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Research Report

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CENTRE FOR SOCIAL DEVELOPMENT IN AFRICA

The Gender Dynamics and Impact of the Child Support Grant in Doornkop, Soweto



UNIVERSITY
OF
JOHANNESBURG



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Overview

Since the introduction of the Child Support Grant (CSG) in 1998, the majority of the beneficiaries are now women. The grant reaches 10.7 million children which makes up approximately 55 percent of the total number of children in South Africa. The CSG is internationally recognised to be an innovative intervention to reduce poverty and promote child well-being.

The aim of the study was to assess the gendered impact of the CSG in Doornkop, Soweto, which is a poor urban community. A survey of 343 households was conducted which was systematically sampled. The findings may be generalised to other poor urban areas with high uptake levels of the CSG. This report contains the findings and conclusions of the study which are briefly summarised below.

A total of 81.9 percent of the households surveyed received one or more CSGs with an average of 2.2 CSGs per household. CSG beneficiaries were mainly younger women between 16 and 40 years (62 percent), who have a secondary education (55.6 percent), and are likely to be unmarried (48 percent) and the head of their households (52 percent).

The grant is well targeted at poor households and particularly the very poorest. The CSG is the only regular source of income in these households complemented by other diverse sources of income such as pensions and disability grants (33.5 percent), small business activities (24.1 percent), casual work (23.7 percent), and limited material and in-kind support from family and external agencies (17.4 percent). Some households receive private maintenance from the fathers of the children (24.5 percent) who are not living with them although many fathers do not pay maintenance (60.8 percent). Only 12.5 percent of CSG beneficiaries were employed. High unemployment among CSG beneficiaries is closely associated with high overall female unemployment nationally and the huge domestic and care responsibilities of women with young children.

Although the amount of the grant is small, it plays a key role in reducing income poverty among the very poor and especially in woman headed households. The gendered nature of poverty and the increasing financial and care

burdens that women face is highlighted by the findings. The CSG also has other positive multiplier effects on for example, household food security, school attendance and performance, improved nutrition of children, care of children, family cohesion, access to services and the empowerment of women. CSG beneficiaries cared mostly for their biological children (60 percent) while 18.4 percent cared for biological grandchildren and 16.1 percent for other relatives. An overwhelming majority of beneficiary children lived with the caregiver in the household (92.2 percent). This indicates that children are cared for in their family of origin and in the extended family system thereby illustrating a high level of family cohesion. Beneficiaries were in the main very positive about the impact of the CSG on their lives. They indicated that they would not be able to survive without the grant (64.5 percent), that they are now better able to care for their children (79 percent) and that the CSG has improved their lives (82.3 percent).

Grant monies are mainly used for food (74.2 percent) and some basic non-food items such as school fees and uniforms (64.9 percent), health and transport (42.9 percent) and to some extent to reduce indebtedness (21.7 percent) and to build up savings (17.1 percent) to protect themselves against risk. Further, CSG respondents were positively engaged in care activities with the children often or on a daily basis such as helping with school work (64 percent) and playing with or reading to them (58 percent). Almost all CSG children were enrolled in school and attended school regularly (73.5 percent) with the majority having never failed a grade (74.1 percent). Children appeared to be in good health (91.6 percent), were immunized (96.7 percent) and lived in households with very good access to basic services such as water, sanitation and electricity. Just over half of CSG children lived within walking distance of their school. Some children did not have access to free school uniforms (16.5 percent) and the primary school nutrition programme (24.3 percent). Beneficiaries also spent grant monies on health, transport, electricity and water that should be freely available to them. Such expenditure erodes the value of the grant which is largely due to inefficiencies in the delivery of public services and in gaining access to some of the free services.

The CSG enhances women's power and control over household decision-making in financial matters, general household spending and in relation to child well-being. Women's increased capability to make decisions and to exercise freedom of choice about how the grant is spent enabled them to generate valuable outcomes that are important to the quality of their lives and that of their children. In this respect we contend that the CSG contributes directly to a sense of empowerment of female grant beneficiaries and that it has some positive social transformative effects. There is some evidence that the receipt of the CSG may have a negative impact on the payment of maintenance by the fathers of the children. This is a worrying finding that needs further empirical investigation. However, there is some evidence in the study of men's positive engagement in family relationships especially in providing help with children.

Policy implications

In order to fully understand the role that the CSG plays in the lives of poor families and households with children, a broad approach is needed that takes account of the multi-dimensional and gendered nature of poverty. Not only does the CSG contribute to reducing income poverty and vulnerability, it also has other multiplier effects that are not always taken into account when evaluating the CSG. Although the CSG was not designed to promote gender equality, its potential to contribute to social transformation should not be overlooked. Further, women's contribution to the care economy and in subsidising social welfare programmes remains invisible. A better understanding is needed of the contribution of the CSG as a public good and a social investment in future generations. Those who argue that the grant is a disincentive to work lose sight of the grave domestic and care burdens of poor women who are in the forefront of the struggle for survival without adequate support. The CSG is therefore a social investment that builds human capabilities rather than a drain on public resources. The costs today are outweighed by the benefits that will accrue to society in future years.

Despite evidence to the contrary, dominant negative social discourses about the CSG, namely that it fosters dependency on the state or that grants are abused by beneficiaries and encourages teenage pregnancies, serve to undermine beneficiaries' and children's rights

to social assistance guaranteed by South Africa's Bill of Rights. Instead, negative beliefs about the CSG induce unnecessary fears among beneficiaries that the grant may be stopped. It stigmatises women for relying on grants and it may lead to those not receiving the grant looking down on those who get it. Negative discourses of this nature may also be associated with a growing conservative anti-welfare ideology that seems to be taking root in South Africa. For some, these views are associated with the view that minimal state intervention in social welfare is more desirable and that over emphasize individual explanations for poverty rather than structural explanations. All societies invest to varying degrees in the welfare of their people to alleviate poverty, prevent poverty, overcome social divisions and inequalities and promote social and economic development. The extent to which they do so depends on their values and the vision of the type of society that they wish to build. The CSG contributes to the building of a basic minimum level below which nobody should fall in the society. In this way the CSG aids in the creation of a fairer, more inclusive, gender-sensitive and a more just society that promotes both sustainable social development and economic growth.

Recommendations

A few practical steps to improve the gendered impact of the CSG and child well-being are recommended.

1. It is important to build on and improve the workings of existing social programmes to realise the synergies between them in both the governmental and non-governmental sectors.
2. The scaling up of coverage and access to basic services will go a long way in improving the impact of the CSG. An example is the City of Johannesburg's social package (free water, electricity and sanitation services) which has been extended to all CSG beneficiaries.
3. Improved access of CSG beneficiaries to free school uniforms, school nutrition programmes and free schooling is needed.
4. A concerted effort is needed to facilitate birth registrations of eligible children as not having birth certificates prevents them from claiming their rights.





5. The private maintenance system still continues to fail South Africa's children. Improvements are needed in the maintenance court system.
6. It is crucial that all South Africans engage in dialogue about the meaning of fatherhood, the role and contribution of fathers to their children, and to continuing gender inequality. Public education

programmes that engage constructively with both men and women about these issues are needed.

7. Public and private service providers in Doornkop need to improve the coordination of services and find innovative ways of working with the community to address the challenges that they face.

1. Introduction

Following the adoption and implementation of the Child Support Grant (CSG) in 1998, the majority of beneficiaries of social grants in South Africa are now women (Patel & Triegaardt, 2008), with 96 percent of Child Support Grants going to female caregivers (Vorster & de Waal, 2008). The CSG now reaches 10.4 million children under 15 years (South African Social Security Agency, 2011b) and is disbursed to about 55 percent of the total number of children under 18 years of age (Hall, 2011). It is a fully publicly funded cash transfer which is paid to the caregiver of a child in need. While research has shown that the CSG has positive economic, nutritional and educational impacts (Coetzee, 2011; Neves, Samson, van Niekerk, Hlatshwayo, & du Toit, 2009; Delany, Ismail, Graham, & Ramkisson, 2008), little is known about the gendered impacts of the CSG (Lund, 2004).

The aim of the study was to conduct a gendered analysis of the impact of the CSG in relation to:

- The demographic and social profile of households, caregivers of the children and of the children themselves
- Income, livelihoods and vulnerability
- The use of the grant and the effects on women and children
- Social care in the family and household
- Partner relations, intra-household decision-making and women's empowerment
- Access to and use of basic and social services; and
- Beneficiary perspectives and discourses of the CSG.

Consequently, this report lays out the findings of a household survey that was conducted in July 2010 in Doornkop, Soweto, one of the poorest wards in the City of Johannesburg, with a very large uptake of the CSG (de Wet, Patel, Korth, & Forrester, 2008). Based on these findings we draw some conclusions about:

- The role and contribution of the CSG in reducing poverty and mitigating vulnerability in a poor urban community;
- How women deploy resources to promote overall household and child well-being;
- The potential of the CSG in promoting social transformation; and
- The policy implications including some practical steps toward realising more gender-sensitive, synergistic and transformational social protection measures to improve women's position in society and child well-being. Three journal articles have been published and a paper has been presented at an international conference based on the data presented in this report (Patel, 2012; Hochfeld & Plagerson, 2011; Patel & Hochfeld, 2011a; Patel, Hochfeld, & Moodley, 2011).

The report begins with a brief background and motivation and an outline of the conceptual lens guiding the study. The research design and methodology followed in conducting the research is then described. The results of the study are presented in seven parts. Part 1 provides an overview of the demographic and social profile of households, beneficiaries, and children. The results pertaining to income, livelihoods and vulnerabilities are presented in part 2. The use and effects of the grant and how it mitigates risk and vulnerability are considered

in part 3. Social care in the family and household are addressed in part 4 while partner relations, intra-household decision-making and women's empowerment are covered in part 5. Part 6 outlines access to and use

of basic and social services, and finally in part 7 we cover beneficiary perspectives and discourses of the CSG. The report ends with conclusions and recommendations.

2. Background and motivation the study

Introduced in 1997, the CSG was one of the earliest major welfare changes by the first democratically elected government of South Africa. It was designed to be redistributive and to contribute to the well-being of children who were among the poorest and most vulnerable groups in the society. The CSG is a cash transfer targeted at children younger than 18 years. The grant is currently modestly valued at R270 (35USD) per month, although the value was lower at the time that the research was conducted (R250 or 32USD per month). The CSG is means tested with the income threshold varying from R2 500 (324USD) per month for a single person with children and R5 000 (647USD) per month for married persons. Eligibility is capped up to a maximum of six children. A distinguishing feature of the CSG is that it is paid to the caregiver of a child who does not have to be the biological parent of the child. The grant is also gender neutral, and may be accessed by both men and women. The primary caregiver is defined as someone "older than 16 years, whether or not related to a child, who takes primary responsibility for meeting the daily care needs of that child" (Republic of South Africa, 2004:6).

When the CSG was implemented in 1998 it was targeted only at children up to six years of age with the intention of reaching three million children. However, as the benefits of the grant have been realised, the CSG was scaled up and expanded to include children up to 15 years of age and more recently, the expansion was approved for children up to 18 years. Implementation of these changes is being phased in, with children up to 17 years being included in 2012. The focus of the research was, however, on children 15 years and younger as only this cohort was covered by the CSG at the time of the study. A child is defined as being under 18 years of age (Republic of South Africa, 1996).

The CSG is the largest and fastest growing social assistance measure in South Africa today. Overall, the social grants and the social welfare services programme constitute the government's third largest social investment programme and social grants overall currently reach 15.4 million beneficiaries of which 10.7 million are CSG recipients (South African Social Security Agency, 2011b).

3. Gender, women's empowerment and social protection

A gender perspective was employed in the study as it allows for greater understanding of the ramifications of social protection and other social development policies and programmes in reducing poverty and promoting human development in South Africa. By social protection we refer to public and private social interventions including safety nets and "a range of protective transfers, services and institutional safeguards to the population 'at risk' of being 'in need'" (Standing, 2010:54).

More specifically, a gendered analysis of the CSG is important as it could inform more gender-sensitive social protection policies. In addition, it may aid our understanding of how social assistance could work in concert with other anti-poverty initiatives to promote gender equality and child

well-being. Sabates-Wheeler and Kabeer (2003) argue that social interventions have greater efficacy if they take account of the gendered nature of poverty, vulnerability and the gender-differentiated impact of such initiatives. A gender perspective of poverty informed our conceptual thinking which was informed by a multi-dimensional approach to poverty (Chant, 2007). Good practice lessons learnt from the South African experience are of significance for other developing countries, as there is growing interest by international development agencies in cash transfers to reduce poverty especially among women and children (Barrientos & DeJong, 2006; Devereux, 2006).

Research on old age pensions indicates that money directed to women grantees has had a positive multiplier

effect on women's status and the well-being of the children in their care (Lund, 2006). Based on these insights it is hypothesised that the CSG, as it goes overwhelmingly to women, is also likely to give women more power in the household over decisions that could improve their lives and that of their children.

In this study the notion of women's empowerment was informed by Kabeer's (1999) framework for measuring empowerment and Adato, De la Brière, Mindek and Quisumbing's (2000) empowerment indicators. Financial decision-making, decision-making around children, and the division of care responsibilities in the home are key areas that reveal levels of women's empowerment in intra-household relationships. Therefore the more control women have over making decisions, and the more equally shared the care tasks are, the more empowered they may be. This is because gender unequal circumstances mean men assume and take control over intra-household decisions, and assume they are exempted from care responsibilities traditionally seen as women's work. Increased power of women in the household in relation to decision-making and the sharing of care work may have other positive benefits for them in relation to improving their agency, gaining access to resources and opportunities, reducing vulnerability, enhancing their confidence and self-esteem, and widening their social and economic participation and autonomy (Adato, et al., 2000; Kabeer, 1999). In addition, it is important to note that cash transfers in particular are helpful in achieving women's empowerment as they offer recipients choice

and control over the use of the money (Kabeer, Mumtaz, & Sayeed, 2010; Adato, et al., 2000).

In relation to child well-being, it has been demonstrated internationally that cash going to women is more likely to be directed at the improvement of their children's lives than cash going to men (Haddad, 1999; Kabeer, 1994), and this has been corroborated in the local context too (Unicef, 2006). Other studies have shown that investments in women's education and health have direct and positive effects on their children's lives (Henshall Momsen, 2004). Therefore, women's empowerment, and increased access to resources is assumed to have a positive effect on children's well-being.

The research is important in developing our understanding of the potential of social assistance to transform gendered social relations and yield positive development outcomes for both women and children. This idea is central to social protection that seeks to transform unequal or oppressive social relations such as gender inequality (Barrientos & DeJong, 2006; Devereux, 2006; Devereux & Sabates-Wheeler, 2004; Luttrell & Moser, 2004). Transformative social protection is based on the assumption that "by challenging power hierarchies and inequitable social relations, social protection can contribute to social transformation, which in turn will reduce economic [and social] vulnerabilities" (Devereux & Sabates-Wheeler, 2004:2). While the research study focuses on the gender dimensions of social protection and child well-being, it also addresses other aspects germane to poverty in urban communities.

4. Methodology

The research design was a mixed method design including a household survey and a small qualitative component. The qualitative interviews were conducted with grant beneficiaries in October 2010, and key informant interviews were conducted in February 2011 to gain further insight into the use and views of the grant that is described below. The key informant interviews were recorded in a visual documentary format (Patel & Hochfeld, 2011b). Further qualitative research is in progress on gender and intra-household relations (Hochfeld, 2010) and teenagers who are beneficiaries of the CSG (Jordan, 2010). This report focuses on the quantitative component of the study and reports on aspects of the additional interviews

to complement the quantitative data. A mixed methods research design is useful when attempting to understand the multi-dimensional nature of the phenomenon being investigated as it allows for the integration of data derived from different methods of data collection (Greene, 2008; Tashakkori & Creswell, 2008). This section begins with a presentation of the methodology of the household survey.

4.1. Quantitative survey

4.1.1. Population and research site

The target population was households with children aged 15 years and younger. The area of Doornkop was chosen

because in a previous study (the Johannesburg Poverty and Livelihoods Study (JPLS), de Wet et al, 2008) it was the area with the highest number of CSGs across eight wards chosen as the poorest wards from each of the seven administrative regions in the City of Johannesburg (but not necessarily the poorest wards in the city overall). Ward 50, Doornkop, is the poorest ward of Region C and the 10th most deprived ward in Johannesburg. It is located on the north west side of Soweto in Johannesburg, South Africa. Doornkop is a formal municipal area consisting of brick housing with backyard shacks and small pockets of informal housing. It has tarred streets, basic services (such as piped water and electricity), some social services (such as primary health care clinics, schools and non-governmental community services), and small businesses (such as small home-based shops known as 'spazas', shoe repairers, hair salons, street hawkers and telephone services).

Existing data from previous research were used to estimate the population size for this study as follows:

- The total population of Doornkop was 24,225 (StatsSA, 2004).
- Doornkop has an average of 1.3 households per stand (de Wet, et al., 2008).
- Extrapolating from this population number and using the average number of households on each stand for the area identified by the JPLS (de Wet, et al., 2008), we estimated that there are approximately 5,500 households on 4,000 stands in the area. The precise number of stands was not known because the official municipal maps did not include the recent housing developments.
- Sixty four percent of households in Doornkop had children under the age of 19 years (de Wet, et al., 2008). Further, 23 percent of individuals in Doornkop were zero to nine years and 19 percent were 10 to 19 years old, thus, 42 percent of all people in Doornkop were under 19 years, which was higher than the overall number of children across the eight wards in Johannesburg (de Wet, et al., 2008).
- Therefore about 3,500 households in Doornkop were estimated to include children.

- Our target was to sample at least 10 percent of all households with children. We drew a slightly larger sample of 13 percent (or 440) of households with children.

4.1.2. Sampling

We surveyed 343 households across Doornkop. This represents a 78 percent response rate of the total sample of 440 households. We are therefore able to confidently generalise our findings for the Doornkop area as 10 percent of the population of households with children was sampled. These results will also be reflective of trends in other areas with a similar socio-economic and demographic profile and uptake levels.

Systematic sampling was used in selecting the households. Since we used a large group of fieldworkers, clear and easy procedures were needed that allowed for rigorous processes for sampling in the field. Systematic sampling also allowed us to cover the whole of Ward 50 geographically and better manage the field work team.

To draw the systematic sample, we used a recent administrative map of ward 50 showing municipal stands, and Google Earth maps in areas where we had observed new housing but these were not marked on the map. For the purposes of sampling, stand numbers were assigned to housing plots on aerial Google Earth maps.

The ward was divided up into 10 areas marked by boundaries such as roads or Ward boundaries. The numbers of stands in each area varied from 487 to 782; therefore the numbers of people living in each area were fairly even. Forty four stands were then selected systematically in each area. This was done by first selecting a random stand in each area, and then, using an interval of 11. Thus, a total of 44 stands were selected from a list of the stand numbers in each area.

Substitutions

As we were aware that in many cases the selected stands would not meet the selection criteria, we created two substitution lists to guide the field workers in substituting stands where the households could not be easily identified. These were chosen as follows:

- Substitution 1: We randomly selected an interval between one and 10. In this case the number plus four was selected. Each stand number in the master list





was allocated a new number by adding four to the original stand number. For example, if the stand number was 3 462, the substitution stand would be 3 466.

- Substitution 2: We randomly selected an interval between minus 10 and minus one. In this case the number minus two was selected. Each stand number in the master list was allocated a new number by subtracting two, which provided the number of the substitution stand. For example, if the stand number was 3 462, the substitution stand would be 3 460.

Each field work pair was therefore provided with their pre-selected list of stands and two pre-selected substitution lists for their area.

Household selection

Once a stand was sampled, one household needed to be selected on each stand. From the JPLS study (de Wet, et al., 2008) we knew that on average there are 1.3 households on each stand in Doornkop. Our target population was women who were the primary caregivers of one or more children aged 15 years or younger. The final sample included both CSG beneficiary and non-beneficiary households.

If only one caregiver was present on a stand, that household was selected. If more than one household had a caregiver present, then the household to be interviewed was randomly selected on site using a pre-determined formula to guide the selection.

Respondent selection

In each household, one female caregiver was selected. If a caregiver receiving the grant was present in the household, that caregiver was interviewed. If more than one caregiver receiving the CSG was present, the respondent was randomly selected on site by the same method described above. If no caregiver receiving the CSG was present (or living) in the house, then a caregiver responsible for children 15 years and younger was interviewed. Figure 1 below is a graphic representation indicating the pathways of selection.

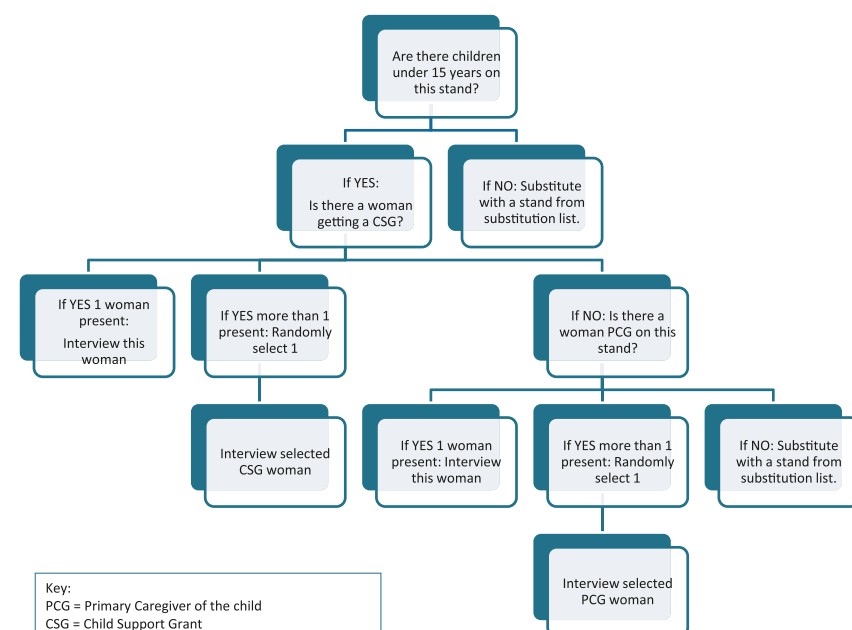


Figure 1: Process of selection of households on stand

4.1.3. Data collection: research tool

A household questionnaire was developed for data collection purposes. This questionnaire was modelled on the formatting and structure of the JPLS (de Wet, et al., 2008) and the CASE/Unicef (Delany, et al., 2008) questionnaires as prototypes of typical household questionnaires.

Our questionnaire consisted of 14 sections of closed-ended questions broadly covering the following areas: background household information, livelihood activities and income, food security, use of and views of the grant, partner relationships, household decision-making and care responsibilities, and dimensions of women's empowerment. The questionnaire was developed by the lead researcher in consultation with the reference group and other experts. It was tested twice to ensure its appropriateness. These pre-tests took place on two different occasions with two different respondents who met the selection criteria, and changes were made to simplify and clarify certain questions.

4.1.4. Data collection: field work

The field work was conducted by fourth year students from the Department of Social Work at the University of Johannesburg. This formed part of a research module they needed to complete to obtain their social work degrees. The students were given extensive background on the study objectives and the theoretical issues involved, and were given training on how to use the questionnaire and what to expect in the field.

The 81 students worked in pairs in the field and were spread evenly across the 10 sub-areas of Doornkop. Each sub-area was allocated a trained field work supervisor who was responsible for their field team. A senior field manager was in the field at all times. The field work took place over one week, from 12 to 16 July 2010. Access was negotiated with the Ward Councillor and the local police station commander.

Respondents were each given a small gift of R20 airtime for their cell-phones for their participation in the research. They were also promised that feedback would be provided to the community on the research findings. This report back meeting, attended by 350 people from the local community, took place in Doornkop on 7 September 2011.

4.1.5. Data analysis

The data were captured and analysed in the quantitative data management software Statistical Package for the Social Sciences (SPSS). Analysis took the form of running frequencies, and cross tabulations.

We made use of two types of comparisons: firstly, we compared the results from the CSG household group with the results from the non-CSG household group as a way to assess the impact of the CSG. We tested for significance in the data (using the Chi-squared test) between two types of groups (CSG households and non-CSG households) before attaching too much weight to the comparisons. Secondly, we also compared CSG households with the data from the whole sample, as a way of testing the CSG household group against the population in order to determine whether the distribution/measure of CSG households is the same or different to the population as a whole.

Interpretation of the data was done by the researchers and verified by the reference group to check for consistency, validity and reliability.

4.1.6. Limitations

Limitations of the methodology used included the fact that the results cannot be generalised to all CSG households nationally; conducting the field work on week-days excluded those with regular employment away from home; and due to the length of the questionnaire, there were some questions unanswered that resulted in some missing data. Also, this was a quantitative survey and therefore nuances and complexities that are best captured using a qualitative research design might have been missed across the breadth of the questionnaire, although certain areas were subsequently investigated qualitatively (see section 4.2. below). The results, however, may be generalised to other urban communities with similar profiles and uptake levels of the CSG.

In all surveys there is the chance of a 'halo effect', in other words, respondents who present themselves in the best possible light or offer answers they think the researchers want to hear. There is a possibility of this phenomenon in this research as the study is based on self-reported information only.



4.2. Qualitative data

4.2.1. Beneficiary interviews, October 2010

In October 2010, we interviewed eight women from the database of survey respondents in Doornkop. They were purposively selected to represent different ages, numbers of CSGs and housing types. One interview of approximately an hour long was conducted with each woman in her home in Doornkop. One of the researchers was present at each interview, which was conducted by an interviewer in Zulu, using a standard interview guide. The interviews therefore covered similar ground, namely the woman's everyday experience of the grant, her reasons for needing the grant, how she understands/ characterises grant recipients, and her description and views on public discourses on the grant. We also investigated recipients' views of poverty and welfare, and whether these are perceived as related. The interviews were then transcribed and, finally, translated from Zulu into English. A full discussion of the results of these interviews can be found in Hochfeld and Plagerson (2011).

4.2.2. Key informant and beneficiary interviews, February 2011

Key informant and beneficiary interviews were conducted to obtain the views of service providers and grant recipients in Doornkop in February 2011. The interviews were conducted by the principal researcher and co-researcher of the study. Three service providers were interviewed, namely, a health care professional at the local clinic, the principal of a Doornkop primary school, and an official from the South African Social Security Agency who is responsible for the management and administration of grants in this community. In addition, 10 CSG beneficiaries were interviewed at the Doornkop pay point; and a small focus group, consisting of three beneficiary respondents who participated in the survey, was also conducted. The purpose of the interviews and the discussion group was to further probe their views of the grant and its use. This data are captured in the relevant parts of the research report and complement the quantitative findings. An overview of these results is contained in a documentary produced by the CSDA called Women of Snake Park (Patel & Hochfeld, 2011b).

4.2.3. Qualitative analysis and limitations

The analysis of the qualitative data was thematic. The analysis of the beneficiary interviews in October 2010 focused on the aspects of women's stories that explained how they understood poverty, CSG receipt by others, and the integration of the receipt of the CSG in their own identities. The analysis of the February 2011 key informant and beneficiary interviews and focus group concentrated on explaining the quantitative data. Thus themes that related directly to the survey findings were fore-grounded, particularly views of the grant and its use.

The qualitative research was designed to complement the survey findings, and on their own cannot be generalised to the population as a whole.

5. Findings

The findings of the survey are presented in seven parts below. Where these data are complemented by the qualitative data, this is explicitly identified.

5.1. Demographic and social profile

This section outlines the demographic and social profile of the households and respondents that participated in the study, both those who receive a CSG and those who do not. It starts first with population and household level data and proceeds to present a profile of respondents.

5.1.1. Population and household level data

- Doornkop has a population of 24 225 according to Census 2001 (StatsSA, 2004).
- In total, 343 households were surveyed consisting of 1 786 adults and children amounting to approximately 7.4 percent of the total population of individuals living in the area, and 10 percent of households with children in Doornkop.
- The age breakdown was as follows: 40.4 percent were children under 15 years (721). Of those over 15 years, 3.2 percent (57) were between 16 and 17 years and 56.4 percent were over 18 years (1008).
- We found that the average number of households per stand is 1.9¹ and the average number of people in a household is 5.2. Of all the households, 20.7 percent had a household population of four people, while 19.8 percent had five people who resided there (see figure 2). National and provincial trends show a decline in household size. The average national household size in 2001 was 3.9, and in the Gauteng province where the research was conducted, it was 3.3 (StatsSA, 2007). Therefore households in Doornkop are larger than the national or provincial average.
- Most of the respondents (68.1 percent) lived in a formal house with a further 31.9 percent staying in informal housing, either in a shack in a small shack settlement (17.2 percent), a shack in a backyard (9.1 percent) or in a backyard house or room (5.6 percent).

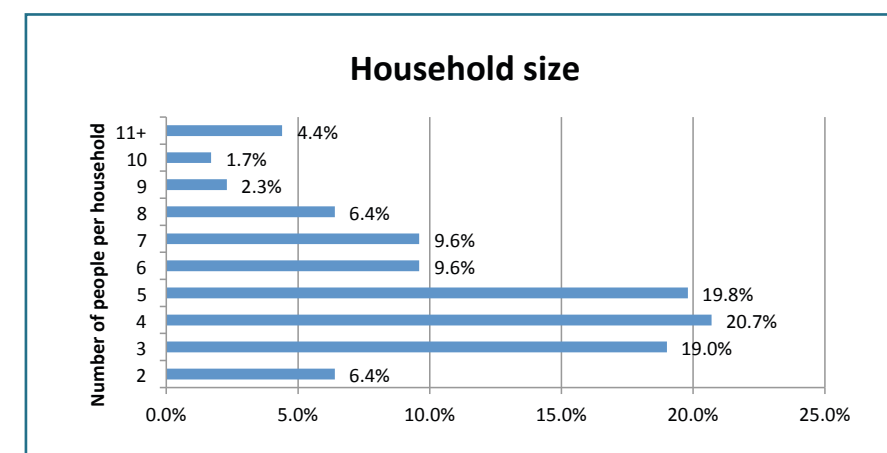


Figure 2: Household size

5.1.2. Social profile of adults and children across all households

- Of all the adults over 18 years across the 343 households surveyed, we found that 61.1 percent were women and 38.8 percent were men.
- Close to half (46 percent) of the adults were between 18 and 30 years of age, which suggests a large young population in this community. Just over a third or 35.2 percent adults fell in the middle age range of between 31 and 50 years, while 12.4 percent were between 51 and 60 years. Older persons, over 60 years, made up 4.5 percent of adults and 1.9 percent were over the age of 71 years.

¹ We follow StatsSA conventions and report data to the first decimal point.



- Almost half of the adults in the households (47.1 percent) had as their highest level of education secondary schooling ranging between Grades 8 and 11. A further 30.5 percent had achieved a matric certificate and 4 percent had some post-matric qualifications. Twelve point one percent had only a primary school education and 3.9 percent had no schooling at all. The remaining 2.3 percent were unsure, or didn't know.
- With regard to marital status, a significant proportion of all adults in the households (56.7 percent) had never been married while 21.8 percent were married and 12.8 percent lived with a partner. Smaller numbers of adult respondents (8.7 percent) were either divorced or their partners were deceased.
- Children under 18 years made up 43.6 percent of the overall sample. Of the overall sample, 721 or 40.4 percent, were children under 15 years. The breakdown for this cohort was as follows: 51.5 percent of the children were girls, and 48.5 percent were boys. A large proportion of the children in these households (44.3 percent) were aged zero to five years which is higher than the number of children in this cohort in the national population which is about a third (Hall, 2010). Of these children, almost a third of the children were between two and five years (31 percent) and 13.2 percent were younger than a year. The remaining children were of pre-school and school going age (55.7 percent). These data point to increased care responsibilities that are associated with the care of younger children in this community. The age distribution of all the children is contained in Figure 3.
- Well over a third of the children under 15 years (42.6 percent) were in primary school ranging between grades one and seven; a further 20.3 percent were in a crèche or pre-school; 10.8 percent were in secondary school ranging from Grades eight to 11 and the remainder were not in school.
- Only 7.3 percent of the children across all households were between 16 and 17 years of age. The gender distribution in this age group was more or less equal with the majority in this age group having secondary education (82.5 percent) and 8.8 percent had a matric qualification while 7.1 percent had a primary school education.

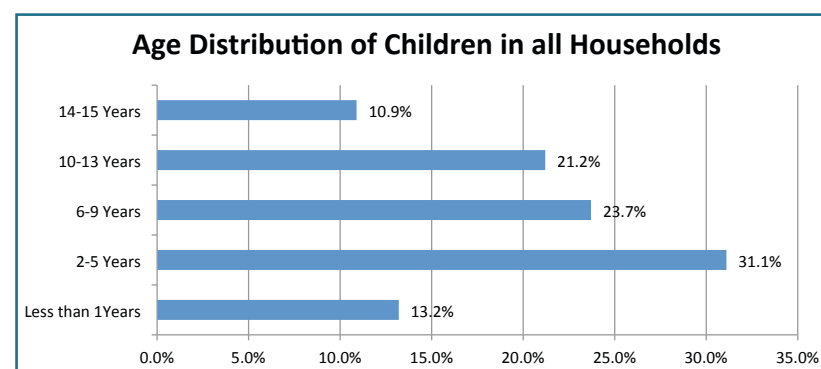


Figure 3: Age distribution of children in all households

5.1.3. Number of CSG beneficiaries and profile of respondents

In this section we focus on up take of the grant and the social profile of CSG respondents.

- A total of 281 households received one or more CSGs amounting to 81.9 percent of the sample. This indicates a high uptake of the grant by Doornkop households reaching 639 children. This is not unusually high; in fact, it is slightly below national estimates of the number of children who are eligible for the CSG (Hall, 2009; Budlender, Rosa, & Hall, 2005).

- Respondents received an average of 2.2 CSGs. The breakdown for the number of CSGs received per household was as follows: one CSG (48.3 percent); two CSGs (29 percent); three CSGs (7.8 percent), four CSGs (three percent), and five CSGs (0.7 percent).

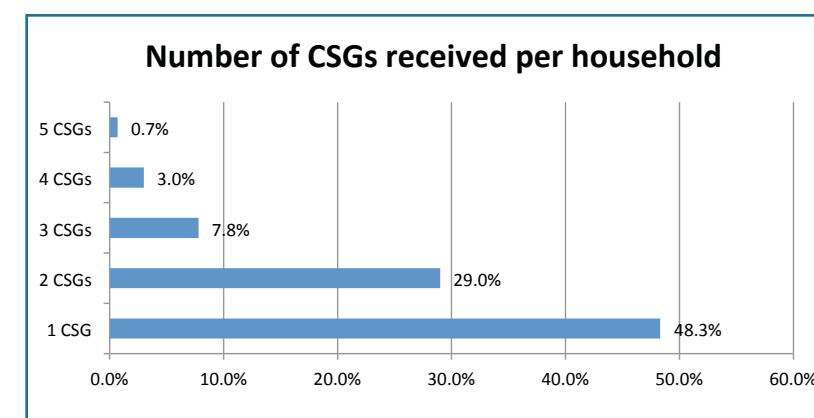


Figure 4: Number of CSGs received per household

- CSG respondents received the grant predominantly for their biological children (60 percent), while smaller numbers received the grant for their biological grandchildren (18.4 percent) and 16.1 percent received the grant for the children of other relatives.
- The age profile of CSG respondents suggests that they are younger than the rest of the sample. A large proportion (62.2 percent) falls in the range between 16 and 40 years². The distribution in this younger group is as follows: 21 to 31 years (31.1 percent), 31 to 40 years (26.2 percent) with a much smaller proportion (4.4 percent) being between 18 and 20 years with only one respondent being 17 years of age. A fairly significant proportion of CSG beneficiaries (22.8 percent) were between 41 and 50 years with smaller numbers falling in the category of older persons: namely, 11.2 percent were between 51 and 60 years; 3 percent were between 61 and 70 years; and 0.7 percent were over 71 years.
- With regard to educational attainment, just over half (55.6 percent) had a secondary education and a matric (26.3 percent). Small numbers had a post-matric (three percent) and other qualifications (0.4 percent). In contrast with the overall study population, very few CSG respondents (2.2 percent) had no schooling.
- Forty eight percent of CSG respondents were never married; 18.6 percent were married; 18.6 percent were living with a partner while 14.9 percent were divorced or their partners were deceased.
- In keeping with the large number of female headed households in this area, 52 percent of respondents identified their households as being female headed, 37.5 percent were male headed and 10.3 percent indicated that both genders were the head of the household.

² This age range was used because 16 year olds qualify to be a primary caregiver who can apply for a CSG.

5.1.4. Care giving and living arrangements of CSG children

The data were analysed to gain an understanding of first, who actually cared for the children receiving a CSG and second, whether they live with or away from the person who receives the grant. The reasons why they lived away from the grant recipient or the primary caregiver were also explored. Finally, we were also interested in understanding whether the grant recipient cares for other children who are not their biological children as this provides insight into the additional care burden of grant beneficiaries.

- A very high percentage of children in receipt of a CSG (92.2 percent) actually lived in the household with the caregiver receiving the grant. This indicates that beneficiaries receive grants for children that they actually care for in their homes.
- Only 7.7 percent of grants were received for children living away from the grant recipient. This is contrary to the popular belief that CSG beneficiaries receive the grant but that the children do not actually live with them. The children who lived away were mainly (70.4 percent) younger children between one and 10 years old, with half living away in a rural area. Children who lived away were cared for mainly by their grandmother (50 percent), other relatives (21.4 percent) or the child's mother (16.7 percent) or father (11.9 percent). Children thus lived with close relatives and were cared for in the extended family.
- The periods for which the above children lived away ranged between one and four years (59.5 percent); five and eight years (26.2 percent), nine and 10 years (11.9 percent) and more than 10 years (2.3 percent). The main reasons cited for children living away were a lack of accommodation (19 percent), school attendance (14.3 percent), and in 9.5 percent of cases respondents moved to Johannesburg and left the child at home. Another reason cited was that the primary caregiver needed someone to care for the child(ren) while she/he worked (7.1 percent) and lastly to help family members (7.1 percent).
- In households where the respondent received a CSG, children were predominantly the biological child/

children of the respondent (60 percent), while 18.4 percent of the children were biological grandchildren, and 16.1 percent of the children were other relatives of the respondent. Smaller numbers were cared for by brothers or sisters (5.2 percent) of the respondent, and 0.3 percent of the children were non-relatives of the respondent.

- In addition to caring for the children for whom the respondents received the grant, 17.2 percent of respondents were also responsible for children who were not receiving a CSG. In these cases, most respondents cared for one or two other children who were not in receipt of a CSG. Only a quarter of these respondents had applied for a CSG for these children. The remainder did not do so due to a lack of the correct documentation for the child (46.2 percent). Some (7.7 percent) did not know how to apply while others (2.6 percent) were not eligible because their income was too high.

5.1.5. Summary

The overall profile of adults in Doornkop shows that in households with children 15 years and younger, there are more women in this sample than men. Most adults have never been married, with a high prevalence of female headed households. Adults are also younger with significant numbers having incomplete high school education. This seems to be in keeping with recent national trends that suggest that the poor are living in households with low levels of education or incomplete high school education and in a context of rising urbanisation (Leibbrandt et al., 2010).

One may conclude that CSG respondents were relatively young women with a secondary education who were likely to be unmarried and the head of their households. Most were in receipt of between one and two CSGs and it is more likely that the grant is received for their biological children than for other relatives.

The overwhelming majority of children lived with caregivers in their household (92.2 percent). Very small numbers lived away; and those who did were younger children living with their grandmother, relative or the child's mother or father. Half lived in rural areas. Reasons for living away included a lack of accommodation, school

attendance, migration of parents, employment, and help to the family. Caregiver respondents also cared for one or two other children who were not in receipt of a CSG. The main reason for this was a lack of correct documents.

5.2. Income, livelihoods and vulnerability

This section deals with income, livelihoods and vulnerability in relation to gender.

5.2.1. Income

- In order to qualify for a CSG, in 2010 a single person should have earned less than R30 000 (3 900USD) per annum or R2 500 (325USD) per month (South African Social Security Agency, 2011c). The means test for married persons was R60 000 (7 800USD) per annum or R5 000.00 (650USD) per month. Using these thresholds, the income distribution of CSG and non-CSG households was calculated to determine what impact the CSG makes on income poverty at household level.
- Table 1 shows that 82.4 percent of all households in the sample survived on less than R2 500 per month. The average per capita monthly income in 2010 is estimated to have been R480 (62USD) per month. We used Oosthuizen's (undated) estimates to determine what proportion of the Doornkop population fell below the lower or upper limit of these two poverty lines in 2007 and adjusted this for inflation to determine the poverty lines for 2010. This was a useful approach as it used a poverty estimate that falls in the mid-range of most poverty lines used by researchers in South Africa (Leibbrandt, Woolard, Finn, & Argent, 2010). The absolute poverty line is based on the individual's ability to satisfy his or her basic nutritional requirements. The lower bound of the poverty line includes spending on food and non-alcoholic beverages while the upper bound includes the mean amount spent on some basic non-food items. The lower bound of the poverty line in 2010 is therefore estimated to be R455 (59USD) and the upper bound is R569 (74USD) per capita per month. In 2010, the average individual in the sample had an income slightly above the lower bound of the poverty line. However, the majority of the respondents (82.4 percent) had an income that was 20 percent or one-fifth below the upper bound of the poverty line.
- In comparing CSG with non-CSG households, we found that 71.9 percent of CSG households had an income less than R2 500.00 as against 10.4 percent of non-CSG households. This difference was statistically significant ($p=0.000$)³. This shows that the CSG is well-targeted at poor households. Based on the income and demographic data, it appears that the many non-CSG households in the sample also qualified for the CSG in terms of income and age of the children. The reasons why they did not have access to the grant may be because they did not have the relevant documents or because they had not yet managed to get them together (McEwen, Kannemeyer, & Woolard, 2009).
- A very small proportion of households (10.3 percent) earned between R2 501.00 and R5 000.00 per month. Of these, 72.7 percent were CSG households, compared to non-CSG households (27.2 percent). The CSG households in this income band are likely to be the ones where the respondents are married or where income is earned by non-CSG beneficiary adults in the household.
- The differences between the two types of households were insignificant in the higher income bands with 4.3 percent of all households earning above R5 000 per month. Only 2.5 percent of CSG households earned above R5 000 per month which might indicate a small leakage to those who earned more than the stipulations of the means test; but it could alternatively mean that income is earned by non-CSG beneficiary adults.

³ If the p-value is less than 0.05, it is deemed to be statistically significant



Income	CSG Households		Non-CSG households		Total	
	n	Percent	n	Percent	N	percent
< R2500	233	71.9	34	10.4	267	82.4
R2501 - R5000	24	7.4	9	2.7	33	10.3
R5001 - R7500	7	2.2	5	1.5	12	3.7
>R7500	1	.3	1	.3	2	0.6
Don't know	4	1.2	6	1.8	10	3
TOTAL	269	83 percent	55	17 percent	324	100.0 percent

Table 1: Household income (CSG and non-CSG households)

- Previous research studies show that the CSG has a greater impact among the chronically poor (Leibbrandt, Finn, Argent, & Woolard, 2010; van den Berg, Burger, & Louw, 2007). Further analysis was conducted to determine the income distribution of CSG households earning less than R2 500 per month. Of the households earning less than a R1 000 per month (40.8 percent), the overwhelming majority (87.2 percent) were CSG households, with non-CSG households being under represented (12.8 percent). A further 44.6 percent of households earned above R1 000, but less than R2 000 per month. Here again CSG households were over represented (86.5 percent). Assessed against the two poverty lines used above, 70 percent of all the households in the sample, and 61 percent of CSG households fell below the lower bounds of the poverty line. What this suggests is that despite the receipt of a CSG, these households still remained very poor. This is possibly because the amount of the grant was set very low relative to other social grants and because a large proportion of the CSG respondents had no regular wage employment, which is highlighted below (Hall & Wright, 2010). However, without the CSG, these households would have been significantly poorer, and their capability to mitigate poverty and vulnerability would have been severely compromised. This was particularly pertinent in the poorest one third of households, where the CSG made up a significant portion of total household income ranging between a quarter (one grant) and a half (two grants) of their income. The CSG's share of household income decreased as overall income rose.
- While income poverty was high across all households, female headed households were worse off than male headed ones. Over half of households (54.7 percent) with income below R2 500 per month were woman headed households compared to 34.1 percent of male headed households.

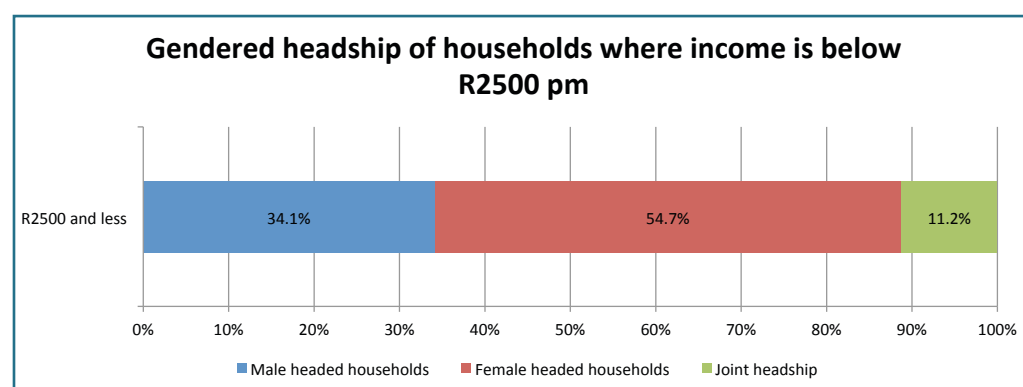


Figure 5: Gendered headship of households where income is below R2500 per month

- Further, we know from other studies that households are increasingly being reconfigured and include more relatives than before; possibly as a way of pooling financial and non-material resources (Bureau for Market Research, 2007) as well as to share care burdens. This was confirmed in the study findings where two thirds of the households in the sample had adult relatives living with them. Higher levels of poverty were, however, most notable in the case of the households composed of women, children and adult relatives (36.6 percent). Very few women (10.2 percent) lived alone with children.
- These statistics point to the gendered nature of poverty, which illustrates that women's experiences of poverty are often different to those of men (Chant, 2007; Kabeer, 1997). Aggregate statistics often hide these realities, including the fact that women bear the brunt of coping with the burden of poverty in poor households (Patel, 2012).
- We may therefore conclude that the CSG is well targeted at income poor households, particularly the very poor with children 15 years and younger. It also reaches those households that are particularly vulnerable to poverty such as women headed households with children. Without the CSG, these households would fall way below the poverty line. The CSG therefore contributes to building a minimum social protection floor or living level below which these households may not fall.

5.2.2. Livelihood activities

- The income earning strategies of the poor are diverse, with only 12.5 percent of CSG respondents being involved in regular work for a wage. Most were engaged in livelihood activities such as occasional or irregular wage employment (23.7 percent) and ran their own businesses (24.1 percent). Smaller numbers worked in exchange for food or housing (3.7 percent) and provided unpaid help in a household business (7.1 percent). Only three percent of CSG respondents attended school or a college. There were no differences between the livelihood activities of CSG households and non-CSG households. These statistics reflect the general livelihood trends of all the respondents in the study.

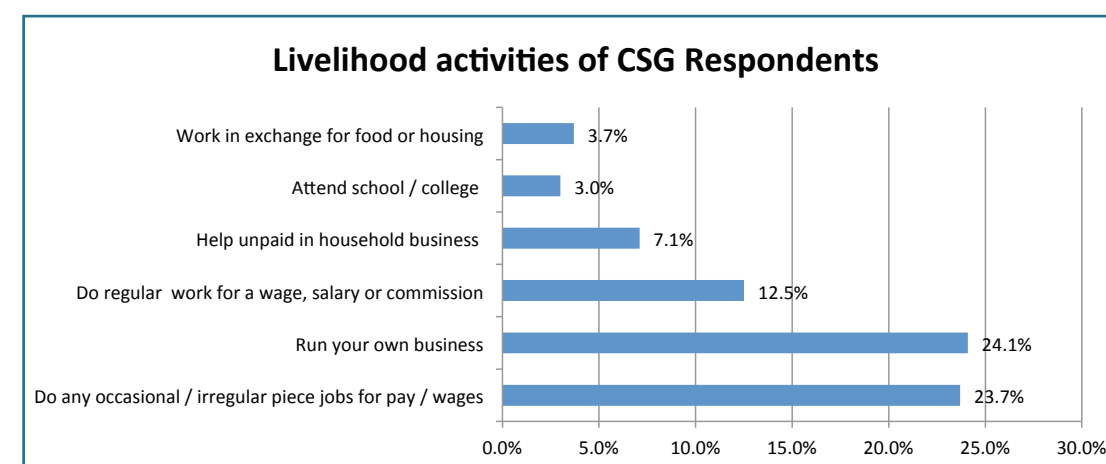


Figure 6: Livelihood activities of CSG respondents

- Research has indicated that contrary to popular discourses, grant recipients do not wish to be 'dependent' on cash transfers and continue to place a high value on paid employment (Surender, Noble, Wright, & Ntshongwana, 2010). Further, Surender et. al. (2010) demonstrate that grant recipients without work are extremely motivated to get work and want to exit the welfare system as soon as they can. This is clear in the following quotes from beneficiary interviews:



Grant beneficiary: “But then when I was working, I could see what I was working for, I was able to buy [essential items], so I am telling myself that the government, this money [...] he should rather give us employment.” (Doornkop home interviews)

Grant beneficiary: “This money that they are receiving [the CSG], [it is because] they are not employed, you find that they are not working, they do not have anything for their living, if you try to look for the job, you do not get it.” (Doornkop home interviews)

Grant beneficiary: “There is a lot of poverty here in South Africa, many people are struggling, they are not working.” (Doornkop home interviews)

Grant beneficiary: “I rather take this assistance and break it down in a manner that I think it can help me you see, at the same time being on the look-out for vacancies [...] Maybe if I had capital to do something for myself like a business, right, I would have done that to meet the government’s grant halfway.” (Doornkop home interviews)

5.2.3. Other grants

- The CSG is the largest (69.5 percent) of the national social grants, followed by old age pensions (17.8 percent) and disability grants (7.9 percent) (South African Social Security Agency, 2011a). The statistics for the Gauteng province are very similar to the national statistics.
- Doornkop had a higher uptake of CSGs (81.9 percent) and disability grants (15.2 percent) with a lower uptake of pensions (18.3 percent) when compared to the provincial and national number of beneficiaries for the three types of grants. In all cases disability grants were going to CSG households while two-thirds of CSG households included a pensioner.
- Foster care grants were received by only 3.1 percent of households.

5.2.4. Private maintenance

- Of the total number of fathers (102) who are not the current partners of all the respondents, 60.8 percent never pay private maintenance for their children while 24.5 percent do so. Despite recommendations by the Lund Committee (Lund, 2008) and civil society groups in recent years, the maintenance system continues to be ineffective and inefficient. More than half of maintenance applications received by the maintenance courts in 2009/2010 were not finalised (Warby, 2010). There is an urgent need for the reform and improvement of the private maintenance system.
- A total of 29.7 percent of the respondents receiving a CSG said that the fathers no longer provide support for their children now that they are getting a CSG. This raises the question as to whether the CSG may be leading to the displacement of private maintenance paid by the fathers of the children. The lack of the payment of maintenance by fathers of children receiving a CSG further contributes to financial insecurity in these households. Further research is needed to gain insight into why these fathers are not doing so.

5.2.5. Effects of vulnerability on household food security

- A validated Household Food Insecurity Access Scale (Coates, Swindale, & Bilinsky, 2006) was used to measure household food security of respondent households. A battery of seven questions was used to measure food security access in the month prior to the collection of data.
- The majority of respondents (53.8 percent) indicated that their households experienced severe food insecurity measured in terms of the above Household Food Insecurity Access Scale. A further 25.1 percent of households

were moderately food insecure, which means that 78.9 percent of respondent households were either moderately or severely food insecure.

- Households in receipt of a CSG were only slightly more severely (54.6 percent) and moderately (25 percent) food insecure than non-CSG households, of which 50 percent experienced severe and 25.8 percent moderate food insecurity. Slightly fewer CSG households (9.3 percent) indicated that they were food secure in comparison with 12.9 percent of non-CSG households. Although small differences between CSG and non-CSG households in terms of food security may be noted, these were not statistically significant. These data are contained in figure 7 below. We therefore infer from the data that without the grant, CSG households would be significantly more food insecure and that the CSG contributes to reducing household vulnerability to food security.

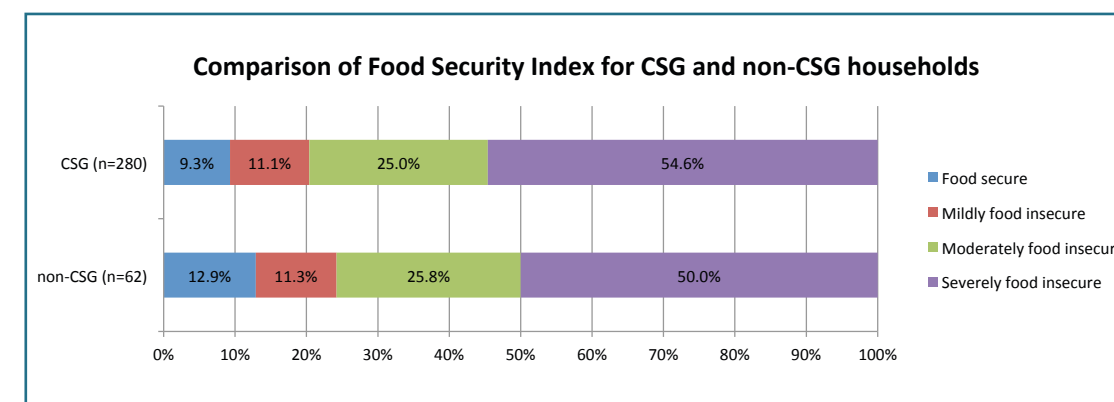


Figure 7: Comparison of food security Index for CSG and non-CSG households

- Grant recipients’ own words, drawn from the interviews that took place in their homes, illustrate the difficulties of food insecurity in their households as follows:

Grant beneficiary: “Yes, [the grant is important] so that we do not sleep on empty stomachs, so that children do not sleep on empty stomachs and [I] end up going to the neighbours and be a problem to the neighbours asking for food.” (Doornkop home interviews)

Grant beneficiary: “There are different forms, levels, of poverty. I mean, being very, very poor, it’s mainly food. If you are just sleeping on an empty stomach today, tomorrow you sleep on an empty stomach, would you consider yourself as being alive? [...] But then I am not there yet [because of the grant].” (Doornkop home interviews)

- Female headed households were more food insecure than their male counterparts. Figure 8 shows that 80.4 percent of female headed households were moderately or severely food insecure and 74.0 percent of male headed households were similarly food insecure. It would appear that male headed households are slightly better off than female headed households; however, this was not a significant difference ($p=0.060$).
- Despite the high levels of food insecurity in this community across all households in the sample, only 19.9 percent of households grew food for household consumption. More CSG households (21.9 percent) grew their own food in comparison with 11.3 percent of households with no CSGs.

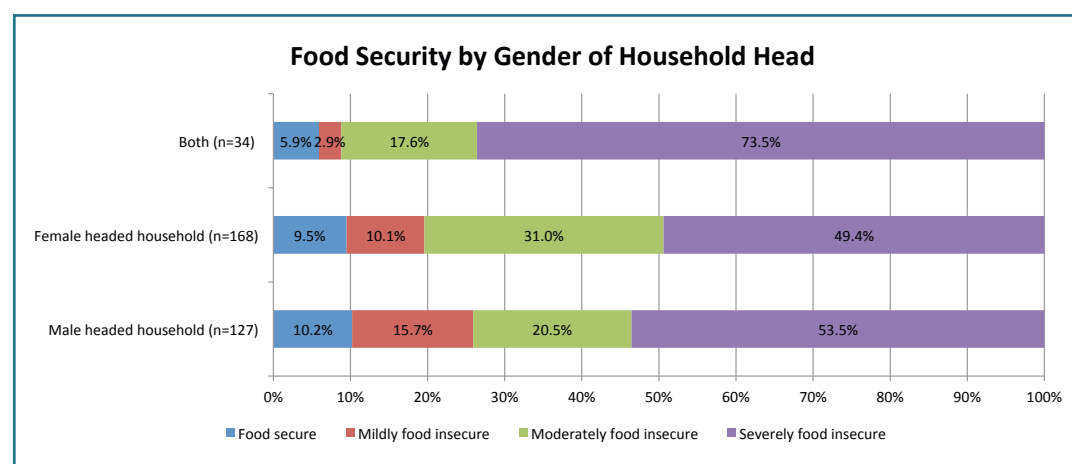


Figure 8: Food insecurity by gender of household head

5.2.6. Summary

In summary, these findings demonstrate that the CSG contributes to reducing income poverty particularly among the very poor and woman headed households. The grant is well targeted at poor households with children with very little 'leakage' to households who have higher incomes. Despite the small amount of the transfer and the fact that 61 percent of grant recipient households still fall below the lower bounds of the poverty line, the CSG serves to mitigate the vulnerability of poor households with children to food security in a local and global context of food price volatility. The gendered nature of poverty and the increasing financial burden that women face are highlighted by the data. Contrary to the view that CSG beneficiaries are passive recipients of public assistance, the research also demonstrates quite the opposite as many are actively engaging in other strategies to generate income to support their families, corroborating previous research that demonstrates this (Plagerson, Patel, Harpham, Kielmann, & Mathee, 2011). The CSG also provides a consistent and regular source of income that is supplemented by a diversity of other sources of income.

A significant concern is the low level of employment of women beneficiaries of the grant. This is often used to support arguments that the grant creates dependency on the state. However, a gender perspective allows us to see the many structural and social factors that serve as barriers to women's employment. There is high female unemployment nationally, a lack of absorption of women in the labour market with lower levels of skills, low levels of education, and employment in poorly paid jobs (Casale & Posel, 2002). Other barriers to women's employment are related to their huge domestic and care responsibilities in the home with limited external support and inadequate child care services that are particularly important where there is a huge spatial separation between home and work (Patel, 2012; Ranchod, 2010; Surrender, et al., 2010).

5.3. Use of grant and effects

This section presents information pertaining to how the CSG is used by recipients.

5.3.1. Use of the grant

- Figure 9 provides an indication of the use of the CSG. The majority of respondents (74.2 percent) used the CSG to pay for food. Of this total, 51.6 percent always used the money to pay for food, 12.3 percent used it often and 10.3 percent used it sometimes.
- The CSG is also used for school fees and school uniforms by 64.9 percent of CSG respondents. Children in South Africa have the right to basic education. The South African Schools Act of 1996 and the National Norms

and Standards for School Funding of 1998 provides for the automatic exemption of children who receive a grant from paying school fees, and in poor areas it allows schools to choose to be no-fee schools. In Doornkop, the Department of Social Development also provides free school uniforms for those who cannot afford to buy it. Despite this, many CSG beneficiaries spent grant money on school fees and school uniforms in Doornkop. The focus group and individual interviews we conducted in Doornkop in February 2011 confirmed that not all the carers knew about the availability of free school uniforms, and some parents also spent money on transport for children to and from school. These expenses erode the value of the grant.

- Regular expenditure on medicines or health services and transport were reported by 42.9 percent and 42.3 percent of respondents respectively. While primary health services are free and nearby, beneficiaries related in the focus group and individual interviews (February 2011) that they spent grant money on transport to hospitals and to access specialised services. Others used the money to buy medicines or to consult traditional healers.
- Smaller numbers used the money to pay for household/family events (16.6 percent); saved the money for future use (17.1 percent); paid off their debts (21.7 percent); paid a child minder to care for children (6.8 percent); paid for business related costs (6.9 percent); and bought airtime (15.4 percent).
- 13.7 percent pooled CSG income with other household income to cover these expenses.

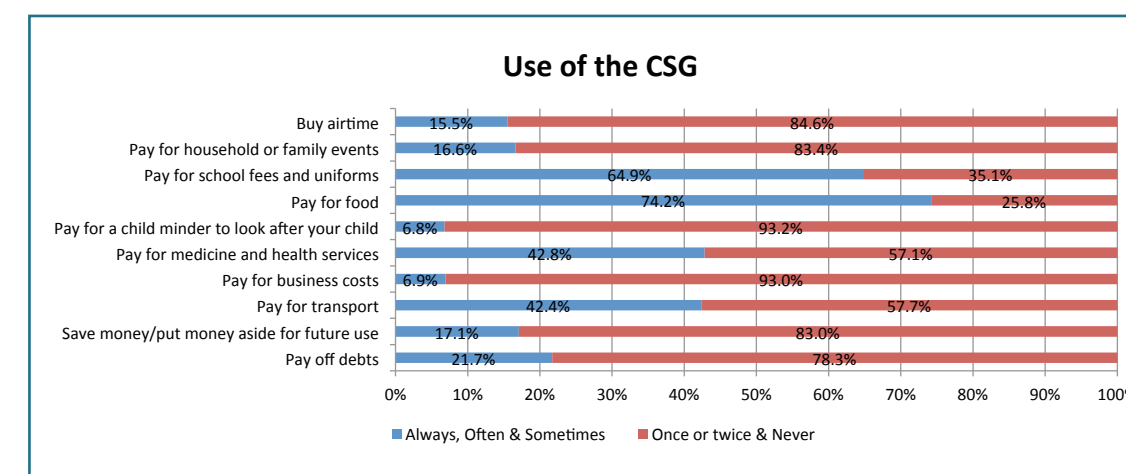


Figure 9: Use of the CSG

Focus group and interview participants also reflected the above priorities in their conversations with us. For example:

Grant beneficiary: "I use the money for the nappies and the milk because every month I have to buy those". (Doornkop Pay point).

Grant beneficiary: "I use the grant money for my children to go to the school and crèche". (Doornkop Pay point).

Grant Beneficiary: "I use it to buy [prepaid] electricity and water". (Doornkop Pay point).

Grant beneficiary: "Sometimes, I take it in the bank [for] when [my child] is sick. I buy food. I buy lunch box". (Focus group in Doornkop).



Grant beneficiary: “[I get] Five hundred, yes (for two CSGs). [With] R200 I send the youngest to the crèche. The 250, [...] I save it, we have a stokvel where we save. [We divide it] first week of December. That is when I buy clothes for my children; I buy for them once per year. I buy food for up to January. Ja, I buy in bulk. Indeed it works for me anyway. Also, [me and a friend] we [buy live] chickens, we come back and remove feathers and then sell them”. (Doornkop home interviews)

Grant beneficiary: “The grant you see, [...] immediately after receiving the 250 of the grant I know that with a R100 I will pay [my grandson’s] clothing account, then the balance will be 150, the R150 is for his [lunchbox] for school. [If things are bad at home I buy] food [instead] since you are able to buy a bag of mealie meal with the grant, and help here at home so that even the one who is buying food cannot feel the burden, and also that for some change and also that you are able to buy a 2kg of the chicken portions”. (Doornkop home interviews)

5.3.2. Women’s views on the effects of the CSG

Women’s views of the effect of the CSG on their own lives were found to be positive, with 82.3 percent of grant recipients indicating that “the grant has made their lives better”. Further, 79.2 percent believed that they could take better care of their children now they got the grant, and 61.8 percent believed that the CSG contributed to family cohesion, saying “the grant keeps my family together”. A further 64.5 percent said that now that they got the grant, they would not survive if it were stopped,

which indicates the important contribution of the grant to economic security for women, particularly for those who do not have a partner. Two-thirds of CSG beneficiaries thought the grant gave them a sense of personal power and courage, and 60.7 percent said that it made them feel good about themselves, which are significant indicators of personal empowerment and self-belief. Therefore beneficiaries themselves were very positive about the effect the CSG had on their lives.

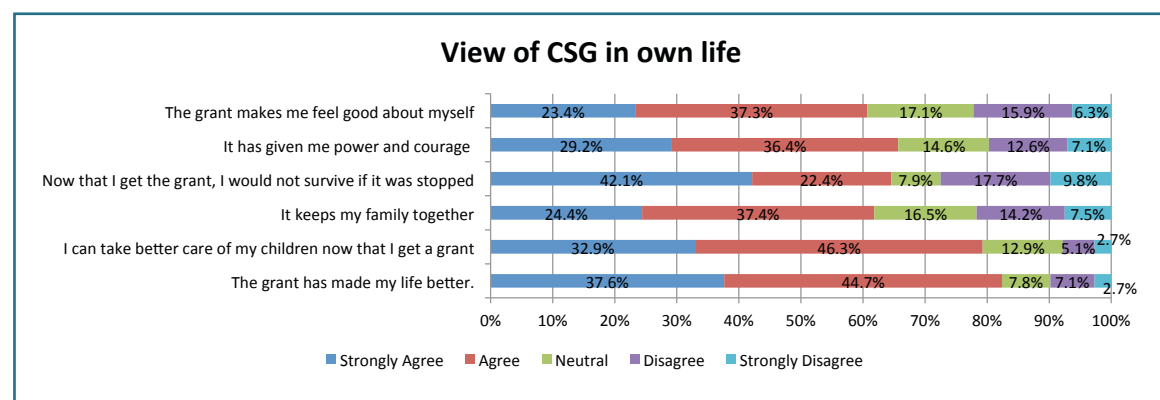


Figure 10: Views of CSG on own lives

These notions are captured by the words of one home interview participant:

Grant beneficiary: “It [the grant] made a lot [of difference] since now [...] [I do not] go to sleep and ask myself I wonder what I will do with the child in the morning. So the difference was very huge especially in my mind, such that my mental state is always good. I think about things that I need to think about. That poverty that I used to think about before is no longer in my mind. So, now I am able to live just like any other mother.” (Doornkop home interviews)

5.3.3. Summary

CSG respondents used the grant money for legitimate household expenses such as food and some basic non-food items such as clothes, transport, education and health related costs, some of which are included in the determining of poverty lines referred to previously. These findings are consistent with other national research on the use of the CSG (Neves, et al., 2009; Delany, et al., 2008). Further, respondents also made sensible decisions about the allocation of their limited resources such as the reduction of indebtedness, savings to protect their households against future risk, and costs associated with income generation to improve their financial capabilities. Spending on household or family events is a vital part of meeting family obligations, promoting social support and reciprocity, which are all critical to promoting household and family cohesion and social capital. In light of high HIV/AIDS prevalence rates, these events may also refer to funerals. Airtime is a vital commodity that aids communication. Cell-phone use in Doornkop and other poor areas in the City of Johannesburg is high, around 80 percent (de Wet, et al., 2008).

The findings also confirm the results of research in other countries that demonstrate that cash transfers (grant money) given to women is likely to be spent on children and to be used for the benefit of the family and the household (Haddad, 1999; Kabeer, 1994) and have a number of gender-positive effects (International Labour Organisation, 2011). It is also evident that grant money is spent on public services, which in some instances are freely available to poor children and families but because of inefficiencies in service delivery, they are not able to access these services; for example, some use the money for electricity, water, school fees, uniforms, and to access health services. Such expenditure erodes the value of the grant. These services need to work in concert with each other in order to derive the optimal benefits from grants and other public services. Apartheid’s spatial planning has also impacted on poor women’s access to employment and services, thus grant money is spent on these essential services. The grant therefore makes up for other deficits arising from past disparities and inefficiencies in the workings of existing services.

Finally, beneficiaries were very positive about the contribution of the CSG in their lives and in relation to

their increased capacity to care for their children and in promoting family cohesion. Given South Africa’s history of migrant labour, which had a detrimental effect on family life, the grant seems to go some way toward family cohesion.

5.4. Social care in the family and household

Across all households, adult females are the main persons who are responsible for social care activities such as buying of food (79.5 percent) and for the preparation and cooking of food (93.3 percent); cleaning (91.8 percent); doing laundry (92 percent); caring for children (91.9 percent); caring for the ill, people living with disabilities, and older persons (89.4 percent); and fetching of water for household use (87.3 percent). This confirms the earlier finding that women bear the greatest responsibility for the social care of household members with men playing a less prominent role except in areas that are considered men’s work such as household repairs (59.1 percent) and to a lesser extent gardening (34.2 percent). Therefore on average, females in the households were the main people responsible for care activities (70.3 percent). Very few respondents had help at home to assist with care and domestic labour. Only three respondents paid a helper a wage or in kind (0.9 percent), and 3.9 percent sometimes had a helper at home whom they do not pay. Eighty-five percent of women spent the bulk of their time on domestic and care responsibilities of children and family, which is unpaid work that remains invisible and unacknowledged in welfare, social care and social protection policies globally and locally.

5.4.1. CSG respondents’ engagement in care activities with children

We were interested in establishing what care activities CSG respondents were involved with in relation to the children in their care. These activities also provide an indication of the involvement of the respondents in promoting child well-being. All respondents were required to mark which statements closely represented the activities they were engaged in daily, often, sometimes, once or twice or never. Figure 11 provides an indication of the most frequent activities CSG beneficiaries were engaged in which was compared to the non-CSG respondents. The findings suggest first that all respondents were actively



engaged in various activities in the children's lives in their care. CSG respondents were more likely to engage in these activities either daily or often than non-CSG respondents. The activities that were statistically significant were⁴: watching television with their children ($p=0.041$); providing help with school work ($p=0.009$); and playing with or reading to the children ($p=0.003$). We are therefore able to conclude that CSG caregivers are more actively engaged in care activities with their children than non-CSG respondents, which are positive indicators of parental involvement in promoting child well-being. There are emotional and social benefits to this, but also more clearly measurable advantages; for example, studies show that children perform better at school where caregivers are positively engaged in the learning of their children (Desforges, 2003).

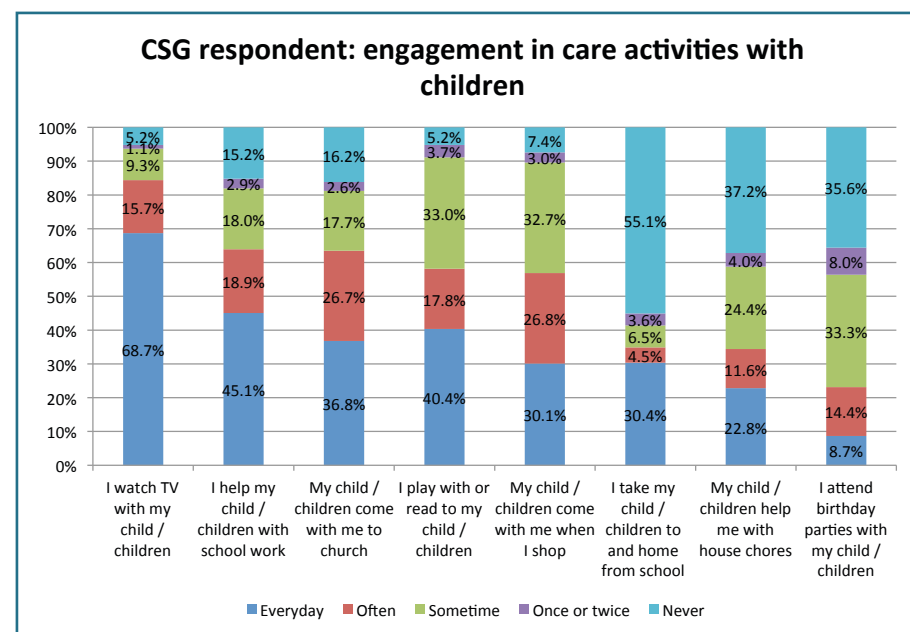


Figure 11: CSG respondent: engagement in care activities with children

5.4.2. Summary

Women are the main providers of care in their households with their male partners playing a much smaller role. The bulk of their time was spent on care activities in the home and the care of children, which remains invisible and unacknowledged in welfare, social care and social protection policies locally and globally. Budlender (2010) estimates that unpaid care work in South Africa is equivalent to between 11 and 30 percent of GDP depending on what type of measure is used. In this regard, Razavi (2010) argues first that the types of social care activities in families and households mentioned are fundamental to the economy and society and the levels of well-being that people enjoy. Second, social policy neglect in this important domain results in uneven burdens falling on women, especially poor women, and that this in turn is an important contributing factor in inequality. Social protection policies therefore need to take greater account of social care, which is highly feminised, weighs heavily on poor women and serves as a barrier to the realisation of their human capabilities.

⁴ If the p-value is less than 0.05, it is deemed to be statistically significant.

5.5. Relations with partners, intra-household decision-making and empowerment

This section starts by analysing partner relations in CSG and non-CSG households. It then goes on to understand intra-household decision-making, as well as women's perspectives of empowerment according to selected dimensions of empowerment.

5.5.1. Partners and partner relations

- Doornkop families do not conform to the structure of a nuclear family. Female headed households consisting of extended family and children were the most prominent family type (48.5 percent) followed by the nuclear family type (23 percent). Households with adult relatives (66.8 percent) were more prevalent than those without relatives (33.2 percent). Only 10.2 percent of respondents lived alone with their children.
- Since our particular interest is in gender relations, the data analysis focused on partner relations. Of those respondents who had a partner (46.6 percent), most (64.3 percent) had been with their current partner for between one and 10 years, and 21.3 percent had been with their partner for longer than 20 years. Only 14.5 percent were with their current partners for less than a year.
- In households where women had partners, 67.9 percent of the partners always lived in the household, and the majority (78.7 percent) were the fathers of some or all of the household children.
- Non-CSG respondents were more likely to have partners staying in the household either all of the time (85 percent) or most of the time (five percent) than the CSG respondents (63.3 percent and four percent respectively). Despite these differences between the two types, we may conclude that for the households where women had partners, half of all households, relations were fairly long-standing, the partners lived with them in the household, and most were fathers of the household children.
- With regard to the quality of these partner relationships, 64.8 percent of respondents with partners indicated

that they always got on well with their partners, and a further 13.4 percent said they often got on well with their partners.

- A key concern arising from the data is that of the prevalence (23 percent) of gender violence and fear across all the households. Slightly more CSG respondents indicated that they were either always (6.6 percent), often (5.8 percent) or sometimes (10.9 percent) scared of their partners compared to non-CSG respondents (2.7 percent, 5.4 percent and 13.5 percent respectively). These differences between the two kinds of households were, however, not statistically significant.
- A small number (7.9 percent) of all respondents with partners indicated that they were sometimes hit by their partners.

5.5.2. Intra-household decision-making

- We were interested to know more about who makes the decisions in the household and over what aspects of their lives women had the power to make decisions. Women's control over decisions about resource allocation and expenditure including decisions about children are important indicators of women's empowerment. Increased decision-making capability has a direct bearing on child well-being (Begum & Sen, 2005).
- The CSG was paid into the bank account of 54.3 percent of respondents who received the grant, and 45.7 percent physically collected the grant themselves from a South African Social Security paypoint. Close to half of all the respondents (48.7 percent) made the main decisions about how money was spent in the household, while 31.4 percent said that both partners and other members of the household made the decisions jointly. Far smaller numbers said that spending decisions were made exclusively by their partner (9.1 percent), or their mother or father (7.3 percent). This is reflected in figure 12.
- Women were the main decision-makers about spending money in a range of categories, such as clothes for children (79.2 percent), food and groceries (74.5 percent), medical costs (75.2 percent), school



related costs (76.6 percent), and transport (70.5 percent). Lastly, they were also the main decision-makers about children's health (82.4 percent), discipline (74.9 percent), and education (76.5 percent). Decision-making is considered further in relation to other aspects of empowerment in the next section.

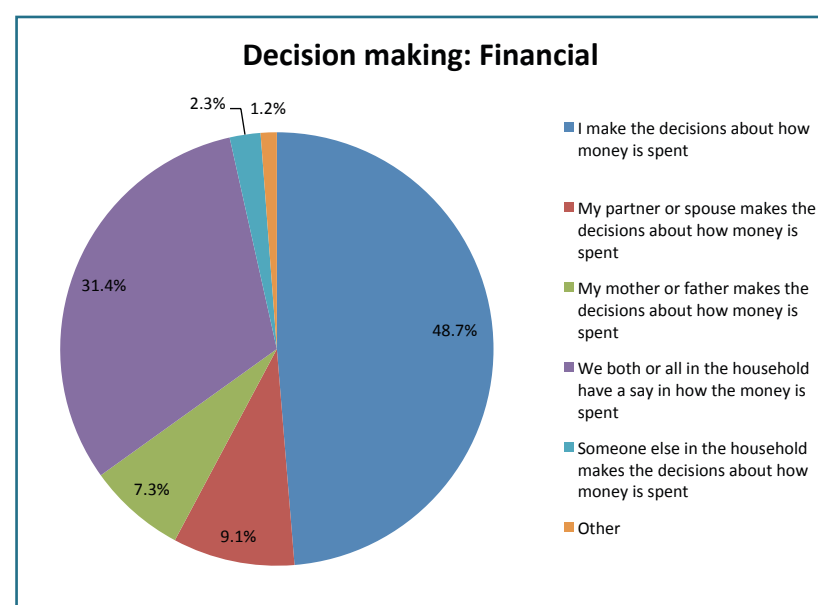


Figure 12: Financial decision-making in all households

5.5.3. Dimensions of empowerment

In the research study we were particularly interested in women's views of empowerment informed by Kabeer's empowerment framework (1999) and Adato et al.'s indicators of empowerment (2000) to understand how women used cash resources to achieve their own goals (agency). Six dimensions were identified as critical to empowerment, namely, decision-making, women's rights, participation, gendered beliefs, personal empowerment and time spent on domestic duties and care in the home. Two or three statements that reflected each one of the six dimensions were developed to form a battery of 14 statements related to empowerment. Respondents were asked to indicate their level of agreement with these statements using a five-point Likert Scale.

The findings are presented first for respondents across all the households, after which a comparison is drawn between CSG and non-CSG households in relation to their views on gender empowerment. The findings were as follows for all households:

- **Decision-making:** 71.2 percent of respondents agreed with the statement that decision-making power is shared equally in the household, and 74.5 percent disagreed that their partner treats them like they have no say in the house. Therefore women seemed to be indicating that they had decision-making power in their lives. Figure 13 illustrates these results.
- **Women's rights:** 70.4 percent of respondents disagreed with the statement that women did not have the right to voice an opinion. Further, while 49.5 percent agreed that "in my household a woman should know her place", only 36.6 percent disagreed. The results in this dimension are thus mostly positive in that women believe they have a right to voice their opinion, although a fairly large proportion also accept gender norms such as conforming to traditional gender roles.

- **Participation:** 74.5 percent participated in school and community meetings, and 64.1 percent said they benefitted from participating in church groups, stokvels or burial societies. This implies that women are participating freely in community activities that they perceive to be of benefit to them and that will improve their lives and those of their children.
- **Gendered beliefs:** 83 percent believed that women were more concerned about the care of their children than men, and 87.1 percent believed that women were better at looking after the family than men. These results are reflective of both women's acceptance of gender norms and roles as well as a possible reflection of men's limited involvement in family life. In addition, positively, the majority of respondents, 64.2 percent, disagreed that their partner was more likely to spend money on himself than the household, but at the same time a quarter agreed that their partner was likely to do this.
- **Personal empowerment:** 88.1 percent believed that they had the ability to assert themselves when they agreed with the statement "I have the confidence to confront things in my life that I don't like." Also, 78.3 percent of respondents agreed that "I have the power to manage my life", suggesting positive self-belief. Finally, 53.2 percent believed that they were able to survive financially on their own. These responses show that women had a positive sense of personal empowerment.

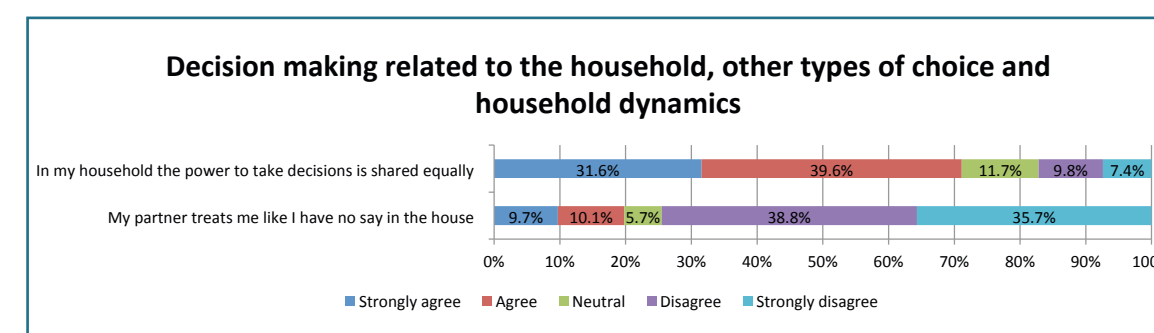


Figure 13: Decision-making related to the household, other types of choice and household dynamics

- **Gender responsibilities:** 85.5 percent agreed with the statement that they spent most of their time on domestic responsibilities and care of children. Consequently, women are heavily burdened by gendered domestic responsibilities. In relation to views about the gender division of labour in the household, the differences between the respondents who agreed that "there are certain jobs in the house that just remain a woman's" (49.7 percent) and those who disagreed (43.5 percent) were small. Even though women seemed to support the gender division of labour, the vast majority of women were heavily burdened by gendered domestic responsibilities, the care of children and coping with the burden of poverty. Figure 14 illustrates this.



Care and domestic responsibilities

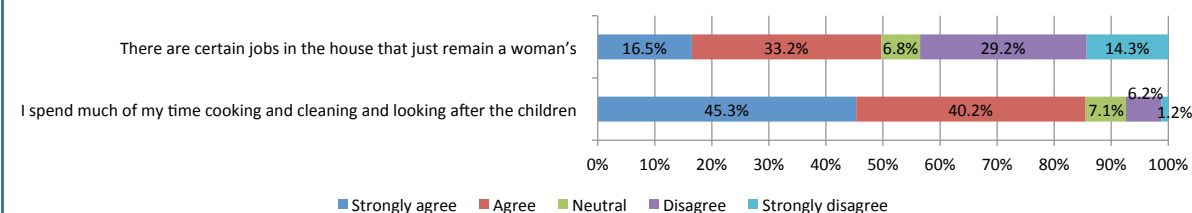


Figure 14: Care and domestic responsibilities.

5.5.4. Comparison of CSG and non-CSG respondents

Comparing responses from women receiving a CSG with those not receiving a CSG, it was evident that there were no differences in empowerment between the two groups except for three areas where the disparity was statistically significant. First, CSG beneficiaries were more likely to disagree with the statement that decision-making power is shared equally in their household ($p=0.04$)⁵. This correlates with findings presented above that women are the main decision-makers in their households particularly in relation to what and how to spend the grant and in relation to their children. Second, CSG respondents are more likely to disagree with the statement that “there are certain jobs in the house that just remain a woman’s” ($p=0.008$). This suggests that of the two groups, CSG respondents were less likely to accept the gender division of labour in the domestic sphere possibly because larger numbers of CSG beneficiaries are heads of households and make the decisions themselves. Also perhaps because the grant puts money in women’s hands, which is more likely to be used for communal household expenses and for children as previously discussed in section 5.3. Lastly, CSG beneficiaries were more likely to agree with the statement that “I attend community meetings (e.g. meetings at school or for the street committee) to be a part of improving our lives” than non-CSG beneficiaries.

The similarity of the overall results on the remaining 11 questions in the empowerment battery suggests that CSG beneficiaries held similar views to the rest of the sample in relation to personal empowerment, decision-making, participation and rights.

5.5.5. Summary

Social protection policies have historically been influenced by the male bread winner model, and the normative view that the nuclear family is the desired norm. However, internationally and locally family structures are changing. The data illustrate these changes in the local context with larger numbers of female headed households and households with relatives. While single women had partners, many did not live with them. This may suggest growing autonomy of women who choose not to be with a partner despite the financial insecurity that comes with not having a partner, or it might be attributed to poor relations with their partners or a lack of commitment on their part. We did not probe this, and more research is needed to understand these changes. Those who had partners seemed to be in longer standing relations; the partners were the fathers of the children, and many had good relations with their partners. Given the high incidence of gender-based violence in the society, it was not unexpected that almost a quarter of the respondents in the sample feared their partners.

One may also deduce from the data that the women in this urban community had a positive sense of their own empowerment personally; they made decisions that were critical in their own lives and that of their children, they

⁵ If the p-value is less than 0.05, it is deemed to be statistically significant.

had a consciousness of their rights, and they participated actively in community life. CSG beneficiaries considered themselves to be more empowered in decision-making and participation and were less accepting of the gender division of labour. It is therefore apparent that the CSG contributes to the empowerment of women particularly in decision-making and in the control over resources.

Despite changing gender relations and an increased sense of empowerment by women in general, these findings remind us of the complexity of changing socio-cultural gendered beliefs and attitudes, and that men and women are likely to hold both progressive and contradictory views about gender.

5.6. Access to services and support

This section outlines the various services that the participants are able to access and speaks to some of the community assets available to them.

Previous research shows that Doornkop residents have good access to basic services such as electricity, water and sanitation (de Wet, et al., 2008). This is supported by findings of national studies that confirm significant progress in access to basic services (Bhorat, van der Westhuizen, & Jacobs, 2009; StatsSA, 2007). We found that overall 98.2 percent of all households had running water in the house or yard, 93.8 percent had access to electricity, and 76.9 percent had a flush toilet on the stand. However, many poor households do not have the resources to pay for pre-paid electricity and to meet their need for extra water over and above that which is freely supplied (Bond & Dugard, 2008). As expected, since the provision of basic services is targeted at poor communities rather than on an individual household level, there were very few differences between the CSG and non-CSG households in terms of access to services in Doornkop. The greatest difference was in access to a flush toilet on the stand: 83.3 percent of non-CSG households indicated having access to a flush toilet on the stand as opposed to 75.5 percent of CSG households.

Access to services (all households)

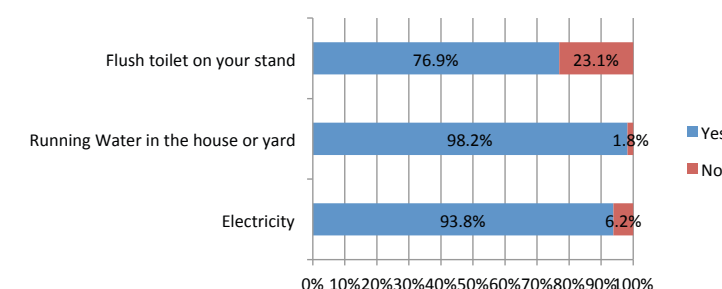


Figure 15: Access to services (all households)

Access to basic services eases the burden of domestic responsibilities on women and also reduces the time spent on daily household work. Access to basic services also provides an indication of the living environments of children, which in turn have benefits for child health and educational performance and reduce safety risks for children who may have to leave the property when they have to use a toilet or collect water. The National Income Dynamics Survey data (Hall & Wright, 2010) show that children in formal urban areas are better off in their living arrangements in relation to access to housing, levels of overcrowding, access to water, sanitation and electricity when compared with children in formal rural areas. Children living in ‘tribal authority areas’ (areas and communal land administered by traditional authorities, namely the former homelands) constitute the majority of children in the country (47.1 percent) and have the least access to basic services (Hall & Wright, 2010). Doornkop children are therefore better off than their rural counterparts.

Owing to its importance for full participation of children as citizens and in claiming their rights to services and benefits, access to birth registration documents was explored. Of the children in all households, 83.7 percent (581) had a birth certificate, and 10.2 percent (71) had no birth certificate. The lack of a birth certificate may account for why some of the children who seemed to qualify for the grant did not receive it. However, on a national level registration of children at birth has increased significantly (from 25 percent in 1998 to 78 percent in 2008) since the introduction of the CSG. South Africa has the highest registration of children at birth and under five years in comparison with other countries in the Southern African Development Community (Patel & Moodley, 2010).

5.6.1. Access to schooling

- Of the children in all the households surveyed, 73.5 percent attended school regularly. A quarter of the sample (25.7 percent) was too young to attend school. It is evident that there was almost universal school enrolment and regular attendance of the children between 6 and 15 years in the sample. This is consistent with the national picture that indicates that primary schooling in South Africa is almost universal with most young people advancing into secondary school (Branson & Lam, 2010).

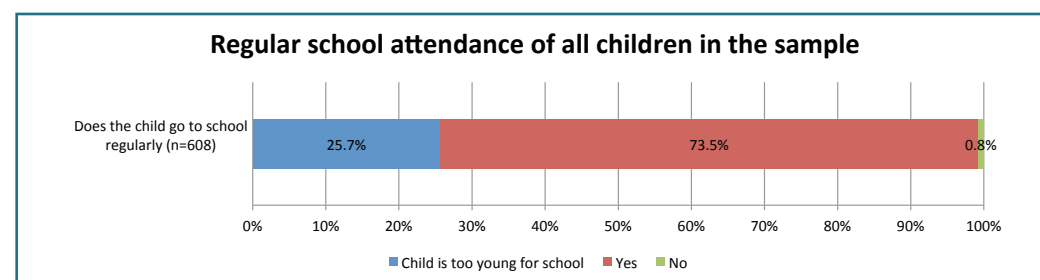


Figure 16: Regular school attendance of all children in sample

- Children in receipt of a CSG who are of school going age attend school regularly (88.8 percent) and the majority have never failed a grade (74.1 percent) (see Table 2 below). There were no differences between CSG children and the overall sample in relation to grade repetition. It is a concern that 25 percent of respondent children have had to repeat a grade. Grade repetition is a serious problem in South African schools especially in poorer areas due to the poor quality of education. It is also positively associated with disparities in household expenditure and the level of parental education. Significant disparities continue to exist between white and African children that “are a function of limited resources at both the school and the household level” (Branson & Lam, 2010:104).

Has the child failed a grade?	CSG		non-CSG		Total	
	n	%	n	%	n	%
Yes	93	25.9%	12	23.1%	105	25.5%
No	266	74.1%	40	76.9%	306	74.5%
TOTAL	359	100%	52	100%	411	100%

Table 2: Comparison between CSG and non-CSG children's school performance

- More than half of CSG beneficiaries (54.3 percent) lived close to their school and were able to walk to school while a third required transport to get to school. Figure 17 provides an indication of the proximity of children to their school across all the households. Respondents were asked to indicate how close the school was to the child's home and whether they walked to school. There were no differences between CSG respondents and the overall sample on this question.

Proximity to school If children in the household are at school, do they walk to school?

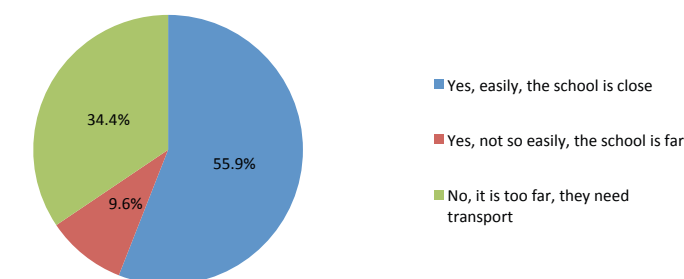


Figure 17: Proximity to school (all respondents)

- A small number of children in CSG households (16.5 percent) did not have school uniforms. This is similar for the overall sample.
- Just over half of the children in CSG households (53.4 percent) received food at school while 24.3 percent did not. This is similar for the overall sample.
- Slightly more CSG children (34.9 percent) attended a crèche or were cared for by a child minder in comparison with 16.1 percent of non-CSG children.

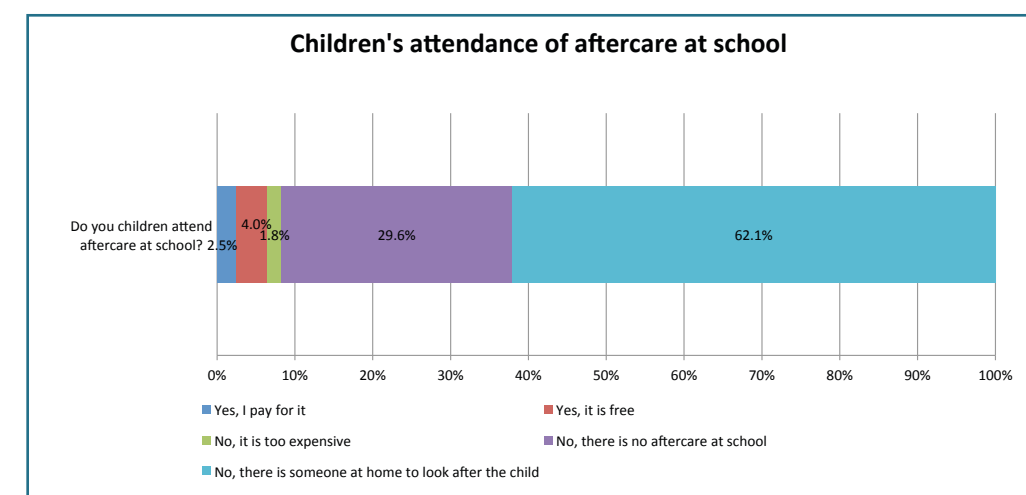


Figure 18: Children's attendance of aftercare at school

The value of schooling lies not only in the education children receive, but also in the ancillary services the school environment provides. Angela Nkosi, the Principal of Bonamelo Primary School in Doornkop, notes the importance of the school nutrition programme, funded by the Department of Basic Education:



"I think [...] over 70 percent of learners are getting the grant [CSG]. I think the grant is a good thing. For me it puts a plate on the table for our learners at home. Our school is a no-fee school, so all children, all children, qualify to be in the school nutrition programme. In the past before this nutrition programme [was started], we would have learners not coming at all and we would understand that maybe they are sick, maybe it was not easy to wake up, because they have not eaten. The social workers from the Welfare [Department] visit those homes, get the names, get the sizes of [clothes and] shoes and they bring it to school and then each child is issued [with these items]." (Key informant interview)

5.6.2. Access to health services

- Respondents felt that 91.6 percent of the children in their care were currently in good health. A few (21 percent) indicated that there had been a situation where their child had to be admitted to hospital in the past.
- Almost all children (96.7 percent) had the correct immunisations for their age. This suggests that knowledge of and access to primary health care services in Doornkop is fairly good. It should be noted that these are reported responses of caregivers; no clinic records were checked to verify this information. An interview with Sister Florence Gwebu at Siphumilile Clinic in Doornkop confirmed this when she said that "you will find that most children that are healthy are those children who belong to the mothers who get a grant".

5.6.3. Access to material support

- The majority of CSG respondents (82.6 percent) never received material support from outside their households. A few households sometimes received clothing (10.9 percent), money (10.8 percent) and food (7.5 percent). A similar distribution was apparent in the case of all respondents in the sample.

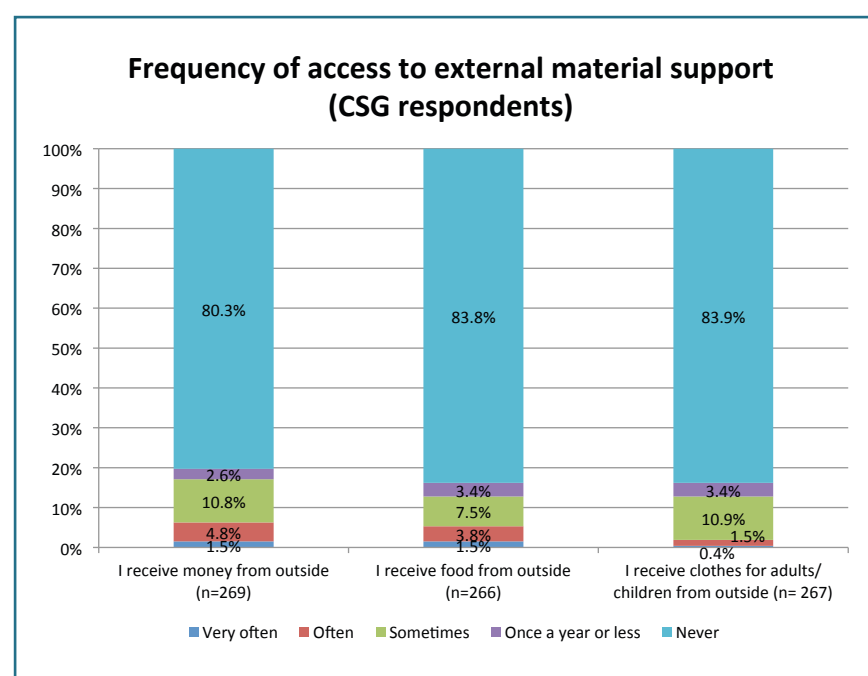


Figure 19: Frequency of access to external material support (CSG respondents)

5.6.4. Summary

Children and women living in CSG households had very good access to basic services – water, sanitation and electricity – although this does not indicate the actual usage of some services such as water and electricity. In addition, they also had good access to primary health care services in the community and to schools within walking distance of their homes, except for a smaller proportion that required transport. Slightly more CSG children (34.9 percent) than non-CSG children attended a crèche or was cared for by a child minder. There was also significant access to birth registration documents in the Doornkop sample, although 46.2 percent of children who do not receive the grant may not receive it due to a lack of the correct documentation.

There is almost universal primary school enrolment of CSG beneficiaries, with large numbers of children passing. A quarter of the children repeated a grade, but this appears to be a national issue, particularly due to the poor quality of schooling in poor areas, which is a function of inadequate resources in the home and at school. A lack of access to food at school, uniforms and transport were other factors that may have a bearing on regular school attendance and performance of Doornkop children.

CSG respondents perceived children to be in good health with wide immunisation coverage. CSG beneficiaries, like most of the respondents in the sample, did not have good access to material support from outside their households although sometimes they did receive clothes, money and food. It appears that they had limited external or informal access to such support to mitigate vulnerability.

5.7. Beneficiary perspectives and discourses

In this section we report on the CSG respondents' views on the CSG in general. Overwhelmingly, respondents were convinced that the grant assists poor people (92.1 percent agreed). But this view was combined, at the same time, with beliefs that the grant is abused and not used for what it was meant (54.7 percent), that it encourages teenage pregnancy (45.4 percent), and that it encourages people in general to have more children (41.5 percent). A smaller number believed that it makes people lazy (36.8 percent). See figure 20 for a graphic representation of these results.

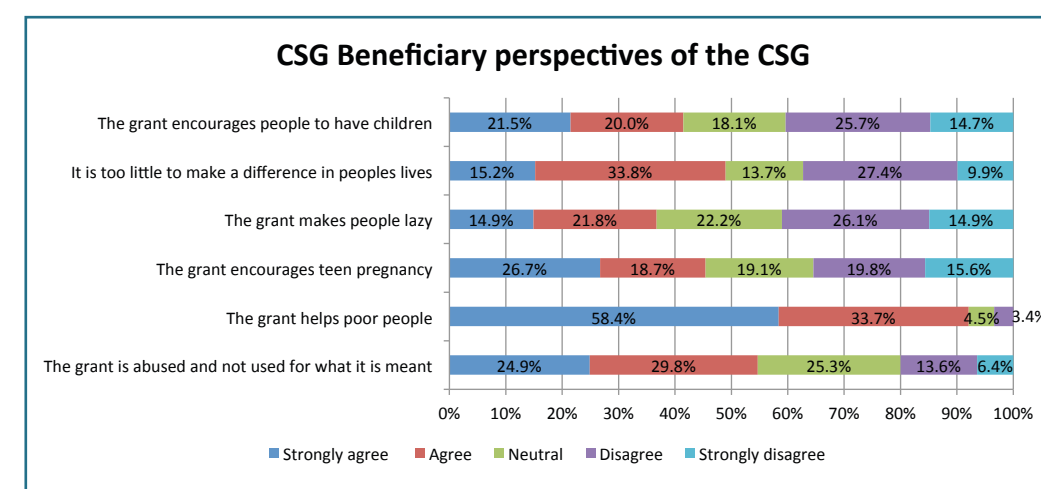


Figure 20: CSG beneficiary perspectives of the CSG

These negative views about the CSG are often cited in public discourse in the media and the wider society and have an impact on how beneficiaries view themselves. Some beneficiaries subscribed to these views as indicated by the following statements that emerged from interviews with some beneficiaries at pay points, in the focus group and with key informants. This is what they said:



Grant beneficiary: “They use it [CSG] for dice, for drinking.” (Doornkop paypoint)

Grant beneficiary: “Other people buy beer and drink and give their boyfriends the money.” (Focus group in Doornkop)

Some beneficiaries and key informants also challenged some of the dominant discourses in interviews with the researchers, for example, the idea that the grant is widely abused, and the belief that the grant causes teenage pregnancy. Three interviewees had the following to say:

School Principal: “For me these challenges are minimal. It will be [only] one parent or two parents [from the whole school] that have not used the grant for the correct things.”

Grant beneficiary: “I don’t [...] I don’t think [this grant is] the cause of teenage pregnancy because you can’t, you can’t grow a child with R250.” (Focus group in Doornkop)

Grant beneficiary: “I don’t think the grant enforces teenage pregnancies.” (Doornkop paypoint)

It should be noted that only 4.9 percent of respondents in the study were aged 16 years – 20 years old, which is contrary to the popular view that the grant causes teenage pregnancies. This also accords with other research that shows that teenage pregnancies started declining in the first half of the 1990s and that this trend was already under way when the grant was introduced (Makiwane, 2010). Overall fertility levels are also declining nationally. There does not appear to be evidence at this stage to support the belief that the grant causes teenage pregnancies, but despite this, some of the interviewees held this view strongly.

An official from the South African Social Security Agency, Ms Brenda Chaka, had the following to say about the view that the grant is not used for what it is meant:

“But there are those who are using the grant for a good cause. There are those who are saying it’s small, it’s not enough, but it’s making a difference to them. The grant is actually helping. It’s actually adding value to [them] and to the unemployed. It gives [them] a sense of responsibility. It gives [them] dignity to actually be parents to the children and to actually assist in running the household.”

These findings suggest that while beneficiaries were very positive about the contribution that the grant makes in their own lives (see section 5.3.2) and that it helps poor people, they nevertheless held contradictory views. It is plausible that a minority of ‘mis-users’ of the CSG are highly visible in the community and that they may have lead respondents to believe they represent the majority of beneficiaries. For example, there is a commonly held view that grant recipients use the money for alcohol. However, when we asked respondents in this study whether anyone in the household consumed more alcohol now than five years ago, 85.5 percent said no. Other research has also noted that recipients themselves tend to subscribe to popularly promoted prejudices (Surender, et al., 2010). Grant beneficiaries are also exposed to others’ negative public sentiments about the CSG, and some suggested that they felt stigmatised by these views (Hochfeld & Plagerson, 2011):

Grant beneficiary: “So even me also, you know [the community thinks] that I’m in that group that doesn’t care anymore, who’s abusing the grant, [because] I’m not working, I’m unemployed and it’s many years now. It’s seven or eight years, you see. And that thing is hurting me, okay? So somebody who is looking at me in a distance okay, cannot see what I’m thinking about or I’m not sleeping at night trying to change my situation. You see, you cannot see that, he or she would say she’s relaxing; she’s not looking for any job now, you see. Because she’s getting the grant. Maybe that grant is enough for her. And yet it’s not.” (Doornkop home interviews)

Grant beneficiary: “Those who don’t have the grant look down on those who get the grant. They are saying like they are lazy, they don’t want to work and then they have to wake up early in the morning and do stuff for themselves; they don’t have to depend on anyone. Forgetting if they were in the same situation as those who get the grant they wouldn’t say that. So they don’t know the situation.” (Doornkop home interviews)

Grant beneficiary: “They are poor, they don’t want to be [...] It’s like calling names, you are saying, you are poor like if you are gossiping about that person.” (Doornkop home interviews)

Negative discourses about grant recipients also fuel beneficiaries’ concerns about the future of cash transfers. They are concerned that “the state will withdraw the favour in the future, either because the state might ‘run out of money’ or that it will stop the grant due to persistent misuse; women were thus anxious that they might have to pay for others’ mistakes or misuse” (Hochfeld & Plagerson, 2011:56-57). For example:

Grant beneficiary: “I don’t think [my children’s children will get the grant]. Because I do not think that the grant [...] it is being used on those wrong things [...] it [won’t] still be available at that time.” (Doornkop home interviews)

Grant beneficiary: “Actually I think that [the CSG] will cease to exist. If the government is going to [...] provide for the child, ja, I think that [the money] will be used up.” (Doornkop home interviews)

Grant beneficiary: “We do have the fear that one day the grant will be stopped, you see, and then what are we going to do when the grant is no longer there?” (Doornkop home interviews)

5.7.1. Summary

CSG respondents held contradictory views of the grant. On the one hand, they believed the grant contributes to reducing poverty while on the other hand, they held negative views about the incentive effects of grants and the possible abuse of the money by beneficiaries. This reflects current debate in society at large and in local communities about the role of public assistance in promoting social development. The qualitative data provided insight into their perspectives, which provided both personal and structural explanations for the causes of poverty and why they thought that the grant was important in their lives. They were also sensitive about how members of the community viewed them and, at times, their lack of understanding of their situation and their struggle for survival. Respondents also drew attention to the difficulties they face in finding employment and of their desire to work, which is contrary to the view that women are lazy. Similar findings emerged from other studies on grant receipt and dependency on state assistance (Surender, et al., 2010).



6. Conclusions

The study findings provide a multi-dimensional understanding of the gender dynamics and impact of the CSG in poor urban households with children in Doornkop, Soweto. The findings may be generalised to other areas with similar socio-economic and demographic profiles as well as similar CSG uptake levels. The data offer insight into how a range of privations of a physical, educational, social, cultural, and economic nature combine to create a precarious existence for grant beneficiaries of which the majority are women. It demonstrates that women's experiences of poverty are often different to that of men and that a narrow focus on income and consumption will provide only a partial view of the contribution of the CSG in poor households. By approaching the study from the perspective of women care givers of children, we gained valuable insight first into their views of the role of the CSG in mitigating poverty and vulnerability, and in easing women's domestic and care responsibilities. Second, it also demonstrates women's agency in the deployment of resources to promote overall household and child well-being. Finally, a mixed picture emerges about the potential of the CSG to transform gender relations although this was not the intention when the grant was initiated. The principal findings are briefly discussed below with reference to the above issues. This section concludes with pointers for more gender and child sensitive social protection policies that promote inclusive social development.

6.1. Summary of findings

The grant is well targeted and reduces income poverty especially in very poor and woman headed households. The amount of the grant is small, and so its impact in raising household income on or above the lower bounds of the poverty line remains limited (39 percent). CSG households, particularly those headed by women, also remain mildly to severely food insecure. The smaller impact of the CSG in reducing income poverty is also due to the fact that the majority of respondents (87 percent) were unemployed. This reflects the overall national trend of high female unemployment, poor absorption of women in the labour market with lower levels of skill and education, as well as the huge domestic and care responsibilities of women. The opportunity costs associated with employment, especially child care and transport because of the spatial separation between home and work in urban communities, is seldom

taken into account. Since the majority of beneficiaries are unemployed, the CSG is the only regular source of income in many households, complemented by other diverse sources of income such as pensions and disability grants, casual work, small business activities and limited material and in-kind support from family and external agencies.

CSG beneficiaries received on average two grants, and beneficiaries cared mostly for their biological children (60 percent) while 18.4 percent cared for biological grandchildren and 16.1 percent for relatives. An overwhelming majority of beneficiary children lived with the care giver in the household (92.2 percent). This indicates that children are cared for in their family of origin and in the extended family system, thereby illustrating a high level of family cohesion. Further, CSG beneficiaries (33 percent) also cared for other children who were not in receipt of a grant. This illustrates the mounting care responsibilities and family obligations of the respondents who cared for children of relatives, largely due to the effects of the HIV and AIDS epidemic. Beneficiaries were in the main very positive about the impact of the CSG on their lives. They indicated that they would not be able to survive without the grant (64.5 percent), that they are now better able to care for their children (79 percent) and that the CSG has improved their lives (82.3 percent).

Grant monies were mainly used for food (74.2 percent) and some basic non-food items such as school fees and uniforms (64.9 percent), health and transport (42.9 percent), and to some extent to reduce indebtedness (21.7 percent) and to build up savings (17.1 percent) to protect themselves against risk. Further, CSG respondents were positively engaged in care activities with the children often or on a daily basis such as helping with school work (64 percent), and playing with or reading to them (58 percent). Almost all (73.5 percent) CSG children were enrolled in school and attended school regularly, with the majority (74.1 percent) having passed a grade. Children appeared to be in good health (91.6 percent), were immunised (96.7 percent) and lived in households with very good access to basic services such as water, sanitation and electricity. Just over half of CSG children lived within walking distance of their school, while smaller numbers of children did not have access to free school uniforms (16.5 percent) and the primary school nutrition programme (24.3 percent).

Beneficiaries also spent grant monies on services such as health, transport, electricity and water that should be freely available to them. Such expenditure erodes the value of the grant, which is largely due to inefficiencies in the delivery of public services and in gaining access to some of the free services.

The evidence confirms our contention that the CSG enhances women's power and control over household decision-making in financial matters, general household spending and in relation to child well-being. Women's increased capability to make decisions and to exercise freedom of choice about how the grant is spent enabled them to generate valuable outcomes that they consider important to the quality of their lives and in securing positive outcomes in child well-being. In this respect we conclude that the CSG contributes directly to a sense of empowerment of female grant beneficiaries and that it has some positive social transformative effects. Similar findings emerged from a study of Mexico's cash transfer programme. In this regard Adato et al. (2000:51-51) states that "By putting resources in women's hands [and] directing the benefits toward expenditures that normally fall within the decision-making domain of women, the program can be seen to be concerned with [the] empowerment of women."

In relation to the other dimensions of empowerment, we found that CSG beneficiaries were less likely to accept the gender division of labour in the households that may be attributed to the fact that large numbers of beneficiaries are heads of households and make the decisions themselves. They are also more likely to participate in school and community meetings that could improve their lives than non-CSG beneficiaries. One may also infer from the data that women in the sample were accepting of traditional gender norms and beliefs about the role of men and women in family life. This is so despite the fact that the vast majority of CSG and non-CSG respondents are heavily burdened by gendered domestic responsibilities, care of children and in coping with the burden of poverty. The changing of unequal gender relations is therefore complex and intractable, and one cannot assume that the feminisation of social grants will automatically lead to women's empowerment.

One area where inequalities in gender relations impact on the financial security of poor households and on parental relations with their children lies in the domain of fatherhood. It is evident from the study findings that the payment of maintenance by fathers of children who no longer live in the

household remains low (61 percent do not pay maintenance). There is some evidence that the receipt of the CSG may have a negative impact on the payment of maintenance by the fathers of the children. This is a worrying finding that needs further empirical investigation. It is indicative of the commonly held assumption that women are responsible for children in relation to financial support and care. However, there is some evidence in the study of men's positive engagement in family relationships, especially in providing help with children, which is consistent with other research (Richter, 2006). More research is needed on the meaning of fatherhood and on men's views of these issues, including the role that unemployment, migration and socio-cultural beliefs play and what this means for the design of social protection and social development programmes.

6.2. Implications for policy

The CSG is widely recognised to be among a range of innovative social protection programmes in the developing world. Valuable lessons may be learnt from its design and implementation for other parts of the world, particularly at a time when there is growing interest in social protection strategies globally to respond to the effects of the global economic crisis and to address chronic poverty, hunger and social deprivation (International Labour Organisation, 2011). Key issues that are relevant from a policy perspective are highlighted.

- 6.1.1 While the CSG contributes significantly to reducing income poverty, its positive multiplier effects on household food security, school attendance and performance, improved nutrition of children, care of children, family cohesion, access to services, and the empowerment of women are not fully appreciated by policy makers. A broader view of the multi-dimensional effects of the CSG on the lives of poor families with children is needed.
- 6.1.2 There is a need to take greater account of the gender dynamics of social protection programmes and how gender relations and power inequalities between men and women shape development outcomes. While local evaluation studies tend to focus on income and other social indicators such as education and health benefits of the grant among others, few studies have focused on the gender effects, both positive and negative, of the CSG. This is vital as the research provided a fuller

picture of the role and contribution of the CSG in poor households, thus illustrating the importance of applying a holistic and a gender lens to the evaluation.

- 6.1.3 The CSG was not designed to promote gender equality, but its potential to contribute to social transformation should not be overlooked. In this regard, the research demonstrated the role and contribution of the CSG to women's empowerment and how the power gained through the grant resulted in other positive outcomes for women themselves and for the promotion of child well-being.
- 6.1.4 The research also yielded valuable insight into the gendered nature of care and of the role of women in the care of children, some of whom were their biological children, grandchildren or children of close relatives. One may argue that welfare policies are subsidised by families and women who remain unacknowledged and invisible in the evaluation of social policies. A better understanding is needed of the impact of the CSG on the care economy and of the CSG as a public good that contributes to economic and social development and that extends beyond the individual beneficiary to the wider society. Those who argue that the grant is a disincentive to work lose sight of the grave domestic and care burdens of poor women, who are at the forefront of the struggle for survival without adequate external supportive services such as child care. Some countries such as the United States have developed employment conditionalities to reduce beneficiary numbers and 'to move women off welfare and into work' with disastrous consequences for both women and children (Midgley, 2008). In other countries a social investment approach focusing on building human capabilities and recognising that support to poor children and families, especially those headed by women, is a social investment rather than a drain on public services. The costs today are outweighed by the benefits that will accrue to society in future years.
- 6.1.5 Despite evidence to the contrary, dominant negative social discourses about the CSG – namely that it fosters dependency on the state, or that grants

are abused by beneficiaries and encourages teenage pregnancies – undermine beneficiary and children's rights to social assistance. These rights are protected by South Africa's Bill of Rights and are upheld in policy and legislation. Instead, negative beliefs about the CSG induce unnecessary fear among beneficiaries that the grant may be stopped. It stigmatises women for relying on grants, and it may lead to those not receiving the grant looking down on those who get it. In this way the dignity of grant beneficiaries is undermined. Negative discourses of this nature may also be associated with a growing conservative anti-welfare ideology that is sometimes articulated by the media, opinion makers and public representatives and officials.

For some, these views are associated with the view that minimal state intervention in social welfare is more desirable, and over emphasises individual rather than structural explanations for poverty. All societies invest to varying degrees in the welfare of their people to alleviate poverty, prevent poverty, overcome social divisions and inequalities, and promote social and economic development. The extent to which they do so depends on their values and the vision of the type of society that they wish to build. The CSG meets all these requirements and contributes to building a social protection floor or a basic minimum level below which nobody should fall in the society. Such a minimum floor can only be built incrementally and be realised over time. The CSG is an excellent example of a programme that has been scaled up as its impacts are better understood, as delivery systems improve and as the economy grows and allows for greater resource allocation to social development. In this way the CSG contributes to building a fairer, more inclusive, and a more just society that promotes both sustainable social development and economic growth.

- 6.1.6 While the design of the CSG was gender neutral in the targeting of beneficiaries, we have seen that women remain the main providers of care of children with limited support from the fathers of the children who are not their current partners. In order to promote greater gender sensitivity and gender equity, the particularities of women's experiences

of poverty needs to receive greater attention. Further, we also need to know more about male beneficiary perspectives of the CSG. The reason why men are not taking up the CSG needs to be better understood. When they do receive it, it needs to be examined how it is used, and what the gender dynamics and impacts are. In relation to the actual implementation of the programme, there is technically improved access to free public services to which beneficiaries are entitled, but these services are in reality not available to them due to inefficiencies in the implementation of these services. Thus grant monies are often used to fund basic non-food expenses, which erodes the value of the grant and in turn increases the level of deprivation of beneficiaries.

- 6.1.7 Finally, a few practical steps to improve the gendered impact of the CSG and child well-being. It is important to build on and improve the workings of existing social programmes to realise the synergies between them in both governmental and non-governmental organisations.
- Scaling up coverage and access to basic services. The City of Johannesburg's social package (free water, electricity and sanitation services) for all CSG beneficiaries is being implemented. This should be monitored and evaluated in order to distil the lessons learnt from its implementation and to explore ways of extending this to other local authorities.
 - Improving access of CSG beneficiaries to free school uniforms, school nutrition programmes and free schooling. Although Doornkop primary schools are no-fee schools, beneficiaries spent grant money on school and health related costs. There should be better monitoring of these additional costs to poor people as it prevents their income levels from rising above the minimum poverty line.
 - Although small numbers of children do not receive the grant to which they may be entitled, a concerted effort is needed to facilitate birth registrations of these children as it prevents them from claiming their rights.

- The private maintenance system still continues to fail South Africa's children. Improvements are needed in the maintenance court system. More importantly, it is crucial that all South Africans engage in dialogue about the meaning of fatherhood and the role and contribution of fathers to their children, and continue gender inequality where women remain solely responsible for the financial, domestic and care responsibilities of their families. Public education programmes are needed to engage constructively with both men and women about these issues. The current situation disadvantages women and prevents them from participating fully in all aspects of social and economic life in the society.
- In order to scale up the impact of the CSG, it is crucial that it works in concert with other public policies. There is urgent need for better co-ordination of a range of public and non-governmental agencies to address the specific needs and concerns of the people of Doornkop. While this community is in many ways like other poor areas, it also has characteristics that are specific to this community. A local community development strategy informed by this research and other studies on Doornkop could identify priorities in collaboration with residents and CSG beneficiaries. Vital to the successful outcome of such a strategy is the engagement and active participation of the residents themselves. A community development forum to harness the contribution of various local governmental, non-governmental organisations and other local civil society formations could go a long way toward building and implementing such a strategy, which would be beneficial to the whole community.





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