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A BASELINE STUDY ON FAMILIES IN MPUMALANGA

By

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Report

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Contents

Executive summary

The family represents one of the key social units in South Africa. South African families are diverse consisting of nuclear families, extended families, and re-constituted families, among others. However despite the important role of families particularly with regard to socio-economic development, there is a dearth of data on how families function. Thus, the following report provides an analysis of families in South Africa focusing specifically on the region of Mpumalanga Province. The overall purpose of this study is to describe the situation of families and determine the welfare of the people of Mpumalanga. This information was attained through literature searches, quantitative analysis of the 2002 and 2009 General Household Surveys and qualitative analysis obtained through focus group discussions and in-depth interviews.

The historical overview of families in the South Africa reveals that significant changes over the years, brought about by globalization and modernization, have contributed to a transformation of the family structure and family relations. Unlike in the past, the presence of nuclear families and intimate couples has emerged as the primary family unit among those of higher socio-economic status. At the same time however multigenerational and extended families are the most common among people of lower socio-economic levels.

In the Mpumalanga region mutigenerational families are common, consisting of grandchildren, parents and grandparents. However the impact of migration has led to a reduced number of people among the working ages being present in family structures. This raises concerns around the impact of out-migration on households as well as the welfare of the elderly and children dependent on those of working age. Many older people in this context utilize their old age pensions to support children and grandchildren. Women however are found to bear the greater burden of care linked to gendered notions around the "male" and "female" role in families. Marriage rates in the region are exceptionally low, as often noted in rural and peri-urban areas in South Africa. Almost half the adult population is single and has never been married. Divorce and dissolution of marriage is less common in rural areas where widowhood is the most common cause for marital dissolution.

Access to resources is of particular importance especially in households headed by the elderly and children. This is exacerbated in families that have no access to social assistance. With

diseases such HIV and AIDS, child-headed households are becoming increasingly common. This highlights the need for child-centred analysis in understanding the family. Linked to resources, is access to services including water, sanitation, health care and education. Household level data shows that many houses are under-resourced and are faced with a lack of service delivery. In instances where services are available many are inadequate. This draws attention to the need for data on the family and socio-economic development.

The policy recommendations from these findings include:

- Dispersion of information about services and opportunities available in the community

- Integrating social assistance programs with family planning and parenting skills initiatives to provide knowledge about the developmental benefits of support grants

- Supporting youth to participate in the economy

- Encouraging networks of support for families affected by migration and child headed households

- Involving men in initiatives revolving around care and financial support

- Encourage better solidarity between generations

- Encourage more stable sexual unions

Introduction

Although forces of modernisation such as industrialisation and urbanization have brought about major changes to the social structure, the family remains a key social unit in South Africa (Amoateng & Richter, 2003). Studies (e.g. South African Institute of Race Relations (2011), Amoateng et. al. 2004) have established that there are different types of families in the country and these include, among others, extended families, nuclear families, single-parents with children and re-constituted families that include step-parents and step-children. Other "unconventional" family forms such as child-free couples and the increasing tendency to live in non-biological family households are also emerging in society (Amoateng, Richter, Makiwane, & Rama, 2004). Despite the array of family patterns and the well-established literature pointing to the important role of families in socio-economic development, the extent of their prevalence has not been recorded in South Africa. Currently, the South African family is impacted upon by a number of social factors which include traditionalism, modernity, and post-modernism. In addition, urban-rural migration and more recently, the AIDS pandemic have impacted greatly on the South African family.

It is against this background that the Department of Social Development invited the services of the Human Science Research Council to analyse the situation of Mpumalanga families.

Background to the family study in South Africa

The twin processes of modernization and globalization have engendered major changes in such social institutions as the economy, polity, education, religion and the family across the globe (see. Giddens, 2000). Among the visible family changes shaped by globalization are the emergence of more egalitarian relationships between men and women, the increasing participation of women in work outside of the home and in public life, the separation of sexuality from reproduction, and the growing tendency for family relations to be based on the sentiments of love rather than economic or social concerns, with the intimate couple being the primary family unit (Giddens, 2000). In South Africa such changes were coupled with colonialism and reached a crescendo around the turn of the 19th century with the emergence of the industrial age. Specifically, the discovery of gold on the reef, diamonds in Kimberley, the simultaneous expropriation of agricultural land and imposition of poll and other forms of taxation by the colonial government led to a city-ward movement of the people, especially, black people, in search of wage employment, better housing and health care facilities. There

was a concerted effort by the colonial governments to push many Blacks away from rural subsistence economy into the urban based labour force (Bundy, 1979 & Beinart 1982). Furthermore, since the democratic transition in 1994, the pace of these socioeconomic changes has increased due to (among other things) the government's transformation agenda aimed at ensuring equal access to resources, services and opportunities by families in all population groups. Even though the transformation agenda might be slow, there is relative improved access to such amenities as piped water, electricity, sanitation, housing, healthcare, education, and social welfare services.

Definitions: Family and Household

The family constitutes a basic unit of relationships which pertain to reproductive processes and which are defined by law or custom. Specifically a family is defined as persons who are related to a specific degree, through blood, adoption or socially approved sexual unions (Makiwane & Chimere-Dan, 2010). Adoption is prevalent in many cultures, although in some societies, especially non-western, it might not be accompanied by legal formalities (Edwards 1987). While a family may reside in one or more households, for practical purposes, many analyses of family confine themselves to the subsection of the family which shares a single household.

Family plays a crucial role in all human societies. It is through the family that each generation is replaced by the next. Family plays a major role in bringing children into the world and for the provision of their care until they can assume their own responsibilities in society. It is mostly through the family that each generation fulfils a major portion of its responsibilities to the sick and dependent, as well as the aged. Both transfer of material resources, cultural and social capital can occur through family relationships (Richter et al. 2010).

A household can be defined as people, who are not necessarily related, who "live and eat together". In more specific terms, a household is defined as an arrangement made by persons, individually or in groups, for providing themselves with food and other essentials for living (Makiwane & Chimere-Dan 2010, p.139).

The structure of a South African Family

Traditionally in western culture, a nuclear family includes two adults who maintain a socially approved sexual relationship, with or without minor children, who are either their biological or adopted children (United Nations 1987). In most African cultures and increasingly in the West, the family is extended to aunts, uncles, grandparents, cousins and other relatives. Obligations to wider kin are usually invoked during crises, or life cycle events such as funerals. Generally in South Africa, link and descent through the male line is stronger than the female line, but maternal kin and maternal presence are dominant in childhood experiences. In a society where women and children bear the brunt of poverty, family welfare tends to be linked with the presence or absence of a male breadwinner.

A subset of extended families with more than one married couple is known as a Compound Family. More than two generation families, known as Multi-Generational are fairly common in South Africa. With the rise in divorces and separation of spouses, teenage childbearing, unwed motherhood and the rising mortality rate of young adults, there is a rise of single-parenthood families. Recently, the South African parliament passed a legislation which recognises same-sex couple families. In addition, as a result of AIDS and migration processes, there is a rise in different types of families, which include skipped generational families that are constituted by grandparents and grandchildren without the middle generation, and Child-headed are households with no adults. Also present but less documented are reconstituted families in which partners live with children who may not be their common offspring.

Generally, in South Africa, living arrangements for families of higher socio-economic status are more likely to be two-generational, and vertical (couples with few children and low absorption of relatives and non-relatives). Low socio-economic families are more likely to have more children and in addition, absorb relatives and non-relatives for the purpose of giving care and sharing of resources.

Legislative and Policy Responses

Apartheid laws and policies disrupted the integrity of 'African' families more than any other population group in South Africa (Bray, Gooskens, Kahn, Moses & Seekings, 2010). Since

the 1990s, the democratic government showed commitment to strengthening families and communities by developing the White Paper for Social Welfare (Republic of South Africa, 1997) which emphasised the developmental social welfare approach and care by families and communities instead of the institutional-based care promoted by the previous government. The institutionalisation of payment of monthly social grants to citizens who have different needs is one major policy intervention for poverty alleviation since the advent of democracy. There has been acute recognition that families and communities affected by the HIV and AIDS epidemic require interventions in line with the Constitution and other broad human rights.

The National Department of Social Development developed two key policy documents to facilitate the care of vulnerable children – the *Guidelines for Establishing Child Care Forums* (Department of Social Development, 2003) and *the Policy Framework for orphans and other children made vulnerable by HIV and AIDS* (Department of Social Development, 2005). The literature has identified the emergence of several programmes and services in the child-care field mainly as a response to the HIV and AIDS epidemic. These policies promote the development of child-care forums at community level as a mechanism for ensuring access to essential services and making referrals of vulnerable and orphaned children (Mathambo et al 2009). As with many services, some provinces and areas receive more coordinated child care services and support for the ill family members than others. Other related policy documents that have recently been developed by the government include the *Children's Act*, which put an emphasis on the best interest of the child and *the National Strategic Plan for Early Childhood Development* which put a guideline for on early care from parents, pre-school teachers and caregivers.

The national Department of Social Development has also drafted a Green Paper on Families in South Africa intended to propagate the strengthening of families and the promotion of family life in South Africa. Currently, processes are underway to proceed to the next stage, to develop a White Paper on Families in South Africa.

The conceptual framework

The institution of the family, and its residential dimension, the household, are among the institutions that have received considerable attention by social scientists in South Africa,

especially, household composition and changes thereof. Modernization theory, and its variants, has provided the conceptual framework for the bulk of the scholarship that has examined living arrangements in different cultures. The theory posits that as society becomes differentiated through modernization, the family changes from an assumed extended form to a more nuclear form through changes in household size. One interpretation of modernization theory of the family is that within countries, nuclear family forms predominate in urban areas, while extended family forms are more prevalent in rural areas (Burch, 1967). To a very large extent, this so-called *residence hypothesis* is an extension of the socio-economic argument, since there is nothing intrinsic about urban living that engenders this supposed transformation in family and household structures.

Urban areas generally provide amenities and socio-economic opportunities such as education, wage employment, modern housing, better health care, leisure and recreation that are believed to encourage such "modern" family and household patterns as lower levels of fertility, lower average household sizes, and independent or separate living. In South Africa, this results in many city migrants maintaining more than one household, one in rural areas and another in the city. Worldwide several scholars have written about the homogenizing effects of industrial capitalism with regard to family patterns, arguing that the penetration of capitalist ethos around the world had led to the nuclearisation of the family in Western and non-Western societies alike (see Blumberg & Winch, 1972; Burch, 1995, 1967; De Vos, 1985; Goode, 1963; Martin & Beittel, 1984; Parsons, 1956). For instance, Burch (1995) has observed that in societies where separate living is valued, income may be positively associated with higher nuclearisation of families. Thus, in such contexts one can expect rises in separate living during good economic times when incomes generally rise and vice versa. Moreover, housing prices generally appear to be related to family and household formation in that when prices are high, they may discourage marriage and hence the formation of family households. In South Africa, the empirical basis of this conceptualization of family change was sought in the comparison of urban African and white family patterns. Dubbed the "convergence" thesis, these studies invariably concluded that African family patterns, which were extended in nature, were converging towards the nuclear family patterns of their white counterparts (see Steyn, 1993a; Preston-Whyte, 1978; Steyn, Strijdom, Viljoen, & Bosman, 1987).

While in recent years this genre of family scholarship has been criticized by some studies (see Murray, 1987; 1994, 2002; Siqwana-Ndulo, 1998; Ziehl, 1994) for its ideological bias, other studies are increasingly focusing on the dynamics of family life other than household composition.

This study is based on the understanding that the situation of families – both strengths and deficits – in Mpumalanga Province are as a result of the context within which families are configured and adapt, to ensure the wellbeing of their members. The ecological approach used in this study helps to identify factors a in wider society (in this case the Mpumalanga province in particular, and the national policies and programmes for families over time); the community (neighbourhoods – levels of unemployment, patterns of social services, functionality of services such as education and health care, alcohol availability and use); the family (household composition, enablers of welfare such as income and stressors such as chronic illness, unemployment and death of the middle aged adults); and the individual factors such as the age of members, and biographic characteristics such as losing parents at a young age. These factors in many ways affect the wellbeing, vulnerability and ability of members of families to cope in their contexts.

Purpose of the study

The overall purpose of this study is to describe the situation of the families in the Mpumalanga province and determine the welfare of different groups including children, the elderly, men, women and youth. The study included qualitative and quantitative approaches using primary and secondary data sources. The study looks at both the structure and the function of the families in Mpumalanga using the ecological approach described above. The main objectives of the study are:

- To describe families in the province in terms of household structure, composition, family types and other socio-demographic factors and economic activity

- To describe the resources families need/employ in times of distress i.e. coping mechanisms
- To describe families' access to social services and the type of service
- To examine the impact of migration on families

- To examine the impact of divorce on families
- To make evidence-based policy recommendations and suggestions for future research

Methodology

Literature search

A literature review was conducted to provide a theoretical, historical, policy and empirical account of factors that influence families. An extensive literature search was conducted on the state of families in South Africa. The HSRC has access to a wide range of electronic databases that facilitated access to both published and grey literature available nationally and internationally. In addition, the HSRC drafted a paper on the state of families in South Africa for the National Department of Social Development, which was used extensively in compiling the Green Paper on Families in South Africa. This experience proved to be valuable in the conceptualisation of this study.

Quantitative methods

Data from the 2002 and 2009 General Household Surveys were analyzed using the SPSS software. The General Household Survey is a national Survey collected annually by Statistics South Africa. Since the analysis was done at both the individual and household levels, both the person and household weights was used. The results showed the proportions of people or households in both 2002 and 2009. Even though we did not give confidence intervals, because of the large sample sizes, the confidence intervals are not expected to vary widely.

Qualitative methods

Pilot and training of fieldwork staff

A pilot study was conducted around Nelspruit, with focus group discussions (FGD's) of the three age groups namely youth, adults and older persons, before the commencement of the study. Lessons learnt from the pilot study were used to refine the focus group protocols. Improvements that were effected included rephrasing of certain questions and improving their articulation in indigenous languages and refining probing techniques.

The training of field workers was conducted by the staff from the Human Sciences Research Council, the Population Unit of Mpumalanga Department of Social Development and the field worker team leader. Field workers were selected on the basis of previous experience and fluency in the four main languages that are spoken in Mpumalanga, namely, Sepedi, SiSwati, Xitsonga and English.

The qualitative data was collected through focus group discussions (FGDs). Through semi-structured discussions with purposively selected groups – youth (15-24 years), women and men (25-59 years) and older persons (60 years and above), FGDs interrogated participants' knowledge of, and attitudes towards, the issues under study. The discussions were therefore an effective means of generating nuanced and detailed information about issues. By the same token, in-depth interviews were semi-structured and took on the appearance of a normal everyday conversation with the wording, order of questions and direction of the discussions being in no specific sequence. Rather, the interview process entailed researchers using the broad topic in which they were interested to guide the conversation. The interviews were therefore interactive, participant-driven and provided a more valid explication of the informant's perception, attitudes and motivations than what would have been elicited from structured interviews.

FGDs and interviews were conducted over a period of three weeks. The team leader identified the place to be visited, led the focus group discussions and supervised transcription of tapes. HSRC staff participated in the initial stages of the fieldwork to monitor quality of the procedures used and to answer questions.

Sample design of focus groups

The sample was designed to capture family views of different generational groups in Mpumalanga. In anthropology, the term generation refers to one degree in the line of descent from a particular ancestor. Where records have been kept, anthropologists can trace the descent of various branches of a society through many generations. In sociology, members of a society who are born at about the same time are considered to be of the same generation. Thus social scientists attempt to explain the behaviour patterns of a particular generation by studying the customs and events of that time. For practical reasons, age was used to select people of different generations.

Although this is largely a qualitative study, the sample was designed to generate fairly representative information from sub-groups of the Mpumalanga population. For the purposes of data collection, the sample was stratified by age, gender and economic class. Pragmatic methods were used to classify areas according to income status, for instance informal settlement were selected for low income areas and high rise building areas were selected for high income areas. The individuals selected in the discussion groups did not necessarily have to match to the income group of the selected area. Generations included in the study were older persons (60 yrs +), middle aged persons (25-59 yrs) and young people (15-24 yrs). A minimum of six and a maximum of nine persons were included in each focus group.

The sample stratification is summarized in Table 1.

Table 1: Sample Stratification

TYPE OF AREA	GROUP 1	GROUP 4	GROUP 7
Low Income Area	**Age group. . . . . 15-24** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . 25-59** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . . 60 +** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8
Middle Income Area	GROUP 2	GROUP 5	GROUP 8
	Age group. . . . . 15-24 Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . 25-59** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . . 60 +** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8
High Income Area	GROUP 3	GROUP 6	GROUP 9
	Age group. . . . . 15-24 Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . 25-59** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8	**Age group. . . . . . 60 +** Males. . . . . 3/4 Females. . . . . 3/4 Total in group. 6-8

Three municipal districts were visited, namely:

1. Nhlazeni district (Lupisi and Kabokwenil),
2. Nkangala district (Verena and Kwamhlanga),
3. Gert Sibande (Ermelo and Nyibe).

The areas above were selected such that they were:

• Not volatile or new communities.

• Not extreme, exclusive, gated or ghetto communities.

• Established communities; the perceptions and preferences of people in these areas are more widely applicable to the wider society.

• Not over-researched communities where residents have "mastered" how to respond to research activities and questions.

• With a record of fairly good security that encourage open and frank discussion.

Data collection methods

Focus group discussions were used to collect data on the perspectives of various community groups categorized according to age and place of residence (rural and urban). The purpose of using focus groups was to assess how different groups in each selected community viewed families, various factors that affected the wellbeing of the members and how they were affected by these factors.

Each focus group had a moderator and a recorder/note taker. The moderator's task was to make participants feel at ease and to facilitate open communication on selected topics by asking the broad and open-ended questions, by probing for additional information when necessary, and by keeping the discussion appropriately focused. The recorder, on the other hand, with the consent of the participants—tape recorded the discussion and kept notes of comments.

Ethical considerations

The HSRC conducts high quality research that complies with ethics of conducting research on human beings. For this purpose a reputable committee has been formed to oversee the ethical adherence of every piece of research conducted – the HSRC Research Ethics Committee. This Committee consists of respected professionals spanning across various disciplines such as law, medicine, social sciences, and natural sciences. This committee follows the normal procedures for research with human subjects. It requires informed consent from voluntary participants and a clear explanation of the study's purpose and objectives. The

anonymity of the participants was guaranteed. No financial incentives were offered to the participants.

Family literature review

Introduction

Family, like other social structures, is open to change even within the normative societal constraints of choosing a partner, and if and how one wishes to reproduce (Harvey, 1994, p. 9). Although change over time is evident everywhere, the debates around what a family is have always been ideologically imbued. While open to change, family has been characterised as a fixed structure, with stabilising influences on social life. This literature review aims to discuss why family has come to be written about in this way, and what the alternatives might be for new analytical approaches that ideologically constrain South African's life choices. This will be done by giving a theoretical, historical and empirical account of factors that influence families' household composition; the resources and coping mechanisms of families; their access to services; migration and family life; marriage and divorce; policy and, possible future research questions.

Theoretical overview

The industrial-capitalist revolution led to a theoretical shift taking place in theorising of the family. As with other academic enquiries at the time there was a move away from what could be considered "philosophical speculations" influenced by personal belief, to using more scientifically rigorous methods (Richter & Amoateng, 2003, p. 242; Doherty, Boss, LaRossa, Schumm & Steinmetz, 1993). This increased interest in systematic enquiry led to the family, as a social structure, being conflated with the term household. Consequently the household unit qua family became the unit of analysis for revealing the effects of capitalism globally (Martin & Beittel, 1984). Two divergent theoretical approaches emerged as a result of the debates around capitalism and its effects on the family, namely: structural-functionalism and Marxist-conflict theory (Richter & Amoateng, 2003, p. 242). Thus it can be seen that the industrial revolution provided the impetus for the emergence of a nuclear family ideology conflated with a capitalist ideology. Talcott Parsons (1951) was influential in disseminating the idea that the nuclear family was responsible for the survival of capitalism, dependent on the gendered division of labour, with the father being the breadwinner, while the mother was

to be the care-giver, leading to the now often referred to public/private binary (Richter & Amoateng, 2003, p. 243).

Post the industrial-capitalist re-organisation of society, modernity and globalization has become central theoretical frameworks for analysing changes in the family (Giddens, 2000). With the rise of modernity and the move away from traditional life, sexuality has become separated from reproduction, and the relationships between men and women have supposedly become more egalitarian. This equality is evidenced through women entering the workplace, and their increased participation in public life. In this paradigm marriage is understood to be based on love, as opposed to purely economic or social concerns, with the couple being seen as the "primary family unit" (Richter & Amoateng, 2003, p. 243). Interestingly, this move from early post-industrialization to modernity has kept the ideology of the nuclear family unit intact, and not given family forms that do not conform to this western model adequate consideration.

Kinship networks that do not conform to this nuclear ideology however are not immune to the influences of industrialisation, and more recently, modernity. This is an important point, because in the literature those family structures that do not conform to the ideological nuclear unit, should not be seen as frozen in time. While their structures may be traditional they are also open to change and adaptation. This change however must be seen as a coeval phenomenon to change occurring within the normative family unit, rather than characterising difference within the traditional model as disrupted or dysfunctional. In the literature it is clear that any family unit that does not conform to the nuclear ideology is written about as a deviation from the universal notion of family (Chambers, 2003; Pauw, 1963; Richter & Amoateng, 2003; Steyn, 1993a, 1993b; Steyn, Strijdom, Viljoen & Bosman, 1987). Despite the overwhelming predilection in the literature to refer to what could be called the trope of African family disruption/dysfunction (Budlender & Lund, 2011), there are others than have contested this image (Barrow, 2001; Chambers, 2003; Nobles, 1979). The metaphor of disruption is dependent on the project of ethnographic salvage; one can only view traditional family structures and functions as being disrupted if they were fixed phenomena, not flexible evolving associations. We do not have a theoretical model for analysing African, or South African, families in their own right. They are always constructed in response to something, and become ethnographically frozen. This is not to say that there is some "authentic" African structure we can salvage, quite the opposite. What we need from a sociological theory is an

acknowledgement of dynamism within the anthropological observations that have been made. What then did the traditional African family picture look like? And are the depictions in the literature anthropologically freezing these structures in the past, or looking for their dynamism?

Traditional marriages were characterised as stable because they observed custom. For instance in Tswana society marriage to a stranger was prohibited, and marriage within a clan was encouraged so that all parties could be impartial when a marital or family dispute occurred (Lekhele & Ntsime, 1984, p. 1). Another characterisation was the centrality of childbearing and motherhood to marriage, it was this that attached the father to the family (Colson, 1970) and thus polygamy is seen as the outcome of the value African societies place on childbearing (Richter & Amoateng, 2003, p. 258). Thus it is understood that African family structures are built around patrilineal kinship systems. That the "the ambition of a man [is] to gather around him a growing lineage of descendents and dependents who would act as a corporate body for economic purposes and also an untied body in times of crisis or tension within the community" (Bourdillion, 1991, p. 26 in Foster, 2000, p. 56). Marriage linked two families as a form of social security system. Importantly Foster notes, which is often not readily acknowledged in other literature that, "traditional societies, involve a large network of connections among people extending through varying degrees of relationship including multiple generations, over a wide geographic area and involving reciprocal obligations" (2000, p. 56). Thus the aligning of migration only with industrialisation, urbanisation and the disintegration of the family is actually to rob these traditional structures of dynamism. Instead of geographical spread being seen as part of being an extended family, it is largely characterised as dysfunction.

Despite the misconceptualisation, it is possible to see a new form of family emerging, where extended families are maintained culturally, but also respond to ancient problems such as poverty in modern and dynamic ways. Families may live far apart, immigrate for employment opportunities, or be separated because of regional instability, leaving families dispersed "across national borders and stretched kinship networks across vast geographic space" but remain *families* (Turner, 2002), if not household units. Religious and educational practices have affected the state of the family in South Africa. For instance polygamy as a traditional family practice has been criticised by western cultural norms. The primacy of the family has also been challenged by the development of the modern nation-state which has

taken ownership of the means of production, distribution and governance (Richter & Amoateng, 2003, p. 246). Nonetheless there are examples of African families adhering to cultural traditions of kinship, living as extended families despite the influences of modernization (Russell, 1994; Ziehl, 1994, 2001).

Given the range of possibilities for family strategies, accepting this multiplicity of social relations within and across households would offer improved understanding of livelihood strategies and more accurate theorising of contemporary South Africa's social terrain (Richter & Amoateng, 2003, p. 251). New approaches would allow us to move beyond a "pathology or deficit model of families as disorganised and disintegrating, towards an understanding of family adaptation and coping" (Siqwana-Ndulo, 1998; Richter & Amoateng, 2003, p. 251-252).

Historical perspective on the family

The range of changes in politics, socio-economic environment, including urbanization, industrialization and modernization in South Africa have led to changes in the structure, roles and responsibilities in the family. Theoretical points aside about how these changes are ideologically portrayed, South Africa's history has meant that societal changes have affected different groups in the population in unique ways, largely along racial lines (Harvey, 1994, p. 9; Bray, Gooskens et al 2010). Putting these changes in historical perspective, Harvey (1994) traced the development of the family and concomitant policy formulation in South Africa from 1930's to 1986. This review offers interesting insights into disjuncture and continuity in the South African social landscape.

The period from 1930 to 1938 was influenced by the great depression. In general this period was characterised by economic depression, droughts, community poverty and accelerated urbanization following on from colonial rule, the Boer War, the Union of 1910 and the First World War (Harvey, 1994, p.20). Race relations became central to policy changes at this time. White interests were placed at the top of the agenda despite similar conditions prevailing in all other South African communities. During this period rural conditions worsened and urbanization occurred. Harvey argues that this led to the westernization of roles in the African family (1994, p. 21).

Policy wise, customary marriages were regarded as inferior to common-law marriages (Harvey, 1994, p. 28) and thus had limited recognition within the racially based political environment at the time. "The policy was that the black family belonged in the reserves and should conduct its life there" (*ibid*). This is an important consideration because one can see that to this day these seeds of inequality have grown into the present, with many black African families, particularly children, being most present in more rural areas, compared to urban areas (Hall &Wright, 2010). There has been historical continuity over 80 years with black South African children in rural areas having the least access to care. For instance "subsistence or maintenance allowances were made available for Whites, Coloureds and Indians to accommodate children in the family context, but reserves were developed to accommodate children in the tribal context" (Harvey, 1994, p. 29). These patterns are still evident today in the geographic distribution of children, and their access to support; this will be discussed further on, in relation to family composition and resources.

The period 1939 to 1947, during wartime and after the war, gave rise to both Afrikaner and Black Nationalism. This was a defining moment between the colonial and apartheid regimes (Harvey, 1994, p. 30). The rapid urbanization led to a legislation being promulgated which restricted the movement and settlement of black people (Harvey, 1994, p. 31). Within this period while there was an emerging urban black working class, on the whole there was extreme poverty with 75% of black families unable to afford a "bare-minimum diet" (Harvey, 1994, p. 33). Influx control was also seen as one of the seeds of disruption for family life. The government at the time acknowledged the importance of family life, only rhetorically though, as it did not apply policy consistently and black families suffered (Harvey, 1994, p. 35).

During the height of the apartheid era (1948 to 1982) influx control was intensified through a number of laws, influencing both the individual and family (Harvey, 1994, p. 38). The disruptive effect of the migrant labour system has been noted in many places (Leatt, 1982; Makiwane, 2010; SAIRR, 2011; Reynolds, 1984b; Schlemmer & Moller, 1982), leading to the breakdown of the family structure, dual lifestyles and homes being established, in rural and urban areas. However it must be noted that despite evidence of families living within a wide geographical range prior to these laws, the interpretation of migration has mainly been in terms of the trope of disruption, and no agency has been allowed in the interpretation of families choices. For instance it seem generally accepted in the literature that over time,

religion, schooling, the economy, legislation and urbanization changed the African family structures (Harvey, 1994, p. 44). This explanation while true in part, speaks only of a one-way flow of change from the dominant to the dominated, and leaves no room for complexity or alterity.

In terms of policy in this period, however, it is the case that a dualistic family policy came into being. Family policy was aimed primarily at white families, while the social policies for black families emphasised settlement in homelands, and handling problems through traditional channels. The migrant labour system aggravated family distance because of the state policy not to have family housing in urban areas (Harvey, 1994, p. 56).

The period 1983 to 1986 is characterised as a period of transition. In 1980, 25% of black families in urban areas, 50% of those on farms, and 75% of those in homelands were living below the breadline (Reynolds, 1984a, p. 17). Again there is historical continuity in these figures with the picture being much the same today. By 1981, 1329 000 migrant workers worked outside of the homelands (Reynolds, 1984b, p. 2). In terms of legislative reform, during this period an investigation was undertaken into recognising customary unions as common-law marriages (Harvey, 1984, p. 69), so that both parties would have judicial and economic equality, with a range of property options being exercised (*ibid* 77). The ideology of the nuclear family has also had impact on living arrangements because housing provision was tailored to this norm. Extended family units were not catered for (Harvey, 1984, p. 85).

Cultural Perspectives: household structure, composition, and family types

Based on the results of the General Household Survey 2008, in South Africa 23% of children do not live with either of their biological parents even though only 19% of these children are double orphans (Children's Institute, 2010). It has also been found that many children move between households and often live separately from their parents. This is for multiple reasons including poverty, migrant labour, decisions about the allocation of household and care responsibilities, school and health choices, and cultural practices (Meintjes in Hall and Wright: 2008: 49). Nationally only one third of children live with their biological parents, while 40%, live with their biological mother but not their father. Only 3% of children live

with their biological father but not their mother. These results are similar at national and provincial level (Hall and Wright: 2008: 50). Even though a large proportion of children are not living with one of their biological parents, one of them is often alive. However the proportion of double orphans has increased since 2002 which can be attributed to increases in maternal deaths (Meintjes: 2010). Almost two thirds of maternal deaths are the result of HIV/AIDS (Dorrington, Bradshaw, Johnson, and Daniel: 2006).

Interestingly, mapping onto the apartheid policy of keeping children in the homelands, today there are still more children in households in the provinces with larger rural populations. The number of children outweighs the number of adults in the Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga (*ibid*). However nationally there are children in 57% of households which are mixed-generation comprising of at least one adult and at least one child. The rest of the households are adult and less than 0.2% of the population are 'child-headed households'. The proportion of children in child-headed households has remained below 1% over an eight-year period, from 2000 to 2007 (Meintjes, Hall, Marera & Boulle, 2010). Still mirroring historical trends, 74% of households in areas under traditional leadership are mixed generation with a large proportion of children. Only 26% of households in these areas are adult-only (*ibid*).

Intergenerational households are common in South Africa. This trend has been explained according to the relative access to opportunities and success of children. Those who are able to successfully find opportunities to develop a career will leave their childhood households, while those without career or income prospects are not able to leave and remain the responsibility of their ageing parents (Makiwane, 2010). Another reason for the proliferation of intergenerational households is childbearing out of wedlock at an early age, again burdening the older generation (Makiwane & Chimere-Dan, 2010, p. 151).

Generation is generally taken as an interval of time between the birth of parents and the birth of their offspring. All children of one set of parents are members of the same generation although they may be years apart in age. Often striking differences are found between generations. For example during the Vietnam War, young adults in the United States and other countries tended to be highly vocal anti-war activists. The older generation, many of whom had served in the war during World War II, were frequently more conservative in their

reactions to the war, at least during the first few years. Such differences in attitudes and beliefs often cause misunderstandings and antagonistic feelings between generations. Generational gap is larger in societies that are undergoing rapid social changes like South Africa. This is largely due to epochs that separates generations, for instance the older generations in South Africa grew up in a closed Apartheid society, whereas the younger generation grew in a liberal post-Apartheid society.

Intergenerational co-residence appears to be important for social and health status of older person their children, and that of grandchildren. At the same time, some older persons recognize the big pressure that intergenerational co-residence can exert on the social and economic lives of their children and grandchildren. Thus, some older persons prefer regular contact in the form of short visits from children and grandchildren, regular symbolic material gifts, and for the more affluent older person, regular communication by telephones and emails (Makiwane et al. 2009).

More research is needed on intergenerational families. Makiwane (2004) has argued that "the traditional method of calculating the dependency rate based on chronological age can be misleading, as it assumes that the elderly are the biggest beneficiaries of multi-generational household arrangements, both economically and as recipients of care" (Makiwane and Chimere-Dan: 2010: 152). However evidence has shown that often the elderly are the major sources of income for intergenerational households, using their social grants to support entire households, as well as the major care-givers in these homes. These families can be viewed in multiple ways - as a site of intergenerational conflict with people seeking a route towards a nuclear family structure, or spaces of co-operation within a broad social safety net (Makiwane and Chimere-Dan: 2010: 152).

The prominence of state pension for the livelihood of older people is underscored by the emerging results from this study. Their economic support comes mainly in the form of pension payout from the government. This financial resource plays a central role in meeting the economic needs of older persons. All other sources of economic support appear to be secondary, and in some cases (if from children and grandchildren), only a symbolic purpose of maintaining a good relationship across generations. This emerging pattern appears to be mediated by class and other sub-cultural factors.

There are also social and cultural consequences of these intergenerational relationships. The traditional respect shown to elders in African societies is starting to be eroded. Formal education has created a social distance between the younger and older generations, with the latter no longer seen as the "repository of wisdom and a source of guidance" (Makiwane and Chimere-Dan, 2010, p. 153). Access to education has also had an effect on language practices, with those in one family often no longer choosing to speak the same language.

An important consideration in the structure of the family is gender and sexuality. South Africa's constitution recognises same-sex marriage, and thus a new form of family is now formally being recognised, however this is not to say these forms of family did not exist prior to legal ratification. Men who have sex with men, and same-sex couples form families that comprise biological kin (Richter, Chikovore, Makusha, Bhana, Mokomane, Swartz, & Makiwane, 2011, p. 49), but there is not much research on these family structures.

There have been claims made that homosexuality is "unAfrican" even though marriage equality and sexual freedom are mandated in our constitution (Van Zyl, 2011, p. 336). This resistance is illustrative of a discontinuity in terms of what the "essence" of marriage and sexuality should be within the heteronormative South African imaginary. Historically "colonial discourses regulated sexuality through conflating 'sex for procreation' with 'sex for pleasure'; marriage was the political institution to regulate both fertility and desire, which was assumed to be heterosexual. In Ubuntu, kinship is a central focus for relationships and fertility is the spiritual connection to the past and future" (Mbiti, 1989 &Thornton: 2003, in Van Zyl 2011: 338).

Despite this heteronormative imaginary, research has shown that in African societies kinship is regulated through marriage, but this does not automatically translate into sexual exclusivity. Marriages can be polygamous, and it has also been noted that often same-sex relationships for pleasure were adopted outside of marriage (Arnfred, 2004). The power of these relationships lay in the fact that they were not named and thus not policed. It was through "colonial legislation on sexuality and the adoption of Christian marriage rituals that heterosexual monogamy gained hegemonic ascendency in Africa" (Van Zyl, 2011, p. 338),

and thus homophobia can be viewed as a European influence, not an African cultural norm (Reddy, 2001).

If one considers the family in South Africa today, it is clear the nuclear and the extended family concepts do not accurately describe families in their entirety. Single mothers, caregivers and guardians, reconstituted families, same-sex partners and polygamous relationships also need to be included in any analysis of the family (SAIRR: 2011: 1).

Migration

Recognising the role of various forms of migration in the structure of families and fluidity of households is crucial for service provision. There is no single suitable definition of migration. A more generic use of the term makes it inclusive of all human spatial movements (Jackson, 1969). But more commonly, the term has been used to include only those movements that could be defined as involving a permanent change of residence (Gould & Prothero, 1975). This would exclude movements that are generally regarded as circulation. Circulation is movements that have no permanent change in residence, and may be cyclical in nature and are not intended to be permanent or long-standing.

In many instances, it is difficult to classify movements on the basis of their permanency status (Gould & Pothero, 1975). Whether a move is migration or circulation would depend on the decided period of time that distinguishes the two. More importantly, at the time of the move, most people do not know whether their movement would be permanent or temporary. Many movements that became permanent were, at first, circular in nature for a long period of time (Zelinsky, 1971). Another confounding factor relates to the action of an individual, as against that of the household, which might not be the same. This problem is most common when dealing with young people within a household. Very often young people within a household have a migration agenda that is different to that of the head that belongs to another generation.

Kok (1999) suggested a typological approach to migration that does away with the requirement that the move must be permanent in order to qualify being classified as migration. Accordingly, shorter-term labour migration should also be included in the definition as migration.

Classification of migration

A useful tool in understanding the nature of migration is classification by cause of migration. The types of migration usually include economic, political, conflict, rural-to-urban and environmental migrant. Most of the classification is usually based on push rather than pull factors. Many of these causes for migration are not clear-cut; and stated reasons for migration might be complex and misleading. Many migrants give reasons for migration which will make it easier for them to get sympathy in the host area, and in some cases make up a reason in order to justify their decision to move from people who might be critical of such a move.

International migration

Measurement of international migration is especially difficult, and estimates can be influenced by political interests. Emotions that accompany international migration, together with inherent problems in documentation, have resulted in wide gaps in estimates of migration volumes. The first problem relates to the concept of national borders, which can be fluid in Africa. Many of these borders, which were set by colonial masters, cut through linguistic groups and extended families (Adepojou, 2004). The current state is that most Africans have freedom movement within their own countries, although movements between countries remain a political sensitive issue. Regional blocks have tried to facilitate free movements between countries of their regions. In 1995, SADC started a process of integrating the region. The 1995 Draft Protocol was signed with the aim of easing movements in the region, although it has not been successfully implemented. The main problem in Southern Africa is that movements are not balanced (Economic Commission for Africa 2006). Secondly, most international migrants are undocumented. By definition these migrants are unrecorded, and therefore not reflected in the official statistics. They are also less likely to subject themselves to census and survey enumeration, and therefore avoid being noticed by officials of a hostile host country (Adepojou, 2004).

The African migration movements are related to economic and ecological problems, conflicts and intra-regional disparities. The continent is experiencing both voluntary and forced migration. Most of movements are within and a significant part of which are forced migration (Economic Commission for Africa 2006).

Mpumalanga, has a generally a sizable number of international migrants, mostly from the neighbouring Mozambique, which sometimes creates an atmosphere of ill feeling between communities. Animosity between societies that are separated by colonial borders sometimes results in xenophobic act of discrimination and open attacks which results in the disruption of families of migrant communities.

Internal migration

Internal migration is described in terms of either distance or direction. Distance is rarely used because of difficulty in measurements; preference is instead often given to direction. This typology is usually expressed in four categories, namely:

- Rural to urban
- Rural to rural
- Urban to rural
- Urban to urban

In Mpumalanga, the most common stream is the rural-urban migration. The difficulty in measuring these streams is the fact that the rural/urban definitions are not fixed. Sometimes definitions change or some areas are reclassified because of changes that have taken place. Most common internal migration stream in the area is between Mpumalanga and the Gauteng province.

Migration literature

Migration in South African tends to have race group-specific patterns because of our history. The apartheid migrant labour system casts a shadow into the present day and thus "patterns of child-parent co-residence are strikingly different for children of different races" (Hall & Wright, 2008, p. 50). Hall and Wright note that 70% of white children live with both their biological parents, and only 53% of coloured children and 29% of African children live with

both parents. Some 25% of African children do not live with either of their parents, and only 4% of white children do not live with either of their parents (*ibid*).

The data for households acts as a proxy for family in terms of measuring remittences. Here however it would be particularly interesting to trace the flow of remittances within an extended family and see what forms of social security were enabled because of them. In 2001 it was recorded that 15% of households in South Africa received remittances from migrant family members and recorded it as a source of income. Female-headed households were highly dependent on the remittances, with 39% of female-headed households receiving remittances (SAIRR, 2011, p. 5). This also speaks to the continued gendered effects of migration and how a disaggregation of the costs and benefits of migration affect men and women differently.

In terms of migration effects on the family, it is difficult to determine whether the "separation" of children from their mothers is because children are sent away from the household for various reasons or because of the mother migrating away from the child. In general though, the pattern for migration of mothers is such that the probability of migration decreased if the child was under six years of age, while the older the child, the likelihood of the mother migrating increased (Posel, 2006).

Migration has been shown to affect marital and family stability. Migration away from the family by men, largely into urban areas has consequences of infidelity on both the men and the women. A consequence of long periods of absence also corroded emotional bonds within families. It has been shown that African men and women who migrated to the Witwatersrand often formed new or second families, to the detriment of their families in the former homelands, mainly in order to qualify for urban housing during the 1950s and 1960s (Makiwane, 2010: p. 145).

Quantitative Analysis Results: General Household Characteristcs

The number of households in Mpumalanga in 2009 was estimated at 977,918 with an average household size of 3.65 individuals from General Household Survey (GHS) 2009. The GHS 2002 indicates an estimated 783, 871 households in Mpumalanga, with the average household

size of 4.05 individuals. This therefore highlights a decrease in the household size over the past seven years in Mpumalanga by 0.4 individuals, while the number of households is increasing faster than the increase in the population size.

Figure 1 showing trends of average household size in Mpumalanga 2002-2009
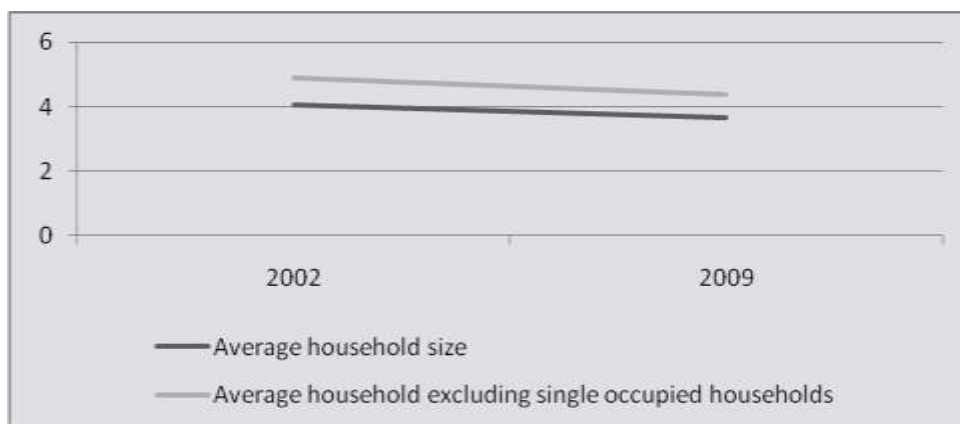
Figure 2 below shows that Indian households have the smallest family size with an average of 2.69 individuals per household; Africans on the other hand have an average household size of about 3.73. In 2002, however, Whites had the smallest household size (3.03) with Coloureds having the largest household size of 4.43. The household size is declining among all racial groups.

Figure 2   Average household size distributed by racial categories
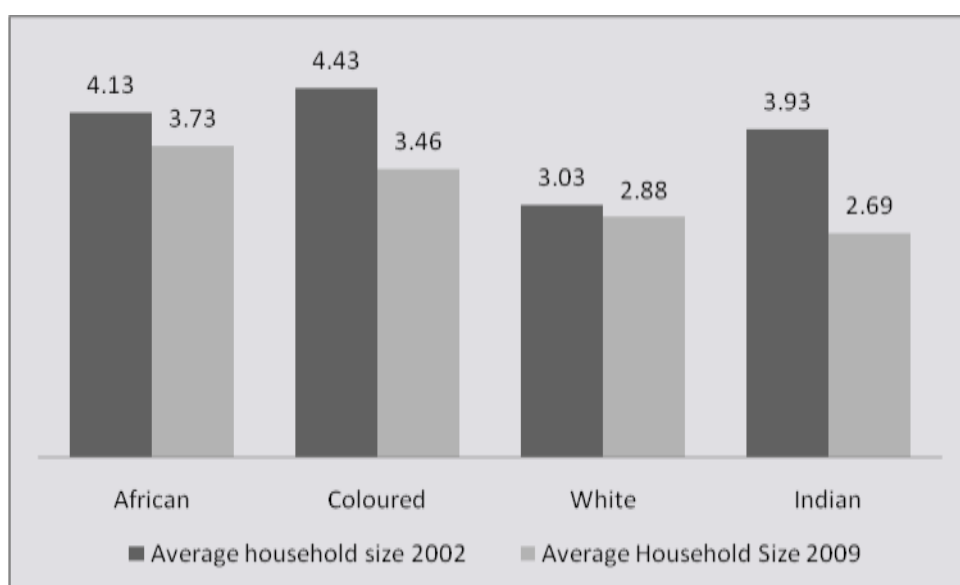
Generally, younger household heads are more likely to head smaller households, and older household heads are more likely to be found in larger households. As shown below, child headed households constitute just over 3% of households in the province.

Figure 3 Average household size distributed by age in 2009

In Figure 4 below, we find that 77% of dwellings were brick or concrete block houses, followed by traditional houses and shacks outside of another individual's backyard. Thus, relatively few people in Mpumalanga are staying in households that are not safe, transitory or not amenable to good health. Between 2002 and 2009 there has been an increase in the proportion of households staying in brick houses.

Figure 4 the distribution of types of dwellings in Mpumalanga 2009

	brick house	trad hosue	Flat or apart ment	Town house	place in backya rd	shack in backya rd	shack not in backya rd	servan ts quarte rs	Carava n/tent	Other
2002	66.3	8	4.1	1.2	1.3	2.2	10.8	5.5	0	0.3
2009	77	7.6	2	0.7	1.5	1.8	6.5	1.8	0.1	1.1
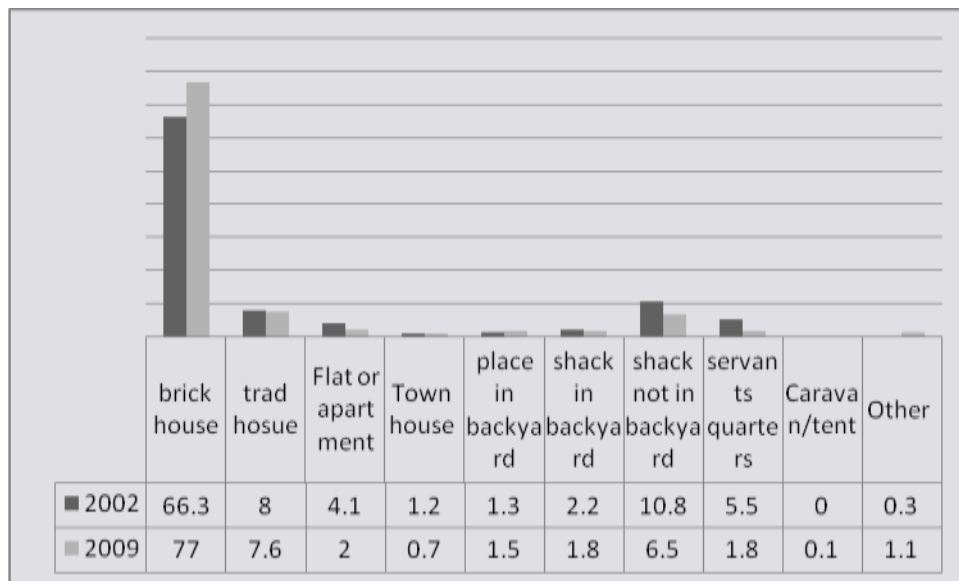
Residential arrangements

      Relationships in the household

The pattern of relationship in the province is shown in Figure 5 below. In the province, 25.9% of the population resided in households where they were heads of household, while 38.3% were sons or daughters. The proportion of grandchildren in 2009 was particularly high at 14.9%. Thus, multi-generational households are a common feature in Mpumalanga. Spouses of households' heads constituted 9.8%, while 5.2% of the population stayed in households as members of the extended family to the household head.

Figure 5 The distribution of relationships with household heads in Mpumalanga in 2002 and 2009
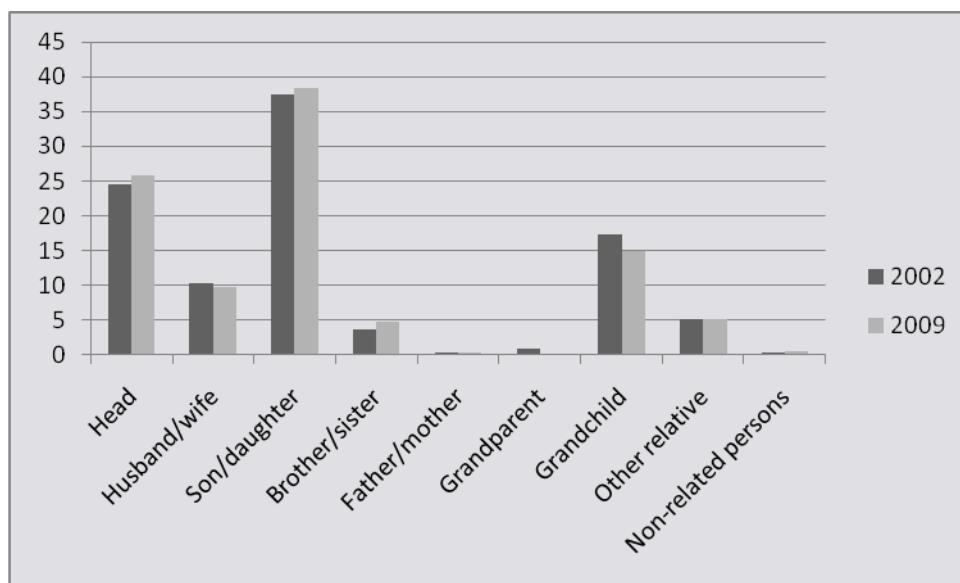
Table 2 below also shows a significantly higher percentage of grandchildren living with their grandparents among Africans and Coloureds than among Whites and Indians. There is a high percentage of brothers or sisters of heads of households in both Coloured and African homes, estimated at 2.1 % and 5.2 %, respectively. Thus the table below confirms an earlier assertion about the increasing verticalization of families in both White and Indian communities.

Table 2 Racial Distribution of Relationships with Household Heads in 2002 and 2009

	Population Group							
	African		Coloured		Indian		White	
	2002	2009	2002	2009	2002	2009	2002	2009
Head	23.9	25.3	20.9	25.1	34.7	42.5	25.8	33.6
Husband/wife	9.2	8.6	10.4	16.6	25.6	25.3	18.0	25.4
Son/daughter	37.6	38.8	61.2	37.1	31.7	23.9	41.6	32.2
Brother/sister	3.8	5.2	0.0	2.1	1.1	0.0	2.2	0.6
Father/mother	0.3	0.3	0.0	0.0	1.4	0.0	3.4	1.4
Grandparent	1.0	0.2	4.5	0.8	0.0	0.0	0.0	0.0
Grandchild	18.6	15.7	3.0	11.5	2.1	5.5	2.2	3.3
Other relative	5.3	5.4	0.0	3.7	2.5	2.8	6.7	3.6
Non-related persons	0.3	0.5	0.0	3.2	1.1	0.0	0.0	0.0

Sex and household-headship

The sex of the head of household in the region is of special interest. Figure 6 below, shows that most households in Mpumalanga have males as household heads as opposed to female household-heads. All racial groups, except the Coloured population group had males as head of household. This implies that it is the norm among Africans, Whites and Indians to have a male as head of households.

Figure 6 Gender Dimensions in household Headedness in Mpumalanga, 2002 and 2009

	African	Coloured	White	Indian	All Mpumalanga
■ 2002 Male Headed	59.1	57.1	85.1	82.6	61.8
▨ 2002 Female Headed	40.9	42.9	14.9	17.4	38.1
■ 2009 Male Headed	59.4	39.1	88.2	79.5	61.6
■ 2009 Female Headed	40.6	60.9	11.8	20.5	38.4
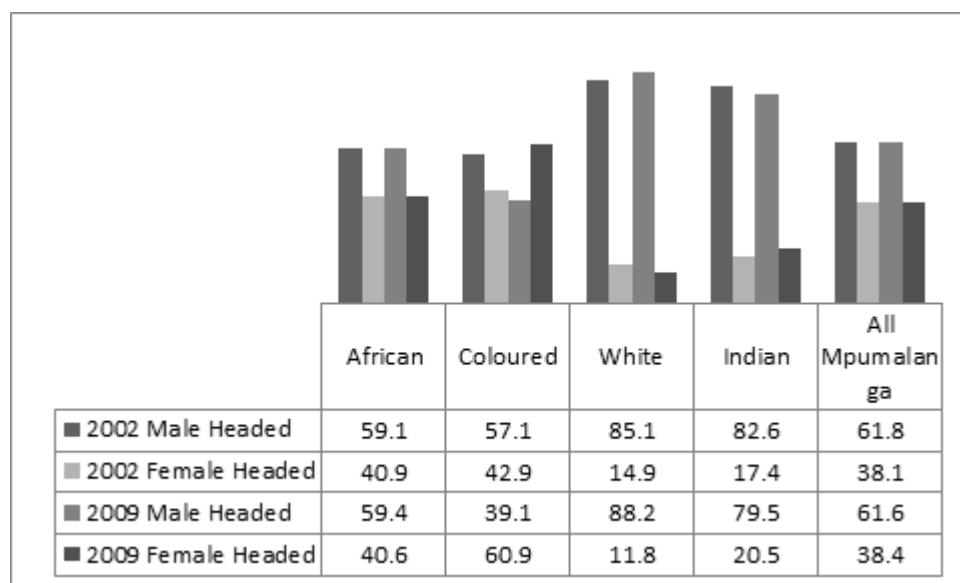
Other characteristics of household-heads are shown by sex in Table 3 below. The data presented in the table indicates that there are more male heads younger than the age of forty; however older than the age 40, female headship tends to become more prevalent, increasing with age.

Male heads of households are more likely to be better educated than female heads. A higher proportion of males cited secondary schooling and post matric as their highest level of education than females. The majority of females had higher proportions with educational attainment going only as far as primary school and part secondary. Female heads of household are more likely to not be working compared to male heads of household, with about 50% of females not working as compared to 31% females.

The general picture of household headship was revealed as follows: Young men who are more likely to be better educated and employed, are generally the heads of smaller

households, while the less educated older women, the majority of whom are outside employment head larger households. By implication women carry a larger dependency burden in the households they head.

Table 3 Characteristics of household heads in Mpumalanga

	Male	Female	Both
Age			
<20	2	1.6	1.9
20-29	15.9	11.9	14.4
30-39	26.7	23.6	25.5
40-49	22.5	23.5	22.8
50+	32.9	39.4	35.4
Marital Status			
Currently Married	49	17.4	36.5
Widowed/ Divorced/Separated	6.1	34.1	17.2
Cohabiting	21.5	16.1	19.3
Never Married	23.4	32.4	26.9
Educational Attainment			
No Formal Schooling	0.1	0.5	0.3
Primary	19.9	26.1	22.4
Part Secondary	32.5	27.7	30.5
Matric +	31.9	21.1	29.4
Work Status			
Currently working	68.5	50.4	50.4
Not working	31.5	49.6	49.6

Young people

About 3.2% of children below age 10 in Mpumalanga were orphans in 2009. Paternal orphans in this age group were estimated to constitute 10% and 3% were maternal orphans.

Some 84 % of children in Mpumalanga had both parents living in 2009.

The proportion of paternal orphans between ages 0-9 varies considerably among races, with the proportion being higher among Africans (11.2%) and Coloureds (3.5%) compared to Indians (0.5%) and Whites (1.2%). The same racial difference prevails with regards to maternal orphans.

Table 4 Proportion of children (aged 0 to 9 years) that co-reside with their parents

|	Year	
	2002	2009
Mother and Father are part of the household	36.36%	32.64%
Father is not part of the household	29.25%	32.73%
Mother is not part of the household	2.39%	2.27%
Mother and Father are not part of the household	31.97%	32.34%

Table 4 above shows the proportion of the children that specified that one or both parents were alive, and who was co-resident with their parents. In 2009, 32% of children were not co-residing with any of their parents and a total of about 65% were not staying with their fathers.

Absent motherhood is not a norm among all racial groups, but the highest incidence prevailed among Indians (4.5%) followed by Coloureds (3.9%) and Africans (2.6%) and a low prevalence among Whites (0.7%).

Older people

Figure 7 below show that there are a larger proportion of older persons among Whites and Indians. This is in line with the high life expectancy in these population groups, and a relatively low rate of fertility. Although the proportion of older persons among Africans and Coloureds is much lower, it is higher than could be expected when compared with their life expectancy. This is mainly due to a common practise in Africa where urban based workers move back to their rural homestead after reaching pensionable ages in order to reconnect with their extended families (Makiwane et al. 2004).

Figure 7 Distribution of households headed by Older People in Mpumalanga
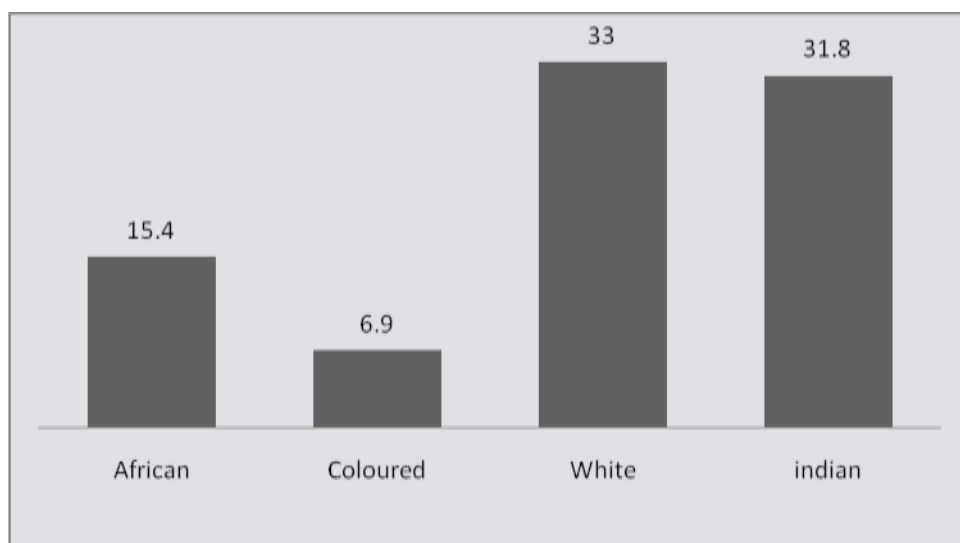
Due to the high levels of out migration, Mpumalanga is characterised by relatively few people of working age. Consequently a large proportion of the population are dependents. While extended family structures are common in the region, there is minimal data on the effect these families have on the well-being of the elderly (Peterson, 2001). Traditionally in developing countries, older people were primarily supported by extended families, in addition to informal mechanisms that included mutual aid societies and a larger kinship network (National Research Council, 2006), and the government pension. Despite lack of empirical research on the long-term welfare of the elderly in extended families, evidence suggests that traditional caring and social support systems are becoming increasingly strained (Robinson, Novelli, Pearson, & Norris, 2007). Development and modernisation have been closely linked with the social and economic changes which have resulted in weakening traditional values and networks.

Marriage and Divorce

Historically, marriage is an institution that has been the basis of the family, and as in many sub-Saharan African societies, has been known to happen early and universally among adults. While this has historically been the case, changes in the socio-political landscape in South Africa have resulted in changes in marital patterns. Most noteworthy of these changes are delays in entering into marriage and the generally low marriage rates. Consensus on the reason for such changes is yet to be reached. In this report some of the more often stated reasons are discussed.

In most African societies, marriage is a process involving a series of negotiations that take place over some time and is, therefore, not a single event. This process in African tradition sometimes makes it difficult to measure the exact date of marriage, and hence to accurately capture marital status in national surveys. A number of issues generally arise when making a statistical evaluation of the extent of marriage. First, it is the possibility that only marriages that are registered by civil authorities are mentioned, with exclusion of other forms of marriage recognized either by society or by religious institutions. The second error might arise when different set events are taken as marking the onset of marriage in the same society. Another source of error might result from deliberate omission in the reporting of marriage, where people with failed marriages might report themselves as never married, in order to increase their marriageability in society. Furthermore, the distinction between divorce and separation is even more unclear. In most African societies, dissolution of a marriage does not lead to formal procedures to mark such an event. This may lead to an undercount of divorces. Given all the stated difficulties related to measurement of marriage, it is expected that the incidence of marriage, as captured by vital registration registers, censuses and surveys, might be an undercount or at least an incorrect reflection of the actual status of marriage among the African population groups.

Marriage, across the world is a major feature of adult life and a hugely cultural enterprise. As stated above, historically in sub-Saharan Africa marriage has been something that happened in early adult life and was almost universal. Socio-economic changes in South Africa have led to changes in marriage patterns overtime. -
Notwithstanding the problems of capturing marriage data mentioned above, it seems that marriage rates are now low in South Africa, with the lowest recorded marriage rates occurring in provinces with large rural areas. These low marriage rates have been attributed to the corrosive effects of the migrant labour system (Makiwane, 1996). A more current day determinant of marriage (or lack thereof) is the cost of modern life and the commercialisation of cultural practices such as the transfer of *lobola* (bride wealth) from a groom's family to the bride's family *(*Makiwane & Chimere-Dan: 2010: 144). Once a traditional practice exchanging bride wealth between families in the form of cattle, it is now often done in monetary terms, with large sums being hard to amass in the face of poverty. This had led to cohabitation, and decreased marriage rates.

The dissolution of marriage is possible either through death or divorce. Between 1999 and 2008 the number of divorces has been fluctuating between 37 098 and 28 924 per year. By race it was discovered that more divorces occurred in the African population group compared to the other racial groups. Overall the proportions of divorces from the African groups have been increasing and the White group has been declining (Statistics South Africa: 2008). In Mpumalanga, which could be representative of other rural areas in South Africa, widowhood is more frequent than divorce. It has been found that females are more likely to lose their spouses through death before the end of their reproductive lives than through divorce (*ibid*). While divorce rates are relatively low in South Africa, different race groups tend to display differing patterns of divorce. As a whole, the South African divorce rate is 15 per 1 000 marriages. The White population group have the highest divorce rate at 35 per 1 000, while Africans divorce only 11 in 1 000 marriages. The coloured and Indian population groups have 22 and 19 divorces out of every 1 000 marriages respectively (Richter & Amoateng: 2003: 257).

Between 1999 and 2008 there has been a general increase in marriages (Statistics South Africa, 2008). In 2008, 186 522 marriages were registered and in 1999, 140 458 marriages were registered and had increased to 186 522 in 2008. This makes the annual increase 2.9% since 1999 (*ibid*). In 2003, 17 283 customary marriages were registered with fluctuations occurring over the past decade. The lowest recorded number was 14 039 in 2006 and the highest number of registration was in 2004 at 20 301. In 2008 the number decreased again to 16 003. It must be noted that the registration of customary marriages is relatively new, and thus presents problems for accurate data, as there is some hassle and cost associated with registering one's marriage (Statistics South Africa, 2008).

Civil unions, also newly enabled through legislation, numbered 80 for 2007. The following year the number had increased to 732. Most of the civil unions registered were in Gauteng and the Western Cape. No civil unions were registered in Eastern Cape and Limpopo in 2007, and only 41 and 15 registrations respectively occurred in 2008 (Statistics South Africa: 2008).

Table 5 Marital Status of individuals aged 15 and above in Mpumalanga by Race

	Population Group				
	African/Black	Coloured	Indian/Asian	White	Total
Legally married	22.1	45.9	85.6	72	26.3
Living together like husband and wife	11.6	0	0	0.8	10.7
Divorced/Separated/Widowed	7.5	7	7.2	5.9	7.5
Single, but have been living together	3.1	0.6	0	1.5	3
Single and have never been married	55.5	46.5	7.2	19.8	52.6

The table 5 above shows a high proportion of the adult population Mpumalanga (52.6%) is single and has never been married. Only about 26.3% of the population over the age of 14 is currently married.

There is a wide variety in the proportion of people currently married, between different racial groupings. Among Coloureds there are an equal proportion of individuals that have never been married to those that are currently married. About 0.6% are cohabiting, and 7% have either been divorced, separated or widowed. Marriage is lowest among Africans (22.1%) and with a relatively high rate of cohabiting (14.7%).

Among both Indians and Whites marriage is fairly common at 85.6% and 72% respectively. Indians have a low proportion of people who either have never married or are divorced, both estimated at 7.2%.

The situation of Mpumalanga families: a qualitative analysis

The integrity and welfare of the institution of the family is an integral part of the functions of the Family Welfare programme at the Mpumalanga Department of Social Development. (The strategic objective of the family welfare programme is to "protect and promote the wellbeing of the family" (Departmental Annual Report: 2008/9).

The overall purpose of the study was to describe the situation of families in three district municipalities in the Mpumalanga province (Enhlanzeni, Gert Sibande and Nkangala), and determine the welfare of different groups including children, the elderly, men, women and youth.

Community contexts

The studied communities are distressed because of high levels of youth unemployment and substance abuse which they associated with increased crime and violence. The high level of employment is mainly associated with a serious problem of drop-outs in these communities due to teenage pregnancy. Dysfunctional families and schools do not provide children with a supportive environment to progress with their education. While abuse of alcohol was another problem, there is also a new drug-use pattern mainly among young people which is seen to have farther-reaching consequences than alcohol. Community members, both adults and youth, indicated the plight of young people who use "nyaupe". Nyaupe is the combination of antiretroviral drugs with other illegal drugs to produce a substance which communities said was devastating to individual users and the community because intoxicated users commit serious interpersonal crimes that involve violence. Information regarding the extent of use is not yet known but school learners were among users.

In one of the rural communities, members reported that violence and crime were not their serious concerns. However, since the area is rural, there are no economic opportunities for young people.

Local government structures were viewed as critical in facilitating community meetings and transmitting information to community members. In this regard, ward committees were identified as useful because the members identified vulnerable children, especially those whose parents have died and ensure that they receive social welfare assistance on time. Community members were generally perceived to have little interest in meetings when the agenda was not about tangible services such as housing or social welfare services. There is poor participation in meetings and workshops that provide information or invite community members to volunteer in community services such as provision of home-based care. As a result of low levels of social organisation non-governmental organisations provide most of the assistance to poor and vulnerable families.

You can't call a person to come and volunteer because they will tell you that "you are entitled for a salary, but I'm not and you want to make money through me."(Elderly focus group, Kabokweni – urban).

Some of the community-based organisations that assist families were described as efficient while others lacked the capacity to support families according to their mandate. These were mainly connecting communities to basic services such as birth registration for the purpose of accessing child support grants or other social welfare for orphaned children.

The commonly mentioned forms of community organisations were crime prevention forums, and community- and home-based care groups. Vulnerability of children, inadequate care and abuse were identified as common in these communities, coupled with a lack of local structures, provided for in policy, to care and provide protection for vulnerable children. In particular, child care forums and child protection forums were not mentioned. This leaves community-based care groups as the only structures that assist children, and it is not possible for members of these groups to reach every household in the community. This noted by some of the youth at Luphisi who confused a drop-in centre for home-based care services. They complained that these caregivers did not distribute food to orphans at their homes.

Family context

Most households in the studied communities were described as under stress because of illness among adults that usually leads to death (mainly of parents of under-age children); teenage pregnancy which leads to many girls dropping out of school without a finishing secondary schooling matric qualification; substance abuse and families that are spatially separated due to migration.

Family structures and socioeconomic characteristics

Focus group participants indicated that there were many three-generation and skipped-generation households in their communities. Many grandparents are responsible for the care of their grandchildren because the children's parents have migrated to urban areas and cities for employment, or because the parents have died. Also, because of the high incidence of teenage childbearing outside marriage, young single mothers remain at their parents' homes while they receive support to bring up their young children. These different forms of households were described as having a different quality of welfare, as compared with the three-generation households generally perceived as "doing well" or "coping better" because they have varied sources of income – remittances and old age grants. In 2011 the means test

based old-age grant is paid monthly at the value of R1140 to men and women aged 60 years old and above.

Households in which children lived alone most of the time (due to parental migration) or all the time (due to parental death) were described as facing several challenges. For example, participants indicated that there were many children whose parents have migrated to urban areas for employment but the children were not economically provided for. Orphans who live in child-headed households were also described as struggling. In particular, the younger children's welfare was negatively affected where older siblings used social welfare assistance funds to pay for alcohol and illegal drugs.

Livelihood sources and financial security

Community members reported that for most households, the main source of household income was state social grants for disability, the elderly and children. Perhaps this is because this source is more predictable than other sources of livelihood identified during the discussions. Such sources include small-scale crop production schemes in which residents of some communities produced nuts and tomatoes, and small business. Young people mentioned that they provided services such as selling food and running hair salons. Older people mentioned handicrafts and collection of recyclable materials such as cans for cash. Young adults primarily depended on remittances sent by spouses who work in the urban areas. Although urban employment and migration of household members provided useful income, the income was not regular and was insufficient. None of these sources of income were regular.

Study participants mentioned some of the factors that affected the flow of remittances to sending families as breakdown of relationships between spouses soon after migration. Although women also migrate for work, it was clear that rural-urban migration was gendered with men seen as the main participants. Anecdotes of men who stopped financially supporting their families because they started new families in the cities were shared, and this behaviour was identified as a common experience for many young women who remain behind with children behind when their husbands migrated to find employment.

Financial Insecurity

The participants in the various focus groups all commented on their extreme financial insecurity which made coping with times of stress even more of a burden. The communities reported that there is widespread unemployment, which meant a steady stream of income could not be depended upon. The spending patterns were such that the bulk of their income went to food, and little was left beyond this to save for emergencies, or make dealing with crises easier in any way.

The lack of finances seemed to be the main impediment to being able to enact social safety nets. If the community in the broad sense was suffering, it becomes difficult to ask extended family members for help, because they are also financially insecure and vulnerable.

Stokvels, burial societies and building societies as a form of savings clubs function as coping mechanisms only for those who are gainfully employed or are recipients of one form of state grant or another. Thus it appears that one needs to have access to one form of social safety net to access another. This is how social capital functions, it functions to exclude and only build the capital of those already on the inside. Fundamentally it reproduces difference, even when it is difference between those who are vulnerable and those who are extremely vulnerable. Expressing frustration with the class-based transference of social capital, this participant from the Lupisi rural focus group said the following:

It depends on the bond in the family. Families normally take care of those who are managing but if you are not. If you have a car you will associate with those who have cars. When a person gets a breakthrough he takes care of those who are at his class and forget the class where he comes from.

One must not see social capital as a binary between rich and poor; rather it is a gate-keeping mechanism protecting the interests of those on the inside. To gain access to a form of safety net, one needs to demonstrate how one would contribute to the maintenance of the safety net. Thus class-based forms of care become apparent. In this regard, entitlements such as social grants are perceived as a practical means of accessing social capital. Households with recipients of social grants were identified as more likely to be members of voluntary associations such as burial societies because they were able to sustain the payment of subscriptions.

Almost everybody, goes and participates, no one remains behind, no one ignores, what I see is that people join and as time goes on that person does not have money to carry on because mostly we are not working... Most people are not working in this area, those who join are those who are receiving grants and they use grants to pay...

Coping Mechanisms

The aim of this analysis is to highlight those forms of social care that function as resources and coping mechanism in Mpumalanga to establish what systems families do use, and what points of frustration or gaps in networks of care exist in a context where family and community are intertwined.

What follows are brief discussions of prevalent themes that emerged from the focus group transcripts. They illustrate the sources of support for families and highlight the spatial, generational and socioeconomic factors that influence the flow of support.

Neighbours' support

Neighbourhood social ties are highly regarded. Neighbours were mentioned often in terms of people to call on in times of distress. As this young person from Enhlazeni said:

Neighbours end up being your relatives than the uncles you have around.

As opposed to extended family being seen as a resource to draw on, what was more frequently cited was "neighbours" one could approach in times of distress. First and foremost their proximity meant that they would understand your situation well, and also you would be in a position to help them in a similar situation, as reciprocity was highly valued. This coping mechanism reveals that with people's geographic spread, the family is not necessarily one's immediate social safety net any longer, but rather those that are accessible are the first port of call. Neighbours are seen as empathetic and sympathetic because they may have similar experiences.

In an older persons' focus group in Kwa-Mhlanga it was said that:

Our kids, the family members that live far can't help us because they also have problems in their own households.

As poverty was wide-spread in these communities, and family often lived a distance from those in need, it was noted that in terms of care, "a family these days are the people you live with". In times of distress the relationships with family members far away was described thus:

First I will go ask money and buy food from my neighbours, after that I will then call them to tell them that the food is finished and I have borrowed so much from my neighbours. They send me the money and I pay back the debt. (Lupisi, older persons focus group).

Food [in]security

The right to food is a constitutional right of South Africans. Food availability in South African markets may not be a matter of concern but food availability and food access at household level are a challenge for some segments of the population, especially among the poor and in rural areas. Lack of access to land for subsistence farming means that majority of population access food through markets, thus making employment and income a pertinent component of livelihoods. Some of the aspects of the realisation of this right include a government policy on zero-rated food items in the market. There are some 19 basic foodstuffs to which value-added tax (VAT) is not added: Brown bread, maize meal, samp, mealie rice, dried mealies, dried beans, lentils, pilchards/sardinella in tins, milk powder, dairy powder blend, rice, vegetables, fruit, vegetable oil, milk, cultured milk, brown wheaten meal, eggs, edible legumes and pulses of leguminous plants (www.treasury.gov.za). Other policy initiatives include the National School Nutrition Programme (NSNP) for primary and secondary schools, and provision of various social grants as part of the social welfare regime for the aged, disabled and children.

Despite these policy initiatives, food insecurity – a situation whereby there is not enough food accessible to households at all times is still a common phenomenon in South Africa. A recent assessment of food insecurity for a period of 10 years from 1999 to 2008 (Labadarios, et al 2011) shows that the proportion of households that run out of money to buy food and the

proportion of households with a limited number of food items available in the house declined during the period under review, but still remains high among poor households (between 39% and 46%).

Most of the participants indicated that the main expenditure for their households was food. However, the perceptions of most study participants in Mpumalanga are that households do not always have access to the food they need because of low incomes and dependence on old age pension funds. In addition, erratic climatic conditions negatively affect yields and erode meager household incomes that could be used to purchase food from the market. For example, some of them stated:

No we don't have enough food. Most people are pensioners and the R1000.00 is little, you find that towards month end there is no food in the house.

There is a lot of hunger; there is hunger in our area…We are trying to do farming and plough but there is drought in this area. Sometimes I take money and hire tractor but come harvest time nothing and the money you have spent to plough is wasted and cannot be recovered. That causes a fight in the house because the money spent was for food in the house.

Lack of food is a challenge because we depend on rain in farming. If there is rain our lives are better, but it is like this the drought takes away bread from our mouths. You'll find that food must then be out of our pockets because even those piece jobs are not available.

It was also clear that the situation could have been worse, but participants indicated that government interventions through which the needy are provided with food were mitigating the situation. Some of the participants stated:

There are those who go to bed without food, I just don't know how people from the home based care are working hard enough to give food to the people, but food insecurities are there.

It is there but not high. The government has a programme that supplies needy people with food but it is not monthly

Different households are affected in different ways. But some households' members are particularly vulnerable. For example, HIV and AIDS patients and school age children were identified as more vulnerable.

Family occasions

When asked about family occasions or frequency of seeing extended family, the overwhelming answer was at funerals. This meeting during times of stress (emotional and financial) reveals the types of burdens of care families are faced with. Nevertheless these functions work as a binding factor in terms of family cohesion, and allow for burdens to be collectively shared.

The contribution of religious organisations to their own members' welfare was acknowledged too.

Churches

It was noted by a number of participants that the church offered forms of care and support in times of crisis and great stress. While the help was not always monetary, it seems the emotional support offered by this type of community structure was greatly valued. However this form of care and coping mechanism was available only to "insiders", those who were regular congregants and could thus draw on this form of social capital. It was also noted that churches would often help poorer families with food packages in times of great need. Others cited "praying" or other forms of spirituality as a means of comfort and coping mechanism during stressful times.

A participant (Kwa-Mhlanga, 15-24 age group) makes clear the help the church provides, but still emphasises how ultimately coping is an individualistic affair:

Yes church people do help a lot, last time they donated food and clothes. You can't always cry to people whenever there are problems, one way or another you end up taking care of yourself.

While the church offered a form of comfort mainly for material needs, social sanction functioned to keep families from sharing their personal relationship troubles with the church (perhaps for fear of dishonour). For those issues they worked as family units, and did not want those other than the family involved in their affairs.

Traditional leaders

Traditional leaders were not noted as people to approach with health problems. It was acknowledged that that may have been the case in the past, but currently they are seen more as figure heads.

Family transfers and Intergenerational Relations in Mpumalanga

Studies that have been undertaken in South Africa suggest that the net direction of the flow of economic wealth within the household is not in favour of older people (Makiwane et al. 2004 and 2009). Older persons use their meagre old age pension to support unemployed children and needy grandchildren. This current study examined the sharing of resources within families.

In general we found that government pensions play a central role in intergenerational flow of wealth in Mpumalanga. In this regard, non-contributory old age pensions are reorganising the constitution of households and the patterns of economic relations and expectations at the household levels. This financial resource plays a central role in meeting the economic needs of older persons. All other sources of economic support appear to serve secondary, and in some cases (if from children and grandchildren), only a symbolic purpose of maintaining a good relationship across generations. This emerging pattern appears to be mediated by class, sub-cultural and other differences, which requires further study. As shown above, older women who are mainly recipients of old age grants are likely to attract indigent relatives and non-relatives, while their thriving children have left to start smaller households. We also found that in expression of solidarity in intergenerational household relationship, older people tend to rationalise this imbalance in the flow of wealth as they see the future of their children and grandchildren as more important than theirs.

Intergenerational relations were characterised by conflict in Mpumalanga. This was often expressed by interviewees during the fieldwork. For example older persons complained

bitterly about the conduct of young people - as one old man puts it, "*young people do not want to listen, especially when they are drunk*". The younger generation were seen as generally rebellious, as one youth stated, "*Old people tell you about the way they use to do things, and the way today's youth no longer do*".

Intergenerational conflicts in the area result from changing generational perceptions of the role of older persons in their society. Ranging from responsibilities for supporting older persons, how older persons adjust to major socioeconomic changes, contributions of older persons in the society and areas of potential policy interventions by the government for the benefits of older persons. Economically older people are also generally disadvantaged with regards to intergenerational social relations. Many older people are prone to oblige according to contemporary social expectations and relations.

Intergenerational care

In line with the prevailing literature it was found that many grandparents were caring for their grand-children; however what was also remarked on was that children in turn would take care of their grandparents if they fell ill and could not care for themselves. There is reciprocity in these relationships that are often characterised as one-way. Children also performed a range of chores in the households, but these were largely gendered.

Explaining this phenomenon, a participant from Verena in the adult urban group said:

You find that the children of the older person have left their children home; they are the one's staying with the older persons and looking after them, just like me I'm staying with my grandchildren.

Intergenerational care also sparked discussion about the comparisons between tradition and modernity. Older persons lamented their inability to discipline other people's children anymore, because of the rights culture that has emerged. The binary between "traditional" and "modern" needs to be worked against because both are fluid concepts that do not necessarily have to be pitted against each other.

Gendered burden of care

It was also apparent that there was a definite gendering of the burden of care. Women (grandmothers, wives/mothers and girl children) often bore the brunt of caring for their household members with very few resources to do so. Even in cases where the woman was not in financial control of her household, she would still be expected to make do, and care for her family members. Her inability to be in charge of her own finances, manage the finances of her husband efficiently, or to go out and seek work meant that the coping mechanisms during times of stress were worn extremely thin. Older siblings in child-headed households did not provide care for their younger siblings based on gender roles.

Children's chores, in terms of being a resource to the household, also took on a gendered bent. For instance in the focus group with 15-24 year olds from Kwa-Mhlanga dissatisfaction was expressed:

Yes but it can be unfair for me as the only girl having to share my chores with them, I will end up doing more chores than them, but sometimes my younger sibling help me. Just because I'm girl [sic] doesn't mean I should do many chores.

In terms of women who migrate, and who are able to be drawn on for resources, again, it seemed that women both *did* and *were expected to* contribute more to the household. This reveals how the gendered expectation on the women, becomes circular and self-reinforcing – because women feel they should contribute, they *ipso facto* do contribute more, thereby re-inscribing the gendered roles of care and responsibility as being feminine:

It is true, women are sending money home…if you can look at it between males and females that have started working…the first thing a young person who is female does with her money, she will think of buying furniture and bring it home, but the male will buy a car forgetting where they come from.

Similarly, women who are employed as domestic workers sent money for their children regularly and built decent houses at home.

The normative standard that is set up actually excuses men's "bad" behaviour, and dismisses it as a mere actuality of the difference between men and women. It is in this moment that inequitable gender relations/expectation are normalised.

What must also be noted with regards to gender inequitable practices is that in the focus group discussions it was very evident that all people realised when women were carrying more of the burden. There was almost a tone of self-consciousness (by all) in admitting this, but nevertheless these practices are tolerated and condoned. The hopeful observation here is that change has already begun, but that more steps need to be taken to turn knowledge into action.

Continuum of vulnerability and social assistance

The line between the extremely vulnerable, who have access to a state grant/safety net, and those that do not, is a difficult one to draw. While grants undoubtedly were cited as having been a major resource in coping in the face of vulnerability, there are those who do not qualify for the grant, but are not able to secure enough income to care for themselves. In this sense there is a group of people who fall through the social safety net. They are vulnerable but not vulnerable enough to secure a grant, while their incomes often fall below the minimum level of the grant because of the sporadic nature of their income. This participant from the older persons' focus group in Lupisi explained the matter well:

Yes, now that is going to be month end that person [who has a grant] will manage to put bread on the table but you who is not working can't. Even those who has business they manage better and also we old people use our grants to buy food…We are different to the one who is not working and also not getting the grant. That one does not manage at all.

Those that fall in the gap between accessing grants and employment should be further researched, because it would seem that this group of people falls beyond a formalised safety net framework. Important in this regard would be to recognise the different forms of vulnerability experienced by households and individuals as transient, short-term and long-term and provide assistance accordingly.

Resources and coping mechanisms

Children and their welfare

We explored family, informal and formal resources available for the maintenance of wellbeing in these communities. Family and community relationships operate within the norms of reciprocity and interdependence to sustain the wellbeing of members. State and non-governmental organisation services in the form of health care, social care and welfare are important sources of social protection and their availability boosts the capability of families to care and support children, the elderly and the ill members.

The care of children who are not living with their biological parents has been a widespread concern expressed in policy documents and popular discourse (Meintjies et al., 2010). Following on from this is the concern that extended family relationships as networks of care may become saturated. Survey data does not sufficiently answer this question and more qualitative methods are needed to investigate the nature of care in these settings (Hall & Wright: 2008, p. 54). The immediate factors that have contributed to increased focus on protecting the rights of children and meeting their care needs under the democratic government are poverty, the absent father and HIV and AIDS. While migration of economically active adults has always threatened the wellbeing of families, its negative effects are more intensified in the context of widespread illness.

If one looks to resources care networks have at their disposal, about 37% of children in South Africa live in a household where no adults are formally employed (Hall and Chennells: 2011). Clearly, households that do not have employed adults face extreme financial insecurity, which is exacerbated if there is not access to social assistance, such as one of the social support grants (Hall & Wright 2008: 63).

Access to resources and family structure relate to one another in terms of coping mechanisms. For instance it was found that while rates of school attendance were not significantly lower for child-headed house-holds, at 95% for child-headed and 96% for mixed-generation households, poverty levels were higher among child-headed households, with 47% of them having a monthly household expenditure of less than R400 compared to only 15% of mixed-generation households (SAIRR 2011, 3).

Most orphans in Africa are being cared for by members of their extended family. The first port of call within the extended family was usually aunts and uncles, but this is changing. Grandparents and more distant relatives are now being called on to care for orphans as a result of the weakening extended family. Indicators for the strength of the extended family as a social safety net include: widow remarriage, purposive fostering and contact with relatives. Weakening this safety net are factors such as the paternal: maternal caregiver ratio, the uncle/aunt: grandparent caregiver ratio, the prevalence of child-headed households, sibling dispersal and migration. Because of the increased social burden more and more children are falling through this safety net. In light of this it has been argued that one needs to understand the extended family safety net mechanisms so that interventions for orphans build on these traditional forms of social security (Foster, 2000, 55). This kind of approach would also go some way to moving away from the nuclear family ideology and finding solutions for social challenges from within already existing dynamic family patterns.

An obvious and significant factor for increased burdens on this traditional safety net is the scourge of HIV/AIDS. HIV/AIDS gradually wears down extended family resources, while the number of orphans is increasing (Foster, 2000, p.55). The exhaustible nature of any form of traditional social care must be taken into account, because in order to use these well-functioning safety nets, they need support in this time of crisis to bear the heavy load. For instance on average one in six households with children is caring for orphans. It has also been found that orphans live more frequently in female-headed households, thus have a less favourable dependency ratio. Here there is room for government to bolster this family support. Single orphans are less likely to live with their surviving parent with three out of four paternal orphans living with their mothers and about half of maternal orphans living with their father. The extended family has been found to take care of over 90% of double orphans (Foster, 2000, 55).

Despite the fact that the epidemic has caused an increase in the prevalence of orphans, some argue that these networks of extended family care have in fact dealt with large numbers of orphans in the past, and that there is not consistent evidence that these networks are not able to absorb the increase in orphans. However even if the orphans are absorbed into this extended network of care, other social indicators reveal that orphans still suffer from

particular vulnerabilities such as living in households with a lower income and they have a lower school attendance rate (Forster 2000).

A study on the impact of orphanhood on school performance revealed that those who were maternal orphans were less likely to be enrolled in school, had completed fewer years of education, and had less money spent on their education, than those with parents who were still alive. A UNICEF study indicated that orphaned children who remain in the care of biological family were more likely to be well cared for and would also attend school more regularly, even in the face of poverty than who are institutionalised or are in the care of nonrelatives (SAIRR 2011, 2).

In terms of family structure it seems clear that the father figure in a family adds social capital and thus improves the general living standard of the family and/or household. While ideological, the father figure nevertheless increases the status and access to resources of the family: "children are not necessarily disadvantaged by the absence of their father, but they are disadvantaged when they belong to a household without access to the social position, labour, and financial support that is provided by men" (SAIRR, 2011, p. 5).

Access to services

As cited above, a greater proportion of children are found in households situated in 'tribal authority areas' (42% of children vs. 29% of adults), and a smaller proportion of children are living in urban formal households (41% of children vs. 53% of adults) (Hall & Wright 2008, 49). This population distribution has an effect on families' access to services, especially because rural areas typically suffer from poorer quality and access to service delivery. This is also compounded by fewer employment opportunities in rural areas, as well as limited infrastructure. Thus where a family lives has a decisive impact on their access to services and quality of life. Nevertheless, to give effect to the constitutional rights of all children irrespective of where they live, the department of Social Development with partner NGOs should monitor the movement of children between rural and urban areas, families, alternative care and provide adequate services.

Another important aspect with regard to access to services is that many of the policies, interventions and benefits for children (and families) are decided at the household level, or in

relation to parents or caregivers (Leatt, Rosa & Hall, 2005). Thus in assessing or catering for access to services, policy makers need to take into account the fact that children do not necessarily live with their parents. This has been done to some extent already with the Child Support Grant, as it is awarded to the primary caregiver, who does not necessarily need to be a parent. This has also been achieved with school fee exemptions and health fee waivers, when means tests are done for the caregivers and not necessarily the parents of a particular child (Hall & Wright, 2008, 50).

Compounding the issue of social care in rural areas is that maternal co-residence (between mother and child) is lowest in traditional authority areas. Over 30% of children do not live with their mother; the proportion is the same for children in informal settlements, though the actual number in urban areas is lower. Hall and Wright have noted that this distribution suggests that children with absent, or migrant mothers are "disproportionately represented in households located in poorly serviced (and particularly rural) areas" (2008, 51).

A child-centred analysis is helpful in terms of understanding the family, especially in terms of housing service delivery. Children comprise nearly 40% of the population but they are not always considered in the policies targeting housing and service infrastructure, because it is assumed that they benefit from their households in general (Hall & Wright 2008, 56). But if children are disproportionately located in rural areas, and these areas are the ones that suffer from service delivery problems and are under-resourced, we can assume that children in these areas are more vulnerable than most. Thus it is of particular importance to understand how access to service and the net of family care operates in these areas.

The only data available on access to services is at the household level and not at the family level. This would be difficult to disaggregate as people's definitions of families vary greatly. However it would be interesting to ascertain what the collective level of service delivery is for a family that lives across different geographical areas, and where they consider service delivery to be most effective, and necessary. Some 60% of households have access to a flush or chemical toilet. Ninety two percent of households in urban areas have access to a toilet while only 45% of households in urban informal areas and 6% in rural traditional authority areas have access to flush toilets (Bhorat *et al* 2009). These numbers should be read with caution though, because access to a toilet does not mean that there is one on site. About 29%

of those who have access to a flush toilet share it with other households. Because of the rural/urban discrepancy between adults and children, this means that only 46% of children have access to a flush toilet while 60% of adults do. This introduces issues of safety for children who have to leave the home for ablution. Only 45% of adults and 36% of children have access to sanitation on site (Hall & Wright, 1998, 58).

Access to social grants is also a good measure for families' access to services. These grants comprise a necessary income stream for low income households (Leibbrandt, Woolard, Finn, & Argent 2010). Some 70% of children live in households that receive at least one of the social grants. The grants include: the old age grant, disability grant, child support grant, foster child grant and the care dependency grant. These grants made up 4.4% of South Africa's gross domestic product in 2008/2009 (*ibid*) and do show a commitment from government to supporting low income families (Hall & Wright 2008, 63). While most participants lauded the various forms of grants as their saving graces, they did however indicate that they felt left behind when it came to other forms of social service. Participants cited the police as a group that often did not take their needs or calls for assistance seriously, and were left to their own devices to settle issues that in reality fell within a legal ambit.

There were however positive reviews for social workers as a resource, it was acknowledged that the burdens on these workers was great, and that they were not able to cope with the great need. However the communities seemed to respect them, and allowed them into their lives.

RDP houses were noted as a resource, helping those in need of housing. The respondents saw this as a good example of government delivering services. Thus it should be noted that the most consistent/stable/reliable forms of resources the community cited were indeed provided by government in the form of grants, home-based carers, homes, health care and education.

Despite the general gratitude that was expressed, there were concerns raised about the quality of services/goods provided, such as RDP houses, police forums and the like, which they believe needed to improve. The participants however did not simply point fingers at the government for change, rather they placed emphasis on the need to salvage social cohesion they saw as having in their past.

The spending patterns of recipients of the grants would be a relevant case for enquiry, because there was also evident a feeling that the grants were not always as wisely used as they could be. This is despite existing evidence of the contribution made by the Child Support Grant to poverty alleviation through improved nutrition and school attendance (Patel & Hochfeld, 2011).

Availability and access to health services

Members of various focus groups indicated that primary health care services provided at public health care centres (clinics) services and education were free. For example, in a focus group of adults at Nyibo, they stated:

In this area we don't pay for health services, clinics are free, school is free and everything is free. The only thing we pay for is food and clothing and transport to work (Nyibo-rural, Adults).

Although in most of the studied communities, the immediate response when asked about availability of health services was almost invariably*: "There is a lack of service",* further probing highlighted that the lack of health services was described by different levels of provision of health services in various communities. Again, although travel distance could still be a challenge for some communities, it was mainly absence of services and the uncaring attitude of nurses that discouraged them to consult health services.

Members of the focus group agreed that the area was well provided for with health facilities including a hospital that served the community well and clinics distributed in every area including mobile clinics to areas where there were no health facilities. The health system in the area is boosted by availability of emergency and ambulance services making health issues less of a concern for the community. However, there are challenges when it comes to availability of medication and health professionals.

In some health facilities the only medication that would be prescribed to patients and would be available from the dispensary department would be a pain killer. Sometimes patients are expected to finance the cost of their prescription because the public health facilities do not stock the prescribed medication. There is also a concern that other health needs tend to be

neglected as HIV and AIDS treatment seems to be prioritised. Some of the services identified to be inadequate include maternity services.

It happens that when you are sick and go to the clinic the only medicine you'll receive is Panado. Sometimes when you are coughing they advise you to boil guava leaves and drink. We do have clinics but lack of medication [is a problem]. (Elderly Community Member – Kabokweni - urban)

Others added:

The focus given today is HIV and AIDS. The other normal medication we use to get is no longer available. Even in hospitals they will tell you go buy medication for yourself yet you don't have money.

We are covered with health services but if government can add staff. Sometimes you go to the clinic at night for maternity and get assisted by one person. They sometimes use their cell phones for light when there is no electricity to help a person deliver a child… They should increase the staff because there are many patients in our area.

In some areas, health facilities are available but inefficient services are common. For example, as with Kabokweni, Verena is an urban area too. However, the quality of health care services at Verena and Thuthukani were described as inadequate compare with what residents at Kabokweni stated about services in their own area. At Verena, a focus group of the elderly indicated that although there was a health care centre (clinic) that was open 24 hours in the area, there was a serious problem of shortage of medication, long waiting times and uncaring nurses.

We have a clinic but it does not help us you can go to the clinic but you can't get anything not even injections, medication or tablets. If you can arrive at 12 they won't even attend to you up until 2 o'clock; they let us sit there for nothing; not telling us that there is no medication. I remember the last time I went there at 5am my grandchild was vomiting and I come back at 6pm without medication. I came back without changes on the child's condition. (Verena, Urban, Elderly focus group)

Our clinics are near, but most of the time we cry about medication. When you get to the clinic you find that they don't have the medication that you need to keep you healthy. The ambulances and nurses are there, the only thing that they don't deliver is medication. (Verena – Urban, Adults focus group)

Health service is poor in the area. People go to clinic early in the morning before they even open but it happens that they still wait long before they get services. Our nurses don't have the passion to serve the people and spend more time sitting than working. Availability of medication in clinics is also a problem (Verena – Urban, Youth focus group).

Most kids that get pregnant are under age. They are sent back from the clinics. If the government can at least send us inspectors maybe it could be better because the sisters from the clinics think that the clinic belongs to them. There are patients you know you only go to the clinic when you are sick, and they will start by drinking tea as if they don't drink tea from their homes. Then they start talking forgetting about the people or the patients that are sitting down. We once complained about the clinics and we also involved the other clinics and the matron and told them to please fix our clinics. One other thing is that when they go to lunch they should not go at the same time. (Thuthukani – Urban, Elderly persons)

Although adults generally perceived the health services in the area as reasonably adequate, young people were critical of the health services they received. In particular, they indicated that the attitude of health personnel in public health facilities was a barrier to their access to services. They stated that health personnel were not empathetic when they attend to the health needs of young people, especially the poor young persons. They use their authority to exclude youth from receiving services. Some of them can subjectively decide on whether a young person is seriously ill enough to seek medical care and they send those who they judge as bringing 'trivial' complaints back without examination or treatment. For certain health needs, including testing for HIV and seeking treatment when they have AIDS-related illnesses, young people indicated that they were reluctant to seek health services because some of the nurses verbally abuse youth who seek medical treatment for sexually transmitted diseases.

One young person described the comments of nurses when young people consult health services:

…people of your age are at work they go to private hospitals and specialist doctors. You're supposed to go to a doctor not queing with old grannies sitting at the benches. That thing affects us in a way that you can't go to clinics, afraid of what the nurses will say even if am sick with Aids will be scared what the nurse will say; that she'll say young as you are you've got Aids how did you even get that disease? Kids your age are at school don't have such diseases. That scares us; they discourage you instead of supporting you. In other words it is

not up to standard. They are there to help but they don't play their role (Youth, Kabokweni – urban)

Some of the young residents in rural areas expressed dissatisfaction with health services in their areas. Unlike urban residents who indicated that they had access to both hospitals and clinics, in some rural areas access to health services was limited because services were not available on a 24 hour basis. Hospitals, and sometimes clinics too, are located in the urban areas, some distance from these communities. Although in some places community members could phone-in to have ambulance services, it usually took a while before the vehicle reached these communities. Anecdotes of people who have died in the past after suffering knife stabs were shared during the discussions.

In some areas, health care services are not available. For example, at Nyibo, New Ermelo, participants is a group of the elderly and a group of adults concurred about lack of basic health services in their area:

We don't have a clinic or hospital around this place. We are asking please, we are dying (Elderly, New Ermelo – Rural)

We don't have clinics in our area, we have to travel to Kwamhlanga town or to Moloto to get health care, and there is only one hospital at Kwamhlanga.

We are poor in health services. There is no clinic in our community. I mean not even a mobile clinic. We are not serviced […] (Adults, Nyibo – Ermelo rural).

The table below summarises available health care services in selected communities.

Community	Health services availability				
	Hospital	Clinic	Mobile clinic	Ambulance	Home-based care
Kabokweni	√√√	√√	√√√	√√√	----------
Luphisi (rural)	√	√√√	-------	√√	----------
KwaMhlanga	√	--------	--------	--------	√√√

(rural)					
Verena	--------	√√	--------	√√√	---------
New (Nyibo) Ermelo (rural)	--------	--------	--------	----------	---------
Thuthukani (Ermelo urban)	--------	√√√	--------	----------	---------
Zankheni/Mandela	--------	--------	--------	---------	√√√
KwaMhlanga	--------	--------	--------	√√	**--------**

Key: facility not available in the area

√   access by traveling to other areas for health care services

√√   facility available in the area, but services are not efficient or reliable

√√√   Facilities are available and there is satisfaction with services

Health care services for severely ill patients

Clinics and hospitals were said to be far away, and often did not provide sustained care. In places where home-based care services were available, the children of ill parents benefit because they do not have to provide care for severely ill adults. Home-based caregivers provided routine physical care and provided households affected by severe illness with food parcels too.

There is home based care, they visit people at their homes, they are from the municipality and there is HIV/AIDS home based care who also go around checking for sick people, if they find them they call an ambulance to take that person to a hospital or clinic. (Older Persons, urban Ermelo- Thuthukani)

Members of various communities indicated that families were burdened with the care of severely ill patients and that such patients were rarely admitted to hospitals, or they stayed in hospital for short duration. Sometimes severely ill patients were discharged into home. This is what some participants stated:

They admit them but they don't stay long because they are cared that these people will die in their hands/under their care that is why they discharge them before they are ready to be discharged (Adults, Verena – urban)

They take him out. In a way, you can see that at home you cannot help him, but they discharge him. Even if he or she was going to improve they just say you can see even with your own eyes. It is better he or she goes and dies at home. How do they know this person will die? It is fine we don't deny that this person is very sick but then may he is going to be better. But they say there is nothing we can do…what is more painful is you see that this person is very sick to an extent that you cannot stay with him, but they tell you take him back. (Older Persons, urban Ermelo- Thuthukani)

It was clear that home-based carers were both being widely used and valued as a resource, but that there was still greater need to be attended to. The home-based carers offered sustained help to families in distress or burdened by illness. This recognition is demonstrated by a participant from the Kwa-Mhlanga (Older persons focus group):

Let me put it this way, at Zakheni we don't have home based care facilities. The only facility is in Mandela and they are working very hard. Even if they don't have resources, they are up to date and they know which families need their help (Youth, Zakheni).

The perceptions of most of the community members about the efficiency of the health facilities are detrimental to human development. People need health care services at different stages of their life course. The belief that the nurses at some of the health facilities were uncaring is not a new observation in South African health care facilities. However, the study suggests that users were also discouraged to use public health services because they did not expect to find appropriate medication during their visits or they were likely to be send home without seeing a health professional. These perceptions and experiences with public health services can become barriers to seeking health care. With growing concerns about the impact of chronic diseases – both communicable and non-communicable diseases – on the health status of the population

The impact of migration on families

The study investigated the perceived impact of migration on families in Mpumalanga Province. Focus group discussions established the following questions:

- *Who migrates? Do families migrate as a unit, who remains behind? How do household members maintain contact?*
- *What are common migration destinations?*
- *What are the perceived consequences of migration for different members of families, focusing mainly on family relationships and children's welfare?*

Participants indicated that while commuting between Mpumalanga and Gauteng provinces was common, there were more adults who migrate for employment leaving their families behind. Since families prefer to save money on transport costs, those who work outside the province usually visit their homes at the end of the month and during long public holidays.

Parental migration affects children's welfare

For many parents who migrate and maintain constant contact with their children and family members, migration improves family wellbeing. As with any economic opportunity, some parents and spouses invest their resources and ensure that they provide for their dependents. For example, they ensure household food security, education of their children and clothing. Participants indicated that most of the remittances were used to purchase food. However, members of the focus groups emphasised that migration benefited families where it was possible to have an adult who looked after children (a mother or grandparent); leaving children with older siblings eroded the economic benefits of migration and was a risk factor for poor child development.

It was stated that most children in Mpumalanga live with their grandparents. Grandparents find it normal and gratifying to look after their grandchildren. Availability of grandparents who care for children while their parents are away is an important protective factor for children.

It is the older person's responsibility to look after the children whose parent has migrated and they end up being our children as old people. (Older persons, Nyibo Emerlo – rural)

Migration was negatively perceived too. It was seen to affect family relationships between spouses and undermine the integrity of the family unit. It is considered common for men who go to urban areas to find employment to marry without informing their spouses and for married women who are left at home to develop sexual relationships while their husbands are away. Sometimes children are born from these extramarital relationships thus leading to marital discordance. Although these relationships were tolerated in traditional settings, they threaten the survival of the modern family unit and undermine the aspirations of couples to be in monogamous relationships.

In the era of HIV and AIDS, migration of men in particular, was associated with the spread of disease. As some participants indicated:

It depends on what the father comes back home with, the mother can stay home and be faithful but the father comes back with the disease, what I have experienced is that most women are faithful but their husbands are not. (Adults focus group, Verena – Urban)

The absence of parents because of migration is a risk factor for poor supervision and setting of boundaries for children. It is also indirectly linked to teenage pregnancy because the movement of the children tend to be unsupervised.

The welfare won't be same while the father is not there, even the protection because whenever I want to go out I go. I must be home by certain time but if there are no adults…Other kids end up losing respect. They don't even care whether that they must be home what time, when I tell myself that I'm going I will just come back tomorrow morning I will just go [ ]Even the boyfriend will come and go as he pleases because they know that there is no father or mother in that house.

Children whose parents are not present are easy victims of peer pressure and are introduced to drugs, as indicated by this young person:

When they are left alone and there's no adult or maybe their aunt is the one checking them only on a particular day, or maybe once a week. That way they are not protected they end up dating or maybe go out and drink, groove and smoke take drugs because there is no one who is giving them when they need guidance. That is how they are affected. (Youth, Kaboweni)

The common perception is that migration provides opportunities for employment but it also contributes to the vulnerability of the family members by impacting on the integrity of marriage and exposing children to neglect.

The impact of divorce on families

Although it was indicated that it was common for families to become fractured, such breakdown of families could not be described as divorce. Mostly young couples separate after staying together for a fairly long time and bearing children together. This kind of separation was not formalized through court processes or family negotiations.

There are a number of factors associated with the breakdown of families and they mainly include economic stresses, alcohol abuse, emotional abuse of spouses and domestic violence. Generally, men are expected to provide for their families and when they are not able to find employment or they are not showing responsibility towards their families by providing for the family economic needs, unions become susceptible to breaking down. While it was expected that couple conflict was a normal behaviour, the problem was that affected families did not usually have support to assist them resolve the conflict. Sometimes available support is gender-biased and does not take the needs of men into account.

A male participant in an adults' focus group at Nyibo stated:

It becomes hard (even to remarry) because we don't divorce with joy. In an event whereby my ex-wife has cheated, it makes things difficult for me to adjust and find another spouse. If as a man I go to the police, they will say go talk to each other and resolve the matter but if it is a woman they will come. Even social workers say that a woman cannot overcome a man. Frustrations of not getting helped make matters worse to the point where one end up dead.

The dissolution of marriage and other forms of unions have long term effects on family members because involved parties have very limited access to counselling services.

The impact of divorce or family breakdown is if felt most by children. This is the case because there are not always formalized plans regarding their care and maintenance, leaving their wellbeing to the discretion of the default caregiver, which is usually the mother.

Conclusion

The overall purpose of the study was to describe the situation of families in the Mpumalanga province (Enhlanzeni, Gert Sibande and Nkangala), and determine the welfare of different groups including children, the elderly, men, women and youth. We collected qualitative data in 6 areas of Mpumalanga (two in each district municipality). An even spread between rural and urban areas in the different areas of Mpumalanga was considered when selecting the communities.

The study has brought to light the importance of the family unit and socio-economic development. Though modernization and globalization have transformed the traditional family structure in South Africa, many rural and semi-urban areas are still characterized by multi-generational and extended family structures. Households headed by older people are increasingly common in Mpumalanga particularly with high levels of out-migration among the working age groups, high levels of mortality among young adults as well as high youth unemployment. These households often consist of grandparents supporting children and grandchildren. This has drawn attention to the importance of the state pension in intergenerational wealth flow in the region.

Expanding kinship and support networks can aid in sustaining these households particularly since the pension plays a key role in meeting the health and social needs of the elderly. Similarly with child-headed households there is a need for social assistance programs as well as youth development programs to enable young people to participate effectively in the economy. Care initiatives that involve both men and women are necessary in moving forward and combating gendered norms around care. With the presence of diseases such as HIV and AIDS and the impact of poverty, the family structure is constantly changing. In the long term, policies and programs need to be tailored to take this into account and acknowledge the central role of the family unit in the social and economic development spheres.

Many problems identified as diminishing the wellbeing of families in Mpumalanga are intersectoral. This means that the Department should cooperate and collaborate with the

mandated departments and sectoral NGOs to develop comprehensive mechanisms to reduce their vulnerability. The sectors are education, labour and employment, trade and law enforcement, and health. The excessive use of alcohol in poorer, under-serviced communities affects both adults and children. Licensing authorities and law enforcement are needed to solve the problem.

Quality of life is affected by the effectiveness of health services people receive. The Department of Health could integrate the medical and non-medical services currently provided into on-going family and child services. Dysfunctional schools fail to equip young people with the necessary education which would enable them to be self-efficacious in society. Working with the education and labour sectors is necessary to address the immediate and long term factors affecting the welfare of the population across gender and generational boundaries.

Policy recommendations and suggestions for future research

The following are suggested Governmental and NGO programmes to promote intergenerational relations:

The Department of Social Development in partnership with NGOs should create a space that will enable members of different generations to engage in a continuous dialogue. While such campaigns encourage dialogue between members of different generations belonging to all gender groups, the main emphasis should be to encourage men to communicate with their children. This dialogue must not only be limited to the media or public spaces, but should also be a feature in homes of millions of Mpumalanga residents. The provincial intergenerational dialogue should include the following activities:

Radio Talk Shows: The marketing and publicity strategy that targets various radio talk shows where representatives of the Department and NGOs could be interviewed. This could include different stakeholders (involving companies and organisations), actors, directors, researchers, musicians as well as writers. Both commercial and community radio stations should be targeted for these activities.

Debates: As part of the quest to encourage the younger generation of the population to express their views on issues of national importance, debates amongst high school and tertiary institutions also be organized with the involvement of the Department of Education.

Mobile Media: Cell phone companies should be approached to explore various ways through which the mobile phones can be utilized as a viable marketing tool. Sms competitions,

ringtones, video clips and wall papers could be used as part of mobile advertising to encourage intergenerational dialogue.

The Department of Labour and the Department of Education must encourage intergenerational transfer of skills and mentoring within families.

Access to information:

Notably, one of the communities' main concerns was access to information; to be able to capitalise on opportunities or services that are available.

The communities seemed in agreement that the social services they do access are good, and the fact that health and education are free greatly improves their quality of life. Nevertheless in a generally impoverished area resources and coping mechanisms are hard to come by. Most people are vulnerable, and while they are able to offer emotional support and sometimes minimal financial support to one another, the general lack of resources impedes social networks of care from flourishing.

Clearly at the core of the identified deprivation is low incomes and poor diversity of income sources even in households with intergenerational mix. State social grants are considered a primary source of income for most households in the studied communities, mainly because their flow is reliable.

It would seem then, that reliability (more than merely quantity) is of utmost importance in creating coping mechanisms for the poor. Many of the participants who experienced stresses, crises or shocks indicated that it was their lack of reliable income or stable safety nets that impeded their abilities to weather the storm. Small businesses which required, albeit minimal, capital to be functional were unpredictable forms of income. Agricultural ventures are explored but without the necessary support such as extension services at production stage. Improving participation of families in food production will contribute to their food security.

Teenage pregnancy is a widespread problem negatively affecting girls' education outcomes. Although studies have indicated that there is no relationship between teenage childbearing and provision of the child support grant to caregivers of children in South Africa (Makiwane 2010b)–there was a common perception among adults in the communities that girls had children as a means to access child support grants. The long-term consequences of these attitudes (stigmatisation of the grant and child wellbeing) are not known. There is a need for

widespread education programmes that are related to factors that lead to teenage pregnancy. In addition, the Department could consider integrating social assistance programmes with family planning services and parenting skills initiatives to help families realize the developmental benefits the grants provide. It is important that these interventions are introduced early during prenatal care and continued during postnatal care. This approach will reduce subsequent pregnancies and equip young mothers and fathers with the knowledge about parenting.

The following could be considered:

- Provide information to change communities attitudes
- Integrate family planning information into family strengthening programme to help families delay subsequent pregnancies
- Tie SASSA services to provision of medium-term (up to child's 3rd birthday) parent-child support programmes through home visits to monitor family wellbeing and promote child safeguarding
- Collaborate with schools to deliver alcohol use and teenage pregnancy prevention programmes for adolescents (both boys and girls) using peers

There is a need to evaluate the family programmes currently in place before deciding on scaling up services or expanding the current packages of services.

Most of the young people were reported to have a matric qualification. Yet there are many who had dropped out and have not completed secondary school education. There is a need to strengthen youth capacity and vocational skills development to enable them to participate in the economy. The need to invest in youth human development and health in Africa is high on the continental development agenda (Mokomane & Makoae, 2011).

There is a need for care services that address the needs of convalescing and chronically ill patients. Although community home-based care services are highly regarded, they are not available in all communities. Weak support for families by health services in the care of severely and chronically ill patients mean that intermediate care services are a necessity. Expanding these services will contribute towards employment creation and family wellbeing.

Considering the link between migration and declining family integrity, wellbeing and protection of children and spread of communicable diseases, there is a need for raising

awareness about these links and providing information and services that support communities and families. This can be in the form of networks of support and provision of support services for families affected by separation due to migration and NGOs providing family services can be encouraged to integrate into on-going child vulnerability monitoring and home-based care services.

The current social assistance policy focuses on children and the elderly. There is a need for a comprehensive family policy that addresses issues of social protection holistically. Families at different stages of development have different challenges and their members will benefit from psychosocial services and material support alike.

While divorce formally requires the development of care plans by parents, it would seem that children whose parents were not 'formally' married are vulnerable to inadequate care following dissolution of their parents' union. Involvement of social services to provide support in this regard will be in the interest of children and will promote the values of existing social welfare policy.

Clearly, children whose parents have died remain highly vulnerable; however, a broader outlook for child care and protection should include other factors of vulnerability including young parents and migration of parents. These children are likely to fall through the social safety net.

In determining the effects of social forces and service delivery on the family there is need to differentiate between the household and the family. Qualitative information on the nature of family dynamics is required and should be mapped across geographic spaces. As Hall and Wright comment, "any analysis at household level also hides the considerable variation in the spatial distribution of children and adults" (2008, 49), so we need to look at questions of the family beyond geographical boundaries, and also how resources flow from one geographical areas to another, and how this is done.

As stated at in the theoretical overview, there is very little that has been written about African family structures, besides older anthropological texts that maintain the binary between African and Western, extended and nuclear. This is problematic for two reasons. The current literature on the South African family seems to assume the nuclear urban family as the normative standard against which all variations are compared. However, there is little

evidence to suggest that African families ever existed in this way, and thus to assume that there has been a change in patterns might be incorrect. To be sure, there are social stresses and historical factors that have affected the dynamic of the family in recent years, but the starting point for analysis seems to be ideologically coded in the first place. Secondly, to understand African family structures purely historically or anthropologically could be construed as what Garuba (2011) has called a project of "ethnographic salvage". This means to examine African practices as artefacts of the past, and not take seriously the temporal functionalities and mutability. In order to make policy that is tailored to a South African reality, we need to move past both modernist ideology on the family, and the project of ethnographic salvage which freezes a particular social structure in time in the name of tradition.

There is a need to draw men into initiatives revolving around care. Schemes supporting grandmothers in caring for children already exist, but such initiatives ignore the potential for grandfathers and male elders to play a role in filling the gap left by absent parents. Policy recommendations to use pension and support grants for a national framework for intergenerational solidarity are also a possibility for capitalising on existing networks of care (Makiwane, 2011). Research is needed into men's family roles and responsibilities, so that family policy could reflect the changing needs in society, and also combat gendered norms around care that the ideal worker is an "unencumbered male" (Richter et al: 2011: 70). For example "social fatherhood", as the broad care role played by all men, needs to be understood so that places of employment can support men's engagement in family life. There is also the need to know more about the needs of teenage fathers, migrant male labourers, older men providing third generation care, and fathers with disabilities and special needs (*ibid*).

A caution around the question of family policy is that it can easily become circular and self-relating. Often family policy is founded on accepted societal family norms, which Harvey argues should prevent conflicting policy measures from being accepted (1994: 15), however in a heterogeneous and fluid country like South Africa, this cannot be easily assumed, and indeed doing so could function to exclude and disadvantage certain groups. Social policy "all too frequently engages with problems in a way that perpetuates the very constructions of masculinity that have given rise to the social problems in the first place" (Redpath: 2008: 57).

Proposed Young parents' programmes

Adolescent child bearing outside stable sexual unions is still prevalent among African and Coloured communities in South Africa (Panday et al, 2009). Young unmarried parents, and youth that marry and have children at a young age before completing their education are at risk of chronic poverty. Maternal education deficit has been negatively associated with a child's welfare, education and health outcomes (Ardington et al, 2011). The Department of Social Development in partnership with the Department of Education should develop programmes that will encourage young girls who fall pregnant while still in school to return to school as there is evidence that their children are likely to have better life chances – survival, protection and development, if the mothers continue with their education.

Life skills education that includes sexual health and reproductive education for teenage boys and girls should be strengthened in the senior phases of primary school and continued throughout secondary school education.

Currently, women in general and young mothers are the main caregivers of children who receive child support grants. Despite evidence that there is no link between teenage pregnancy rates and increase in the uptake of child support grants, there is a common perception in some communities that the child support grant incentivizes young people to have children when they may not be ready to provide for their wellbeing. This view is supported by what community members (both adults and youth) perceive as the high incidence of pregnancy among unmarried youth, leading many to drop out of school.

The Department of Social Development in partnership with the Department of Education and Department of Health need to embark on a campaign that will salvage the image of the Child Support Grant among communities.

Such a campaign should emphasise positive messages about the role of the grant in preventing abject child poverty and its role in providing the basis for children in poor households to participate in mainstream social life such as early childhood development and primary education – which are foundations of human development and social cohesion.

Effective surveillance measures for teenage pregnancy at community and health facility level must be put in place to assist teenagers with maternal health care and social welfare services. The Department of Social Development should consider integrating child protection services into maternal and child health care services provided by the Department of Health. The

Department of Social Development should also consider implementation of centre-based or home-visitation programmes to promote child safeguarding (child protection, health and ECD) while also collaborating with the DoH to integrate Family Planning and Reproductive Health Services (FP&RHS) into these programmes.

The delivery of such services should be by members of community, both male and female, who have undergone accredited training. The programme has the potential to generate health, social and economic benefits: prevention of child abuse and associated immediate and long-term health consequences; planned (or delayed) subsequent pregnancies among youth; and employment for community members in the social care sector.

Substance abuse and crime prevention programmes

The rapid rate of social change affecting communities across the country means that the Department of Social Development should strengthen its drug abuse prevention and rehabilitation and crime prevention services, taking them to areas where there have not been of much concern in the past. Substance abuse has many ramifications for the affected communities and life interpersonal crime is linked to dependency in the absence of income among users. It is common to think of rural communities as less affected by social problems associated with urban life and for services to be concentrated in areas known to be prone to these problems.

Livelihoods and family strengthening programmes

Through its family strengthening programmes, the Department of Social Development should promote social developmental programmes in food production and social care.

Household livelihoods in Mpumalanga are fragile. The situation is negatively affecting the wellbeing of families and communities in general. Understandably, social grants do not cover all poor families. Community and home-based care and primary health care must be integrated to ensure the continuum of care and lessen the burdens (time and resources) associated with seeking basic health care as reported in some communities. There should be an expansion of training programmes for child care, elderly care and ill members and partnering with NGOs will create opportunities for communities.

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Appendix A: Principal Researchers

Dr Monde Makiwane

The Project Leader, Dr Monde Makiwane managed the overall execution of this research project. Monde is a Chief Research Specialist in the Human and Social Development (HSD) research programme of the HSRC. He holds an MA in Sociology from the University of KwaZulu-Natal and a PhD in Demography from the University of the Witwatersrand. His undergraduate studies were in Mathematical Statistics and Computer Science at the University of the Western Cape. Prior to joining the HSRC in 2003, he worked for a

computer service responsible for the analysis of large data sets including census data at the Institute for Management and Development Studies. He has lectured undergraduate and graduate students at Walter Sisulu University. In addition, he has held two fellowships: one at Harvard University and another at the University of Pennsylvania. His areas of research interest include: ageing, fertility, teenage sexuality and social security and his publication record spans the authoring and co-authoring a number of international and national conference presentations and a number of journal articles. Recently, he has been involved with studies on the Status of the Youth in Gauteng and the South African Youth Report. His most recent work, published in the Journal of Aging and Social Policy, investigated the role of older persons in Mpumalanga households.

Dr Mokhantšo Makoae

Dr Mokhantšo Makoae is a senior research specialist in the Population Health, Health Systems and Innovation research programme at the HSRC. She holds an MA and a PhD in Sociology, from the University of Surrey and University of Cape Town, respectively. Before joining the HSRC she was a Senior Lecturer in the Department of Sociology and Social Anthropology at the National University of Lesotho. Her areas of research interest include vulnerability to HIV and AIDS among women, access to health care services, family caregiving, vulnerability to food insecurity, child health, and prevention of child abuse and neglect and child rights.

Ms Hannah Botsis

Hannah Botsis Allan is a PhD intern in the Human and Social Development programme at the Human Sciences Research Council and is a PhD candidate in Psychology in the School of Human and Community Development at the University of the Witwatersrand. The focus of her PhD research is language, subjectivity and ideology within higher education in South Africa. She completed her MPhil at the University of Cape Town in Educational Administration, Planning and Social Policy.

Mr Mohammed Vawda

Mohammed Vawda is a junior researcher in the Human and Social Development (HSD) Research Programme at the Human Sciences Research Council (HSRC). He is currently completing a Master's degree in Population Studies at the School of Development Studies (UKZN). His Masters dissertation is a quantitative study which examines the relationship

between socioeconomic status and chronic illness using the NIDS dataset. His focus is in the quantitative field specializing in data and demographic analysis.

Mpumalanga based partner: Kupfuna Trading & Projects

Kupfuna Trading & Projects is a Mpumalanga based, black-owned, managed and controlled company established 5 years ago with the purpose of capitalizing on the available opportunities that exist in the country. The company was created to provide services in a variety of sectors. The company exists to render a range of services that include building construction, maintenance and property administration, field work and research, general supply of goods and services, and to provide security services.

KTP has a reputable record of completing projects on time without compromising on quality.

Appendix B: Interview guide: Key informants

1. COMMUNITY CONTEXT

- What are the main social issues affecting your community? [Probe: crime, domestic violence, child abuse, child care services, lack of jobs for youth, youth out of school, drugs, alcohol, lack of health services, teenage pregnancies, food insecurity, child malnutrition].

- What programmes and services do you provide to prevent these social problems?

- What programmes and services do you provide to respond to and mitigate against these social problems?
- Which of these programmes take most of the resources from your annual budgets?

2. FAMILY COPING DURING THE TIME OF DISTRESS

- Whom do families contact when there is no money or food in the household? [Probe: family members, distant relatives, members of the community, church, government, traditional leadership, NGO's etc]
- To what extent does your programme effectively respond to such demands?
- Have any of your programmes been evaluated to assess their impact on Mpumalanga families?

3. DIVORCE

- How common is divorce in this community?
- What is the major source conflict between couples? (financial; domestic violence)
- How are the custody of children and joint estate usually handled after divorce?
    o What is the impact of divorce on husbands, wives and children?

- How do divorced wives/husbands cope? (e.g. remarry, migrate etc)
    o Do their coping strategies have negative consequences at all?
- How is the impact of divorce on children mitigated?
- What government and non-governmental organizational programmes are in place to mitigate the impact of divorce?
- Have any of these programmes been evaluated to assess their effectiveness, and problems of implementation?

4. MIGRATION
- How common is migration to cities while leaving the rest of the family behind?
- Who mostly migrates?

- Where do most people migrate to?

- Would you say migration is benefiting most families in this community or would say it causing families problems? Explain.

- How does parental migration affect children' welfare and protection?

- Is there an organisation /members of families that assists migrants to keep a good relationship with their families? Explain how they do that?

- What government and non-governmental organisation programmes are in place to mitigate the impact of migration?

- Have any of these programmes been evaluated to assess their effectiveness, and problems of implementation?

Are there other issues you would like to share with me?

Appendix C: Focus group discussion schedule

1 .COMMUNITY CONTEXT

- What are the main social issues affecting your community? **[**Probe: crime, domestic violence, child abuse, lack of jobs for youth, youth out of school, drugs, alcohol, health services, teenage pregnancies, food insecurity, child malnutrition].

- Are all households affected in the same way? Which households are mostly affected? Which households manage better? [Probe: protective factors and vulnerability factors]

- Are there voluntary associations (societies, burial associations, grocery clubs, crime prevention forums) in your community?

- Which households are mostly members of these associations? Why would other community members not join?

2. FAMILY PERSPECTIVES

- Who do you regard as members of your family?

[Probe: relatives within household and relative who are not in the household]

- Describe how close are the members of your family?

[Probe: What kinds of events bring your family members together? How often do you meet your family members?

3. FAMILY COPING DURING THE TIME OF DISTRESS

- Whom do families contact when there is no money or food in the household? [Probe: family members, distant relatives, members of the community, church, government, traditional leadership, NGO's etc]
- How reliable are these sources of help?
- Besides assistance from someone outside the family, what plans are made by families to cope during the times of financial distress?
- If there is a crisis (e.g. domestic violence; divorce; arrest; death; serious illness; teenager fallen pregnant), how do families try to handle or manage the problem? [Where and from who do families seek assistance?]
    - Ascertain & Probe: make changes to household members' roles
    - Seek assistance from outside the household [from individuals professionals/non-professionals; institutions]

- o Mobilize household members to take action

- o Passive acceptance (wait and see or simply adapting to the crisis)

- o Administer sanctions to the affected person (e.g. child)

- o Reduce involvement with the affected person; withdraw

- Do families find the advice and other assistance given to them always helpful? [Probe: alternative interventions desired]

- Are there people or organisations that should be assisting families but currently not doing so?

4. DIVORCE

- How common is divorce in your community?

- What is the major source conflict between couples? (financial; domestic violence)

- How are conflicts between couples handled in your community?

- How is the custody of children and joint estates handled after divorce?

  - o What is the impact of divorce on husbands, wives and children?

- How do divorced wives/husbands cope? (e.g. remarry, migrate etc)

  - o Do their coping strategies have negative consequences at all?

- How is the impact of divorce on children mitigated?

5. MIGRATION

- How common is migration to cities while leaving the rest of the family behind?

- Who migrates?

- Where do most people migrate to?

- How often do migrants send remittances home?

- How often do migrants visit their families?

- How do dependents left behind cope?

- How common is the abandonment of spouses by migrants?

- How common is sexual infidelity by migrants/spouses left behind?

- How does parental migration affect children' welfare and protection?

- Is there an organisation/members of families that assist migrants to keep a good

relationship with their families?

6. EXPERIENCES AND PERSPECTIVES ON INTERGENERATIONAL ECONOMIC SUPPORT

! In this area, what is the main source of income for households?

! In this area, what is the secondary source of income for households?

! In this area, what is the main source of income for your generation?

! In this area, what is the secondary source of income for your generation?

! In this area, how do households spend their income in the household?

[Food, education, accommodation, clothing, health care, etc]

PROBE: Who lives with older people in most of the households?

! In this area, do working household members remit to their families?

[Probe for how often they send/receive remittances and how regular].

Probe: who is more likely to send remittances (male or female)

! For what purpose are remittances sent for?

[*Check the following: food, clothing, health care, education, etc.*]

! Do household members ever quarrel about how remittances should be spent and how regular they should be sent?

[*Check for the following: agreements/disagreements, the source of conflict, solidarity, argument, abuse*].

! What difference do remittances make in the welfare of the household members?

! Which and how many household members do working persons support with their income? Please explain why?

! What is the main expenditure pattern of households' income?

[*Food, clothing, health care, or education, etc*].

! Are there any agreements or disagreements between older persons and young persons regarding how the income should be spent?

! Do all household members who are eligible for government grants receiving them?

! Do recipients of government grants share these grants with the other members of the family? Explain

! Which organisations regularly give financial and non-financial support to needy families in the area? [probe: include NGO's, Faith Based Organisations and Community Based Organisations]

[Probe: Include names of organisations)

7. EXPERIENCES AND PERSPECTIVES ON CARE AND FAMILY CARE: CARE GIVING AND RECEIVING

! Who cares for *children, sick adults* and *older persons* in your community?
> *[Check it is older persons, children, men, women, family or non-family members; paid or unpaid services; spousal care giving dyads or inter-generational caregiving dyads]*.

! In this area, is it common for older persons to give care to grand children in the absence of adult parents, and why?

! In this area, is it common for grand children to give care to older persons in the absence of adult parents and why?

3. What type of care do young persons provide to older persons?
> *[Check for: transport to clinics/hospitals, household chores, etc.]*

! Who provides care for you when you are sick?

! Who contributes most to household chores such as cooking and cleaning in most households?

! Are household chores shared equitably between children and adults, men and women? If not, why?

! Do households in the area get any assistance from the government; CBO's, NGO's or FBO's to care for the sick, aged or children? [Get names of the organisations] [Probe: what kind of assistance do the government; CBO's, NGO's or FBO's?]

- Do very sick patients stay in hospitals? Do you see any change over time regarding who tends to be hospitalized, length of stays etc**?** [Please explain**]**

- Is there a home for the frail elderly where old people live?

Are there government; CBO's, NGO's or FBO's workers who visit homes and provide care where there are very sick people? Children who live without adults? And the elderly?

8. COMMUNICATION/INTERACTION BETWEEN GENERATIONS

! How good is communication between older persons and young persons in your household?

! What issues are communicated between persons of different generations? *[Check the following:*

> *Reproductive health, work, financial matters, education, chores, career, values, religious, sport, politics, volunteering etc*.]

! On what issues do you differ mostly and why?

! If you are not staying with older persons, how do you communicate and how often?
> *[Probe communication through letters, e-mail, phone, etc.]*

! What information do older persons share with their children?

! How is information from older persons received by their children and why?

! Do older persons play and/or watch sport/ work with their children? Why? Please explain.