model approach emphasised intrapsychic processes and focused on enabling patients to adapt and adjust to their social situations. During the 1960s when social work began to question this model, environmental factors

were shown to be at least as important in causing a clients problems as internal factors ( Zastrow , 2008 : 50 ).

Using this model as a theoretical frame of reference, clients or child support grant recipients are viewed as “patients” that needs to be enabled to adjust to their social circumstances which the researcher has discussed at the beginning of this study which is the lack of skills due to living school prematurely, unemployment, poverty, child –headed and single –parent family.

### **2.2.2 Reforms Approach .**

A reforms approach seeks to change systems to benefit clients. Anti-poverty programmes ( such as Head Start ) are examples of efforts to change systems to benefit clients ( Zastrow , 2008 : 50 ).

This approached, can benefit clients if utilised appropriately by officers to reduce the conditions that exacerbate poverty.

### **2.2.3 The Systems Theory.**

The systems perspective emphasises looking beyond the client’s presenting problems to assess the complexities and interrelationships of the client’s life situation . A systems perspective is based on the systems theory ( Zastrow , 2008 : 50 ).

Barker ( 1999 ) in Kirst – Ashman and Hull ( 2001:10 )state that systems theories provide social workers with a conceptual perspective that emphasises interactions among various systems. They stress the relationships among individuals, groups, organizations, or communities,” and “ they focus on the interrelationships.”

The systems theory also emphasizes how all parts of the organisation (subsystems) are interrelated and function together to produce output. It also stresses that an organisation is more than the sum of its parts, the environment and the effects of other systems upon the organization. The systems theory is more flexible than many other theories, because irrational, spontaneous interactions are expected rather than ignored (Kirst-Ashman and Hull, 2001 : 126).

#### **2.2.4 An Ecological Model**

This approach integrates both treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their physical and social environments. Human beings are viewed as developing and adapting to through transactions with all elements of their environments. An ecological model explores both internal and external factors. It views people not as passive reactors to their environments but rather as dynamic and reciprocal interactors with those environments.

An ecological model tries to improve coping patterns so that a better match can be attained between an individual's needs and the characteristics of his or her environment. One emphasis of the ecological model is on the person-in-environment. Firstly, it focuses on the person and seeks to develop her or his problem-solving, coping and developmental capacities. Secondly, it can focus on the relationship between the person and the system or how he or she interacts and links the person with needed resources, services, and opportunities. Thirdly, it can focus on the systems and seek to reform them to meet the needs of the individual more effectively (Zastrow, 2008 : 51).

The person-in-transaction-with-the-environment stance has been adopted as the most useful and relevant approach by most social workers as it deals with

both the internal and external factors that contribute to the persons problem . Also in this study child support grant recipients were viewed as persons – in – their environments, that need to be assisted to make positive transactions with the available systems so as not only cope with their circumstances but overcome them.

### **2.2.5 The Strengths Perspective and Empowerment .**

The strength perspective is closely related to the concept of “empowerment.” Empowerment has been defined as “the process of helping individuals, families, groups, and communities to increase their personal, interpersonal, socioeconomic, and political strength and to develop influence toward improving their circumstances.” Barker in ( Zastrow , 2008 : 55 ).

One of the reasons for attending to client’s strengths is that many clients need help in enhancing their self–esteem. Many have feelings of worthlessness and inadequacy, a sense of being a failure, and a lack of self–confidence and self – respect. As Glasser noted in ( Zastrow , 2008: 55 ), that low self–esteem often leads to emotional difficulties, withdrawal, or crime. To help clients view themselves more positively social workers must first view them as having considerable strengths and competences.

The majority of child support grant recipients lack confidence in themselves and have feelings of worthlessness and inadequacy as a result of poor or lack of Education. They need to be viewed within this frame of reference in order to start to intervene. Social workers must ask what strengths the client has and how the client has overcome obstacles in his life. The emphasis should be placed on the client’s strengths, resilience, and coping style, within a clear focus on client’s ability to succeed.

## 2.3 POVERTY IN SOUTH AFRICA .

Poverty, as social pathology has been noted by McKendrick, (1998) as far back as the past first four decades of the twentieth century in South Africa. He noted the following events to have been the instrumental catalysts in creating poverty, directly and indirectly : The confrontation between the Boers and Africans on the Eastern Frontier, The Anglo – Boer War, The Economic Depression during the 1930' s, The process of urbanization and Industrialization and the oppressive Apartheid Policies for example, The Land Act of 1913, The Land Restitution Act, The Group Areas Act and Job Reservation Act respectively .As results of the above Black people were the most affected by poverty than any other race group especially rural people, people living in settlements and urban townships were living far away from the means of production, women, the disabled and children.

Poverty, today remains one of the greatest challenges facing Southern African countries. The poverty situation in this region is reflected in low levels of income, and high levels of deprivation. About 70 percent of the population in this region live below the international poverty line of US \$2 per day ( Patel , 2005:52). An estimated 22 million people live in poverty in South Africa and survive on an income of less than R144 per month and structural unemployment has become chronic and has contributed to the estimated 38% of the population who live in 'workerless' households ( containing no employed people ) ( Du Plessis and Conley , 2007 : 049) .

Poverty is also a significant factor in the spread of HIV and AIDS. International evidence suggests that there is a close correlation between poverty and HIV and AIDS , with the poor constituting the absolute majority of those living with HIV and AIDS. However. the relationship between poverty and HIV and AIDS is not simplistic. Although the majority of people living with HIV and AIDS are poor,

not all people are HIV positive and a significant number of middle class people are infected with HIV. Thus, poverty should be seen as a co- factor among factors. In fact, many have argued that it is more appropriate to identify inequality underpinning poverty as a core factor in the transmission of the HIV and AIDS.

Although there is no official data on HIV prevalence rate by income groups in South Africa, local evidence suggests that HIV and AIDS is concentrated in townships and informal settlements, with communities like Soweto, Walmer Estate ( in Port Elizabeth ) and Black communities in Cape Town showing higher HIV rate to other parts of the same urban area. There are various ways in which poverty facilitates the transmission of HIV and AIDS. For example, evidence suggests that there is a correlation between levels of education, fertility and condom use. This shows that those with higher levels of education are more able to prevent risk of HIV transmission. Poverty, particularly income poverty, also forces people to engage in survival strategies that put them in risk of HIV infection, the two most strategies in respect are migration and sexual networking.

## **2.4 CHILD POVERTY.**

Notwithstanding renowned and well acknowledged children's rights as stated in various conventions world widely and in our South African Constitution, children are still found to be experiencing poverty under the hands of poor parents. According to Streak (2004) in her summary of her study on poverty, since 1994, the South African government has made many promises to poor children, committing itself to reducing child poverty and protecting child rights. These promises have been formalised via South Africa's ratification of the Convention on the Rights of the Child, the ratification of the African Charter on the rights of the Child and Section 28 of the Constitution.



The Minister of Social Development on announcing his plan to extend the government support to hundred thousands of orphans, “vulnerable children” and child-headed households that are the consequence of HIV and AIDS pandemic revealed the shocking statistics that 8 million children would be without food or care were it not for government grant (Brandon , 2007: 1 ). The 2001 census put the number of child-headed households at 248 000 , but the minister said there had been a significant increase since then ( Brandon , 2007: 1 ).

Currently, the social security system is fragmented and non-comprehensive, with many children not being able to access grants for which they are eligible and many more not qualifying for social security despite clearly needing it. Children are recognised to be among the most poor and vulnerable in society in South Africa, and in 1999 11% of households with children under 7 years went hungry due to lack of money to buy food . Preventable illnesses like malnutrition remain one of the biggest contributors to child morbidity and child mortality in South Africa, and nearly 25% of children growth is stunted due to malnutrition. These children face shortages of food, clothing, shelter and access to basic services.

Government’s strategy to attack child poverty relied on two vehicles. First, the EAO strategy, which depends upon private sector investment and economic growth to create unskilled jobs for poor households and generate more government revenue for spending on social services. Second, government relies on the National Programme of Action for Children in South Africa which is a strategy for ensuring that poor children are put first ( their needs are prioritized ) in policy, budget and service delivery.

Nevertheless, child poverty, still persist in South Africa, according to Du Plessies P and Conley ( 2007 ) it is a situation where children do not have enough resources to grow healthy and strong, to get education, to live in a good and safe environment, and to fulfill their potential and where children are deprived of the

resources needed to grow and develop, they are living in poverty. Their definition for child poverty are based on income and expenditure in households because, in many society we live in, money gives power to purchase many things that are needed.

## **2.5 IMPACT OF HIV and AIDS on Families**

The HIV pandemic has left many children, and continues to leave them without parents. As such we see the mushrooming child-headed families especially in rural areas and in urban townships. The vulnerable group of children, such as those infected and affected by HIV and AIDS include : children with disabilities and chronic illnesses ; those living on the streets, in urban informal settlements and in rural areas ; and children of farm workers, refugees and illegal immigrants. These children face discrimination, isolation and extreme hardship.

In the sub-Saharan Africa, the HIV/AIDS epidemic has historically concentrated in urban areas, where significantly higher HIV prevalence rates have been recorded than in rural areas. Official statistics based on antenatal surveys do not disaggregate HIV prevalence in urban and rural issue. Instead, there is evidence of a parallel spread of the epidemic in urban and rural areas. This trend points to the complex and intricate linkages between urban and rural areas, particularly as embodied in the flow of people and the existence of multi-local households. Closer scrutiny reveals that the HIV prevalence rate in urban areas is often higher compared to regional data ( van Donk , 2002 : 1 ).

The Eastern Cape Department of Health has estimated that the average HIV prevalence rate in urban areas is 23.1 % compared to 18.8% in rural areas in that province. The City of Johannesburg also recorded a higher than average HIV prevalence rate ( 26%, compared to a provincial rate of 24% ), as did the City of Cape Town ( 8.1% in the Cape metropolitan area compared to a provincial HIV prevalence rate of 7.1% ). These figures suggest a higher concentration of

HIV and AIDS in urban areas in South Africa. This is due to the following reasons which are considered as drivers of the pandemic :

### 2.5.1 Migration

Urban areas are perceived as centres of employment and income-generating opportunities by the rural poor. As a result, many young adults ( often male ) migrate to urban areas in search of economic security. The migrant labour system was at the foundation of apartheid urban planning and led to the fragmentation of social structures and family life, especially among the African population. Migration as a livelihood strategy is associated with higher levels of risk of HIV infection because of the associated disruption of familial and spousal / sexual relationships. Data suggests that the HIV prevalence rate among South African migrants is higher than that of non-migrant counterparts in their areas of origin ( van Donk, 2002: 2)

Both the conditions during and after the journey put migration at risk of HIV infection. Often conditions in receiving areas are not adequate to deal with the influx, leading to overcrowding, inadequate provision of services and infrastructure, social isolation and frustration. In the absence of appropriate and affordable family housing, male migrants end up in single-sex hostels. The South African Institute of Race Relations in van Donk (2002) states that in South Africa the four most urbanized provinces show a higher than average ( i.e above 48% ) proportion of men , with Gauteng ( 96% ), the Western Cape ( 88.9% ), the Free State ( 70.5% ) and the Northern Cape ( 68% ). This reality encourages another livelihood strategy, namely sexual networking, which includes commercial sex in exchange for money , goods or protection. Sexual networking, according to her, points towards a situation of unequal power relations, if not powerlessness, where it is highly unlikely that safe sex can be demanded. Because the reward for unprotected sex is usually

higher, the use of condoms in these sexual transactions is discouraged hence it result in HIV infection or unplanned pregnancy.

### **2.5.2 GENDER INEQUALITY**

In the context of HIV and AIDS, gender inequality implies that women have a lack of negotiating power in sexual relations and with regard to sexual behaviour. For many South African women it is impossible to insist on safe sex with their husband or boyfriends. This is due to some cultural stereotypes inherited from generation to generation. Also, as high prevalence of rape highlights, forced sex is a reality for many South African women. Women in urban areas are particularly vulnerable, with a significant higher level of women abuse and rape in urban areas ( 5.0%) compared to rural areas ( 3.6%) Van Rensburg ( 2002) quoted in ( van Donk , 2002 : 3 ).

### **2.5.3 THE MULTI-IMPACT OF HIV and AIDS ON RURAL DEVELOPMENT .**

Single - headed and Child - headed house—holds

The primary manifestation of HIV and AIDS has increased morbidity and mortality. The immediate impact is felt at household level, where medical costs and funeral costs add a significant cost to the budget. The illness and death of parent or guardians because of HIV and AIDS robs the child the emotional and physical support that defines and sustain childhood. It leaves a gap where children grow unsupervised and has lead to the mush-rooming of the child –headed family ( van Donk , 2002:6 ).

In the absence of capable caretakers children themselves take responsibilities for survival of the family and home. In economically disadvantaged communities the reality is that children assume adult roles as head of households. They care for the younger siblings, sometimes who are very sick and these children are forced to

leave school early and forced to work longer hours. In other circumstances they engage in income -generating activities like liquor for adults and also involve themselves in prostitution in order to support their families. The majority of these children are sexually, and physically exploited by adult and this exploitation increase the number of poor children (i.e. sexual exploitation leads to unplanned pregnancy which increase the number ).

For van Donk , ( 2002) the whole notion of households will be under threat, with an increasing number of single - parent household, child – headed households, households made up of a mix first and third generations ( i.e. elderly and youth ) and other forms of extended, mixed households. She for see picture where a significant increase in the number of orphans. As many community support structures to look after these children are already stretched to the limits and with the stigma associated with HIV and AIDS. And she maintains that where education is forfeited, future prospects for human development and employment are thwarted, which seriously limits the possibilities for these children to move out of poverty as adults.

Overtime, changes in the demographic composition of urban areas will be evident. The disproportionate number of death among young and elderly people. The gender ratio may also change, with men increasingly outnumbering women in urban areas, as it is still uncertain how HIV and HIV will affect migration and settlement patterns. It is quite unlikely, though that an increasing number of orphans from rural areas, seeking to escape social exclusion and destitution in their communities of origin. In the absence of adequate support services to receive these children, the majority of them is likely to end up on the street ( van Donk , 2002 :6 ).

## **2.6 BACKGROUND TOWARDS CHILD SUPPORT GRANT IN SOUTH AFRICA**

### **2.6.1 Legacy of the Past**

When the democratic government of National unity took power in 1994, one of its priorities was the restructuring of the social security at that time which discriminated the citizens of the country along racial lines and highly fragmented.

Various other factors further increased the need to restructure South Africa's social security system. The large number of unemployed persons and persons living in absolute poverty with no proper housing, running water, electricity, sanitation services or easy access to health care services have put the government's social welfare budget under terrible strain. Ongoing retrenchments, a lack of new jobs and the AIDS pandemic are set to increase the strain on the Social Welfare budget even further ( Strydom , 2006: 20 ).

### **2.6.2 Legislation and Policy**

According to the National Development Social Welfare Strategy, social welfare is intrinsically linked to other social service systems through which people's needs are met and through which people strive to achieve their aspirations. Social welfare services are therefore part of a range of mechanisms to achieve social development, such as health, nutrition, education, housing, employment, recreation, rural and urban development and land reforms ( White Paper For Social Welfare ; 1997 :15 ).

### **2.6.2.1 Bill of Rights of the Constitution**

The restructuring of social security system through the New Constitution (1996) makes equality before the law a basic human right. It also makes access to social security and social assistances a basic human right. This fundamental human right is regulated in section 27 (1) (c) of the Bill of Rights of the Constitution and it reads as follows:

27 (1) Everyone has the right to have access to:

c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.

### **2.6.2.2 THE SOCIAL SECURITY SYSTEM FOR CHILDREN IN SOUTH AFRICA**

The Department of Social Development in the White Paper for Social Welfare (1997) defined social security as follows: 'Social Security covers a wide range of public and private measures that provide cash or in-kind benefits or both, first, in the event of an individual's earning power permanently ceasing, being interrupted, never developing, or being exercised only at unacceptable social cost and such person being unable to avoid poverty and secondly, in order to maintain children. The domain of social security are poverty prevention, poverty alleviation, social compensation and income distribution.'

The social security system for children in South Africa is inadequate in its capacity to address the socio-economic realities stated above by. It is governed piecemeal in various acts, including the Social Assistance Act 59 of 1992, the

South African Schools Act 84 of 1996, the Child Care Act 74 of 1983 and various other acts and is by no means comprehensive.

The Social Assistance Act (1992) currently makes provision for three main grants for the benefits of children, namely the child support grant, the care dependency grant and foster care grant. There are many shortcomings to this social assistance scheme for children, including: the age and caregiver income restrictions; difficulties in accessing foster care grant due to cumbersome court procedures; and the fact that the care dependency grant is only for those children who suffer from severe disabilities and require permanent home-based care. The results of these shortcomings is that groups of vulnerable children have no access to social assistance, despite clearly being vulnerable and in dire need for support ( Du Plessis and Conley, 2007 : 51 ).

#### **2.6.2.3 Social Assistance Act 59 of 1992**

The aim of this act is to provide for the rendering of social assistance to persons especially those that cannot support and maintain themselves for different reasons, to provide for the establishment of an inspectorate for social assistance; and to provide for matters connected therewith.

Objectives of the Act:

- ( a ) provide for the administration of social assistance and payments of social grants;
- ( b ) make provision for social assistance and to determine the qualification requirements in respect thereof;
- ( c ) ensure that minimum norms and standards are prescribed for the delivery of social assistance: and;
- ( d ) provide for the establishment of an inspectorate for social assistance .



#### **2.6.2.4 The South African Schools Act of 1996**

The South African Schools Act No. 84 of 1996 ,has changed the face of the provision of education in South Africa. Previously, apartheid era education policies meant that many black children were denied schooling.

Now there is compulsory education between the ages of seven and fifteen, and no child may be denied entrance to school on the grounds of race or because a parent cannot afford school fees.

#### **2.6.2.5 The Child care Act 74 of 1983**

According to the Constitution and The Child Care Act 74 of 1983 and the amended Child Care Act 2005, whenever a person does something that concerns or affect a child, this must be done in the best interest of the child .

This means that the provision of social assistance, rendering of services and basic needs like water and sanitation, health care, housing and so on, children's interests should always be considered.

#### **2.6.2.6 THE CHILD SUPPORT GRANT**

The child support grant commenced in April 1998 replacing the Old State Maintenance Grant. Up until 1995 many African did not have access to the state maintenance grant or social security in general ( Report on the Lund Committee 1996 ; Patel (1991 ) and Budlender and Moyo,( 2004 : 72). The Lund Committee estimated that if all women who were eligible for the grant were to receive it, the cost would have been between R5 billion and R20 billion annually which was unaffordable. Thus the Committee suggested the phasing out of the old state maintenance grant over a five year period. It further advocated the introduction of a flat -rate child -support benefit. This grant was initially set at R100 per month,

but at the time of writing it was R160 per child provided to the care - giver. The grant was initially restricted to children up to the age of seven years. In early 2003 the state announced the phased – in increase in the upper limit to children up to the age of 14 years. However, both the amount and those for the state maintenance grant, which provided R350 per month to children up to until the age of 18 years Budlender and Moyo ( 2004 : 73 ). Presently, it is the entitlement of every child in South Africa. It is paid direct to the mother or guardian on behalf of the child. It is supposed to be an income building block toward the child support. It is supposed to encourage independence and self – sufficiency but on contrary it does not ( Andrew K. et al 1990: 54 ). Motara ( 1999 ) in Budlender and Moyo ( 2004 : 73 ) suggested that a high level of poverty in South Africa compared to other countries like England and Austria could spell dire consequences for those who are dependent on social welfare for their survival.

Therefore, a child support grant is a grant payable to a primary care giver in respect of a child or children under the age of fourteen years. A primary caregiver is any person who takes primary responsibility for the daily needs of a child and needs to be related to the child. The following persons or bodies are excluded from the definition of primary caregiver.

1. a person who receives remuneration;
  2. an institution that receives financial assistance for taking care of the child ;  
or
  3. a person who does not have the implied or express consent of the child's parent , guardian or custodian to act as primary caregiver of the child
- Strydom ( 2006 : 170 ).

## **2.7 CHALLENGES FACED BY BENEFICIARIES OF CHILD SUPPORT GRANT**

### **2.7.1. POVERTY**

Poverty, a lack of employment and access to social services, food insecurity, the fragmentation of the family and alienation from kinship and the community are some of the factors contributing to the decline of family life in South Africa. The majority of the child grant beneficiaries are single -parents as stated in chapter 1. And single-parent house – holds, especially female –headed households, are common family form. These households are most vulnerable to poverty are experiencing a series of challenges that makes it impossible in accessing their benefits (Patel 2005:165). The poverty rate among female headed households is 60% compared to 31% for males ( May 1998 :2 ). Grants beneficiaries are challenged by lack of education and information, means to access early childhood development for their children, poor health facilities, lack of food and nutrition, poor service delivery from government departments which results in lack of houses, water, sanitation and electricity, unemployment and lack of emotional support and dignity.

### **2.7.2 LACK OF EDUCATION AND INFORMATION**

The majority of child grant beneficiaries face challenges of skills deficiencies, especially in communication skills, basic reading and writing skills, technological and mathematical skills which are critical for consideration in preparing them for training for self-employment or inclusion in the labour system. Many South African women are unemployed. If they are employed, their status and earnings are often lower than those of their male counter-parts. Despite the implementation of the Employment Equity Act, it remains a challenge for most women to break through the glass ceiling. According to Budlender and Moyo ( 2004 : 23 ), many

factors explain this, 18% of African women aged 25 years and older have no formal education, compared to 13% of African men and even smaller percentages of other groupings.

This lack of education has affected economic status of women, in respect of employment. According to Budlender and Moyo (2004 : 23 ) a smaller proportion of women than men in the age group 15 – 65 years were employed and a larger proportion was not economically active. The unemployment rate is also higher for women than men. Women are discouraged to seek employment as a results of lack of time, finance, transport and other constraints.

The Dinaledi Educational Project was launched in 2005 by government, specifically targeting 102 schools nationally to address the problem of lack of education. Gradually the schools were added to the programme to expand to Kwa – Zulu Natal, Free State and to the Eastern Cape. With the schools already in the initiation being turned to centers of excellence in mathematics and science.

### **2.7.3 UNEMPLOYMENT**

Youth in the 18 – 35 year age group are more likely to be unemployed, with more women being unemployed than men. Youth are estimated to constitute 70% percent of the unemployed nationally if a broader definition is used, which include discouraged and passive unemployment. Although a significant number of youth have a secondary education, they lack appropriate vocational skills and employment opportunities. The psychological impact of unemployment can lead to loss of self – esteem, confidence and lack of recognized social status identity in the family and community. Chronically unemployed youth are at risk of engaging in high risk behaviors such as substance abuse, crime and violence, and 10 percent of youth aged 15 -24 years are HIV positive ( Patel,2005:167).

For women who are employed, there are large disparities of income earnings, close to one fifth ( 19% ) of women compared to 9% of men, earn R200 or less

a month. A further 21% of women and 12 % of men earn between R200 and R500 per month ( Budlender and Moyo, 2004 :27 ). Further, over one third of all households are women - headed, and these households, it cannot be overemphasized, they definitely face the highest risk of poverty in South Africa. ( Pose 1997 : 55 ) in ( Budlender and Moyo, 2004 : 28).

Senders (1976) in Patel ( 2005: 167 ) argues that unemployed school leavers with a standard ten education are often located within better – off families. He also argued that they can afford to hide their time waiting for jobs to emerge, which means they are not a development priority . According to him, this position probably underestimates the extent to which unemployed but educated youth represent a heavy drain on the resources of the poorer households. He believes they are in no position to create self–sufficiency and they contribute to growing problems of single and teenage parenthood.

#### **2.7.4 HEALTH ,FOOD AND NUTRITION**

Health and food insecurity presents a further challenge to South African poorer communities. Debilitating diseases such as cholera, HIV and AIDS, malaria and tuberculosis are impacting negatively on the welfare of the people. Health issues form an integral part of social development as they are directly related to human resource development which is critical in the realization of the full potential of the people and their countries. HIV and AIDS pandemic is reversing many of the socio-economic gains made by Southern African countries in the past decades.

Lack of food has also negatively affected children .Owing to this situation, child malnutrition also increased between 1992 and 1998 with 23.5 percent of children under the age of 5 years suffering from the condition. The MRC reported in 1994 that of the 4 million children under 5 years nearly 25% had stunted growth and 25% were anaemic as a results of malnutrition and a further 25% were

underweight. Infant mortality rate is by such factors as poor sanitation, lack of protection, lack of shelter, lack of nutrition, lack of education and reliance on traditional medicines.

Beneficiaries are facing health challenges resulting simultaneously from poverty and HIV and AIDS pandemic. Parents and children infected with HIV need long – term intensive medical and palliative care. This condition puts the family in severe economic strain, and household expenditures for medical expenses may increase substantially. Cash savings that might have been used on other productive ventures are spent on medical fees and drugs as the capacity for government to provide services has also come under severe pressure. The burden on the state and society has increased as the demand for services increased and staff losses have risen up due to HIV and AIDS ( Patel, 2005:53 ).

The pandemic is placing great pressure on system of care and support, including health and family and community system of care ( Patel, 2005 : 177 ). This results in resource deficit and health becomes a commodity to be purchased by those who can afford.

### **2.7.5 POOR SERVICE DELIVERY**

Government has indeed made substantial progress towards advancing children's right to social assistance through the CSC in most provinces. At the same time, however, there is a decided need to re – consider the eligibility criteria for the grant so as to include all children in need. It is also essential for the rate of the – roll out to be improved, particularly in the Eastern Cape, Northern Cape and Limpopo provinces.

Since 1997, the administration and management of social assistance has been designated to provincial social developments. These department are responsible for

the administration, financing, and payment of social grants. The problems experienced in the implementation of the CSG are not unique to this grant alone. Giese and Samson (2002) in Coetzee and Streak (2004:205) stated that the current social assistance system is beset by a number of administrative deficiencies, including poor management, weaknesses in the distribution and development of human resources, inadequate infrastructure and information technology support systems, high levels of fraud and long delays in grant approvals.

According to Hlatshwayo (2003) (personal communication), a key constraint to the implementation and delivery of the CSG lies with human resource capacity. This capacity problem has two dimensions. Firstly, officials in some instances do not understand the legislation, policies and procedures governing the CSG programme. Secondly, implementation is constrained by an inadequate ratio of beneficiaries to service providers.

Lisa Vetten, senior researcher at the Tshwaranang Legal Advocacy Centre said “The barrier to grant beneficiaries is that some do not have birth certificates and that some live in rural areas and have to make repeated trips to obtain grants. If they can't afford the trips they give up. Social workers from the department need to make the trips to find these children.”

The key obstacles to implementation and service delivery in the CSG programme, as identified by service providers, beneficiaries, potential beneficiaries and their care-givers, can be summarised as:

- i. Limitation in human resource capacity;
- ii. Lack of uniformity in the application of legislation, policies and procedures guiding the CSG;
- iii. Lack of birth certificates on the part of beneficiaries;
- iv. Lack of identification documents on the part of parents and care-givers;
- v. The limited capacity of SOCPEN to register applications; and

- vi. Prohibitive transport and travel costs associated with the application and collection of the CSG (Coetzee and Streak, 2004 :207).

## **2.7.6 LACK OF HOUSING, WATER, SANITATION AND ELECTRICITY**

A notable sense of security, independence and pride in ownership in every parent is inevitable to those who are afforded the opportunity of owning a house. Beneficiaries are not satisfied with the quality of houses or access to social services and amenities provided in new residential areas. Census (2001) showed that while a greater proportion of households now live in formal housing, the housing backlog has grown and more households are also living in inadequate housing in informal settlements.

Water and sanitation is crucial for improving health, alleviating poverty and facilitating economic development. However, there is a substantial backlog in water and sanitation. Delivery is slow with many challenges. Access to clean water and proper sanitation is a problem to the poor and rural people. This leads to diseases like cholera and tuberculosis. Electricity, gas, and water contribute around 2% of the country's gross domestic product. At the end of 2002 68% of South Africans had access to electricity as compared to 50% in 1995.

The largest backlog remains in the rural areas. However there is progress made in the roll-out of free basic electricity in municipality and Eskom areas. This free electricity needs to be top – up it last only for few days in a month.

([www.treasury.gov.za/document](http://www.treasury.gov.za/document) ).

## **2.7.7 EMOTIONAL SUPPORT AND DIGNITY.**

Families require a range of supportive services to promote family survival and development. They should be supported and their capacity should be strengthened



to meet the needs of their members. Beyond the basic essential services to social development, families require additional supportive services to solve their problems in human relations such as conflict, communication, parenting concerns, substance abuse, family violence and addressing problems arising from life changes and events ( Patel , 2005 : 167 ).

Children participating in research with children experiencing poverty and/or living in difficult circumstances, in addition to their material needs, children in child – headed households highlighted an emotional need. Girls in the shelter whose basic socio-economic needs were being met but were separated from families also focused on non-material needs. The most common need they identified was “to be with a family”( Coetzee and Streak, 2004 : 23 ).

## **2.8. Empowerment Programmes**

Over and above the provision of social assistance for the poor, the government’s responsibilities among others is to empower these communities in all possible ways.

### **2.8.1. Poverty – Relief Programme**

The Department of Social Development manages this programme. Its aim is to assist communities in a range of developmental projects. The programme entrust State resources to communities to undertake and dictate development for themselves. Steady progress is being made with the Poverty – Relief Programme. Over the past 10 years, the Department of Social Development has supported more than 3500 poverty relief income generation projects at a cost of R560 million which target mostly unemployed rural women. Most of the projects are located in the Eastern Cape, Kwa – Zulu Natal and Limpopo.

Over a three – year period, it is estimated that 60 000 people would have earned wages generated through poverty – relief projects. For the coming years , the Department has prioritised the areas of food security, centres for engaging older persons in economic activities, support for community –based initiatives in the area of Hiv and Aids, youth – skills development in the context of urban renewal, the economic empowerment of women, support for initiatives that intergrate the capacities of persons with disabilities into the Poverty Relief Progrmme, and income generating projects.

### **2.8.2 Food security**

The Department's Food Security Emergency Scheme, introduced by cabinet in 2002, is aimed at distributing food parcels to the most vulnerable sections of the population . These include children and child –headed, people with disabilities, female –headed house-holds with insufficient or no income and households affected with Hiv and Aids and tuberculosis. The distribution of food parcels is a temporary measure to assist poor people spending less than R300 per moth on food. Most of the people who receive food are identified by NGOs and FBOs . By mid – 2004, the scheme had benefited over 1.5 million people at a cost of R360 million. Each beneficiary hold received food parcel worth R300.

The scheme forms part of government's Inte-grated Food Security AND Nutrition Programme (IFSNP).

The five elements of the IFSNP are the:

- i. Development of comprehensive food – production and trade scheme to enhance the capacity of communities to produce food for themselves through the setting up of household and communal food gardens.

- ii. Initiation of a community – development scheme aimed at providing employment to local community – based and community owned Public Works programmes. This involves the settings up of community – based income generating projects and activities to ensure sustainable food security.
- iii. Development of a nutrition and food programme that focuses primarily on the improvement of nutrition levels in communities, to ensure that every child has at least one nutritious meal a day.
- iv. Development of a fully funded communication strategy to ensure the maintenance of government's communication lines with lots of its people.
- v. Building a safety net and Food Emergency Scheme to ensure that the poorest families, especially children and child – headed house – holds, have food on the table.

### **2.8.3 Responding to the impact of HIV and AIDS**

The Department of Social Development has developed a social development framework for an integrated and co - ordinated response to HIV and AIDS . The framework includes sourcing reliable research and information; the provision of social protection to those infected and affected, especially children; protection of children's rights ; provision of services ; special programmes such as the Home and Community – Based Care Programmes ; the empowerment of women ; and the capacitating of officials to deal with HIV and AIDS.

The Department's response to HIV and AIDS is underpinned by working in partnership with other government departments, NGOs, community – based organizations ( CBOs ), faith-based organization ( FBOs ), the business sector, volunteers and international agencies.

#### **2.8.4 Home - Based / Community – Based Care Programme**

The implementation of the Home –Based and Community - Based Care Programme for people with HIV and AIDS has been accelerated in partnership with the provincial departments of Social Development. An increasing number of communities, families and individuals are accessing the service provided through the this programme. The number of sites for community and home care support increased from six projects in 2001 to 400 in 2003.

The integrated Programme provides life skills for children and youth, voluntary testing and counseling services, and a range of care and support services focusing on families and children orphaned through the AIDS –related death of their parents. Home – and community –based care is directed at people infected with HIV and living with AIDS ,as well as children affected by and infected with AIDS. It also focuses on older people, especially those who are frail. It is estimated that the home –and community –based sector has about 2500 full –time care -givers and 20 000 volunteers receive stipends of any kind.

The Home –and Community –Based Care Services component of the Expanded Public Works Programme will include work –based experience and structured learning for community members to become qualified as community care –givers and child - and youth –care workers. In 2004, government allocated R70 million to the Department of Social Development to support and increase the number of home and community –based care sites.

#### **2.8.5 Services for children**

Services provided to children infected with or affected by HIV and AIDS include the provision of food parcels and clothing, counseling, support, provision of day

care and after care school/drop –in centres, placement of children in foster and/or residential care, and addressing their education and health needs.

The Department spent R48 million during 2002/03 to ensure that children infected with and affected by HIV and AIDS had access to services that included alternative care, social grants, counseling, food security and protection from abuse and other forms of maltreatment. By February 2004, some 26 900 additional children who were vulnerable owing to HIV and AIDS had been identified. The number of such children identified since the inception of the programme in 2000 stood at more than 75 000.

The HIV and AIDS drop –in centres established by the Department of Social Development received a budget of R16 ,4 million in 2003/04. Each food parcel these centre provide costs about R300. Each province has identified drop –in centres to be contracted to provide cooked meals to identified beneficiaries. These beneficiaries are classified as people who can not cook for themselves , for example children leaving in a child –headed households.

#### **2.8.6 Economic empowerment .**

The Development established the Flagship Programme ; Development Programme for Unemployed Women with Children under Five Years. The Programme provides economic and development opportunities and services to unemployed women with children under the age of five years, living in deep rural areas and previously disadvantaged informal settlements. Sixteen projects create income that is distributed among the participating women.

The various projects include activities such as eating –houses, overnight facilities, car washes, beauty salons, vegetable gardens, garment – making, poultry, and egg – production, bread –baking, leather works, offal –cleaning and paper – and – fabric printing. A considerable number of women and children are benefiting in the

Programme . The Flagship Programme has developed a creative form of early childhood intervention, which provides developmentally appropriate education to children younger than five to increase their chances of healthy growth and development.

#### **2.8.7 Victim – Empowerment Programme ( VEP )**

The VEP facilitates the establishment and integration of interdepartment / intersectoral programme and policies for the support, protection and empowerment of victims of crime and violence, with a special focus on women and children. It also ensures that the implementation of such programmes and policies is monitored and evaluated . Some 120 projects have been established since the inception of the VEP in 1999. The projects provides trauma counselling support and counseling services to the victims of violence and crime . Some of these projects focus on empowering community workers and professionals with skills and knowledge for the effective delivery of service to such victims.

#### **2.8.8 One – stop centres for abused women and children**

The VEP is a major component of the joint agreement between the Department of Social Development and the UN Office for Drug Control and Crime Prevention for the establishment of one – stop centres for women and children who are victims of abuse, especially domestic violence.

#### **2.8.9 Non – profit organizations .**

The Non – Profit Directorate of the Department of Social Development registers organizations under the NPO Act , 1997 ( Act 71 of 1997). The primary purpose of the act is to encourage and support organizations by creating an enabling environment for NPO to flourish, and setting maintaining adequate standards of governance, accountability and transparency. The registration process to attain NPO

status takes two months on average and is free of charge. The benefits of registration includes improving the credibility of the sector, as NPOs can account to a public office and receive help in accessing benefits such as tax incentives and funding opportunities (South African Yearbook , 2004/5 ).

#### **2.8.10 Conclusion**

Indeed a lot has been done by government since 1994 to improve the quality of life among the people of South Africa. The literature that has been discussed revealed the gaps that still exist between policy and the actual policy implementation.

This chapter has highlighted the challenges that are faced by the vulnerable people in South Africa as outlined by different authors. Government officials and other researchers will be able to engage in a diligent exercise that would bring forth solutions to the problems at hand.

## **CHAPTER THREE**

### **3. RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

In every study an appropriate research design should be applied in order for the researcher to gather the relevant data that is required to achieve the objectives of the study.

This chapter on research methodology explains the way in which the research design was conducted and how the data was collected. More background information is added to the research design. Qualitative as well as quantitative designs are discussed in detail.

The main objective of this study was to highlight the challenges experienced by the recipients of the Child Support Grant with special reference to the Umhlathuze Municipality. Both social workers and recipients formed part of the study.

#### **3.2 RESEARCH DESIGN**

A research design is a plan that includes every aspect of a proposed study from conceptualisation of the problem through to the dissemination of the findings. In short research design refers to the structure or plan, which the researcher uses in order to carry out the objectives and goals of the plan. The research design was exploratory and both quantitative and qualitative methods were utilized in this study.



Exploratory studies are very valuable in social scientific research. They are essential whenever a researcher is breaking on new ground, and they can almost always yield new insights into a topic for research. The chief shortcoming of exploratory studies is they seldom provide satisfactory answers to research (Rubin & Babbie ; 2001:124).

The literature in social science research presents two philosophical debates, which form the basis of social science research. These are positivism and anti – positivism. The point about positivism, on one hand, is that it is a philosophy, which both proclaim the suitability of the method in comparison with other forms of knowledge and gives account of what the method entails. Logical positivism on the other hand is a variant of positivism . It is a theory of meaning in which a proposition is acceptable only if there is a qualitative research method for deciding whether the proposition is true or false. Positivism sees social science as an organised method for combining deductive logic with precise empirical observations of individual behavior in order to discover and confirm a set of probabilistic causal laws that can be used to predict general patterns of human activity (Neuman, 2003:7). This discussion uses logical positivism in its findings.

Quantitative research method was applied in this research. According to Kirst – Ashman & Hull (1998:287) quantitative research methods use objective and numerical criteria to measure change following an intervention. These designs typically use baselines, require high degree of specificity, and focus on readily observable indices of change. Also in quantity research theory is largely causal and is deductive in nature. Procedures are standard, and replication is assumed and analysis proceeds by using statistics, tables, or charts and discussing what they show relate to hypothesis (Neuman, 2003:145). This study also focuses on the readily available indices of changes in beneficiaries perception of government as an overall supplier of their needs.

Qualitative research methods, on the other hand, do not use numeric indicators. Instead, they often rely on in-depth review of small numbers of cases (Kirst – Ashman & Hull, 1998 : 287). Data are in a form of words and images from documents, observations, and transcripts. Theory in contrast with quantitative methods, can be causal or non-causal and is often inductive. Research procedures are particular, and replication is very rare. Analysis proceeds by extracting themes or generalizations from evidence and organising data to present a coherent, consistent picture (Neuman, 2003:145), and as such the study has in its endeavours done tried to do so.

Qualitative research methods uses a sample or a small group of selected people, but generalises results to a larger group from which the smaller group was chosen (Neuman, 2003:35).

### **3.3. Data Collection Tools**

The following data collection tools were utilized.

#### **3.3.1.1. Questionnaires**

The term questionnaire suggests a collection of questions, but an examination of a typical question will probably reveal as many statements as questions. In asking questions, researchers have two options to use which the respondents were asked to provide their own answer to the questions. The first option, the researcher used questionnaires to get answers from respondents. Open-ended questions were used to allow respondents to give their own views. By using questionnaire the researcher was able to get the respondents feelings and expectations regarding the matter.

#### **3.3.1.2 Interviews**

Structured interviews were used in this study to collect data from (35) respondents. The interviewers were instructed to probe for more information and clarification as needed and open-ended questions were used more in this study. Close-ended

questions were also used in face-to-face interviews that lasted approximately one hour, where a respondent was asked to select an answer from among a list of answers that was provided by the researcher. Close-ended questions are favoured by most researchers as they provide greater uniformity of responses and are more easily processed (Rubin & Babbie, 2001: 210).

The open-ended questions responses would be coded before they can be processed for computer analysis. This coding process, according to Rubin & Babbie (2001: 210) requires that the researcher interpret the meaning of responses, opening the possibility of misunderstanding and researcher bias whereas close-ended responses will be transferred directly into a computer format.

### **3.3.1.3 Personal Interview**

The advantage with the personal interview is that the researcher is there to read questions and interpret in the respondents language especially to those who can not read and write. Also the researcher / interviewer is there to clarify any misunderstandings and threatening questions.

The researcher used a semi-structured questionnaire to ensure flexibility. Three research assistants who understand the respondent's language were employed to collect information in a face-to-face interview. The researcher chose this type so as to clarify any misunderstanding or misinterpretation that could arise.

## **3.4 . THE POPULATION**

A population is simply every possible case that could be included in the study (David et al, 2004:149). When a population is too large to undertake a census that is, survey every individual case, then a representative group, called a sample, needs to be selected (David et al, 2004:149).

The research population comprised of beneficiaries of the Child Support Grant from Ongoye District Office with offices at Esikhawini and at Lower Umfolozi

District Office with offices at Ngwelezane and Alton. Subjects were selected from the case loads of social workers in these offices and they were found at these pay-points Esikhawini mall, Odokodweni pay-point, area situated at about 130 Km towards Durban, Ekuphumuleni pay - point an. area situated at about + \_ 60 Km west of the Ngwelezane office.

### **3.5 THE SAMPLING STRATEGY**

A sample is defined as a selected number of cases from the population to survey David et al (2004:149) state that one of the key requirements of sampling is that the selected sample is not biased by either over –or under-representing different sections of a population. The different sampling techniques available can be divided into two classifications.

#### **3.5.1 Probability Sampling**

Probability sampling are based on each case in the population having an equal chance of being selected. Non – probability samples are used when it is difficult to identify all potential cases in a population (David & Sutton 2004:150). My subject in this study were chosen on the basis that they meet the criteria, that is, they are beneficiaries of the Child Support Grant.

#### **3.5.2 Non - Probability Sampling**

Non - probability sampling are suitable for exploratory studies. As this is an exploratory study, the researcher, therefore chose one of the non –probability sampling method. There are four available non – probability sampling method viz:

1. Availability Sampling.
2. Quota Sampling.
3. Purposive Sampling.

In this study purposive sampling was used because the researcher has sufficient knowledge related to the research problem to allow for incursion in the sample and the sample was done into phases:

### **3.6 PHASE ONE: RECIPIENTS OF CHILD SUPPORT GRANT**

Phase one consisted of the recipients of the Child Support Grant

#### **3.6.1 Research Instrument**

##### **3.6.1.1 Interview schedule**

The research tool to collect data in both phases is the interview schedule. The researcher interviewed the respondents for the purpose of collecting data. There were two sets of interview schedules in this study. The first set was designed for child support grant beneficiaries. The second set was designed for social workers. The research interview will consist of both open and closed-ended questions. Interviews were conducted in a face-to-face manner using semi-structured questionnaires to ensure flexibility. In this way the researcher was able to observe the reaction of the respondents and were able to clarify the questions further.

The researcher also used media reports, news bulletins and news papers to get the background of the problem and in so doing she was able to get insight on the challenges faced by the beneficiaries of child support grant.

### **3.6.2 Sample Size**

The sample size of the group consisted of 20 recipients of Child Support Grant who reside in Umhlathuze district municipality area. The researcher, having been employed in Uthungulu District as a medical social worker in two of the hospitals. Ngwelezane Hospital and Lower Umfolozi District War Memorial Hospital was seeing a lot of women at both Obstetrics and Neo –natal wards who needed help with grant applications or/and information. During that time the researcher observed that recipients were not only in need of grant but there also other needs usually not mentioned to officers or to the general public, such as accommodation at the time of discharge from hospital.

### **3.6.3 Non - Probability : Purposive Sampling**

#### **PURPOSIVE SAMPLING**

In purposive or theoretical sampling, the units are selected according to the researcher's own knowledge and opinion about which one they think would be appropriate to the topic area (David & Sutton 2004:152). Here the researcher deliberately selected the units according to her own understanding of the local communities. The researcher sampled key informants within local communities of Esikhawini, Enseleni, Odokodweni and Ekuphumuleni i.e child grant recipients and social workers. According to the researcher these people have enough knowledge on this topic.

## **3.7 PHASE TWO: SOCIAL WORKERS WORKING WITH THE CHILD SUPPORT GRANT BENEFECIARIES**

### **3.7.1 Sample Size**

A sample of 15 social workers was taken, social workers as key informants were interviewed at their places of work, that is, at Esikhaleni Welfare offices, Alton ( for Enseleni ), Ngwelezane Welfare office . The sample size consisted of 15 social

workers from each welfare office respectively. The social workers are employed in this district for rendering services to beneficiaries.

### **3.7.2 Snowball Sampling**

Snowball sampling was used to select 15 social workers to be included in the study.

## **3.8 DELIMITATION AND LIMITATIONS OF THE STUDY**

The study confined itself to interviewing only child support grant beneficiaries and social workers in the Umhlathuze District Municipality and also the purposive sampling procedure by its nature decreases the generalizability of findings. The study could not be generalizable to all areas of social grants (Creswell, 2004:111).

The study concentrated on the challenges faced by the beneficiaries of child support grant and social workers view on this matter, because of financial constraints and the tight work schedule of the researcher. The researcher was not able to include other family members like grand-mothers in the study.

## **3.9 ETHICAL CONSIDERATIONS**

The researcher is governed by the ethical code. The researcher respected and observed cultural and individual differences among different people. Respondents were protected against any harm that could arise during the interview. The researcher ensured that the dignity and the rights of respondents were always fully considered and protected. All participants were clearly informed of the research objectives and consent was obtained prior to any engagement.

### **3.10 CONCLUSION**

In this chapter the researcher has attempted to give a full description of research methodology that was used in the collection of data. The study is explorative in nature and utilised utilized quantitative and qualitative methods to analyse data, and also employed semi – structured and face – to – face interviews.



## **CHAPTER FOUR**

### **4. PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA**

#### **4.1 Introduction**

This chapter presents data that was collected according to research techniques that were explained and justified in the previous chapter. Data was analysed and interpreted as it is presented in simple tables, graphs and converted to percentages. To maintain focus on specific research questions as derived from the objectives of the study, data is presented under different sub-headings according to the sub-themes of this study. These are presented in tables, graphs, simple forms of frequency and percentages.

#### **4.2 Presentation, analysis and interpretation of data**

For research questions to be answered thoroughly, systematic methods of analyzing data should be utilized. The systematic method assisted the researcher to define themes one-by-one as they emerge from the study.

In qualitative analysis several simultaneous activities engage the attention of the researcher: collecting information from the field, sorting information into categories, formatting the information in a story or picture and actually writing the qualitative text. (Creswell, 2004:P153). The process of qualitative analysis, in this study was based on data “reduction” and “interpretation” as mentioned by Marshall & Rossman (1989:114) in Creswell (2004:153).

According to Creswell (1994:154), the researcher takes a voluminous amount of information and reduces it to certain patterns, categories or themes and interprets using some schema.

In quantitative methods, data is statistically analyzed on the basis of characteristics of a kind, scale, group, and variables of the data (Leedy & Amold 1997:124).

#### **4.2.1 Descriptive statistics**

For the purpose of data analysis in this study, descriptive statistics were utilized. This is a medium for describing quantitative data in manageable forms (Mouton and Babbie, 2004:458).

#### **4.2.2 Inferential statistics**

Inferential statistics were employed for the purpose of analysing data in this study. This method assist the researcher to draw conclusions from own observations, typically this involves drawing conclusions about a population from the study of a sample drawn from it.

#### **4.2.3 Interview schedules**

Two sets of interview schedule were designed, one for the recipients of the child support grant and the other for officers in the Department of Social Development working with the child support grant recipients.

### **4.3. Phase One: Recipients of the child support grant**

#### **4.3.1 Personal Details of the recipients of the child support grant**

Personal particulars of the respondents were collected, identified as input of only aspect of age, employment, educational level, family structure, the number of siblings were covered and regarded to be the important factors in influencing the views of the respondents. In this study the researcher interviewed 20 child support grant recipients around Umhlathuze District Municipality from Esikhaleni, Ngwelezane, Ekuphumuleni, and Enseleni pay – points respectively.

#### 4.3.1.1 Age of the respondents

The question of age was asked in order to establish whether or not respondents views differed according to age

Table 4.1 Age of the respondents

Age	Number	Percentage
15 - 19years	6	30
20 – 25years	4	20
26 – 30 years	7	35
31 -35 years	2	10
40 years and above	1	5
Total	20	100

Table 4.1 shows that the majority of respondents were those who falls in the 26years to 30years age group. They were 7 representing thirty five percent (35%) of the total sample, followed by the 15years to 19years age group were 6 representing thirty percent (30%) of the total sample. The number of respondents

who were between 20years to 25years was 4 which represented twenty percent 20% of the total sample The number of those who were in the 35years to 40years age group were 2, representing ten percent 10% of the total sample and those who were in the 40years and above age group was 1 which represent five percent (5%) of the total sample.

The table also shows that the girls are falling pregnant from the 15years - 17 years age group at a rate of 30% confirming the media reports (see annexure d) and reaching a peak at the thirty five percent (35%) by the 26 years - 30 years age group, followed by 15years to 19years age group at thirty percent (30%), followed by the 20years to 25years age group which at twenty percent (20%), followed by the 31years to 35 years age group with a decline at ten percent (10%) and the 40years and above age group at five percent (5%). Which means that by the age 31 years up to 40years a sharp decline was recorded, this may be due to the declining fertility rate at that age group.

#### **4.3.1.2 Level of education of the respondents**

The question of the level of education was asked in order to establish as to whether the respondents education or lack of does influence the lack of resources thus indirectly results in having challenges with having a baby.

Table 4.2 Level of education.

Level of Education	Number	Percentage
Respondents with no schooling	0	0
Primary Education	5	25
High School Education	14	70
Tertiary Education	1	5
Total	20	100

Table 4.2 reveals that respondents with high school education were 14 and stands for seventy percent 70% of the sample, followed by respondents with primary education which was 5 which stands for twenty five percent 25% of the total sample, followed by respondents in the last level of education that is, tertiary level with 1 respondent that stands for five percent 5% of the total sample. followed by those respondents with no schooling altogether with 0 representing 0 percent of the sample.

Table 4.2 shows that the majority of respondents lacked tertiary education and further training. This places them at a disadvantage in acquiring resources such as permanent jobs to support themselves and their off-springs, and twenty five percent 25% had attained primary education only and chances of employability are very slim with this group. The last group with tertiary education is five percent

5%. The results also confirms the media reports that the majority of recipients of the child support grant are still in high school followed by twenty five percent (25%) of respondents in primary schools, this maybe as a results of lack of life – skills.

Patel L (2005:167) argues that unemployed school leavers with a standard ten education are often located within better -off families. Those from poorer families they live school earlier. She argued that they can afford to hide their time waiting for jobs to emerge, which means they are not a develop mental priority. According to her this position probably underestimates the extent to which unemployed but educated youth represent a heavy drain on the resources of the poorer house – hold. He believes they are in no position to create self – sufficiency and they contribute to growing problems of single and teenage parenthood, as we see them representing five percent (5%) in the study.

#### **4.3.1.3 Family structure of respondents**

A question concerning the family structure was asked in order to establish the kinds of families respondents come from, that is whether they came from families with both parents, single –parents family, living alone, with grand –parents or child –headed families. The family structure could contribute negatively or positively to the problems of a respondents.

Table 4.3 Family structures.

Family Structure of respondents.	Frequency	Percentage
Living with both parents	7	35

Living with single parents	2	10
Living alone	2	10
Living with grandparents	5	25
Living with siblings in child-headed family	4	20
Total	20	100

Table 4.3 reflects a view that thirty five percent (35%) of respondents lives with both parents, followed by respondents who lived with grand – parents at twenty five (25%), followed by respondents from child –headed families at twenty percent (20). This was followed by ten percent 10% of the respondents who lived alone and the other ten percent (10%) of respondents who lived with single – parents. A trend that has been noted here, is that respondents with no parents double those with single –parents.

For van Donk (2002) the whole notion of households will be under threat, with an increasing number of single - parents households, child –headed households, households made up of a mix first and third generations (elderly and youth in annexure e ) and other forms of extended families, mixed households. She for see a picture where a significant increase in the number of orphans. As many community support structures to look after these children are already stretched to limits and with the stigma associated with HIV and AIDS. She maintains that where education is forfeited, future prospects for human development are thwarted,

which seriously limits the possibilities for these children to move out of poverty as adults.

#### 4.3.1.4. Number of siblings

The question on the number of siblings the respondents have was asked in order to establish whether the burden of having to care for siblings and one's child does contribute to the challenges faced by the recipients.

Table 4.4. Number of Siblings

Number of siblings	Frequency	Percentage
1	1	5
2	5	25
3	3	15
4	2	10
5 and above	9	45
Total	20	100

Table 4.4 reflects a situation where 9 of the respondents which is forty five (45%) have 5 and above number of siblings, 5 respondents i.e. twenty five percent (25%) have only 2 siblings, 3 respondents which is fifteen percent (15%) have 3 siblings, 2 respondents which is ten percent (10%) have 4 siblings and only 1 respondent which is five percent (5%) had 1 sibling. According to the above information, the assumption is that the more siblings a respondent has the greater



is the responsibility and pressure to support the siblings. Also this due to the growing child-headed family structure that we see in table 4.3.

In the absence of capable caretakers children themselves take responsibilities for survival of the family and home. Children assume adults roles as head of households. They care for the younger siblings, sometimes who are sick and these children are forced to leave school early and forced to work longer hours. In other circumstances they engage in income - generating activities like selling liquor for adults and also involve themselves in prostitution in order to support their families. The majority of these children are sexually and physically exploited by adults and this exploitation leads to unplanned pregnancy ( van Donk , 2002: 6 ).

#### **4.3.1.5. The number of own children the respondents have**

The question on the number of siblings was asked in order to establish whether the burden of having to care for siblings and one's own child does contribute to the challenges faced by the recipients of child support grant.

**Table 4.5 Number of respondent's children**

Number of respondent's children	Frequency	Percentage
1	8	40
2	6	30
3	2	10
4	4	20

5 and above	0	0
Total	20	100

Table 4.5 shows that forty percent ( 40%), that is, eight respondents (8) had one child, thirty percent ( 30%) of the respondents, that is six (6 ) respondents have two children, twenty percent ( 20%) of the respondents, that is, four respondents have four children, ten percent ( 10%) of the respondents, that is, two respondents have three children and no respondents had five and above children.

What is noticeable in the table is that each and every age group has a child or children van Donk, (2002:2) attributes this to migration, according to him, urban areas are perceived as centers of employment and income generation by the poor. As a results, many young adults often migrate to urban areas in search of economic security. The migration labour system was at the foundation of apartheid planning and led to the fragmentation of social structures and family life, especially to the African population. Thus, migration as livelihood strategy is associated with higher level of risk of HIV infection, unplanned pregnancy because of the associated disruption of familial and spousal/sexual relationships (van Donk , 2002:2).

## Section B

### 4.3.1.6 Views on the support required by the recipients in order to nurture their children

#### 4.3.1.6.1 Support by boyfriend or spouse

The question about the support from boyfriend or spouse was asked in order to establish whether respondents receive support from boyfriend or not .

**Table 4.6 Support by boyfriend**

Support by boyfriend	Frequency	Percentage
Receiving support	8	40
Not receiving support	12	60
Total	20	100

Table 4.6 indicates that twelve respondents, that is, sixty percent ( 60%) lack support from boyfriends or spouse. Eight of the respondents, that is forty percent (40%) receive support from boyfriends or spouse. In South Africa the division of families caused by apartheid, exacerbated by poverty and political violence endemic to apartheid, led to a breakdown of the family.

Goldbutt in Budlender and Moyo (2004:27) sees a significant proportion of children have spent some part of their lives in female - headed households, with women bearing the financial burden of caring for children. Traditional values such as marriage have become less popular in the face of important ideas of romantic love and increasing freedom to mix with other young people without social – control by family (HIV/AIDS & STI Strategic Plan 2007 – 2011: 32). The above problems lead to a continuous cycle of single – parent without support.

According to Patel (2005:167) families require a range of supportive services to promote survival and development.

They should be strengthened to meet the needs of their members. Beyond the basic essential services to solve their problems in human relations such as conflict, communication, parenting concerns, substance abuse, family violence and addressing problems arising from life changes and events (Patel, 2005:167).

#### **4.3.1.6.2 Type of support needed from boyfriend or spouse**

The question of the type of support that is needed by the recipient of child support grant was asked in order to establish the exact support needed by the child support grant recipients.

**Table 4.7 Type of support**

Type of support	Frequency	Percentage
Financial	7	35
Material support	2	10

Emotional support	1	5
No support	10	50
Total	20	100

Table 4.7 show that fifty percent (50%) of the respondents show indifference when it comes to support they expected from the boyfriend or spouse. They indicated that they did not expect support from ex – partners as the partners have shown lack of interest by deserting them as soon as they told them they were expecting a baby. Also the reason being that they also come from families where they never experienced father's support.

#### 4.3.1.6.3. Support from parents

The question of whether respondents received support from their own parents was asked .

**Table 4.8 Support from respondents own parents**

Support	Frequency	Percentage
Yes	8	40
No	12	60
Total	20	100

The Table 4.8 shows that forty percent (40%) of the respondents received support from parents and sixty percent (60%) of the respondents did not receive support

this includes child-headed families and those staying alone. The reason was that parents themselves were poor and unemployed. Children participating in research, experienced poverty and/or lived in difficult circumstances, in addition to their material needs, highlighted an emotional need. Girls in the shelter whose basic needs focused on non-material needs. The most common need they identified was “to be with family” (Coetzee, 2004:23).

#### 4.3.1.6.4 Other forms of support from government

A question of whether the respondent received other form of support from government either than a child support grant was asked in order to find out if they were receiving any support from government.

Table 4.9 Other support from government.

Other support from government.	Frequency	Percentage.
Yes	0	0
No	20	100
Total	20	100

Table 4.9 reveals that 20 the respondents which is hundred percent of the sample stated that they had received zero percent (0%) of other forms of support from government.

#### 4.4 Views on the challenges faced by respondents

##### 4.4.1 Ownership of property

A question regarding the ownership of property by recipients of child support grant was asked to find out whether it was a problem or not.

Figure 1 Ownership of property

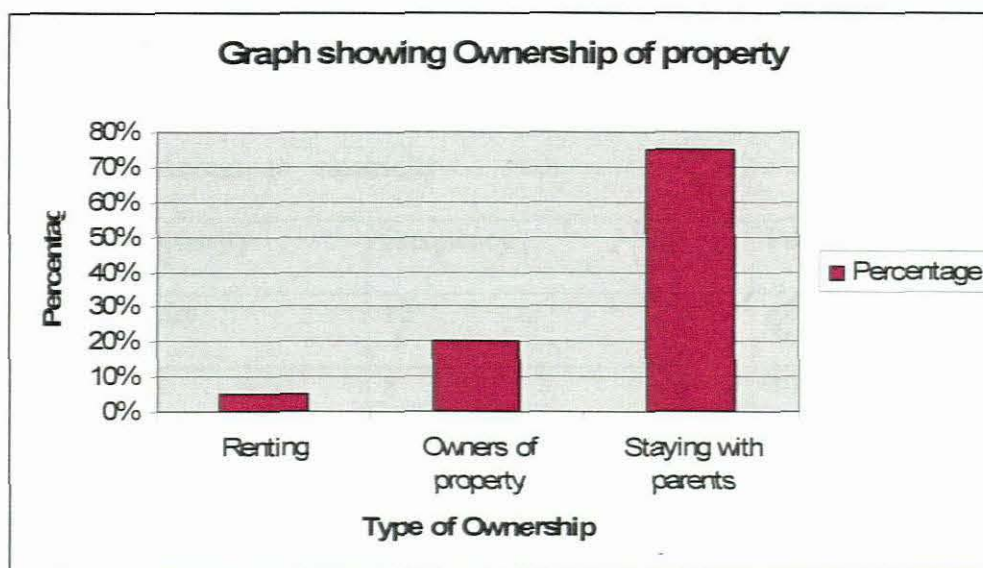


Figure 1 shows that seventy five percent (75%) of the respondents lived with parents, twenty percent (20%) of the respondents owned property although of a rural nature and/or of low cost housing and five percent (5%) of the respondents are renting accommodation.

Those who lived with parents are an extra burden to parents who are pensioners or unemployed themselves. This is in line with the South African Race Relations which reported recently that the number of backyard dwellings grew in 1996 and 2007 by 24.2% from 1,5 million to 1,80 million. In effect a considerable number of the recipients do not own property they simply move the parents

backyard or relatives backyard where they pay between R200 and R500 per month in rentals (Citizen 26 November 2008:4).

#### 4.4.2 Electricity accessibility

The question on whether respondents had access to electricity or not was asked in order to know whether respondents had electricity or not as well as to understand whether it is a problem.

Table 4.10 Access to electricity

Access to electricity	Frequency	Percentage
Have electricity	12	60
No electricity	8	40

Table 4.10 shows that 12 respondents which is sixty percent (60%) of the sample had electricity and 8 respondents which is, forty percent (40%) of the sample had no electricity. Respondents who had electricity paid bills between R250 – R300 per month. Census 2001, showed that while a greater proportion of households now live in formal housing, the housing backlog has grown and more households are also living in inadequate housing in informal settlements still lacked water, sanitation and electricity. Water, sanitation and electricity are crucial for improving health, alleviating poverty and facilitating economic development. Delivery is slow with many challenges. Electricity, gas, and water contribute around two percent (2%) of the country's gross domestic products. At the end of



2002 sixty eight percent (68%) of South Africans had access to electricity as compared to fifty percent (50%) in 1995.

The largest backlog remains in the rural areas. However there is progress made in the roll – out of free basic electricity in municipalities and Eskom areas.

This free electricity needs to be top – up as it last for few days in a month.

([www.treasury.gov.za/document](http://www.treasury.gov.za/document)).

#### 4.4.3 Electricity consumption per month

A question on how much electricity respondents consume per month was asked from those who use electricity.

Figure 2 Electricity consumption per month

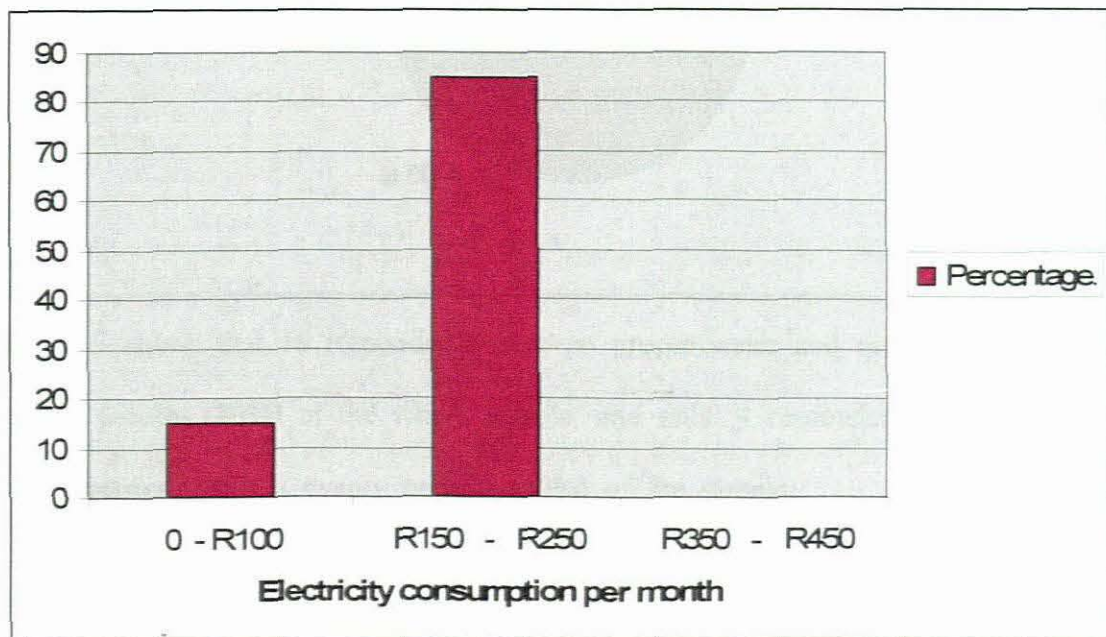


Figure 2 indicates that the majority (85%) of respondents consumed around R150 - R250 electricity per month. What they said is that, it does not last until the next grant.

#### 4.4.4 Access to water and sanitation

The question on water and proper sanitation was asked in order to establish whether they have it or not was asked.

**Figure 3 Access to water and sanitation**

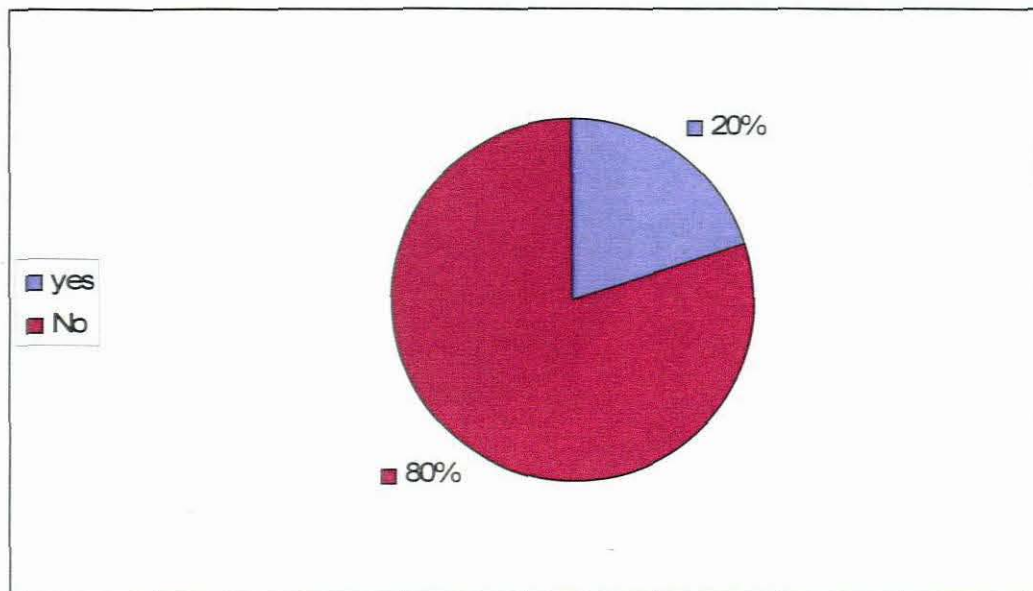


Figure 3 shows that, 16 respondents have no proper water and sanitation, which is eighty percent (80%) of the whole sample and only 4 respondents had water and electricity, that is, twenty percent (20%) of the sample.

#### 4.4.5 Access to health care

The question on the accessibility of health care services was asked to find out whether the respondents have access to health care services.

Figure .4 Access to healthcare

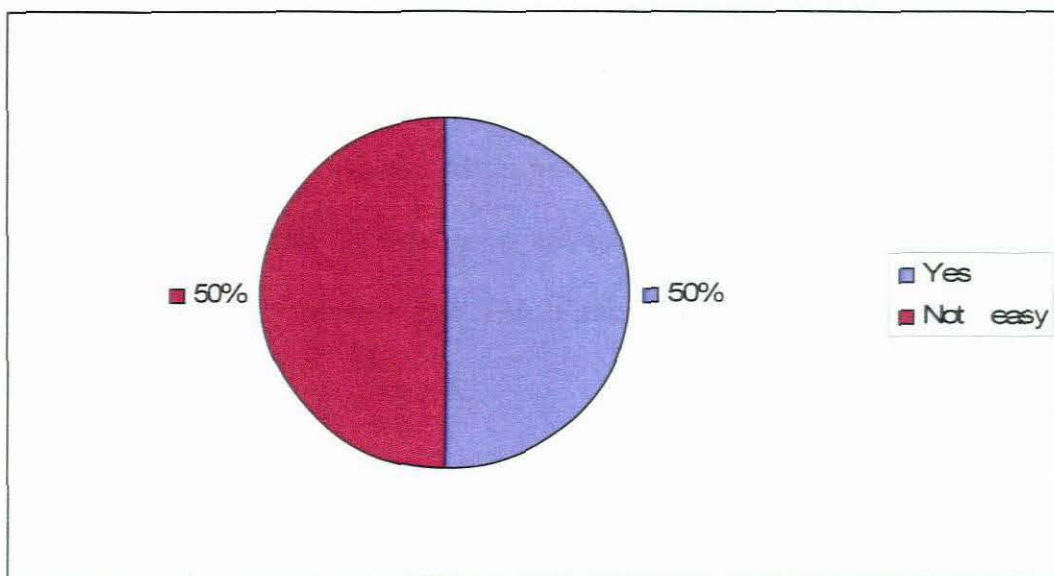


Figure 4 shows that 10 respondents which is fifty percent (50%) of the respondents revealed that they had a nearby clinic which is about 5km - 10km away from their place of residence. The other 10 which is fifty percent ( 50% ) revealed that they travel for a distance of about 70km and above to reach the nearest clinic.

Health and food insecurity present a further challenge to South African poorer communities. Debilitating diseases such as cholera, HIV and AIDS, malaria and tuberculosis are impacting negatively on the welfare of people. Health issues form integral part of social development. Beneficiaries are facing health challenges resulting simultaneously from poverty and HIV and AIDS pandemic. Parents and children infected with HIV need long -term intensive medical and palliative care. This condition puts the family in severe economic strain, households expenditure for medical expenses may increase substantially. Also rural communities lack such essential amenities like clinics and only mobile clinics visit these areas once a month. Available clinics in rural areas are without proper facilities and equipment required for chronic diseases like T.B. Cancer and HIV and AIDS (Patel , 2005:53).

#### **4.4.6 Availability of treatment**

A question on the availability of health care with adequate equipment , treatment and relevant human capital was asked. This question was asked in order to find out whether respondents are received proper health care services.

**Table 4.11 Availability of treatment**

Availability of treatment	Frequency	Percentage
Yes	7	35
No	13	65
Total	20	100

The Table 4.11 shows that only 7 respondents which is thirty percent (35%) of the sample have clinics with basic health care necessities like generic drugs for diseases like T.B., hypertension, diabetes and pediatric drugs and 13 respondents which is (65%) of the sample shows that their clinics do not have a proper clinic with the necessary equipments especially for chronic diseases like T.B., HIV /AIDS and Sty's and communicable diseases like malaria, diarrhea etc.

#### 4.5.7 Use of private doctor

The question on the occasional use of private doctor was asked in order to find out whether or not respondents did need the services of a general practitioner or even specialist.

Table 4.12 Use of private doctor.

Use of private doctor	Frequency	Percentage.
Occasionally	4	20
No	16	80
Total	20	100

Table 4.12 shows that 16 respondents which is eighty percent (80%) of the sample do not use the service of a private doctor but rely on what the public

health sector offer only 4 of the respondents which is twenty percent (20%) of the sample revealed that they occasionally are forced to use private doctors facility as the results of lack of treatment and better equipment in the public health care sector.

#### **4.4.8 Availability of public transport**

A question on the availability of public transport was asked in order to establish whether the respondents had it or not in cases where they are not in good health for traveling long distances due to ill - health.

**Table 4.13 Availability of public transport**

Availability of public transport	Frequency	Percentage.
Yes	16	80
No	4	20
Total	20	100

Table 4.13 shows that 16 respondents, that is ,eighty percent (80%) of the sample revealed that they do have public transport, and only 4 of the respondents, which is, twenty percent (20%) of the respondents said public transport is not available.

#### 4.4.9 Early Childhood Development

The question on the availability of early childhood development centers was asked in order to establish whether the respondents have it not.

**Table 4.14 Availability of early childhood development centers**

Availability of early childhood centers.	Frequency	Percentage.
Yes	12	60
No	8	40
Total	20	100

Table 4.14 shows that 12 respondents, which is, sixty percent (60%) revealed that they did not have early childhood development and 8 respondents which is, forty percent (40%) revealed that they had the centers. This is not enough, considering the imperative role that should be played by early childhood development in a child's later life.

#### **4.4.10 Availability of necessary equipment for child development and stimulation**

The question on availability of relevant equipment and services needed to stimulate children was asked in order to find out whether there were available or not.

**Table 4. 15 Availability of equipment.**

Availability of equipment	Frequency	Percentage
Yes	8	40
No	12	60
Total	20	100

Table 4.15 shows that only 8 respondents which is, forty percent (40%) of the total sample who have the centers said equipment and relevant services of trained child minders were not available, and 12 respondents, which is, sixty percent (60%) of the respondents said they did not have the facility at all. Health is becoming a commodity to be purchased by those who can afford ( Patel , 2005 :53).

#### **4.4.11 Other means to supplement the grant**

The question as to whether respondents had other means of supplementing the child support grant was asked in order find out whether or not respondents had other means.



**Figure 5 Other means of supplementing the grant**

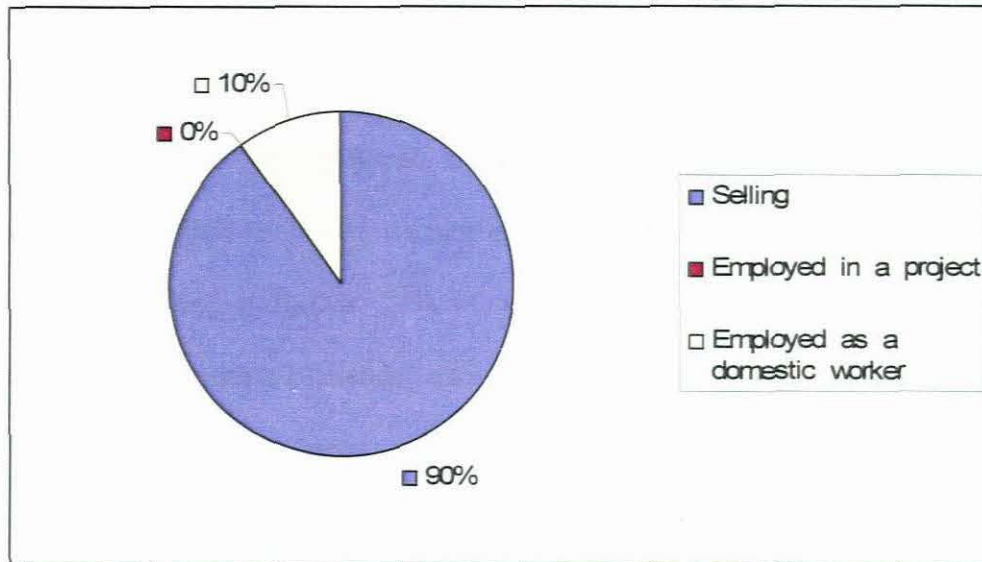


Figure 5 shows that 18 out of 20 respondents, which is, ninety percent (90%) of the total sample said no they do not have other means to supplement the child support grant and only 2 which is, ten percent (10%) of the total sample revealed that they have other means, like doing domestic work.

As a result of poverty the respondents lacked the means such as skills to supplement the grant, They lacked necessary and basic skills needed to be employed in public service and also in private sector, for example computer literacy ,technical skills, mathematical, communication and financial skills.

This is in line with what Du Plessies (2007:50) observed in describing poverty as a human condition characterised by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economical, political and social rights.

For women who are employed, there are large disparities of income earnings, close to one fifth (19 %) of women compared to (9%) of men, earn between R200 or less a month. A further 21% of women and 12% of men earn between R200 and R500 a month ( Budlender and Moyo, 2004:27). By indication this means that such single – mothers need more support from government.

#### **4.4.12. Knowledge and information on HIV/AIDS**

The question about the knowledge on HIV/AIDS was asked in order to establish whether respondents know about the danger of unprotected sex or not, since falling pregnant can happen simultaneously with HIV infection.

**Table 4. 16 Knowledge about HIV/AIDS**

Knowledge of HIV/AIDS.	Frequency.	Percentage.
Yes	20	100
No	0	0
Total	20	100

All the respondents in Table 4.16, that is, hundred percent (100%) of the respondents said that they knew about the dangers of HIV/AIDS.

#### 4.4.13. Knowledge about Family Planning

The question on the knowledge about family planning was asked in order to find out whether respondents have knowledge about family planning or not.

**Figure 6 Knowledge about family planning**

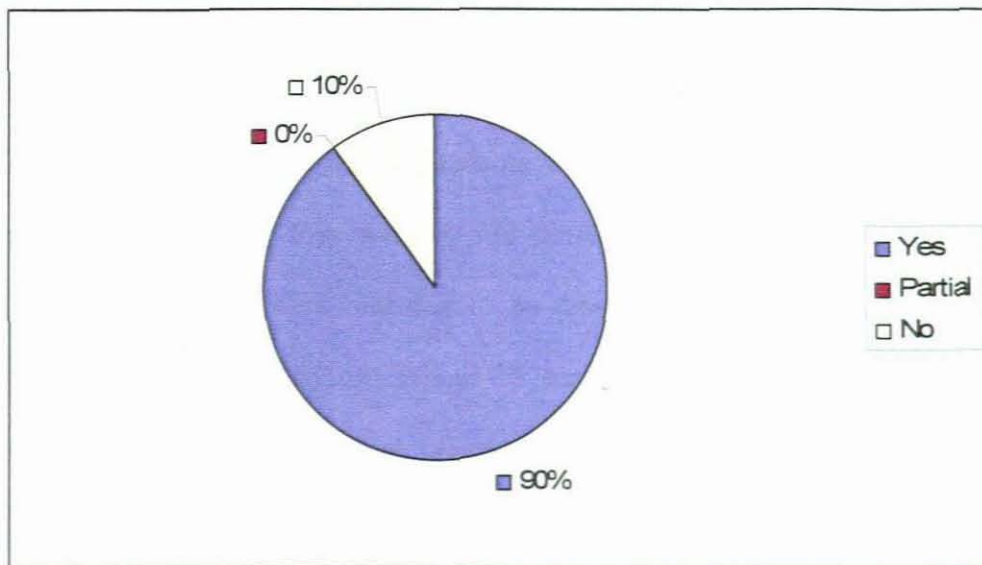


Figure 6 shows that 18 respondents, which is, ninety percent (90%) of the total sample said that they knew about family planning but are reluctant to use it only 2 respondents, which is, ten percent (10%) of the sample said that they did not know about family planning.

#### **4.5 Phase Two : Social Workers and development officers in the Department of Social Development**

Community developers and officers in the Department of Social Development were selected by the researcher as people who are knowledgeable and people who can offer valuable information with regard to challenges and problems that are facing the recipients of grant on a day – to – day basis.

##### **4.5.1 Personal Details of the social workers and community development workers**

Personal particulars of the respondents were identified as, age, gender, type of employment (whether they were in full –time or part –time employment) and level of education which were regarded to be the most important factors in influencing the views of the respondents. About 15 social workers and community developers selected from three offices, five from Alton branch office , five from Enseleni Welfare Office and five from Angoye District Office in Esikhaleni.

#### 4.5.1.1 Demographic profile of respondents

#### 4.5.1.2 Age of respondents

The question of age was asked in order to establish whether the age of respondents view differ according to age or not.

Table 4.17 Age of respondents

Age	Number	Percentage
20 – 25 yrs	2	13,3
26 – 30 years	6	40
31 – 35 years	4	26,6
36 – 40 years	0	0
41 – 45 years	1	6,6
50 years and above	2	13,3
Total	15	100

Table 4.17 indicates that the majority of workers are in the 26 years - 30years which is, forty percent (40%) of the sample, and the highest, this coincide exactly with the age group of the recipients which is the highest age group with thirty five percent (35%) of the sample . This age group is in the child bearing age and they share the same values.

#### 4.5.1.3 Gender of the respondents

The question of gender was asked in order to establish whether gender does affect the views of respondents or not.

**Table 4.18 Gender of respondents**

Gender	Frequency	Percentage
Males	3	20
Females	12	80
Total	15	100

Table 4.18 shows that majority of workers are female which comprised eighty percent (80%) of the sample. Twenty percent (20%) of the sample is males. The gender in majority e.g. understood the challenges facing young women, more especially those who are disadvantaged in terms of accessing the labour markets as majority of them start there and they consider themselves lucky because of the education and skills that they were able to access which in turn secured for them a place in government agencies.

#### 4.5.1.4 Educational level

The question of educational level of the respondents was asked in order to establish whether it influence the views of the respondents or not.

**Table 4.19 Educational level**

Education level	Frequency	Percentage
Matric	5	34
Tertiary education	10	66
Total	15	100

Table 4.19 shows that 10 respondents which is sixty six percent (66%) of the sample was found to have gone through tertiary level, and only 5 respondents, that is, thirty four percent (34%) of the sample have completed matric. This also shows that the more the skills one has the better are the chances of being employed in public and private sector.

#### **4.5.1.5 Employment history**

The question of employment history was asked to establish whether the issue of employment does influence the views of respondents or not .

**Table 4.20 Employment history**

Type of employment	Frequency	Percentage
Part – time	7	46
Full time	8	54

Total	15	100
-------	----	-----

Table 4.20 show that 8 respondents, that is, fifty four (54%) respondents worked full time and 7 respondents, that is, forty six percent (46%) is on part – time basis.

#### **4.5.2 Views on the challenges faced by the child support grant**

##### **4.5.2.1 Lack of Resources**

The question on the availability of resources for grant recipients was asked and all respondents reported that resources were lacking, ranging from information that could assist in improving their living conditions and earn better living to required skills that could help them to avail themselves in the labour markets as it is supposed to be.

Table 4.21 Lack of resources

Lack of resources for recipients of child support grant.	Frequency	Percentage.
Yes	15	100
No	0	0
Total	15	100



Table 4.21 shows that 0 respondents, which is, hundred percent (100%) of the respondents are of the view that there are visible resources to assist the child support recipient with the daily challenges. They lack resources such as life – skills, information – technological, mathematical and communication skills.

The lack of resource in these communities contribute to a situation of chronic poverty that has exacerbated the recurrent challenges to the recipients.

#### **4.5.2.2 Availability of empowerment programmes**

The question on the availability of empowerment programmes that encourage community participation was asked such as the one recently introduced by Department of Social Development.

Table 4.22 Availability of empowerment programmes for recipients of the child support grant

Availability of empowerment programmes.	Frequency	Percentage.
No	15	100
Yes	0	0
Total	15	100

Table 4.22 shows that 15 respondents, which is, hundred percent (100%) of the sample said there were no empowerment programmers for the recipients of child support grant in this area.

#### **4.5.2.3 Intervention by social workers and community development works**

The question on available intervention strategies that are in place specifically for child support grant recipients was asked to find out whether there was any in place.

**Table 4.23 Intervention strategies for child support grant recipients .**

Intervention strategies for child support recipients.	Frequency.	Percentage.
Yes	0	0
No	15	100
Total	15	100

Table 4.23 shows that 15 of the respondents, which is, hundred percent (100%) of the sample answered by saying there were no intervention strategies were in place specifically for the child support recipients.

#### **4.5.2.4 Needs of social workers and community development workers**

Respondents were also asked about their needs, that could help them to empower the recipients of child support grant. This question was asked in order to find out

what can be done by government to assist social workers so that they could embark on empowerment for child support grant recipients.

**Figure 7 Needs of social workers and community developers .**

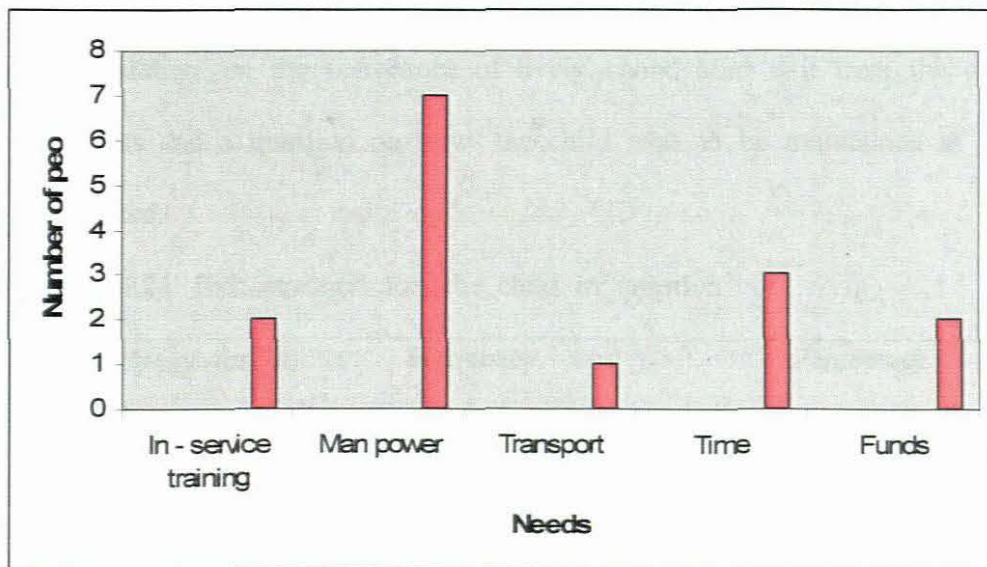


Figure 7 shows the needs of social workers and community developers dealing with child support grant. Needs of the above were asked and were cited as : 7 respondents, which is, forty seven percent (47%) of the sample who had identified shortage of manpower as their main concern, 3 of the respondents which is twenty percent (20%) of the sample identified lack of time as their problem, 2 of the respondents, which is, thirteen point three percent (13.3%) of the sample identified in-service training on the strategy to deal with child support recipients as their main concern. Another 2 respondents, which is, thirteen point three percent

(13.3%) of the identified lack of funding as their main problem and 1 respondent which is, six point six percent (6.6%) of the sample identified lack of transport.

#### **4.5.2.5 Exit strategy for recipients of the child support grant**

The question on the sustenance of livelihood after exit from the grant for recipients and a question on how the child was to be maintained at tertiary level was asked.

Table 4.24 Exit strategy for the child in question

Exit strategy for the child in question .	Frequency.	Percentage.
Yes	0	0
No	15	100
Total	15	100

Table 4.24 shows that there is no strategy available especially for child support grant recipients. This means that there is no immediate plan to break the cycle of dependency.

#### **4.6 Conclusions**

In this chapter the researcher has presented and discussed results of the data collected in chapter three. The results reveal that majority of the beneficiaries of child support grant are single parents who are unemployed, still at school with little or no support from parents. It was also noted that the boyfriends are absent. All this puts a strain on the means the single – mother has and makes her further vulnerable and in continuous need of strong support in order for her to care for her child or children.

In the next chapter the researcher will restate the objectives and come up with meaningful conclusions and recommendations.

## **CHAPTER FIVE**

### **5. Summary of the findings, recommendations, discussions and conclusions.**

#### **5.1. INTRODUCTION**

In this chapter the researcher would draw meaningful conclusions about the whole study and would also come up with recommendations based on the information gathered in chapter four. The key questions posed in chapter one would form the basis of the discussions. One of the key questions was to highlight the challenges faced by the recipients of child support grant as they perceive them. The second question was to find out whether social workers and/or community developers are doing any thing to empower these women through a variety of flagship programmes.

The research study was exploratory and it has utilised both quantitative and qualitative research approaches. Interview schedules were used as a method of data collection. The researcher interviewed respondents at their respective pay – points and social workers at their area of work. The sample was chosen from Enseleni District Office based at Ngwelezane, Alton branch office and at Ongoye District Office based at Esikhaleni. The sample consist of 20 recipients of child support grant and 15 social workers rendering services to child support grant.

In this chapter the main findings of the study are presented and would be followed by some conclusion and recommendations.

## **5.2 Findings of the study in terms of the objectives**

On the basis of empirical evidence, the findings of the study are presented as follows:

### **5.2.1 To explore on the needs and challenges faced by recipients of child support grant**

Families require a range of supportive services to promote survival and development and these should be strengthened to meet the needs of their members beyond the basic essential services to solve their problems in human relations such as conflict, communication, parenting concerns, substance abuse, family violence and addressing problems arising from life changes and events (Patel, 2005 :167).

Children participating in research, experiencing poverty and/or living in difficult circumstances in addition to their material needs, highlighted emotional needs. Girls in the shelters whose basic needs focused on non – material needs, the most common need they identified was “to be with family” (Coetzee et al, 2004:23).

### **5.2.1.1 Family Structure**

Women from teenage stage up to adulthood have been long challenged by poverty especially in rural areas. Girls raised in single - handed poor families have a high probability of being poor as a results of lack of support. These girls have to assist their families with the raising of the siblings. During this time they become vulnerable and engage in unprotected sex with the aim of exchanging sex for money. The single women with children and no support networks are the most vulnerable category. Teenagers compared to their older counter-parts often have greater challenges, that is, lack of education and training in parenting skills, and lack of networking skills.

The study revealed that thirty five percent (35%) of the respondents live with both parents, followed by twenty five percent (25%) who live with grand – parents and twenty percent (20%) were from child – headed families. The study also revealed that, where both parents were still alive they were found to be unemployed and survived on the pension to feed grand-children from different siblings. In cases where the grant beneficiary came from child –headed family, all the siblings together with the child in question rely on the child support grant meant for the former. Where the recipient comes from the single – parent headed house – hold, and in cases where the grand – parent was unemployed or not receiving pension, the whole family relied on the grant.



#### **5.2.1.2 Number of siblings**

The study also revealed that the number of siblings as a factor contributing to the burden carried by the child support grant recipients, forty five percent (45%) of the sample had five (5) and above number of siblings which puts a strain on the already scarce resources especially where the respondent is a bread-winner. In most cases the respondent was the elder child who was supposed to give care and support to the younger siblings. The number of siblings increased the needs of the respondent, this results in children assuming adults roles as heads of house-holds in the absence of a capable caretaker.

#### **5.2.1.3 Number of children the respondents have**

The number of children the respondents have can contribute negatively towards the recipients of the grant. The study showed that only twenty percent (20%) of the respondents have a maximum of 4 children, thirty percent (30%) of the respondents have 2 children, forty percent (40%) have 1 child ten (10%) had 3 children. In cases where the other children did not qualify for the grant, their needs were met using the child support grant of the child who a recipient.

#### **5.2.1.4 Support by boyfriend or partner**

The majority of respondents which was sixty percent (60%) revealed that there is lack support from boyfriend and/ partner in kind or otherwise and only forty percent (40%) of the respondents had financial and emotional support from

boyfriend and/or partner. This indicated that respondents raised their children single-handedly. Thirty five percent (35%) of the respondents showed that they needed financial support, ten percent (10%) showed a need for material support, five percent (5%) needed emotional support while fifty percent (50%) were indifferent.

#### **5.2.1.5 Support from parents**

Most respondent did not receive support that they so desired from parents, table 4.8 in chapter four showed that sixty percent (60%) of respondents lacked support from parents. Only forty percent (40%) said they had support from parents.

#### **5.2.1.6 Other forms of support**

While support from government to upgrade the level of living of the disadvantaged and vulnerable communities has been widely advertised, like the flagship programme spear-headed by the Department of Social Development. In this area they have been found to non-existent.

#### **5.2.1.7 Lack of ownership of property**

The analysis of the findings reveal that five percent (5%) of the respondents rented accommodation, twenty percent (20%) of the respondents owned property although it is of low cost and informal in nature and seventy five percent (75%) of respondents lived with parents ( see annexure c ). Those who lived with parents they constitute an extra burden to unemployed and already pensioned parents.

According to The South African Institute of Race Relations, more informal dwellings are being built as backyard properties not in informal settlements. Between 1996 and 2007, the total number of household residing in informal dwellings grew by 24,2% and reached 46% from 1,45 million to 1,8 million (The Citizen Wednesday 26 November 2008).

#### **5.2.1.8 Electricity, water and sanitation**

The findings of the study revealed that sixty percent (60%) of the respondents bought pre-paid electricity while forty percent (40%) of the respondents had no electricity.. Eighty percent (80%) of the respondents have no water and sanitation in their households and twenty percent (20%) spend between R200 - R 500 per month for water and sanitation and eighty five percent (85%) use R150 – R250 per month for electricity. Census 2001, revealed that electricity, water and sanitation which are crucial issues for improving health, alleviating poverty and facilitating economic development were still the most challenging with the housing backlog that has grown so much that more households in informal settlements lack these ( [www.treasury.gov.za/document](http://www.treasury.gov.za/document) ).

#### **5.2.1.9 Health care, treatment and public transport**

The findings also reveal that the recipients of child support grants are challenged by lack of basic amenities, clinics, proper health care, transport and early childhood centres. They show that fifty percent (50%) of the respondents have to

walked a distance of about 70km to the nearest clinic. Eighty percent (80%) of the respondents pay for public transport to arrive at the clinic and twenty percent (20%) have no public transport to take them to the clinic, during labour and when they were sick they had to travel. Sixty percent (65%) of the respondents revealed that their clinic is always without necessary treatment and equipment required for chronic diseases like T.B., HIV/AIDS, and Sexually Transmitted Diseases and for communicable diseases like malaria, diarrhea etc.

#### **5.2.1.10 Other means to supplement the child support grant**

The findings also revealed that ninety percent (90%) of the respondents had no means to supplement the grant and ten percent (10%) are doing domestic work as a means to supplement the child support grant.

#### **5.2.1.11 Knowledge about HIV/AIDS and Family Planning**

The findings show that hundred percent (100%) know about the HIV/AIDS pandemic. Due to poverty and lack of economic opportunities they are unable to negotiate safer sex with partners, this increases the risk of infection rate and unplanned pregnancy (UNAIDS 1999: 101). All 100% of the respondents revealed lack of knowledge about family planning. Young people often have difficulty in remaining abstinent particularly in male dominated societies as South African's also were victims especially black communities, frequently women were unable to negotiate use of condoms and family planning measures.

#### **5.2.1.12 Unemployment**

One in every four South African has no job, though the economy has grown for 35 consecutive quarters, The official unemployment rate continues to be above even higher.(Hazelhurst,2007:5).

Chronically unemployed youth are at risk of engaging in high risk behaviors such as substance abuse, rape, unprotected sex, crime and violence which in turn lead to unplanned babies (Senders in Patel, 2005:167).

#### **5.2.1.13 Level of education**

The situation at present is such that the youth in the 18-35years age group are more likely to be unemployed men with more women being unemployed. Youth are estimated to constitute seventy percent (70%) of unemployed nationally if a broader definition is used, which include discouraged and passive unemployment. Although a significant number of youth have a secondary education, they lack appropriate vocational skills and employment opportunities. (Patel ,2005 :167).

#### **5.2.1.14 Lack of family and partner support**

Mother - headed families are in need of various types of support, including emotional, informational and task support, as well as financial assistance. Extended family members provide task support when they baby - sit as a temporary relief an over-burdened young mother of her child care responsibilities. The single - parent tend to lack both financial resources and child -care necessary to engage in social interaction with peers.

#### **5.2.1.15 Malnutrition, infant mortality and teenage pregnancy**

The Medical Research Council reported in 1994 that of the 4 million children under 5 years nearly 25% had stunted growth, 25% anemic as a results of malnutrition and a further 25% were underweight. Infant mortality rate is caused by such factors as:

1. Poor sanitation
2. Poor housing
3. Lack of water and electricity
4. Lack of education
5. Reliance on traditional medicines

As teenage mothers are more likely to be socially and economically ill – prepared for child rearing. Their babies die before they reach 2 years of age and also as a results of HIV and AIDS contribution. The mortality rate remains relatively high.

#### **5.2.1.16 Poor Health Facilities**

Beneficiaries are facing enormous health challenges resulting from the HIV and AIDS pandemic. Children born from HIV infected mothers acquire the virus during conception and during delivery. These children need intensive medical care and attention regularly. The situation leaves the mother in a predicament as the majority live far from the hospitals and the local clinic more often than not remains without the necessary drugs and specialists.

#### **5.2.1.17 Education and Training**

Lack of skills especially technological, communication, information technological and engineering skills remains a major challenge to black youth. The majority of beneficiaries face challenges of skills deficiency especially communication skills technological and mathematical skills which are a critical imperative for consideration in the labour market.

### **5.2.2 The nature and extent of teenage pregnancy**

The findings reveals that teenage pregnancy is very high with thirty percent (30%) of the respondents, being the second highest in this study. This percentage confirms the media reports that teenage pregnancy is growing problem for the country.

Grant beneficiaries are expanding daily. School girls deliver babies on school grounds and the situation is getting out of hand, in rural areas and in townships (See picture by The Sowetan). In November 2004, a total of 9118236 beneficiaries of grant were reported. To date the number has escalated to 8 million according to Minister of Department of Social Development, Mr. Zola Skweyiya in his address in March 2008.

### **5.2.3 Developmental Programmes initiated by Social Workers for child support grant beneficiaries as a way to provide exit from the grant**

The Department of Social Development established the Flagship Programmes for Unemployed women with children less than five - years. The programme provides economic development opportunities and services to unemployed women with children under the age of five years, living in rural areas and in previously disadvantaged informal settlements. Sixteen projects create income that is distributed among the participating women.

The various projects include activities such as eating – houses, over -night facilities, car washes, beauty salons, vegetable gardens, garment – making, poultry, and egg- production, bread –baking, leather works, offal – cleaning and paper and fabric printing. The flagship programme has developed a creative form of early intervention, which provides developmentally appropriate education to the under fives to increase their chances of healthy growth and



developmental. Unfortunately the above projects were found to be none existing in my area of study.

### **5.2.3.1 Lack of exit programmes in the area**

The results also revealed that there are no exit programmes in place as hypothesised by the researcher in chapter one. This lack of exit programmes lead to a continuous cycle of dependency with no provision for the children's later demands for a better education and tertiary education and hence the child will left with no source of income nor skills to compete in the tough labour market.

## **5.3 Recommendations of the study**

Looking at the developmental perspective, it is a rights -based approach. The developmental perspective to social welfare in South Africa is firmly rooted in a right –based approach. Its goals include achieving,

1. Social justice
2. Minimum standards of living
3. Equitable access and equal opportunities to services and benefits and
4. A commitment to meeting the needs of all South Africans with special emphasis on the needs of the most disadvantaged in the society.

The ideas of this approach are firmly embedded in the Constitution of the Republic of South Africa (1996) and in The Bill Of Rights which also

makes provision for legally enforceable economic and social rights. The constitutional Court also has affirmed the interconnectedness and indivisibility of social and economic rights, and civil and political rights (Patel, 2004:30).

(a) It is imperative that government departments respect the above and promote the partnership model where inter-departmental collaboration can be executed to deal with the multi-faced problems as stipulated by the respondents of the Child Support Grant.

(b) Engage women and youth in economic-social development that will promote employment and self-employment.

The policy framework as set by the White Paper for Social Development(1997) emphasizes the inter-relation between economic-social development. It states that the welfare of the population will not automatically, be enhanced by economic growth only. Development must be accompanied by redistribution through social investments in key social sectors that can make a significant contribution to human and social capital and can improve the human development status of the majority of the population (Midgely J in Patel, L. 2004 :103).

For Midgely, the integration of social and economic development can enhance the welfare of all in the society, and this goal can be achieved through three primary axioms:

Firstly, organizational institutional arrangements are needed at national governmental level to give effect to integrating economic and social development.

Secondly, macro – economic policies are needed to promote employment and attain people – centred economic development outcomes .

Thirdly, this approach is also known as a productivist approach to social welfare in that it promotes economic participation in the economy , which in turn leads to positive economic returns.

It is strongly therefore, strongly recommended that women and youth from the most vulnerable communities like those that are found in Umhlathuze be encouraged to engage in:

1. Department of Educaation. Integrated Nutrition Programme and Primary School Nutrition Programme.
2. Department of Public Works. The Expanded Public Works Programme
3. Department of Economic Development . Small , mediam and micro enterprises and co – operatives
4. Department Of Housing . Housing schemes
5. Department Of Education. Public Ordinary Schools, Early Childhood Development, Education for Learners with Special Needs and Adult Education
6. Department of Health poverty alleviation programmes
7. Department of Transport poverty alleviation programmes
8. Department of Agriculture. Food Security and Rural Development

9. Land Affairs. Land Redistribution for Agricultural Development

10. Social Development. Poverty Relief Programme

#### **5.4 Recommendations for future research**

On the basis of the findings the researcher would like to recommend :

1. That future researchers also include in the study, the next-of-kin , parents and community members in the study so as to get the full picture of the study.
2. That future researchers look further into things like the budget for the baby from birth - 18 yrs to see whether the grant is sufficient or not.

#### **5.5 Conclusions**

Having seen through literature review how issues such as poverty , unemployment, migration, HIV and AIDS, violence and lack of basic amenities have contributed to the problem at hand. The challenge for every one now is that we make a collective effort and push the frontiers of poverty by reinforcing our strategies and energies towards the same goals:

1. Aggressive life-skills education
2. Results - oriented interventions
3. providing effective service delivery.

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## ANNEXURE A

### INTERVIEW SCHEDULE

#### SAMPLE GROUP ONE: RECIPIENTS OF CHILD SUPPORT GRANT

#### SECTION 1: DEMOGRAPHIC PROFILE OF RESPONDENTS

##### 1.1 Age Group

15 -19years	
20 -25years	
26 -30years	
31 -35years	
40 years- and above	

##### 1.2 Level of education

No schooling	
Primary school	
High school	
Tertiary level	

##### 1.3 Family structure

Living with both parents	
Living with single - parent	
Living alone	
Living with grand - parents	
Living with siblings in child - headed family	



## 1.4 Number of siblings

1	
2	
3	
4	
5 and above	

## 1.5 How many children do you have?

1	
2	
3	
4	
5 and above	

## SECTION 2: Views on the support required by the recipients in order to care for their children.

## 2.1 Do you receive any support from your boy friend ?

Yes	
No	

## 2.2 What kind of support do you need from your boyfriend/partner?

Financial support	
Material support	
Emotional support	
No support	

## 2.3 Do you receive support from parents?

Emotional	
Financial	
Material	
Child care	
No support	

2.4 Do you receive other support from government?

Yes	
No	

Views on challenges faced by recipients

2.5 Do you have your own property?

Yes	
No	

2.6 Do you have access to electricity?

Yes	
No	

2.7 If your answer is yes, how much electricity do you consume per month?

R100	
R200	
R250	
R300	
R350 and above	

2.8 Do you have access to water clean water and sanitation?

Yes	
No	

2.9 Do you have access to health care?

Yes	
No	

2.10 Is treatment available at all times?

Yes	
No	

2.11 Do you visit the doctor when not feeling well?

Yes	
No	

2.12 Is public transport always available ?

Yes	
No	

2.13 Is early childhood development available in your area?

Yes	
No	

2.14 If, your answer is yes, is it fully equipped with relevant material for child stimulation?

Yes	
No	

2.15 Do you have other means to supplement the grant ?

Selling	
Employed in a project	
Employed as a domestic worker	

2.16 Do you have knowledge and information about HIV/AIDS ?

Yes	
No	

2.17 Do you have knowledge about family planning ?

Yes	
No	

Thanking you for your co-operation and patience.

+

**ANNEXTURE B  
INTERVIEW SCHEDULE**

**SAMPLE GROUP TWO**

**Section 1: Demographic profile of the respondent**

**2.1 Age of the respondent**

20 – 25years	
26 -30 years	
31 -35 years	
36 - 40 years	
41 - 45 years	
50 years and above	

**2.2 Gender of the respondent**

Females	
Males	

**2.3 Educational level**

Matric	
Tertiary education	

**1.4 Employment history**

Part -time	
Full time	

**Section. 2. Views on the challenges facing the child support grant recipients**

**2.1 Do you think you have enough resources required to meet your clients needs ?**

Yes	
No	
Not sure	

2.2 Your answer is no, which skill or resources are lacking?

Human capital	
Transport	
Financial management skills	
Project management skills	

2.3 Do you have programmes specifically meant for recipients of child support grant?

Yes	
No	

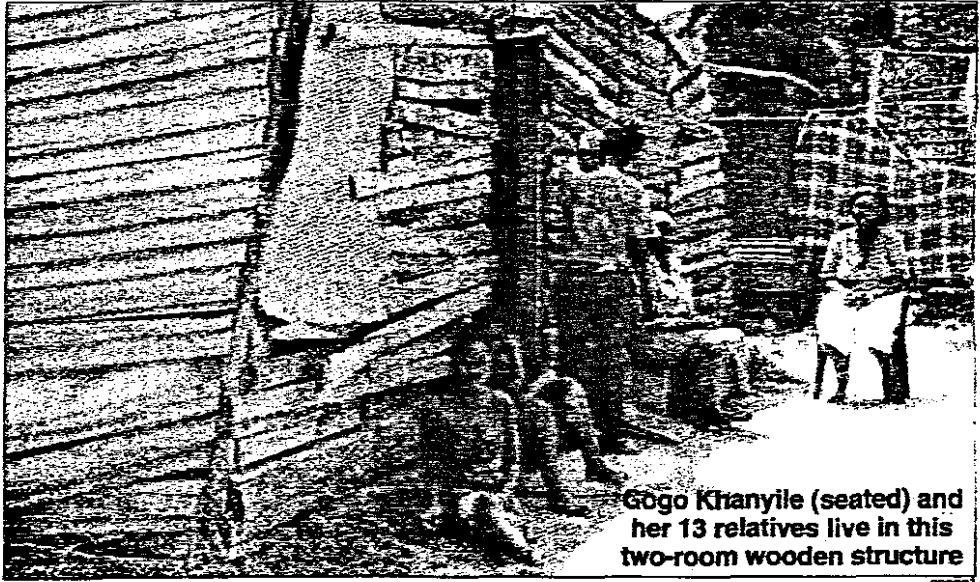
2.4 If the answer is yes, what are the intervention strategies used to encourage involvement of the recipients of child support grant in social development programmes

2.5 What the personal needs of social workers that could help improve the level of participation so that clients can benefit?

2.6 What exit strategy does the department have for the recipients of child support grant?

Thank You for your input and support.  
Nomandla Beloved Ndlovu

4 Bay Watch NOVEMBER 5, 2008



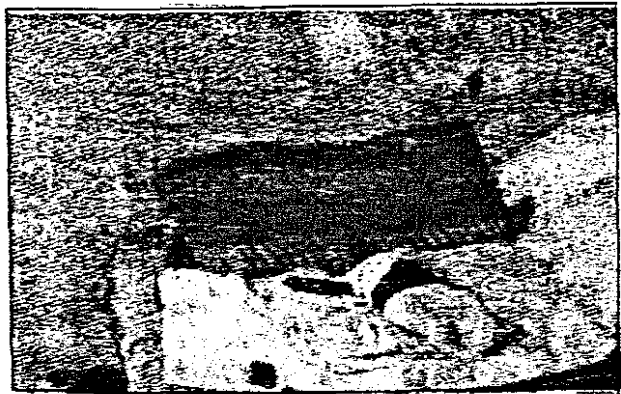
Gogo Khanyile (seated) and her 13 relatives live in this two-room wooden structure

Chukhe

# A gogo's hardship



Mrs Khanyile's grandchildren Siphokhule and Sphelele cuddle up beside her



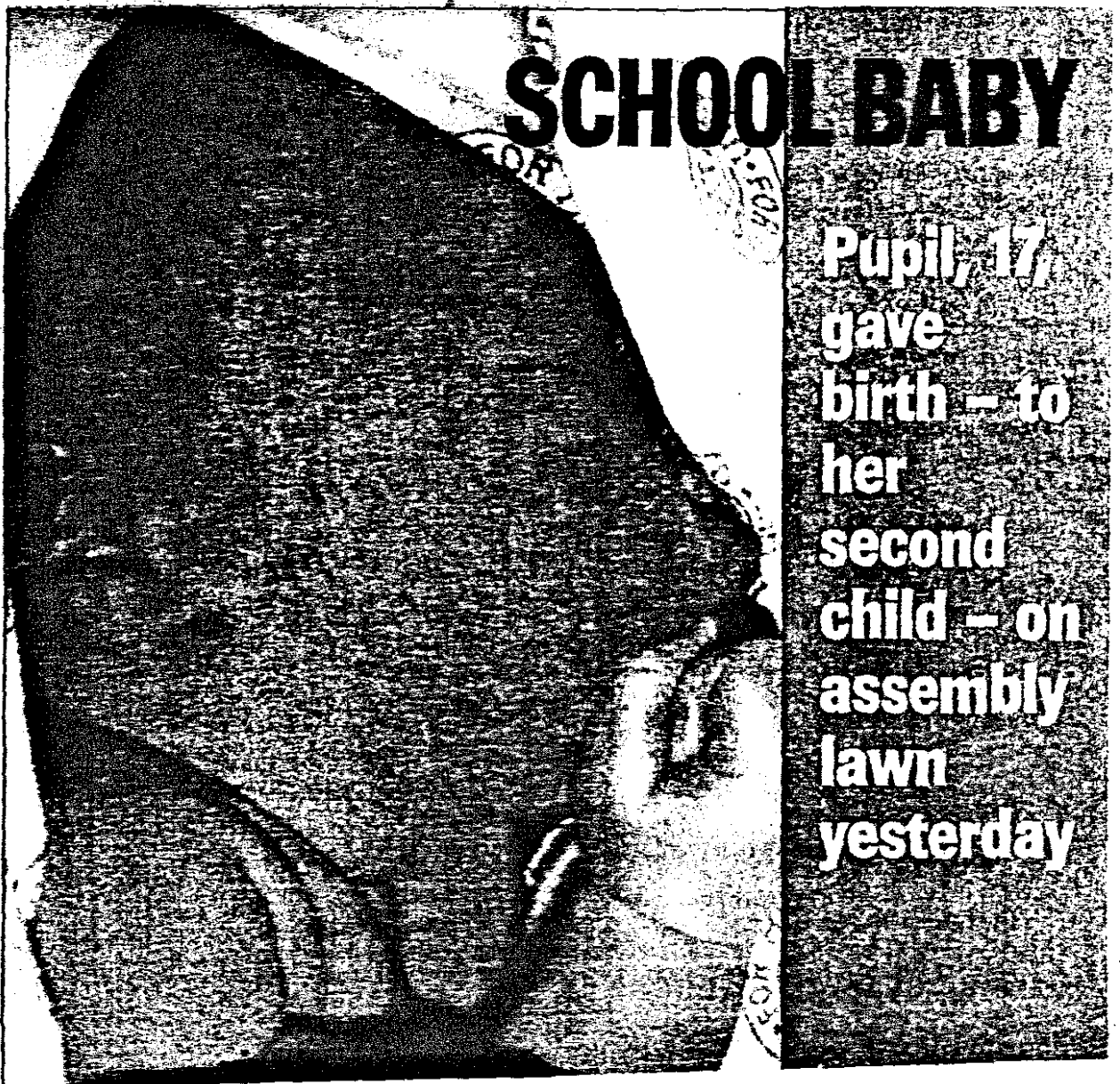
The infant sleeps in the heated room

Wednesday October 3 2007

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## SCHOOL BABY

Pupil, 17,  
gave  
birth – to  
her  
second  
child – on  
assembly  
lawn  
yesterday

