

**CHILD, YOUTH & FAMILY
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COUNCIL**



**DESCRIBING THE STRUCTURE AND NEEDS OF FAMILIES IN SOUTH
AFRICA: TOWARDS THE DEVELOPMENT OF A NATIONAL POLICY
FRAMEWORK FOR FAMILIES**

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ACRONYMS

DoSD	Department of Social Development
HSRC	Human Sciences Research Programme
CYFD	Child, Youth and Family Development research programme
HIV/AIDS	Human Immunodeficiency Virus
TFR	Total Fertility Rate
MRM	Moral Regeneration Movement
UN	United Nations
IMR	Infant mortality rate
LFPR	Labour Force Participation Rate
CIET	Community Information Empowerment and Transparency
SAPS	South African Police Service

EXECUTIVE SUMMARY

This document is a compilation of available data on South African families assembled from international and local literature, archival materials and secondary data from national surveys and censuses, including the October Household Surveys of 1995-1999 and the 1996 and 2001 Population Censuses.

The aim of this work is twofold. The first is to provide a description of the nature and structure of families and households in South Africa through analyses of the disparate data sets and review of literature. The second aim of the work is to provide quantitative and qualitative inputs for the formulation of a National Policy Framework for Families through analyses of the above-mentioned empirical data on families and households. This document will be integrated into the Draft National Policy Framework for Families produced by the Department of Social Development, areas not addressed in this report, will be addressed at a later stage by the department. This includes the following:

- A historical perspective describing the main features in the development of family policy in South Africa, together with changing social conditions and the policy imperatives in a democratic society (Harvey, 1992).
- A targeted review of family policies in other countries.
- A synopsis of current family-related legislation as well as a summary of the implications of each law for family policy (see the Draft National Policy Framework for Families).
- An outline of current programmes all government departments, both national and provincial, that impact on families either directly or indirectly¹.
- A targeted review of interventions, direct and indirect, that have been employed internationally and locally to support and strengthen families

¹ Direct interventions refer to family support programmes; indirect interventions refer to the creation of an enabling environment for cohesive family life.

Key findings from the report

Introduction

- The institution of the family is subject to wide-ranging social, economic, political, and demographic influences, which simultaneously mediate how individuals respond to social change. Throughout the world, changes in families are evident. For instance, many of the traditional livelihood and care functions of families are being performed by organs of modern society such as schools, churches, and welfare agencies such as old age homes etc. Moreover, social and demographic changes such as increasing levels of urbanization, declining birth and death rates mean that families are becoming smaller, people are living longer and families are becoming highly diverse.
- Among the “unconventional” families that are emerging in society are single-parent families, childless couples, and increasing tendency to live in non-family households. Thus, family policy should aim at supporting the development and care of family members. Family tasks include social and economic support and care for members of all ages, including dependent members.
- A policy framework needs to highlight the importance of the resources of families and the costs families bear in meeting the support and care needs of members.
- It is in the interest of communities and the state to ensure that families have sufficient resources to provide for the basic needs of their members. When families are able to take care of their members, it reduces the burden on the state in terms of long-term costs incurred by social problems that may result from the failure to perform their normative roles. For example, one of the main causes of family breakdown in poor communities in developing countries is lack of access to employment and services that enable people to maintain family life.
- Since families pass through defined life cycle stages, their needs differ. The needs of family members also vary because resources and opportunities are differentially distributed among members.

- Family policy formulation should be sensitive to the cultural diversity of South Africa requires, that is, it should be dynamic and adaptable.

The benefits of positive family life for society and its members

- Even though families play a critical role in the socialisation, development and education of children and youth, it is important to advocate for the benefits of supportive family life for everyone in society.
- From studies conducted in many parts of the world, stable and emotionally supportive family life has been found to be associated with such positive outcomes as:
 - Higher rates of school attendance;
 - Better school performance;
 - Higher levels of self-esteem, self-confidence and future orientation among children and youth;
 - A reduction in behaviour problems among youth, including aggression, substance use and crime;
 - Higher levels of work productivity;
 - Lower levels of stress and stress-related illnesses, resulting in lower levels of work absenteeism, substance use and health care costs;
 - A greater capacity to deal with hardships and crises, which has particular relevance for coping capacity in resource poor environments;
 - Greater longevity and better quality of life among older persons; and,
 - Increased responsibility for the care of sick and disabled family members.
- Through the supportive role they play and the use of the networks at their disposal, families are the main source of human capital development, the development and achievement of individuals, and care for dependent and vulnerable individuals. For example, several studies have found a positive association between parental education and a child's academic achievement.

- Policy to support and strengthen families is consonant with the Moral Regeneration Movement, the primary focus of which is to strengthen those institutions that teach and reinforce values that serve the general good and are in the public interest.

Changing trends in family life

- Although some regard the family as an institution in decline, many see changes in family life as dynamic forms of adaptation to changing social and economic conditions.
- Migration, colonization, urbanization and globalisation have not only caused people to move away from their families, but have also resulted in value reorientation which has in turn stimulated the formation of non-traditional families. For example, South Africa is the most urbanized country in the region, and urbanization affects family life, including sexual partnerships, household formation rules and patterns, the care of children, and the maintenance of kin networks.
- Moreover, in South Africa, the migrant labour system had the most dramatic impact on family life, particularly among Africans who predominate in the migratory labour system.
- Most South Africa households consist of family groups although non-family households are increasing.
- Nuclear family households are clearly identified with whites, while extended family households are identified with Africans, coloureds, and especially Asians.
- However, the maintenance of traditional family values and traditions has enabled many people to cope with the stresses of oppression and separation.

Family resources

- Family resources are those material and social resources that enable families to meet their care and support functions for members.
- Family resources include education, employment, income, household amenities, financial assets and savings, social grants, government provision, and social support.
- All family resources have been affected by historical, economic, and political factors, which render African, and especially and rural families, impoverished with respect to their capacity to meet the care and support needs of family members.
- For example, women have lower labour force participation and incomes than men, making households headed by women more vulnerable to poverty.
- The deprivation of resources associated with unemployment and reduced livelihood options affect children's growth, health, wellbeing and education; the employment and savings of families; and the care of dependent and vulnerable family members.
- Government provision assists families, for example, through social assistance grants, facilities for vulnerable groups and, programmes such as the Primary School Nutrition Programme. A key to providing greater assistance to families in precarious financial and social situations is the improvement in the implementation and monitoring of these assistance programmes, especially at local levels and in rural areas.
- Social supports, through kin, neighbourhood and faith-based networks, are the mainstay of support for people living in poverty. However, rural communities and, women tend to have fewer social supports capable of rendering material aid than urban communities and employed men.
- South Africa has an active spirit of volunteering, with approximately 1.5 million active volunteers. It is important that these activities are not exploited beyond their capacity.

Family costs

- Families and households carry social and financial costs in terms of their responsibilities for education, care, and protection. Families sustain family members, socialize and educate children, and take care of dependants, including children, older people, unemployed people, the sick and disabled individuals. Families also carry the costs of dysfunctional members who transgress norms by abusing substances or committing crimes. These costs are met by the family's available resources generated from income, household amenities, assets, grants and social support.
- Family costs, in terms of higher dependency ratios and fertility levels etc. are skewed with poor African, and especially rural, families bearing the highest costs because of the limited resources at their disposal.
- More than half of all children in South Africa live in poor families. Poverty affects children by reducing their chances of living beyond their first five years, by stunting their growth, rendering them vulnerable to infectious diseases and disabling injury, reducing their confidence and hope in the future, and handicapping their capacity to develop to their full intellectual potential.
- Childcare facilities are inadequate and working women are unable to find adequate, flexible and affordable alternate care to facilitate their participation in the labour force.
- Many poor children do not attend school, up to 35% in some of the poorest rural areas, and grade repetition and dropping out of school are significant problems.
- As a result of declining mortality or death rates, the proportion of older people in South Africa is increasing, and few older people have savings or access to medical insurance. They are thus dependent on the old age pension and on their families for support and care.

- The HIV/AIDS epidemic is placing a significant burden of care on families, as there is, as yet, no national public assistance for home-based care of sick and disabled family members.
- Crime, substance abuse, violence, and child abuse and neglect all place substantial burdens on families and are expensive for the state to deal with. The alternative is to invest in family support as a preventive strategy to reduce social problems.

Family stability and dissolution

- Families provide resources and support to members through their stability and the network of loyalties that they engender. Families change and sometimes dissolve through separation, divorce and death. When this occurs, resource and support functions provided to members, especially vulnerable and dependant family members, may be dislodged and cease to function.
- South Africa has a low marriage and divorce rates. Marriages in the country are more likely to dissolve through death than divorce because of unacceptably high adult male mortality rates.
- Cohabitation is high at both ends of the socioeconomic spectrum, with both poor and better-off groups having higher than average levels of living together rather than marriage.
- With a Total Fertility Rate (TFR) of 2.9 children per woman, South Africa has the lowest fertility rate in the region. This is due to a combination of such factors as higher levels of urbanization and easy accessibility to contraception and termination of pregnancy, which is sanctioned by law.
- Orphanage, with a base rate of about 2% in developing countries, is starting to rise rapidly as a result of AIDS-related adult mortality.

- Child fosterage, or children living apart from a living mother, is showing an increase that might be an early sign of family adaptation to the loss of income and support of breadwinners and the illness of caregivers.

Cultural factors affecting family life

- The traditional family system comprised of related kin with mutual obligations and responsibilities has great significance among the main cultural groups in South Africa. Each cultural group has traditions, which serve to maintain family life, and each group has found itself adapting to changing circumstances.
- The political aims of Apartheid were pursued through housing policies, schooling, religion and other aspects of communal life, each of which had a cascading impact on the lives of, especially, African families. Married couples, parents and children, family and kin, were separated for considerable periods of time by enforced migration, influx control, poverty, educational provision and housing constraints, among others.
- All South African families have been affected by the social, political and economic conditions of colonization and urbanization. In general, the separation of livelihood activities from the household, physical distance between home and work, constraints on the size and availability of affordable housing in urban areas, and an increasing sense of psychological individuality have created conditions for loosened family ties and obligations.
- There is a gap between idealization of the family and the reality which affects all South African communities as they find themselves living in conditions, which make it difficult to actualize cherished beliefs about what families are and should be. Family policy needs to reinforce the functions of families despite changing family structure.

Conclusions and Recommendations

- Full advantage should be taken of the opportunities offered by the fact that 2004 is the International Year of the Family as well as the anniversary of the first decade of South African democracy. Unique prospects for maximizing the impact and potential uptake of family policy are created by this junction.
- A short advocacy document outlining the importance of supportive family life for the health, well-being, and productivity of individuals of all ages should be produced for wide dissemination throughout government, the private sector and civil society.
- Support at the highest level should be sought for the production of a manifesto which places families at the center of public policy, as was done in Australia to mark the previous International Year of the Family in 2004. The President, the Deputy-President and other leaders should be requested to proclaim the family as the core social unit in South African society.
- Emphasis must be placed on the fact that families take on crucial responsibilities of care, socialization and containment of family members, but that government must respond to the responsibility to support families through appropriate policies. Families are not self-reliant; instead they depend on a political, economic and social environment to support their caring functions throughout family life cycles.
- From an economic perspective, the point should be clearly made that expenditure on the implementation of policies to support families is an investment in human capital and not a cost to society. Apart from supporting productivity, strong and cohesive families produce tangible returns in the form of healthier individuals and increased social cohesion.
- Family policy is an integrative activity, which, from a service perspective, requires inter-sectoral cooperation to achieve the common goal of supporting and strengthening families. Efforts to strengthen families need to be built in domains as diverse as income-earning capacity and employment, housing, income tax and pension regulations,

inheritance laws, labour laws and regulations, education and health policy, agricultural policy and support, food subsidies and other social entitlements.

Family policies need to include:

- a set of “enabling economic measures” that ensure that, for example, employment, housing and loan policies are supportive of family life;
 - a set of family law policies that affect adoption, inheritance, responsibility for child maintenance, and the like;
 - a set of services to support family policy implementation;
 - a set of societal conditions conducive to family support.
-
- Family social health cannot be maintained below a certain resource threshold. Extreme poverty undermines the ability of families to perform their expected functions.
-
- “To strengthen family life, programmes that relieve poverty must also seek to develop the potential of families as an important force for promoting development. The household must be viewed as an “economic source” rather than as an “economic sink” in social and economic policy (Edwards, 1979; United Nations, 1986).

1. INTRODUCTION

1.1. DYNAMIC FAMILY CHANGE IN A MULTICULTURAL SOCIETY

The dynamic nature of the family institution is evidenced by the fact that families throughout the world adapt to changes in social, economic, political and material circumstances. However, families do not passively absorb and respond to the external environment. Depending on their founding cultural, religious and social values, families filter the influence that external conditions exert on family life. Families may maintain values, norms, traditions, and roles regardless of external conditions. This is one of the primary mechanisms through which cultural groups retain their identity during periods of rapid social transformation, including colonization, urbanization and globalization (Zeitlin et al, 1995).

Nonetheless, the tendency towards adaptation by families means that such founding cultural ethos undergo modifications in response to the external constraints. For instance, certain common trends in family life have been discernible throughout the world. Among some of these trends in family life is the decreased birth and child death rates as a result of what demographers have termed “The Demographic Transition”, which occurs as socio-economic conditions improve (Caldwell & Caldwell, 1990). These demographic changes have in turn affected household and family formation and dissolution patterns. For example, lower levels of fertility have led to a reduction in extended family ties amongst subsequent generations of children, since they have fewer relatives than their parents’ generation. In addition, many aspects of family life are now commodified, or provided as a service for fees – including production, household maintenance, infant feeding, child care, and social services for ill and disabled members.

Other clearly recognizable trends include, for example, the growing diversity of families. For example, Emily Fenichel (2003) has observed that young children are growing up in a greater variety of families than ever before. Babies enter families through birth, adoption, or fostering; they are conceived through intercourse or assisted reproductive technology; they live in families formed by marriage and remarriage, in cohabiting heterosexual families, in lesbian- and gay-headed families, and in single-parent families. Other widespread trends in family life include increases in one-parent families with dependent children, couples without

children, and people living alone. Moreover, patterns of labour force participation are changing, with the result that many young people continue to live in their parental home.

Urbanization and mobility associated with globalization mean that family bonds and social, emotional and financial support provided through families extend beyond individual households. In addition, as a result of separation, divorce, death and family blending, members of families with children do not necessarily live under the same roof.

Despite these demographic trends, several scholars and policy-makers have concluded that the research literature, certainly in the United States, clearly supports a two-parent, heterosexual married family as the most appropriate family configuration for raising children (U.S. Bureau of the Census, 1980). However, other scholars suggest that it is time to look beyond family structure in order to identify, strengthen and support, those parent and family characteristics that are most relevant for the successful nurturing and development of infants and toddlers, children and adolescents, adults and older individuals, and family members with special needs.

Family members have caring responsibilities that extend beyond the care of dependent children and beyond households. Many family members care for aged parents, frail relatives, adult siblings and offspring during times of social and personal emergency and in conditions of chronic illness and disability. Many children take on parenting roles to fulfill the place of working parents, parents who are ill, and when families are in crisis.

The adaptation of families to external conditions, and the diverse forms into which families are evolving, makes the development of a family policy a challenging task requiring clear direction. It is apparent, however, that a family policy must be as dynamic as the social institutions it seeks to benefit. In addition, South Africa is a multicultural society. Distributed across the nine provinces and fluent in one or more of the 11 official languages, are people from all over the world, the continent and the region. These people have their roots in African, European and Asian cultures. Amongst them they speak more than 26 identifiable (source/ reference??) South African languages, and express their spiritual beliefs through countless religions that spring from Africa, Europe and the East. In addition, new families are evolving, such as gay and lesbian families, child-headed families etc.

In these conditions there are many kinds of families, and a policy to support families and family life needs to be generic and adaptable.

1.2 DESCRIPTIONS AND DEFINITIONS OF FAMILIES

There are so many kinds of families that it is no easy task to define a family. Families may be extended or multi-generational; nuclear families consisting of one or more parents and children; single parents with children; re-constituted families with step-parents and step-children; gay families, and so on. Families have become so diverse that Gail Bateman (1996) has argued that “What people regard as their family is their family and this is the reality we, as service providers, must deal with”. Without due recognition of the diversity of family forms, there is a real danger of idealizing the family as an abstraction. For this reason, it is preferable to talk about families in the plural in formulating policy (Edgar, 1992).

Because of the difficulty of defining families, family theorists prefer to speak about families as being social units governed by “family rules” (Goode, 1964). There is agreement that families are social groups related by blood (kinship), marriage, adoption, or affiliation, who have close emotional attachments to each that endure over time and go beyond a particular physical residence. Essentially, family groups share the following features. They are:

- Intimate and interdependent;
- Relatively stable over time;
- Set off from other groups by boundaries related to the family group, such that one family is separate from another in a variety of ways. That is, families have an identity which may change over time;
- Family groups perform supportive tasks associated with families.

Family tasks involve moral and social, as well as material and economic functions. Family tasks include:

- Acquisition of resources such as income and their distribution to members;
- The socialisation and education of children to share family values as well as broader social values;
- The control of social and sexual behaviour, including the restraint of aggression, antisocial behaviour and the infringement of taboos;

- The maintenance of family morale and identity which creates mutual obligations and responsibilities, and the motivation to perform pro-social roles inside and outside the family;
- The acquisition of new family members, both young (through procreation or adoption) and adult (through partnerships with individuals from other families);
- The launch of young people into social roles beyond the family;
- The care of dependent family members, including children, older persons, and sick and disabled family members.

Life cycle and family development models commonly view families as passing through a number of stages or life cycles – the newly established, childless family; the child-bearing family with infants and preschool children; the family with children of school age; the family with adolescent children; the family with young adults; the family of middle-aged parents whose children have left home; and the family of aged parents in retirement. The needs of families, and their resources, vary by the stage of their lifecycle. The needs of individuals within families also differ because resources and opportunities, costs and burdens are differentially produced, distributed and consumed in families. In many traditional societies, women and children have less and get less than men and adults (Edgar, 1992).

1.3 THE SOCIAL FUNCTIONS OF FAMILIES

Families are the primary source of individual development and they constitute the building blocks of communities. They link, under a common identity, young and old members, men and women, providers and dependents. This conviction goes back a long way as illustrated by the Confucian adage that “The strength of the nation derives from the integrity of the home”. From a contemporary perspective, the family is seen as the most important source of social capital (Putnam, 1995). Family relationships are the most important sources of social support for the majority of people and, for many individuals, family including the kin network, remains the main element of their social and material support system throughout life (Disney, Bateman & Sneddon, 1996).

Strong, stable and supportive families are acknowledged to provide the optimum framework for children’s wellbeing and the foundation for becoming responsible adults (Eastman, 1989). Values and behaviours which are assumed to be present in adult members and that are key to

the functionality of a society – for example, honesty, perseverance, care for vulnerable groups, and so on – are acquired during children’s development, and maintained and reinforced, through experiences in a family group.

Functional families also control the behaviour of errant members and provide care for dependent and vulnerable individuals. Most societies assume that at least some of these functions are performed by families, with greater or less state support. Regardless of the extent of government intervention, the state makes provision to provide care for dependent individuals and to contain antisocial behaviour on a continuum with functions performed by families. The importance of the family is clear from the fact that issues such as stress and ill health, the care and support of children, aged and disabled persons, school retention, labour force stability, substance use, and crime, cannot be considered without due attention to family life.

1.4 A POLICY FRAMEWORK FOR UNDERSTANDING FAMILY NEEDS

Families provide benefits to members that are vital to the functioning of the broader society, and they incur costs in doing so. For example, families ensure that children are educated. But to do so costs the family in terms of:

- Payment for school fees, transport and books;
- Adult time and commitment to assist and encourage a child;
- Income or resources lost because the child is unavailable to perform household or subsistence tasks.

The balance of family resources to provide for and support family members, and the costs in doing so, is critical to the level of functionality of families (Mattessich & Hill, 1987). Families with few resources (for example, insufficient income and a small number of individuals capable of performing needed activities) and high costs (a large number of dependent or needy individuals) may not be able to perform traditional family functions because they cannot provide adequately for the material or social needs of members. For these reasons, poverty and unemployment, as well as high rates of social dependency (such as disability or substance use), place severe strains on the resources of families and are clear areas in which state intervention is required to support families.

It is in the interest of communities and the state to ensure that families have sufficient resources to provide for the basic needs of their members. When families are able to take care of their members, it reduces the burden on the state in terms of long-term costs incurred by social problems that may emanate from, or be associated with, the failure of families to perform their normative roles. Supportive families also enable higher levels of individual functionality than is usually able to be achieved without family support and assistance. For example, when families cannot educate or care for children, the state has to assist the family. However, children with positive family support achieve better at school and are more likely to continue their education, and have expanded career aspirations, than children who have not received such support from their families (Foster, 2002). According to a United Nations' study (UN, 1987) very few governments base their family policies and programmes on a clear understanding of the nature, resources and needs of local families. In addition, few policies and programmes, both inside and outside of the social sector, are evaluated to determine their likely impact on, and unintended consequences for family life.

Familism refers to the bonds of material and emotional support between family members. It has been suggested that one function of family policy should be to expand "public familism", defined as the aggregate of policies that help people to sustain their families (Dizard & Gadlin, 1990). This does not mean that government programmes should replace responsibilities that rightfully should remain within the family, but that the state should create and protect a social, political and economic environment in which the family is able to carry out its functions. One of the main causes of family breakdown in poor communities in developing countries is lack of access to employment and services that enable people to maintain family life.

1.5 KEY FINDINGS FROM THE CHAPTER

1. Families are subject to wide-ranging social influence. However, they simultaneously mediate how individuals respond to social change.
2. Throughout the world, common changes in families are discernible; many of the traditional livelihood and care functions of families are available through a market economy as services; decreased birth rates mean that families are smaller; families are

becoming highly diverse and include single-parent families, couples without children, and people living in non-family households.

3. The focus of family policy should be the family functions, rather than the family structure, that best supports the development and care of family members.
4. The cultural diversity of South Africa requires dynamic and adaptable policy formulation.
5. Families pass through defined life cycle stages and thus the needs of families differ. The needs of family members also vary because resources and opportunities are differentially distributed among members.
6. Family tasks include social and economic support and care for members of all ages, including dependent members.
7. A policy framework needs to incorporate the resources of families and the costs they bear in meeting the support and care needs of members.
8. It is in the interest of communities and the state to ensure that families have sufficient resources to provide for the basic needs of families. When families are able to take care of their members, it reduces the burden on the state in terms of long-term costs incurred by social problems that may emanate from, or be associated with, the failure of families to perform their normative roles.
9. One of the main causes of family breakdown in poor communities in developing countries is lack of access to employment and services that enable people to maintain family life.

2. THE POSITIVE BENEFITS OF SUPPORTIVE FAMILY MEMBERS

2.1 EMPIRICAL EVIDENCE OF FAMILY BENEFITS

Families play a critical role in the socialization, development and education of children and youth. “The family and its socio-cultural and economic context is the crucible in which forces for good and ill are transformed into developmental patterns ... The evidence from a whole generation of research demonstrates that the quality of parents’ behaviour as caregivers and teachers makes a difference in the development of infants and young children” (Meisels, 1985; p. 9). However, it is important to advocate for the benefits of supportive family life for everyone in society. For example, from studies conducted in many parts of the world, stable and emotionally supportive family life is associated with:

- Higher rates of school attendance, including in South Africa (Amoateng & Richter, 2003);
- Better school performance (Robinson et al, 2002) and better school retention (Coleman, 1988) among children;
- Higher levels of self-esteem, self-confidence (Yibuku et al, 1999), and future orientation (Nurmi & Pullainen, 1991) among children and youth;
- A reduction in behaviour problems among young people (Mistry et al, 2002), including aggression, substance use (Amoateng, Barber & Eriksson, 2003; Guo et al, 2001) and crime (Anderson, 2002);
- Higher levels of work productivity (Osterman, 1995);
- Lower levels of stress and stress-related illnesses, resulting in lower levels of work absenteeism, substance use and health care costs;
- A greater capacity to deal with hardships and crises, a finding that has particular relevance for coping capacity in resource poor environments (De Frain, 1999);
- Greater longevity (Vaillant & Mukamal, 2001; Moen & Forrest, Samuellsen & Dehlin, 1993) and better quality of life among older persons (Tongue & Ballenden, 1999);
- Increased responsibility for the care of sick and disabled family members (Sawyer & Spurrier, 1996).

The significance of findings from empirical studies around the globe is that, through the supportive role they play and the use of the networks at their disposal, families are the main

source of human capital development, the development and achievement of individuals, and care for dependent and vulnerable individuals.

Upstream benefits in school performance, work productivity, better health and higher levels of care of dependent and vulnerable groups, requires investments to support family life. One of these investments needs to be in South African research, which aims to ascertain and specify links between family factors and benefits to family members as well as to the larger society. In addition, innovative policies and programmes are being developed and implemented in many parts of the world at the level of the community, home, school, and workplace. Investments also need to be made in pilot programmes to assess their benefits in the South African context.

2.2. THE MORAL REGENERATION MOVEMENT IN SOUTH AFRICA

Families are considered to be one of the institutions, together with schools and faith-based organizations, in which values are acquired and reinforced. In South Africa and elsewhere, there is a widespread belief that “an ebbing civic spirit” and an increase in social problems, is tied up with fundamental changes occurring in family life (Winter, 2000). As such, families are considered to be a key element of the Moral Regeneration Movement (MRM) which was launched by Deputy President Jacob Zuma in April 2002. The MRM is a multi-sectoral civil society organization which coordinates the government’s moral renewal programme. It has antecedents in the 1998 Moral Summit and the Manifesto on Values, Education and Democracy produced by the Department of Education. The MRM was prompted by government and civic concern about high rates of crime, interpersonal violence and abuse, substance abuse, corruption, racism and sexism. The MRM has a national working committee and provincial structures have been launched in four provinces (Free State, Northern Cape, Mpumalanga and the Eastern Cape). In January 2003, the MRM launched the Moral Charter campaign that calls for all South Africans “to contribute towards the writing of a charter that will lay the basis for united action towards the building of a moral society”². It is the responsibility of government to promote values that serve the general good and are in the public interest. One way of doing this is through support for social institutions, such as the family, in which pro-social values can be acquired and reinforced. From this point of view,

² The Deputy President’s reply to the National Assembly 21 May 20003.

efforts to promote supportive family life are consistent with the Moral Regeneration Movement.

2.3 KEY FINDINGS FROM THE CHAPTER

1. Families play a critical role in the socialization, development and education of children and youth. However, it is important to advocate for the benefits of supportive family life for everyone in society.
2. From studies conducted in many parts of the world, stable and emotionally supportive family life is associated with:
 - Higher rates of school attendance
 - Better school performance
 - Higher levels of self-esteem, self-confidence and future orientation among children and youth;
 - A reduction in behaviour problems among young, including aggression, substance use and crime;
 - Higher levels of work productivity;
 - Lower levels of stress and stress-related illnesses, resulting in lower levels of work absenteeism, substance use and health care costs;
 - A greater capacity to deal with hardships and crises, which has particular relevance for coping capacity in resource poor environments;
 - Greater longevity and better quality of life among older persons;
 - Increased responsibility for the care of sick and disabled family members.
3. Through the supportive role they play and the use of the networks at their disposal, families are the main source of human capital development, the development and achievement of individuals, and care for dependent and vulnerable individuals.
4. Policy to support and strengthen families is consonant with the Moral Regeneration Movement, the primary focus of which is to strengthen those institutions that teach and reinforce values that serve the general good and are in the public interest.

3. CHANGING TRENDS IN FAMILY LIFE

In general, there are two broad perspectives on the current state of the family, including the South African family. The one perspective sees the family as an institution in decline (Mabetoa, 1994). The other approach sees the family as an institution responsive to social change and therefore undergoing transformation in both structure and function (Viljoen, 1994).

Families throughout the world are affected by, and have adapted to, a variety of broad social trends – migration, colonization, urbanization and globalization (Hanks, 1993; Smit, 2001). These social forces often compel members of families to seek work and other opportunities away from each other. Moreover, these social changes have led to increases in non-traditional family forms such as single parenthood, reconstituted or blended families, gay and lesbian marriages, childless marriages, and non-family living. Non-family households are formed as people adopt living arrangements and strategies to support emerging lifestyles, and as an adaptation to increased socio-economic stresses. In South Africa, the system of migrant labour, which has been one of the driver's of urbanization, is held to be responsible for fragmenting the extended family system amongst, especially, Africans delaying, and even forestalling formal marriages (see e.g. Gordon, 1981; Simkins & Dlamini, 1992).

On the other hand, large numbers of impoverished rural people are almost completely dependent on remittances from migrant workers, a dependency that may function to strengthen family ties (Gelderblom & Kok, 1994). In fact, Smit (2001: 546) points out that the values drawn from their culture are employed by Africans as "survival strategies to ensure that the oscillating nature of the migrant labour system does not completely uproot them from their traditional family life", and in agreement with Viljoen (1994) concludes that "many African families appear to experience their family lives as healthy and happy, despite socioeconomic difficulty and the political turmoil experienced in the past" (p. 545).

South Africa and Botswana are the most urbanized countries in the Southern African region, with urban populations above 50 per cent. In South Africa, more than 56% of the population lives in urban areas, while 44% live in rural areas (Statistics South Africa, 2001). In Gauteng and the Western Cape, 97% and 89% of the population, respectively, are urbanized, whereas

in Limpopo Province and North West Province only 11% and 35% of the population, respectively, live in urban areas.

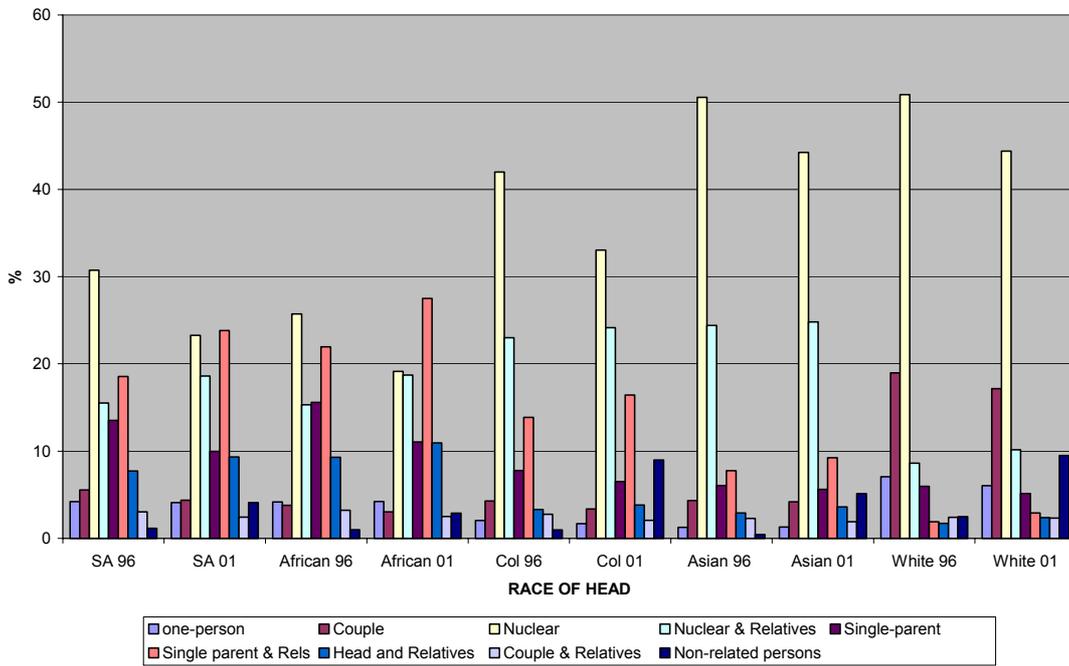
Urbanization in South Africa is currently taking place at an unprecedented rate, with the country's cities being among the fastest growing urban centers in the world (Jenkins, 1997). Despite the widely recognised benefits of urbanization, rapid changes are also associated with increased pressure on employment, education, health, housing, and transport facilities, with new migrants being particularly susceptible to inadequate and overcrowded housing, and limited access to employment and health care (Chetty, 1992; Meyer, 1993; Seager, 1994; Smith, 1993). For example, it is estimated that approximately half of all African people in urban areas live in informal housing (Dor, 1994). An array of social difficulties and health problems are directly attributable to poor quality housing conditions, water supply and solid waste disposal (Mathee & von Schirnding, 1994).

Rapid rural-urban migration is also associated with changes in family composition (Oberai, 1991); unstable family relationships and sexual partnerships (Seager, 1994); patterns of household dissolution and formation involving the formation of female-headed households, especially among low income groups (Pasha & Lodhi, 1994; Pick & Cooper, 1993); the transformation of the socialisation and other functions of families (Seager, 1993); and the maintenance and dissolution of social networks. Counterbalancing these negative effects, patterns of behaviour evolve that represent individual and household strategies to adapt, survive and improve wellbeing (Chant 1992; Graves & Graves, 1980). Principal among these are diversification of income earning activities (Oberai, 1991); the formation of households whose composition differs from conventional nuclear or extended families (Pick & Cooper, 1993); the establishment and maintenance of social networks consisting of kin and friends to serve a variety of purposes, including securing employment and housing (van Lindert, 1991); and the maintenance of urban-rural links among dispersed family networks (Trager, 1988).

3.1 HOUSEHOLDS AND FAMILIES

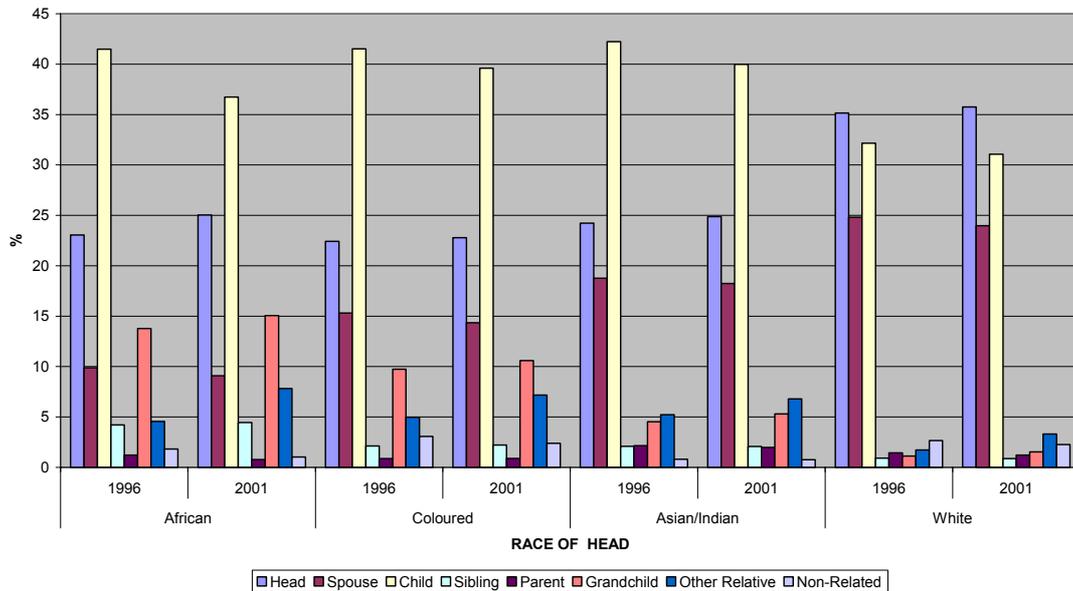
Using the 10% Public Use data of the 1996 and 2001 Population Censuses (Statistics South Africa, 1996 2001), the current situation of South African households and families is depicted in figures 3.1 and 3.2:

FIGURE 1: DISTRIBUTION OF HOUSEHOLD TYPE BY RACE OF HEAD



Source: 1996 and 2001 Population Censuses

FIGURE 2: LIVING ARRANGEMENTS BY RACE OF HEAD, 1996-2001



Source: 1996 and 2001 Population Censuses

1. According to figure 1, South African households tend to be family oriented. In other words, almost all households in the society are occupied by family groups, although non-

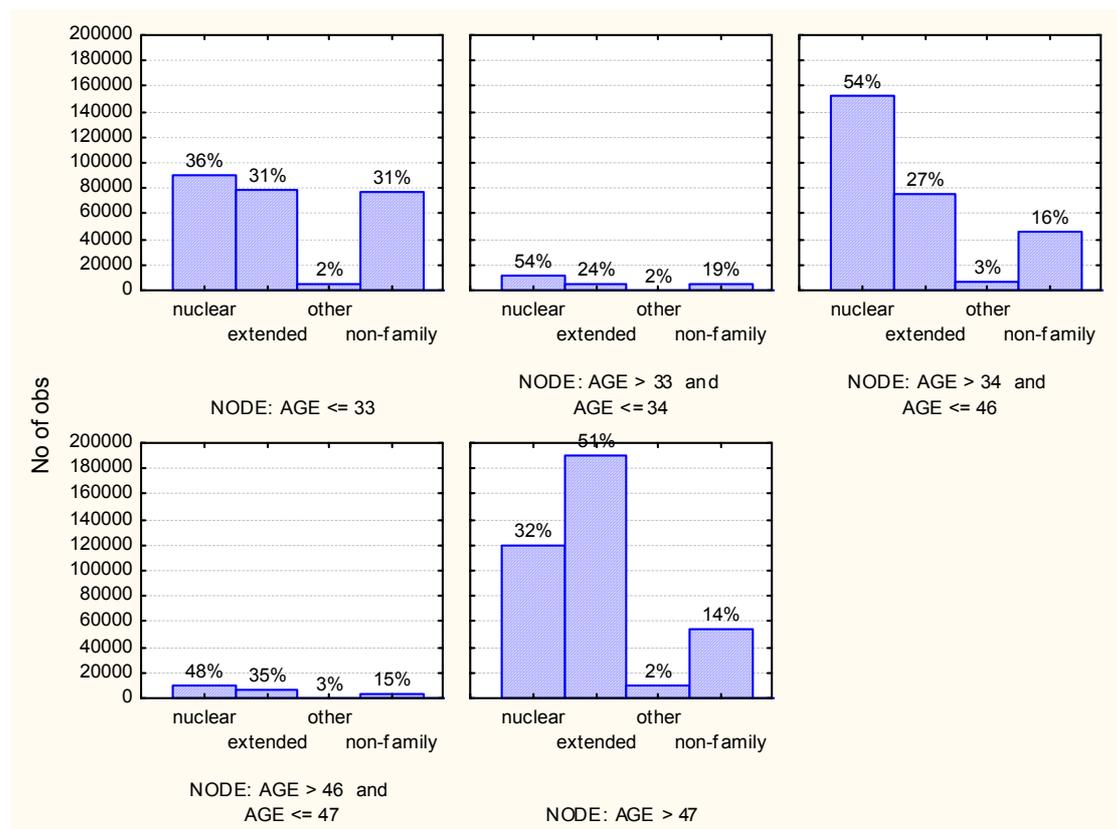
family households are gradually but steadily increasing amongst all race groups, especially, amongst whites. Non-family households are likely to increase as a result of housing shortages and discretionary choices about living arrangements exercised among people living in urban areas. Most importantly, figure 3 shows that non-family living is increasingly becoming the lifestyle of the younger generation of South Africans. For example, while one-third of people aged 33 or younger live in non-family households, only 14 percent of those above age 47 live in such households.

2. Also, figure 1 shows that the country is characterized by two family systems, namely, nuclear and extended family systems. The nuclear family system is clearly identified with whites, while the extended family system is identified with Africans, Asians, and coloureds. The extended families of Asians exhibit the characteristics of joint families associated with Asian cultures (Adams, 1986). Africans and coloureds have maintained an extended family form, both as a function of cultural preference, housing shortages, and as a hedge against poverty. Whites, in both urban and rural areas, live in predominantly nuclear families, which historical research has shown to be the typical European family form.
3. Extended families are larger, on average, than nuclear families, with an upper limit of 14 members as compared to 9 members for nuclear families.
4. As far as change in household types is concerned, we observe that for the country as a whole, in 1996, 94.65 % of the population in private households lived in one of the two types family systems; 49.81% of all persons lived in nuclear family households, while 44.84% lived in extended-family households with only 5.35% of the population living in no-family households. However, between 1996 and 2001, there was a 12 percentage-point decline in the proportion of the population who lived in nuclear family households, while at the same time the proportion of the population in extended family households increased by 9 percentage points from 44.84% to 54.21%.
5. The familial nature of households in the society is further illustrated in figure 2, which shows the functional relationships within households. The vast majority of people in South Africa live with families as either heads of households, spouses, children, or grandchildren. Thus, despite the disruptive consequences of the migrant labour system

and perhaps devastating effects of death due to HIV/Aids, most people still find a family living arrangement, usually with close family members. Figure 2 illustrates further the coexistence of the two family systems in the society. For instance, in a separate analysis where we compared children under age 12 with those between 12 and 17, we found that while children under age 12 are most likely to live with parents and/or grandparents, the pattern varies by racial group.

- On average, about 90% of white children live with parents, while only about half of African children do. A higher percentage of African children live with grandparents, compared with other race groups. African children are also more apt to be living with a sibling or some other relative. Very few children in any group are adopted, stepchildren or living with non-relatives. There is virtually no difference in the living arrangements of male and female children.

Figure 1: Household type by age



Source: 2001 Population Census

3.2 KEY FINDINGS FROM THE CHAPTER

1. Although some regard the family as an institution in decline, many see changes in family life as dynamic forms of adaptation to changing social and economic conditions.
2. Migration, colonization, (urbanization) and globalisation have caused people to move away from their families and stimulated the formation of non-traditional families.
3. In South Africa, the migrant labour system had the most dramatic impact on family life, particularly among Africans.
4. However, the maintenance of traditional family values and traditions has enabled many people to cope with the stresses of oppression and separation.
5. South Africa is the most urbanized country in the region, and urbanization affects family life, including sexual partnerships, household formation, the care of children, and the maintenance of kin networks.
6. Most South Africa households consist of family groups although non-family households are increasing, especially, amongst the younger generation of South Africans
7. The nuclear family system is clearly identified with whites, while the extended family system is identified with Africans, Asians, and coloureds.

4. FAMILY RESOURCES

Families perform a number of functions for members, including the provision of social and material resources.

- Well-functioning families create and sustain value systems through the socialization of children and the inhibition and promotion of certain behaviours among all family members. Compliance with agreed systems of right and wrong, the inhibition of violence, values of diligence and achievement at school and in work, respect for elders, and compassion for the weak, are examples of such values.

- Families create and sustain networks of information and access through which family members gain opportunities. For example, the majority of young people looking for employment use informal contacts, mainly family, to access information about and opportunities for work (Braehmer et al, 2000).
- Families provide material resources to members, which depend to some extent on pre-conditions existing in the family and the environment, such as having members with education and employment.
- Families provide social support to members to enable them to deal with difficulties and to aspire to goals.

In order to perform these functions, families need material and social resources. Material resources include education, employment, household amenities, and income and grants. More detail on the material resources of South African families, as well as social resources, are dealt with in more detail in the following sections.

4.1 EDUCATION

Education acts as a proxy for the socioeconomic status of the family and geographic area of residence. Table 1 shows the mean educational attainment, age and race of husbands and wives according to the 2001 census. African husbands have the lowest mean educational attainment followed by African wives, while white husbands have the highest mean educational attainment followed by Asian husbands. Within race groups, it is only amongst Africans that wives have a slight edge over husbands in education.

Table 1: Mean education by Age and Race of husbands and wives

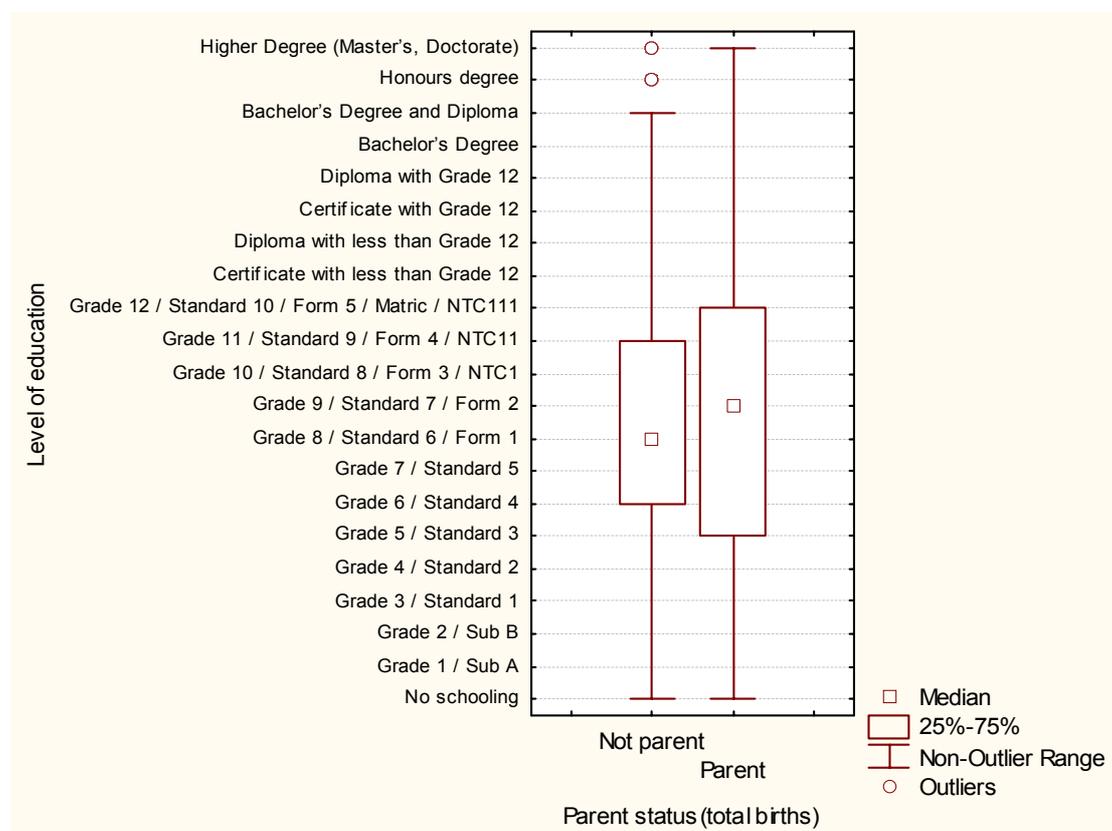
Husbands	Mean Education	Mean Age
African	3.00	44.9
Coloured	3.58	42.8
Asian	4.51	43.8
White	5.04	48.2
Wives	Mean Education	Mean Age
African	3.12	34.4
Coloured	3.52	40.4
Asian	4.29	40.1
White	4.96	45.2

Source: 2001 census

Maternal education has been found to be related to various child outcomes. For example, it has been found to be negatively related to infant mortality through such intermediate mechanisms as the duration of breast-feeding and age of childbirth (Adetunji, 1995; Kiros & Hogan, 2001); markers of health such as infant mortality, child's height-for-age and child immunization (Desai & Alva, 1998); a positive association with academic achievement of Xhosa-speaking children in the Transkei regardless of whether they lived with both parents (Cherian, 1992), and a positive impact on schooling attainment (Glick & Sahn, 2000; Tansel, 1997).

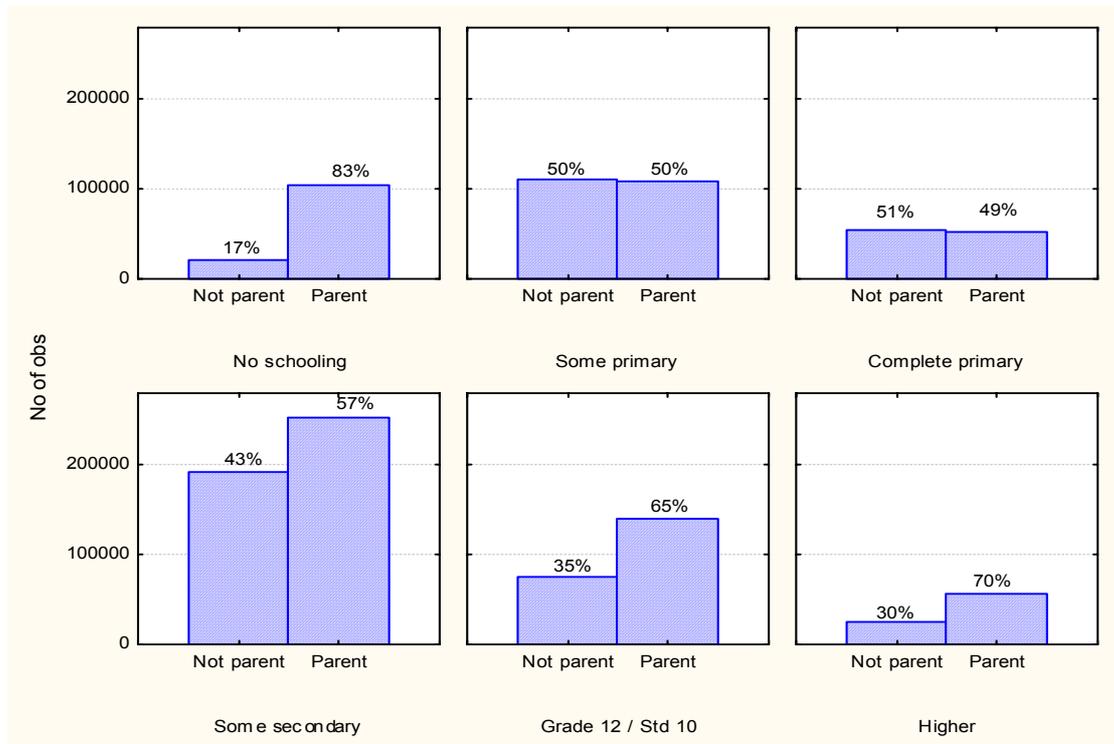
Figure 4 and figure 5 show the median educational attainment and the relationship between parental status and educational attainment respectively. Contrary to our expectation, parents have a slight edge over non-parents in educational attainment. The median education for parents is Grade 9 or standard 7 whereas the median education for non-parents is Grade 8 or standard 6. This is further illustrated in figure 4 which shows that from whereas 70% of parents have higher than matric education, the same is true of only 30% of non-parents.

Figure 2: Parental Status by level of education



Source: 2001 Census

Figure 3: Educational attainment by parental status



Source 2001 Census

Further analysis of the data showed that the association between parental status and educational attainment is confounded by the age of a woman in that women below 21 years of age who are not parents are much more likely to be educated than parents. For example, whereas 92% of women below 21 years of age who have no children are more likely to have completed primary education, the same is true for 8% of those who have children. On the other hand, amongst women older than 30 years of age, 93% of the parents have primary education compared to only 7% of those who are not parents. This finding suggests that childbearing has the effect of truncating education for women, especially, the 12% teen mothers in the population.

4.2 EMPLOYMENT AND LABOUR FORCE PARTICIPATION

Employment refers to those people who have a job. In contrast, the labour force, or labour force participation, refers to those people who are employed together with those who are looking for work. Thus, labour force participation is not the same as employment. For

example, a participation rate of 50% means that for every 100 persons in the population, half of them are in the labour force, including people looking for work. The unemployment rate is defined as the “ratio of unemployed persons to persons who are employed and unemployed multiplied by a 100 persons”. An unemployment rate of 50% means that for every 100 persons, half of them are unemployed.

According to the February 2002 Labour Force Survey (Statistics South Africa, 2002), the official unemployment rate was 29% in September 2001. Statistics South Africa announced in March 2003 that the unemployment rate had risen to 31%. That is, of the population aged 15 to 64 years, numbering nearly 30 million people, close to 12 million people are not economically active. Of these, 4.7 million are unemployed, 4.8 million are full-time learners, 1.1 million are full-time homemakers, 1.2 million are disabled or chronically ill to a degree that prevents them from working, and the rest are not economically active for a variety of reasons. Individuals in the working age group are normally thought of as providers; however, if they are not economically active, they are dependent on other economically active individuals in the household. The proportion of economically active to non-active individuals in a household significantly affects the balance of resources and costs in families. Labour force participation and employment vary significantly by education, rural-urban location, age, race, and gender:

Education

Increased years of education are associated with a higher likelihood of participating in the labour force and a lower unemployment rate. For example, persons with post-graduate education have a labour force participation rate of 83%, whereas people with no schooling have a participation rate of 34%. The corresponding unemployment rates for these two groups are 3% and 18%, respectively.

Rural-urban location

Urban residents have higher labour force participation rates (52%) than their rural counterparts (37%). However, there are much smaller differences in unemployment rates between urban and rural residents (24% and 26% respectively). This indicates that more people in urban areas are trying to get work, whereas more people in rural areas are not, or have given up, looking for work.

Age

Generally, labour force participation increases with age with the highest participation rates occur in the age group 25 to 44 years. Analysis of the 1999 October Household Survey (OHS) showed that the labour force participation rate for the age group 15-24 years is 23% compared to a rate of 71% for the age group 35-44 years. This means that unemployment is highest in the youngest age groups. Participation starts declining after age 54 years of age.

Race

Participation rates are highest among Whites (61%) and lowest among Africans (42%). Similarly, while Africans have an unemployment rate of 30%, the rate is 5% among Whites. Coloureds and Asians have much the same participation rates, about 57%.

Gender

Males are more likely to be in the labour force than females. Males have a participation rate of 53% compared to 40% for females. Correspondingly, males have a lower unemployment rate than females. This phenomenon, together with overall lower wages for women as compared to men, contributes to what is called the feminization of poverty, or the concentration of poverty among female-headed households. Although female-headed households tend on average to be poorer than male-headed households, their use and distribution of resources for health and education tends to benefit children more. Studies have shown that women use more of their income than men for food, education and health care (Barbarin & Richter, 2001; Thomas, 1990).

Heads of households

The way in which labour force participation and unemployment trends affect families is demonstrated by the position of heads of households. With a participation rate of 58%, African heads of households are the least likely of all groups to participate in the labour force, while their White counterparts are the most likely to participate in the labour force with a participation rate of 77%, regardless of geographic location. The African-White differences increase considerably in rural areas where the participation rate for whites is 83% compared to 51% for Africans. That is, only half of all African heads of households are employed or looking for a job. The others are not working because they have lost hope, are too old or unable to work because of illness and/or disability. Coloureds have a higher participation rate

than Africans in rural as compared to urban areas (82% and 65%, respectively). The only group with a lower participation rate in rural as opposed to urban areas is Africans (51% and 67%, respectively). This partially explains the widespread poverty among Africans in rural areas, which constitutes a push factor in the migratory movement towards urban areas.

Within every race group, male household heads have a much higher labour force participation rate than their female counterparts. For example, among African heads, the male participation rate is 70% compared to a rate of only 42% for their female counterparts. Among whites, the participation rates for males and females are 78% and 66%, respectively, and among coloureds and Asians the rates are 79% and 46% for men and women, respectively. The largest difference between males and females is found among Asians, where the male participation rate is 82% compared to a 45% rate for their female counterparts.

The informal sector is the largest employer of persons, consisting of 71% of persons in the labour force, while the formal sector employs slightly less than one-third of the labour force (29%). The informal sector is dominated by Africans (84%), while the formal sector is dominated by whites (58%). While three-quarters (75%) of the labour force in the formal sector is made up of males compared to only one-quarter (25%) of females, there is only a 4 percentage point difference between females (52%) and males (48%) in the informal sector.

Figures 6 to 10 show the trends for selected socioeconomic characteristics of households.

Figure 4: Total Monthly household income by race

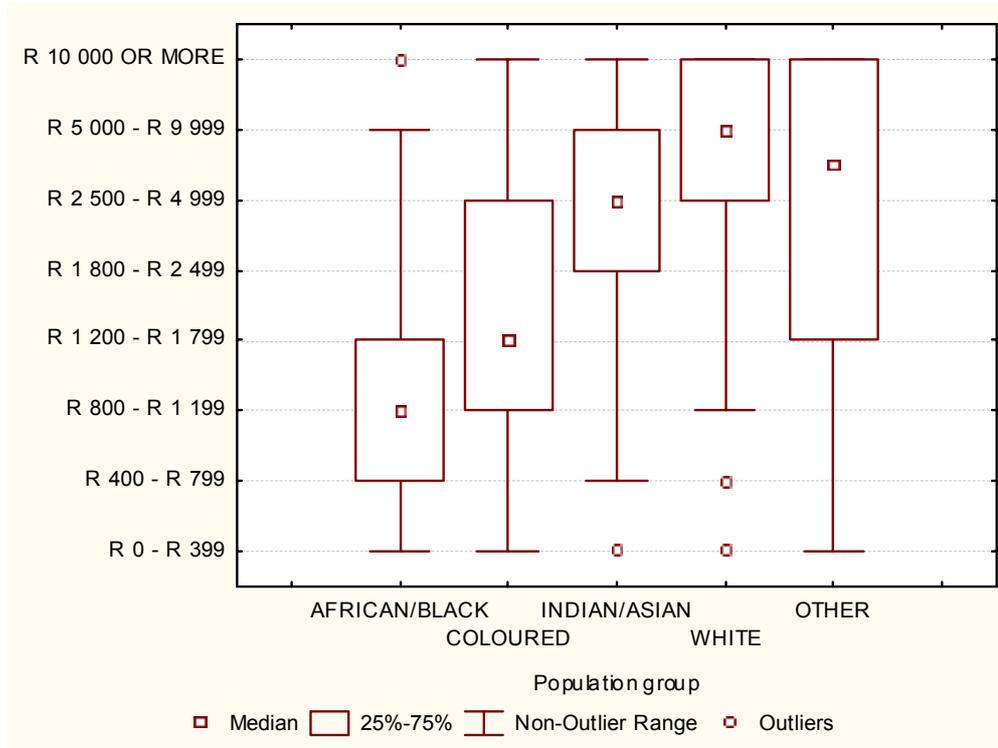


Figure 5: Total monthly household income by gender

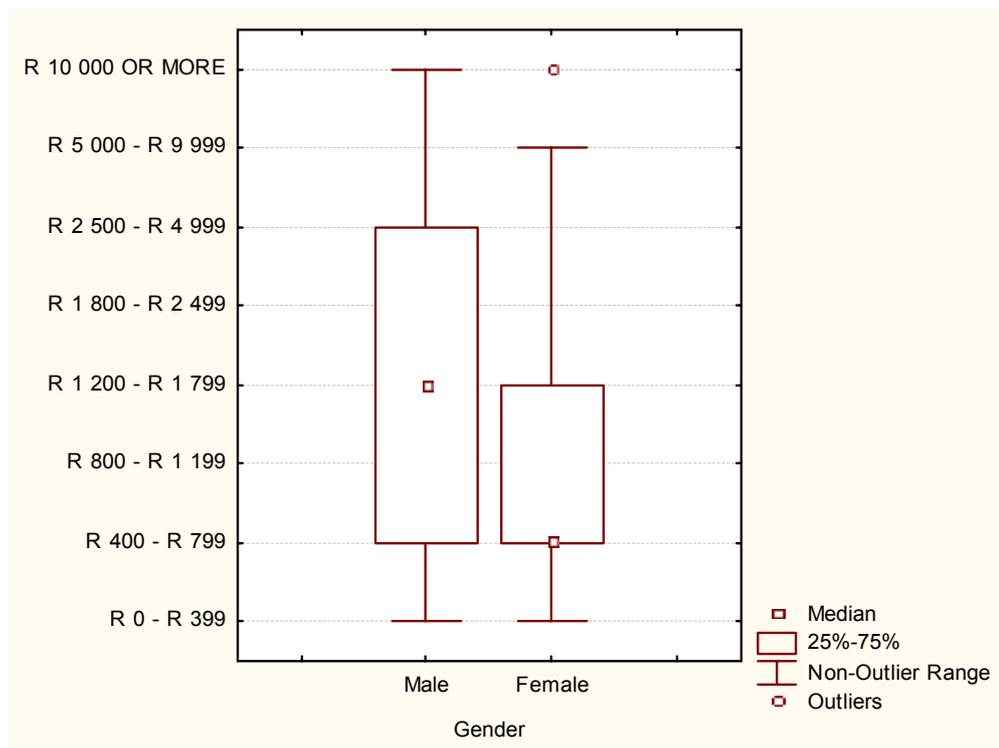


Figure 6: Total Monthly Household Income by Province

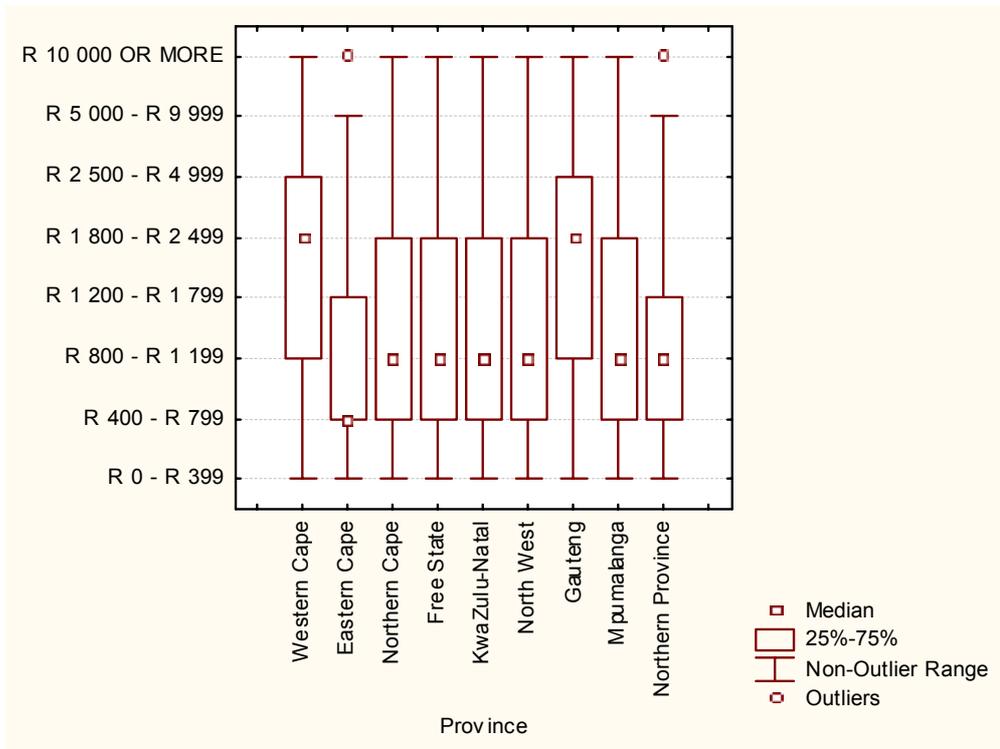


Figure 7: Household amenities by race group

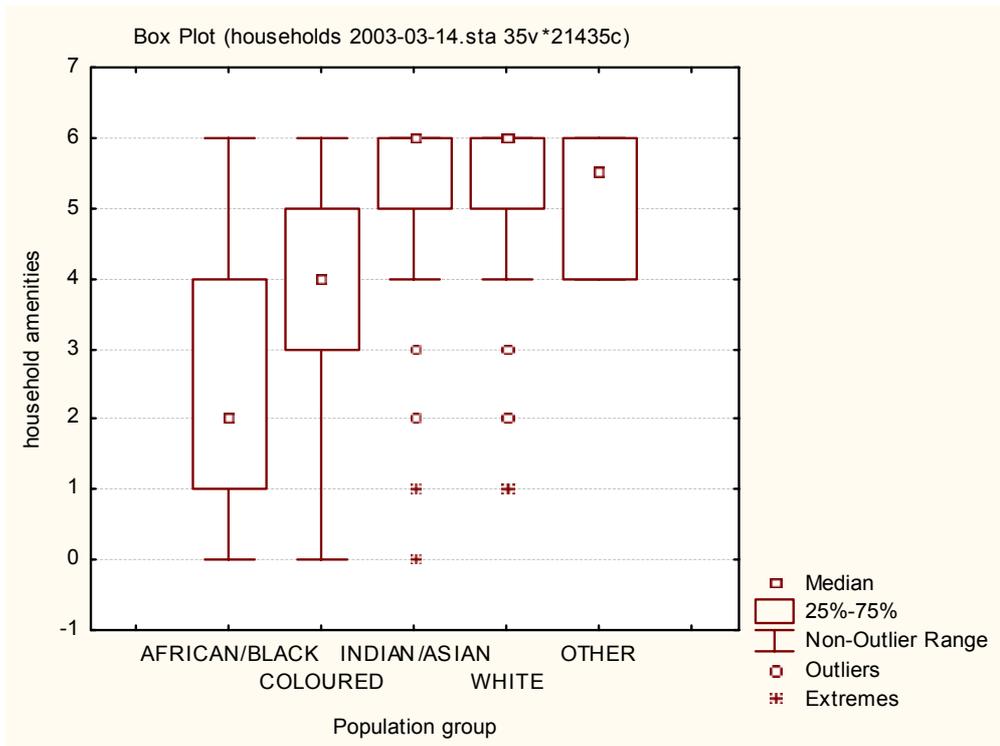
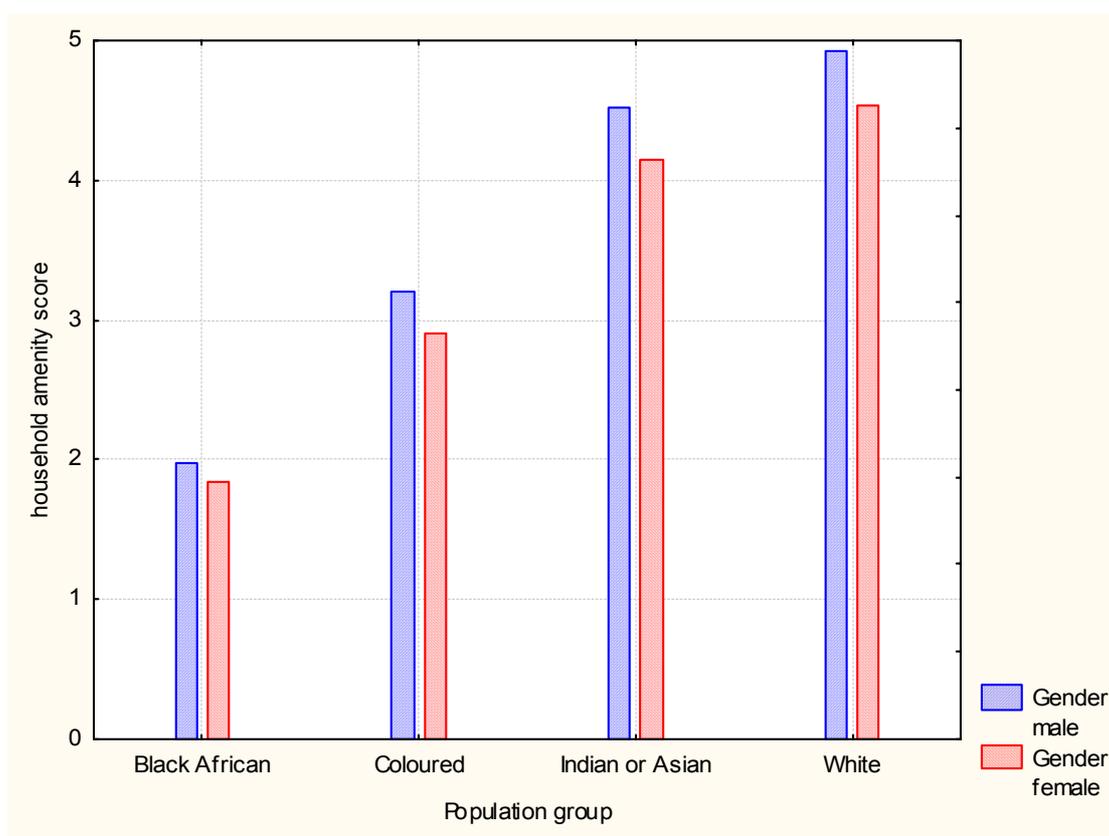


Figure 8: Household Amenities By Race and Gender of Head



4.3 HOUSEHOLD INCOME

Total monthly household income in the 1999 OHS Household Survey was measured as an ordinal variable ranging from R0 to R10 000 or more per month. From this a rough social class index was constructed with the following values: “Poor” included people earning less than R2 000 per month; “Lower Middle Class” included people earning less than R5 000 per month; and “Middle Class” included people earning more than R5 000 per month. Variations on this social class scale were observed for the different household types in the population as follows:

- One-half (50%) of the South African household population was classified as Poor, 30% was classified as Lower Middle Class, while only 12% was classified as Middle Class.
- In terms of household type, classic nuclear family households (which include husband, wife and children) were more likely to be Middle Class, while single-parent households were more likely to be Poor. Extended family and other family household types tended to be in the intermediate position. While slightly over one-fifth (21%) of classic-nuclear family households were Middle Class, only 5% of single-parent

households fell into the Middle Class. Similarly, 67% of single-parent households were classified as Poor compared to only 34% of classic-nuclear family households that fell into this category.

- Household income tended to be higher in urban as compared to rural areas.
- Male-headed households had higher total household incomes than households headed by females.
- Households headed by Africans had the lowest total monthly income.
- The Western Cape and Gauteng had the highest mean monthly income, while Eastern Cape and Northern Province had the lowest mean monthly income.

4.4 HOUSEHOLD AMENITIES

Due to the general problem of collecting accurate data on income in national surveys, it has become routine to collect information about the amenities households possess, which are then used as indirect measures of the socioeconomic status of households and families. For example, from the 1996 Census, it was established that 45% of South Africans had a tap inside their dwelling and 58% used electricity for lighting; the remainder used candles and paraffin lighting. From the 2001 population census, six such amenities (flush toilet, telephone, electricity from mains, refuse collection, tapped water, and ownership of a motor car) were used to construct a 6-point additive index for this particular analysis. Figure 9 shows that, on average, African households possess only two of the six amenities compared to a median of four in coloured households and a median of six in Asian and White households. The data also indicate that (see figure 10):

- Households headed by males possess an average of four of the amenities compared to an average of two for female-headed households.
- In terms of household type, extended-family households are the least likely to possess all of the six amenities with a median of two compared to a median of four for nuclear family and non-family households.

- Urban households are better resourced than rural households with urban households
- Possessing five of the amenities, on average, compared to only one by rural households.

4.5 FINANCIAL ASSETS AND SAVINGS

Another measure of a household's economic status is possession of financial assets, which was constructed from data collected in the 1999 OHS Household Survey and made into a 7-point additive index consisting of: Savings Account, Stockvel Savings, Pension Savings, Unit Trust, Cash Loans, Life Insurance and Other Savings.

- Overall, 46% of all household heads do not possess any of these financial assets or savings facilities, and slightly over one quarter (26%) have only one of the assets. Moreover, fewer than 1% of household heads have all seven assets.
- The possession of assets mirror income distribution, in that households headed by Africans are the least likely to possess one or more financial assets, followed by households headed by coloureds and Asians. White-headed households are likely to possess most assets.

In a society like South Africa, where there is not only a limited social safety net but also where the distribution of resources have been historically skewed, access to a medical insurance to a large extent is an indicator of social status. Overall, slightly less than one-fifth (19%) of the population have access to Medical Aid, and Africans and coloureds are the least likely to have medical aid, while Asians and Whites are the most likely to have this vital health facility. Moreover, urban residents are more likely than rural residents to have access to a medical aid.

4.6 SOCIAL GRANTS

Social security, in the form of grants to older persons, children, and disabled people has benefits for families through the distribution of resources within the family and the alleviation of the costs of caring for dependants with special needs. In South Africa, social assistance is provided in the form of an old age grant; a disability grant; a war veterans' grant;

a care dependency grant; a foster child grant; a child support grant; and grants in aid and social relief of distress. Although the total monthly amounts of these grants are small, they nonetheless provide financial aid to desperately poor families. According to a Social Cluster media briefing on the 19 February 2003, 5.5 million people are receiving social grants. Over 95% of older persons who are eligible are receiving grants and, as of December 2002, 2.5 million children were receiving the Child Support Grant.

The old age grant is estimated to be worth about twice the median per capital income of African households (Case & Deaton, 1996, p. 1), and is used to purchase provisions within households, including the education of grandchildren. Old age pensions have been shown to be an important factor in the alleviation of poverty among older people and their households, and to promote the role of older people in social and economic activities (Case & Deaton, 1996; NCCPS, 2001). The significance of this participation may also lie in engendering family stability through respect for the elderly. Thus one possible unintended consequence of enabling the elderly to meet their social and economic role in the family is a reduction in intergenerational conflict

4.7 GOVERNMENT PROVISION

The state makes a number of provisions through facilities, services and programmes that directly or indirectly affect families. For example, government provides some care facilities for groups with special needs, as shown in Table 2. These facilities include crèches, children's homes, place of safety, homes and work environments for disabled people, homes for aged and drug treatment centres. Moreover, government provides funding programmes that directly or indirectly affect families. For example, the Primary School Nutrition Programme was implemented in the nine provinces in September 1994 as a Lead Presidential Programme. It is estimated that in the region of 15 000 schools and 4.8 million school pupils benefit from the scheme, as shown in Table 3.

Table 2: Number of care facilities by province

Province	Crèches not Subsidized by NGO's	Crèches Subsidized by NGO's	Governmental Crèches	Places of Safety	Centers Provided by Government	Homes for the Disabled	Protective Workshops	Children's Homes	Homes for the Aged provided by NGO's	Drug Treatment Centers provided by NGO's	Total
Eastern Cape	-	916	-	3	2	13	15	19	59	3	1030
Western Cape	1037	-	-	7	-	17	27	45	98	4	1235
Northern Cape	120	-	-	-	-	3	5	6	32	-	166
Free State	187	-	-	1	1	4	7	7	35	1	243
Gauteng	-	-	-	6	2	35	56	43	103	10	255
KwaZulu-Natal	-	413	-	7	1	16	27	45	53	3	565
Mpumulanga	-	39	176	1	1	5	14	4	19	1	260
North West	140	94	-	1	1	2	3	3	14	1	259
Northern Province	-	-	-	1	1	1	10	7	2	-	22
Total	1484	1462	176	27	9	96	164	179	415	23	4035

Source: Department of Social Development, Consolidated Statistics 2001

Table 3: Number of schools and learners participating in the Primary School Nutrition Programme

Number of Participating Schools Per Province	
Province	1999/ 2000
Eastern Cape	4981
Free State	610
Gauteng	989
KwaZulu-Natal	2385
Mpumalanga	1243
Northern Cape	286
Northern Province	2456
North West	1571
Western Cape	907
Total	15428

Source: www.schoolfeeding.org.za

Table 4: Distribution of Learners in the Programme

Province	1999/ 2000
Eastern Cape	1 065 527
Free State	134 501
Gauteng	227 222
KwaZulu-Natal	1 012 465
Mpumalanga	461 420
Northern Cape	116 340
Northern Province	1 131 650
North West	380 185
Western Cape	190 179
Total	4 719 489

4.8 SOCIAL SUPPORT

People's social networks comprise members of their immediate and extended families as well as friends in the community and in the workplace. These networks are sometimes called social capital – or the set of intangible resources in families and communities that help people cope with stresses, develop their potential, take advantage of opportunities, and express aspirations beyond the immediate context. Social capital theory suggests that contained within the complex web of human relationships is a potential to generate material resources as well as opportunities for personal development (Putnam, 1993). Social capital has been linked to family emotional health (Morrow, 1999), children's self-esteem (Yabiku et al, 1999), school performance and retention (Coleman, 1988), advancement within the workplace as well as within the broader community (Lin, 1999), migration (Palloni et al, 2001), and sustainable development (Grootaert & van Bastelaer, 2002).

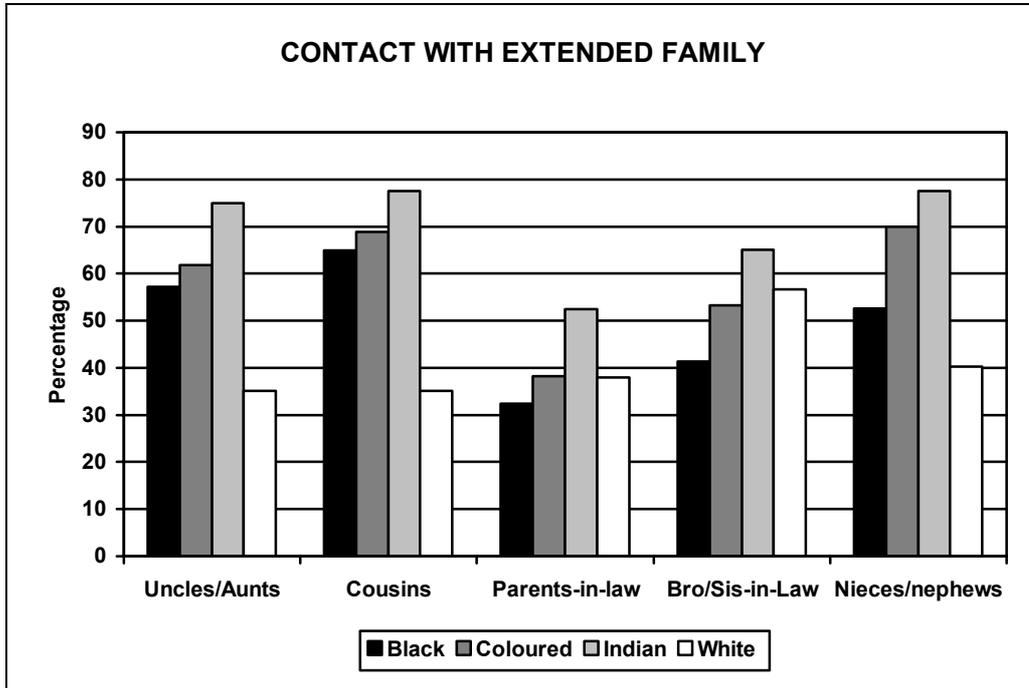
In an analysis of the HSRC's annual Evaluation of Public Opinion, conducted in 2001, Higson-Smith (2002) found the following with respect to social networks in South Africa:

- People living in rural communities are isolated and tend to have contact mostly with close family and other people in the same community. Whilst this makes for strong and supportive bonds, it provides few conduits to jobs and other opportunities.
- Women have more limited social networks than men. Women have fewer friends both within and outside of their community, than men do, and working women also have fewer friends at work than their male counterparts. An important part of women's social networks are other women who face many of the same challenges in life, and who themselves have limited social capital. Thus, like rural people, women tend not to have access to networks that could assist them.
- It is widely assumed that Black South Africans have the strongest social networks. The data, in fact, showed that Black people have weaker social networks than do other people, particularly coloured and Asian people. Thus, the poorest group in the population has less access to resources through social networks than better off groups in the society.
- As might be expected, older people were found to have fewer social contacts and more limited social networks than younger people.

Figure 11 shows contact with extended family members by race, while figure 12 shows the relationship between socioeconomic status and social capital. Figure 11 shows that Indians³ have the highest percentage of contact with extended family, whereas whites have the lowest. In terms of socio-economic status, figure 12 shows that better-off people have more social support and more extensive social networks than poorer people. However, what social support and social networks poorer people have, are critical to their survival and development.

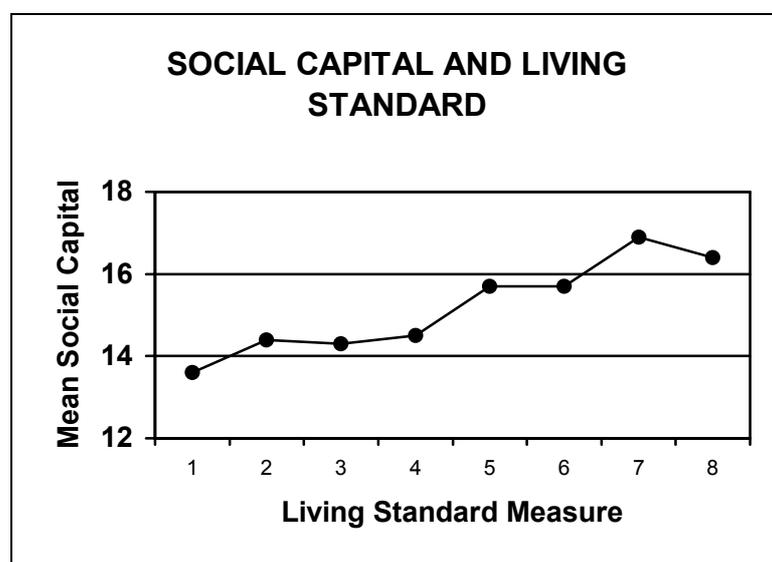
³ The terms "Indian" and "Asian" are used interchangeably throughout this report.

Figure 9: Contact with extended family by race



Source: Higson-Smith, 2002

Figure 10: Relationship between socioeconomic status and a composite measure of social capital



Source: Higson-Smith, 2002

Involvement in faith-based activities provides a social structure that facilitates the availability of social and material support. It can also serve to reduce the erosion of self-esteem and sense of mastery or control that often result from stressful life events (Krause & Van Tran, 1989; Pearlin, Menaghan, Lieberman & Mullan, 1981). In the United States, particularly among African-Americans, the church is widely recognised to be an important mental health resource. For many decades, it was virtually the only institution within the African-American community that was built, funded, and controlled by Blacks. In one study, which examined how older Blacks coped with stress, informal support from church members was rated as second only to support from family members, particularly in times of illness (Taylor & Chatters, 1986). In South Africa, the churches have played a similar role for politically disempowered groups such as Africans and coloureds.

Data from the 1996 census indicate that about 84% of South Africans list Christianity as their religious faith. About 1.5% of the population are Hindus, 1.5% Muslims, and 1.5% are Jewish. Thirteen per cent reported that they did not follow a specific religion or they refused to divulge their religious affiliation. The largest group of Christian churches are the African Independent Churches, with 4 000 churches and over 10 million members. The Zionist Church is the largest of the African Independent Churches and claims membership of nearly 11% of the South African population.

The other established churches which have a significant following are: the Dutch Reformed Churches (9.8%), the Roman Catholic Church (9.5%), the Methodist Church (7.8%), and the Anglican Church (4.4%) (Statistics South Africa, 1996). In a 2000 national survey conducted by the Human Sciences Research Council, 18% of adults reported that they attended a religious gathering more than once a week, and 32% said they attended once a week. The follow-up 2001 survey confirmed these results, with 46% of South African claiming to attend a religious service once a week. However, a fifth of the population reported that they had never attended a religious service (Rule, 2002).

4.9 CIVIL SOCIETY AND VOLUNTEERING

President Thabo Mbeki declared 2002 the Year of Volunteers in order to increase the level of volunteer help extended in communities to assist people in distress. A comparative study across 28 countries found that nearly 1.5 million volunteers actively contributed their time and energy to South African non-profit organizations in 1998 (Habib, 2002). Their contribution equaled more than 300 000 full-time equivalent jobs and accounted for 49% of the non-profit workforce, a figure considerably higher than the average of 35% across the 28 countries. The total value of volunteer labour was estimated to be in excess of R5 billion. The non-profit sector implements a large number of government and other social programmes and voluntarism is the backbone of the non-profit sector.

4.10: KEY FINDINGS FROM THE CHAPTER

1. Family resources are those material and social resources that enable families to meet their care and support functions for members.
2. Family resources include education, employment, income, household amenities, financial assets and savings, social grants, government provision, and social support.
3. All family resources have been affected by historical political factors, which render African, and especially and rural families, impoverished with respect to their capacity to meet the care and support needs of family members.

4. Women also have lower labour force participation and incomes than men, making women-head households vulnerable to poverty.
5. The deprivation of resources associated with unemployment and reduced livelihood options affects children's growth, health, wellbeing and education; the employment and savings of families; and the care of dependent and vulnerable family members.
6. Government provision assists families, through, for example, social assistance grants, facilities for very vulnerable groups and programmes such as the Primary School Nutrition Programme. Greater assistance in these domains is required for families in precarious financial and social situations.
7. Social supports, through kin, neighbourhood and faith-based networks, are the mainstay of support for people living in poverty. However, rural communities and women tend to fewer social supports capable of rendering material aid than urban communities and employed men.
8. South Africa has an active spirit of volunteering, with approximately 1.5 million active volunteers. It is important that these activities are not exploited beyond their capacity.

5. FAMILY COSTS

As pointed out earlier, families and households carry social and financial costs in terms of their functions of education, care, protection and normalization. Families sustain family members, socialize and educate children, and take care of dependants, including children, older people, unemployed people, the sick and disabled individuals. Families also carry the costs of dysfunctional members who transgress norms by abusing substances or committing crimes. These costs are met by the family's available resources generated from income, household amenities, assets, grants and social support.

5.1 DEPENDENCY

Apart from participation in the labour force, level of income and possession of household amenities and financial assets, one other measure that has been used to gauge a household's

social and economic well-being is the extent of its dependency burden, or the extent to which a family or household cares for people who are not able to contribute a great deal to the resources of the household. A conventional measure of this burden is the Dependency Ratio, which is the ratio of dependants (defined as the number of elderly persons 65 years of age and older and children below the age 15 years) to persons in the working age range (15-64 years). Recall that, in situations of high unemployment, persons in the working age range may not actually be earning money, so dependency ratios calculated in this way underestimate the true dependency burden.

According to the 1999 October Household Survey, children (ages 0-17 years) make up 43% of the total population of the country, while adults (ages 18 and older) comprise 57% of the population. However, there are ethnic variations with respect to the age structure of the population. Children make up almost one-half (45%) of the African population, compared to only 28% of the White population; the respective proportions for coloureds and Asians are 43% and 32%. It is also significant to note that the socioeconomic status of an ethnic group affects its age structure, with the relatively better off groups having an older age structure than poorer groups.

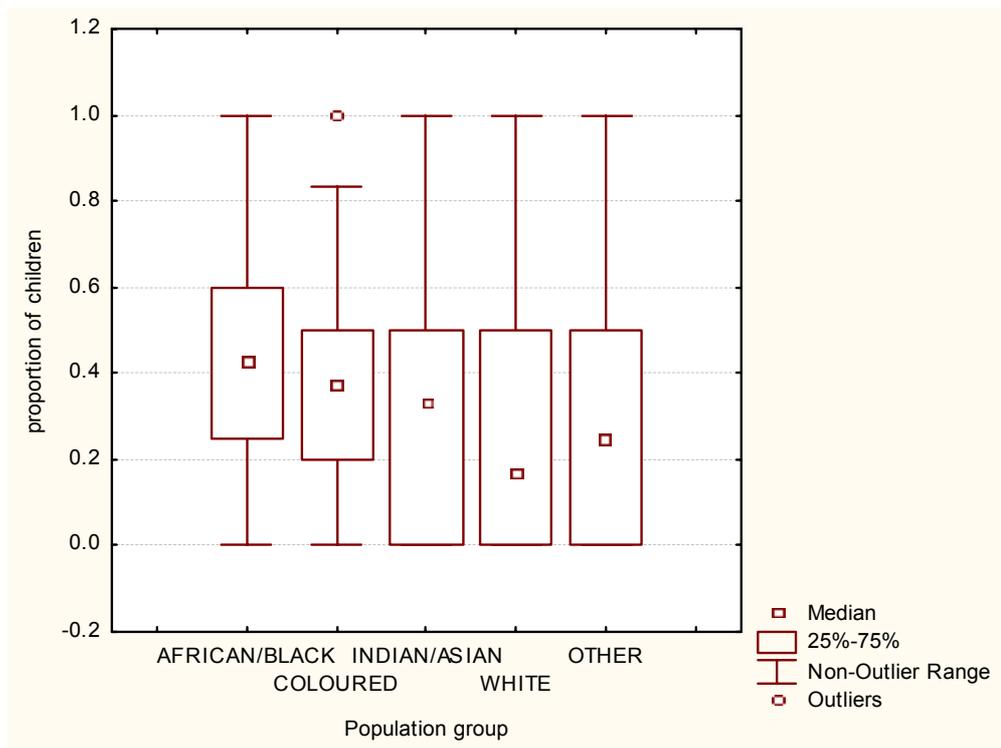
Analysis of the 1999 OHS Household Survey showed the following:

- Whilst Africans have the lowest labour force participation rate and the highest unemployment rate, their dependency ratio is the highest (71%)⁴, followed by coloureds (58%), Asians (43%) and Whites (42%).
- The higher dependency ratio among Africans is due mainly to the presence of large numbers of children aged 0-14 years in households. For example, children aged 0-14 years make up 37% of African households compared to 33%, 26% and 22% for coloured, Asian, and white households respectively. Figure 13 illustrates these differences.
- Dependency tends to be higher in households headed by females than households headed by males (see Figure 14).

⁴ This means that there are 71 dependents for every 100 persons in the working age range.

- The dependency ratio is higher in rural than urban areas, especially amongst Africans, where the dependency ratio is 91% in rural areas, compared to 51% in urban areas. Children aged 0-14 years account for 41% of the members of rural African household

Figure 11: Proportion of children in households by race



Source: October Household Survey, 1999

Figure 12: Proportion of children in households by gender of household head

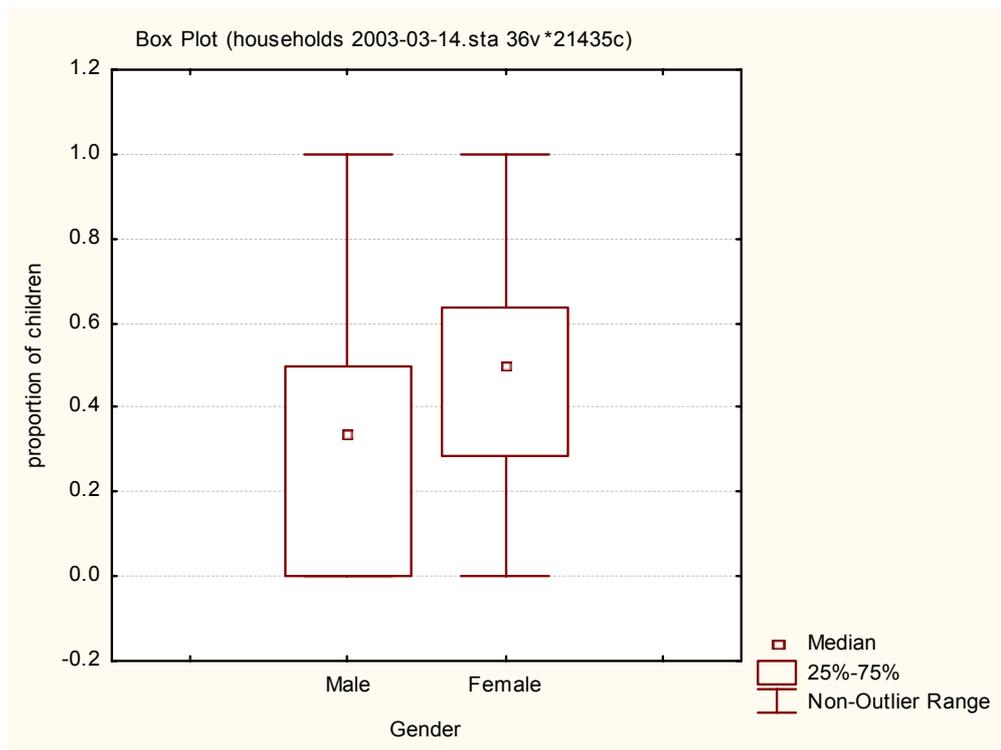
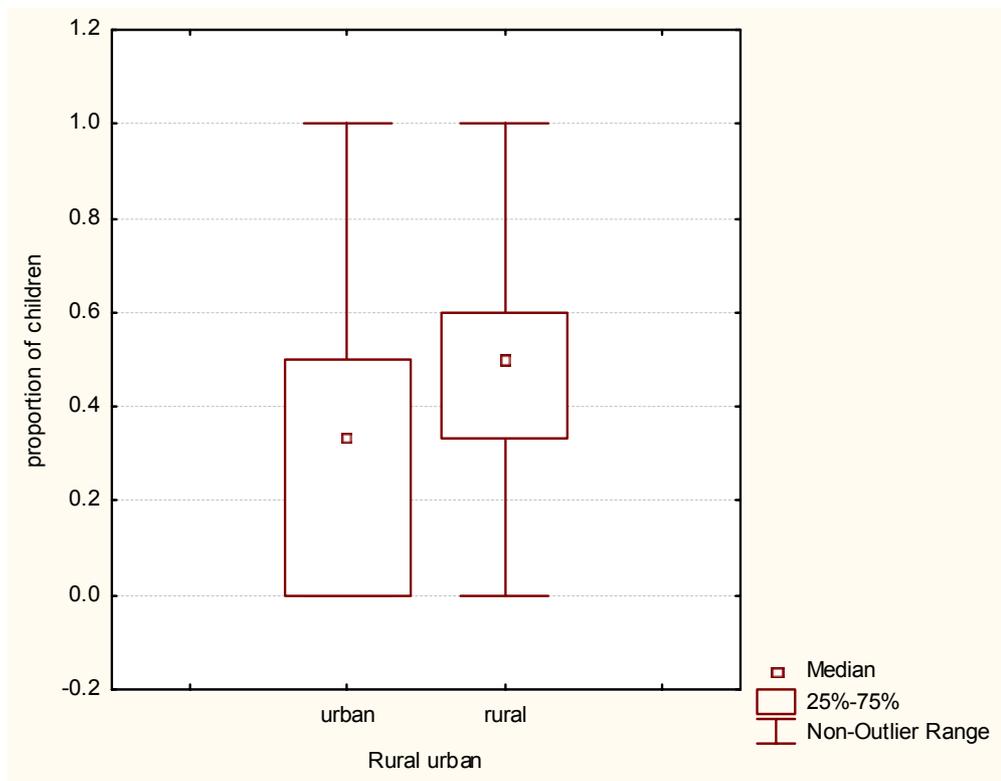


Figure 13: Proportion of children in households by urban-rural residence



Care and education of children

The care and education of children is a primary function of families, both during the preschool years through adequate care and socialization, and during formal schooling. However, family care and socialization of children is severely challenged by widespread poverty (Richter, 1994). Analysis of the 1999 October Household Survey showed that 59% of children aged 0-17 years are poor. This means that more than 10 million children in this age range live in poor families. Moreover, it has been found that nearly one-third of children across the country live in households with self-reported hunger or food insecurity (Streak, 2001). Child poverty is unevenly distributed across the country, in that 65% of South Africa's poor children live in KwaZulu-Natal, Eastern Cape and Northern Province (Streak, 2001).

Chronic poverty can be a function of the individual's characteristics (e.g. elderly, disabled), or of the environment (e.g. sustained period of high unemployment, landlessness), or very likely of both. Indeed, a common scenario in South Africa involves the coincidence between poor health, meagre education, and fractured families, on the one side, with skewed resource distribution, inadequate infrastructure, and scarce employment opportunities, on the other side. The combination is more than sufficient to trap many people in poverty, i.e. to make them chronically poor (Aliber, 2001). To date, there has been only one data set collected in South Africa allowing an inter-temporal comparison among the same households. This is the KwaZulu-Natal Income Dynamics Study (KIDS), which, as the name implies, covers one of the provinces rather than the whole country.

One of the important findings from the KIDS data is that at least half of those households that are poor, are chronically poor. A key determinant of whether a household stays in poverty, escapes from poverty, or falls into poverty, is how that household fares in terms of employment.

The KIDS-based studies as well as other poverty analyses, allow us to identify groups especially likely to be chronically poor. These include rural households, female-headed households, households headed by elderly people, and former (retrenched) farm workers. Over the next 10 years, however, children made vulnerable as a result of HIV/AIDS and households directly affected by AIDS, will likely figure as the most prominent category of people in chronic poverty.

Widespread poverty affects children in a variety of ways, most significant of which is preventable mortality and nutrition and growth. Infant mortality, which is the probability of dying between birth and the first birthday expressed according to 1 000 births, has been used as a measure of children's well-being for many years. By this measure, a society whose infant mortality rate is low is viewed as being healthier than one in which the rate is high. The Infant Mortality Rate (IMR) is also frequently used as an indicator of a society's level of socioeconomic development with a lower IMR rate being associated with a higher level of socioeconomic development (Anderson et al., 2002). Anderson et al (2002) examined the survival of African and coloured children based on the 1994 October Household Survey. They found that environmental factors affect infant mortality. Specifically, in African households, the source of drinking water was found to be an important factor, while for coloured households, almost all of which had safe water, the type of sanitation was the most important factor with regard to infant mortality.

With respect to nutrition and growth, Labadarios (2000) found that 1 in 10 children under the age of 9 years were underweight for their age and 1 in 5 were stunted, that is, had a poor height-for-age ratio. Younger children were most adversely affected, and children between one and three years had the highest rates of malnutrition and stunting (Labadarios, 2000). There is considerable evidence to show that malnutrition affects children's cognitive performance and motivational state (Griesel et al, 1990) as well as their school performance (Galler et al, 1990).

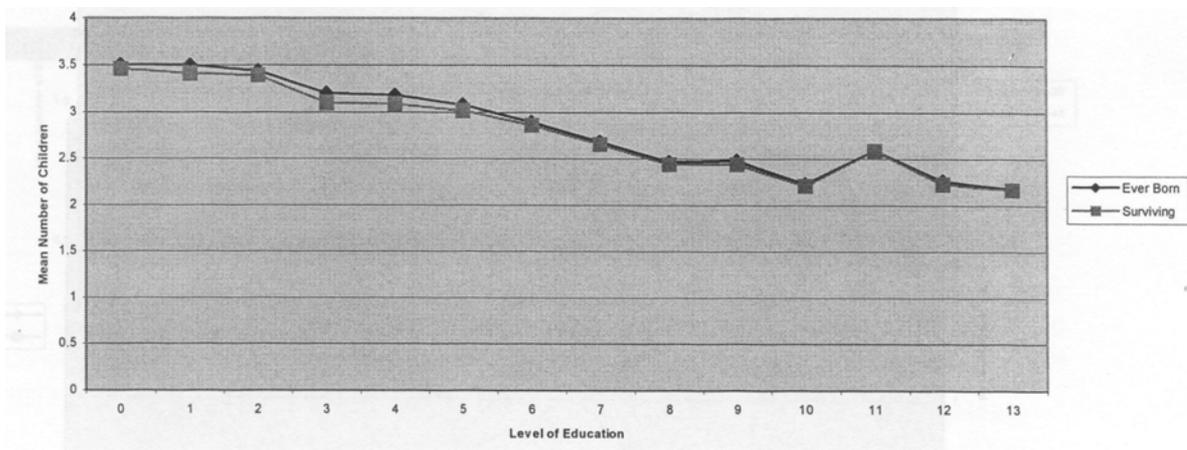
Child care

One of the most important functions provided by families is the care, protection and socialization of children. As families adapt to changing circumstances, such as the entry of women into the labour market, so do child care functions change. There is very little information on the number of children in out-of-home care as a support for families in which women work. The Labour Force Survey (Statistics South Africa, 2001) indicates that, on average, 42% of women between the age of 15 and 65 years are economically active. A large proportion of these women have responsibility for preschool children who need day care if their mothers work, as well as school-aged children who need after-school and school holiday care.

The Department of Education conducted an audit of Early Child Development (ECD) provision in South Africa in May-June 2000. The audit indicated that only 21% of the 2 million children estimated to be between 5 and 7 years of age attended some kind of ECD programme (Cassiem, 2001). However, these figures are very much lower for children with special needs; Less than 1% of children with disabilities are enrolled in ECD programmes (Biersteker, 2001).

The education of women, and their participation in the labour force is an important dimension of development, both for women and for national human capital development. Data from the 1995 OHS Household Survey show that, among people less than 29 years of age, women have more mean years of schooling than men (Mlatsheni & Leibrandt, 2001). Apart from benefits to women and the labour force, increased women's education has been found to be instrumental to improvements in child health (Caldwell & McDonald, 1982). Women's education is also associated with declining levels of fertility, as demonstrated by Mlatsheni & Leibrandt (2001, p. 6) with data from the 1995 OHS (see Figure 16 below).

Figure 14: Declining levels of fertility with increasing education among women



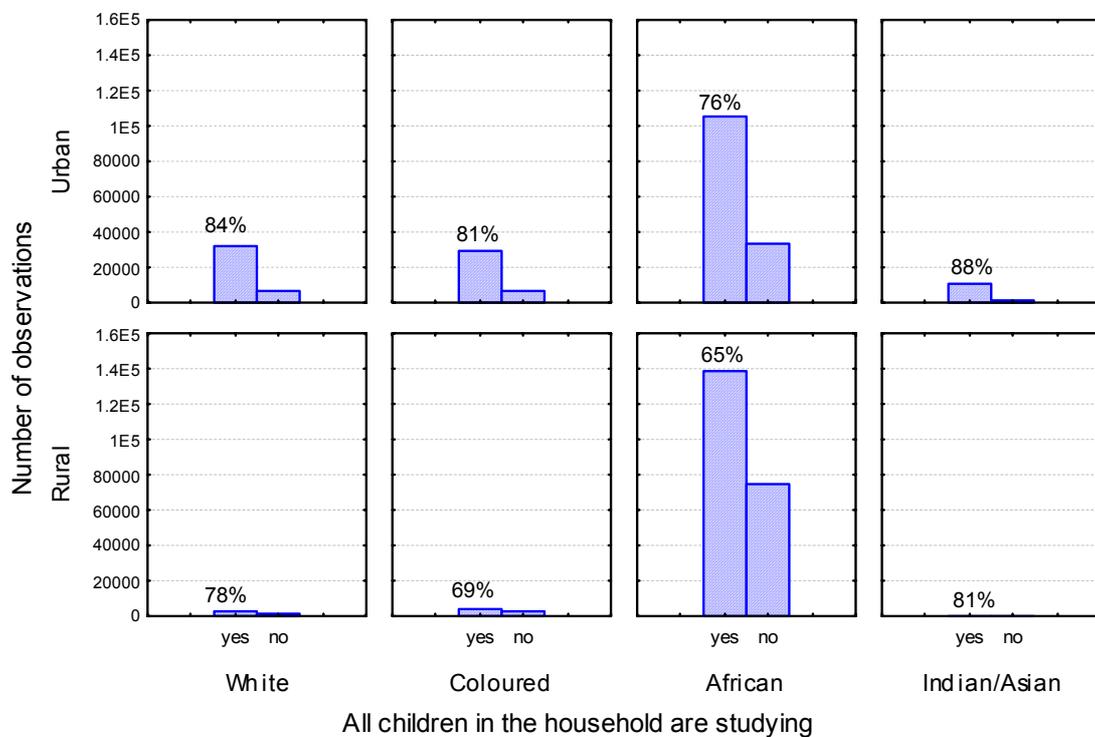
In order to support women's education and labour market participation, it is important that the state, the private sector and non-profit organizations make day care, after-school and school holiday care a policy and programmatic priority.

Education

According to the South African Schools Act No 84 of 1996, education is compulsory until a child reaches the age of fifteen years or the ninth grade, whichever occurs first. The Act also states that no child may be refused admission to a public school on the grounds that his or

her parent is unable to pay or has not paid the school fees determined by the governing body. Despite this, very large numbers of children between the ages of 6 and 15 years of age are not enrolled or do not regularly attend school. According to the Education Atlas (Bot et al, 2000), there are particular magisterial districts where more than 25% of 7-18-year-olds are not in school, most of which are in the Eastern Cape and KwaZulu-Natal. The Eastern Cape has the highest percentage of children out of school (13%), followed by KwaZulu-Natal (11%) and Limpopo (10%). According to the 1996 census data, children's participation in school varies by urban-rural location as well as race, as shown in Figure 17. As can be seen, only 65% of children in this age group in African households in rural areas are in school.

Figure 15: Ratio of households where all children between the ages 6-17 are in school



Poor preparation of children for school, inadequate educational provision, and poor support for children by caregivers may result in high school failure rates. Approximately 23% of South African children are retained in Grade 1 for a second year, creating conditions for increased costs of education for families and poor-self esteem among children.

School dropout is a major problem in South Africa, and research from other countries indicates that, while poor academic achievement mediates the effects of all factors on school dropout, school dropping out is a dynamic developmental process with its roots in early

childhood (Battin-Pearson et al, 2000). Tables 5 and 6 give some indication about the racial dimension of the retention rates of Black and White youth in the country. For example, between ages 15 and 17 years, the crucial high school years, there are more Whites attending school than Blacks, regardless of gender. Conversely, during these years, there are more Black youth in the labour force than White youth. Thus it's possible that, because of higher rates of poverty, Black youth drop out to work to support their families. The argument that school dropout is not necessarily a permanent condition finds some support from Table 6, because from age 20 years, we find that there is a tendency for Black youth to be at school when White youth have completed high school and are joining the labour force. By the age of 20 years, the labour force participation rate of White female youth is more than twice the rate for Black female youth, and the difference is even greater in the case of White and Black male youths.

Table 5: The labour force participation profile of Black and White female youth

Age	Black				White			
	LFPR	Unemployed	Not working Scholar	Other	LFPR	Unemployed	Not working Scholar	Other
15	2.96	2.49	89.5	7.5	1.3	.39	92.8	6.2
16	5.5	4.74	85.7	8.8	2.83	.89	90.9	6.3
17	9.2	8.11	80.3	10.2	6.97	3.3	86.6	6.5
18	15.39	13.07	72.1	12.5	23.48	6.21	67.7	8.8
19	22.85	19.36	63.7	13.5	51.13	8.51	39.8	9
20	31.97	26.12	53.1	15	61.87	7.74	28.7	9.4
21	40.16	32.19	44.6	15.3	66.73	7.13	21.7	11.6
22	48.27	37.73	36.1	15.6	71.1	6.49	15.6	13.4
23	55.34	41.66	28.3	16.4	78.36	5.29	8.1	13.6
24	61.56	44.60	21.8	16.6	78.88	4.90	4.7	15.3
Total	28.5	22.4	58.5	12.9	45.6	5.1	44.3	10.2

Source: 1996 population census

Table 6: The labour force participation profile of Black and White male youth

Black					White			
Age	LFPR	Unemployed	Not working Scholar	Other	LFPR	Unemployed	Not working Scholar	Other
15	3.00	2.41	89.53	7.3	1.13	0.43	93.82	5.06
16	5.04	4.06	87.46	42.56	3.99	1.22	91.12	4.88
17	8.96	6.96	83.65	7.4	7.95	2.75	86.26	5.79
18	13.9	0.46	78.77	7.34	23.66	6.33	70.50	5.85
19	20.52	15.18	71.70	7.76	53.36	10.47	41.41	5.22
20	31.66	22.54	60.22	8.11	65.66	9.51	30.38	3.96
21	40.78	27.73	50.68	8.55	70.85	7.21	24.43	4.73
22	51.94	33.57	39.42	8.66	77.27	6.61	18.29	4.44
23	61.84	38.05	30.01	8.16	84.36	6.27	11.85	3.8
24	69.44	39.43	22.08	8.48	90.66	4.88	6.01	3.34
Total	27.76	18.32	64.35	7.88	47.45	5.45	47.87	4.70

Source: 1996 population census

Containment, supervision and guidance of adolescents are also important tasks of families. A number of health and lifestyle risk behaviours, including for HIV and substance abuse, originate during the teen years. Evidence suggests that the likelihood of these risks is reduced when families are close to teens and monitor their behaviour in supportive ways (Resnick, Harris & Blum, 1993). Stress suffered by adolescents is illustrated by teen suicide statistics. At least 250 South African youth under the age of 21 years commit suicide each year and, according to the World Health Organization, South Africa has the eighth highest teenage suicide rate in the world.

Violence among young people in schools and communities is reported to be widespread. A survey conducted in twenty Western Cape schools in 1998 found that violence is endemic to both primary and secondary schools. Theft of property and possession of weapons were a major problem in all schools. Fighting, physical violence and vandalism were reported in 95% of the schools. Drug abuse was a serious cause for concern in 90% of the schools, bullying and intimidation was reported in over 75% of schools, assault in 60% of the schools, gangsterism in 50% and rape in seven of the twelve secondary schools. While problems were reported across school categories, disadvantaged schools persistently experienced more severe problems, particularly relating to vandalism, physical violence, gangsterism and the possession of drugs and weapons (Eliasov & Frank, 2000).

5.2 CARE OF OLDER PEOPLE

Within the southern African region, South Africa has the highest proportion of older people, with more than 1 in 8 people aged 50 years and older, and nearly 7% of the population aged 60 years and older. In developed countries, the population aged 60 years and older constitutes about 19% of the population. The proportion of the white elderly is twice that of the rest of population. As people live to older ages, the growth rate of those who are 60 years and older comes to exceed that of the total population (Kinsella & Ferreira, 1997). This relative “greying” of the population is consistent with international population trends towards increasing longevity. The impact of the HIV/AIDS epidemic will reduce the total number of people living to these ages, but will not reduce the longevity of groups relatively unaffected by the epidemic.

In South Africa, the old-age pension takes the form of a means-tested benefit granted to women from age 60 years and men from age 65. This income serves as the only means of survival for many poor households. A number of laws make special provision for the care and protection of older people. For example, the Aged Persons Act of 1967 provides for the protection and welfare of older and debilitated persons, for the establishment and registration of institutions, and for accommodation and care of the aged. The Act requires the reporting of abuse of aged persons.

The Social Assistance Act of 1992 makes provision for the payment of social grants (social security) to South African citizens with limited means. This is a non-contributory scheme and therefore fully funded by the state. The Rental Housing Act of 1999 protects older persons from discrimination and unfair practices in the leasing of property, and the Domestic Violence Act of 1998 requires the South African Police Service to investigate cases of suspected abuse of older persons. Although high coverage is achieved by the old age grant, more than 95% of urban and 99% of rural elderly Black people have no medical insurance. With declining age and decreasing health, health care is thus a major drain on the meager resources older people have, making them dependent on children and relatives to help to defray medical costs.

Because of the old age grant, the presence of an older person in a household can be an asset rather than a burden to families. More than 85% of pensioners live in three-generation families, making old age pension an important source of support for adult children and

grandchildren (Kinsella & Ferreira, 1997). Thus, the pensioner's own needs may be neglected in the interest of family welfare. The social-psychological role of older persons as role models and a link between the generations is beyond dispute. Nonetheless, 48 000 people 65 years and older are recorded as not living with family, but are residing in government old-age institutions (Schwabe, 2002).

The HIV/AIDS epidemic impacts on older people in a number of ways, including having to care for the children of their deceased children. Data from the Demographic and Health Surveys (DHS) in the region has found that orphaned children are more likely to live in grandparent-headed households than in other households (Dayton & Ainsworth, 2000). The illness and death of a prime-aged adult can affect the health state and well-being of the elderly as a result of exposure to disease, dilution of resources, additional physical work and the stress of coping with bereavement and the care of young children.

5.3 CARE OF SICK INDIVIDUALS (THE IMPACT OF THE HIV/AIDS EPIDEMIC)

Illness involves significant costs for families – loss of income, interruption or termination of subsistence activities, as well as costs for treatment and transport to access care. Under normal circumstances, these costs have a significant impact on household resources. However, the HIV/AIDS epidemic is catastrophic in its effects on families. During the last 10 years, from 1992 to 2002, the HIV infection rate has risen from 1% to 15%. In 2003, it was estimated that 1 074 per 100 000 people would die from AIDS-related deaths..

The population-level impact of the epidemic is likely to have a number of consequences:

- The loss of work due to illness and the death of wage earners are likely to increase poverty amongst already marginal families.
- The younger average age of infection of women means that there is going to be an excess of adult men over adult women. As a result of this, fertility rates may rise, child-bearing age may drop, and commercial sex and trafficking of women may increase. All of these potential effects will impact on family life.

- Inter-generational accumulation of capital and skill will be disrupted, in ways that could wipe out savings and the transmission of knowledge about subsistence activities.
- Because of the loss of people able to contribute to household subsistence activities, there is likely to be a turn to cash cropping and food crops with lower labour requirements, and more involvement of children and the aged in food production.

HIV/AIDS has entered into the awareness and experience of most South Africans. A recent CASE (2002) survey indicated that nearly half of all South Africans knew someone who had died from AIDS. Personal experience of HIV/AIDS was, however, very strongly associated with race, as shown in Table 7 below.

Table 7: Personal knowledge of people affected by HIV/AIDS, by race

	Someone	Family	Died
African	30%	18%	49%
Coloured	19%	16%	36%
Indian	24%	11%	40%
White	14%	9%	15%
Total	27%	16%	43%

Of particular concern to families and children is the fact that orphans, the fosterage of children and child-headed households are all likely to increase. This is dealt with in more detail later under the heading *family stability and dissolution*.

The care of disabled family members

According to the 2001 census, 5% of the South African population is disabled. However, the Disabled People of South Africa hold that between 5% and 12% of South African are moderately to severely disabled⁵. Disability is not evenly distributed in the population and its

⁵ Disabled People of South Africa <http://www/dpsa.org.za>

impact is particularly severe amongst children and the aged. While elderly individuals are more likely than children to be disabled, data from the 1999 OHS showed that 30% of disabled children are not in school, a factor that increases their exclusion and dependency.

There is a very strong interaction between poverty and disability, such that poverty increases the risk of acquiring a disability. In addition, disabilities increase the likelihood of individuals falling into and remaining in poverty. Thus poor families are more likely to have one or more disabled members, but fewer material and social resources on which to draw for their care.

The care of dysfunctional family members

Four forms of social disorder which impact severely on families are crime and incarceration, substance abuse, gender and family violence, and child abuse and neglect.

Crime and incarceration

Crime is a significant problem in South Africa. In the HSRC's 2001 annual Evaluation of Public Opinion, crime, together with job creation, were listed as the two top priorities of people in the country. The composition of crime from January to September 2001, according to the South African Police Service, is listed in Table 8.

Table 8: The composition of serious crime in the RSA⁶

CRIME CATEGORY	CASES REPORTED : JAN - SEP 2001	% OF TOTAL
Murder / Attempted murder	36 261	2
Robbery with aggravating circumstances	87 610	4.8
Rape	37 711	2.0
Assault GBH (serious)/ Common Assault	371 071	20
Housebreaking – residential	223 045	12.1
Housebreaking – business	67 279	3.6
Other robbery	65 766	3.6
Stock-theft	30 668	1.7
Shoplifting	49 661	2.7
Theft - motor vehicle	74 281	4.0
Theft - out of/from vehicles	151 277	8.2
Other Thefts	426 065	23.1
Commercial crime	46 600	2.5
Arson	6 657	0.4
Malicious damage to property	103 495	5.6
Illegal possession of firearms	11 264	0.6
Drug related crime	36 756	2.0
Driving under the influence of alcohol or drugs	18 774	1.0
	1 844 241	100%

⁶ http://www.saps.org.za/8_crimeinfo/200112/report.htm

According to the SAPS report, “murder, rape and robbery combined (the very serious violent crimes against persons) represent 12.3% of reported serious crime, with the chances of becoming a victim of this category of crime just above 1 out of 10 reported crimes. However, for the following reasons these crimes require special attention:

South Africa ranks very high as far as these crimes are concerned compared to 90 other Interpol member countries. “The loss of life or permanent physical and psychological damage resulting from these crimes can never be measured in monetary terms. The loss of a dear father/ mother and breadwinner may also later generate crime if children have to turn to crime to feed themselves. According to several studies it furthermore seems as if abused children may later become abusers themselves” (Department of Correctional Services Annual Report 2001).

Crime has a negative impact on families as well as on vulnerable groups, including women, children, the aged and disabled people. These groups are disproportionately the victims of crime. For example, one fifth of young people surveyed by CASE (2000) said that they had been the victim of crime or violence.

In addition, imprisonment and re-integration following imprisonment exert a great deal of stress on families. The prison population in South Africa is close to 200 000, of which 82% are adult males, 2% adult females, 16% juvenile males under 21 years of age, and 0.3% juvenile females. More than 4 000 children 17 years and younger were in custody in March 2001, as well as a further 25 000 young people aged 18, 19 and 20 years of age. Close to 200 infants and young children were imprisoned with their mothers⁷. Programmes specifically for prison populations, and their families, need to be supported by any family policy developed by the Department of Social Development.

Substance abuse

Substance abuse – cigarette smoking, alcohol drinking and drug abuse – is a major social problem in South Africa. For example, in the CASE (2000) youth study, three-quarters of respondents indicated that alcohol was a problem in their community. This was particularly the case for Africans (79%) and coloureds (80%), but less so for Asians (71%) and Whites (51%). Those who indicated alcohol as a problem cited unemployment as the main reason

⁷ Department of Correction Services Annual Report 2001/2002

(32%), along side other reasons such as a wish to have fun (19%), boredom and frustration (14%) and family problems (10%).

The South African Community Epidemiology Network on Drug Use (SACENDU) provides community-level public health surveillance of alcohol and other drug use (AOD) trends. According to the 2002 (Vol 5) report, the following trends are reported:

- Recent survey data amongst youth in Cape Town indicate that 30% of primary school pupils (Grades 6 and 7) had tried alcohol once. A survey in Pietermaritzburg found that 31% of Grade 8 and 38% of Grade 9 learners had used alcohol while about a third of adolescents between 11 and 17 years in Cape Town report having been drunk at least once. In KwaZulu-Natal, among out-of-school youth, 50% of males and 32% of females reported current use of alcohol.
- From information collected by the Medical Research Council's Crime, Violence and Injury Programme, between 36% and 60% of all non-natural deaths tested for alcohol had blood-alcohol concentrations greater than 0.05g/100ml, and this percentage was likely to be higher in transport and homicide deaths. Pedestrian casualties, in particular, were most likely to have high blood-alcohol concentrations
- In KwaZulu-Natal, cannabis use was reported by 12% of Grade 8 learners and 14% of Grade 9 learners. Moreover, 37% of male out-of-school youth and 18% of male in-school youth reported using cannabis, with the figures for females being considerably lower.
- Cocaine and other substance use is increasing. In KwaZulu-Natal, 6% of out-of-school youth reported that they were using cocaine; and 3% and 4%, respectively, of in-school and out-of-school youth reported having used heroin.

Gender and family violence

There is a great deal of public concern about violence against women and girls, and family violence, both of which seem to be regarded as normative in certain sections of the population.

In the CASE (2000) youth study, the vast majority (89%) of respondents expressed the view that a man should never hit his wife or partner, 10% agreed at times a woman deserved to be hit, and 1% of agreed that men always have the right to hit a wife or partner. Similarly, the vast majority of youth (91%) thought that violence was not an acceptable way to settle arguments within the family, be it between husband and wife, parents and children or siblings. Only 7% of respondents said violence was acceptable.

Despite these sentiments, less than 1% of youth thought that domestic violence was a crime that should be punished most heavily (compared to 4% who mentioned burglary and 2% who mentioned car theft as most serious crimes).

Throughout the world, large numbers of girls are reported to be sexually abused – 28% in Australia, 36% in Austria, 40% in India - about a third of whom are abused by a family member (Oxfam, 1998). In South Africa, more than half of all women subjected to economic, emotional, physical or sexual abuse reported being abused by a spouse or partner (Rasool, 2002). In a study in Cape Town in 1999, 44% of men admitted to abusing their partners, and data assembled in 1995 showed that every six days a woman in Gauteng is killed by her partner (Joint Monitoring Committee, 2001).

According to a report by Community Information Empowerment and Transparency (CIET) of a study in which some 4 000 women, 2 100 men and more than 12 000 school-going youth were interviewed about their experience of sexual violence, only one rapist is convicted for every 400 women raped in southern Johannesburg. CIET also reported that in the previous year, three out of 10 women in the south of Johannesburg was victim to a severe form of sexual violence. Of the victims, one in four was raped repeatedly, and these rapes were most likely to be "domestic" or "family" incidents. According to the women who answered the questionnaire, most women who are raped do seek help. The majority go to the police (58%), smaller but substantial proportions go to clinics (17%) and hospitals (13%), while a few go to private doctors (2,6%), teachers (2%), NGOs (1.5%) and family members or friends (2.2%). One in five women said they sought help for sexual abuse in the last 11 months. However, the most vicious attacks often remain unreported. Less than half of all gang rapes are reported to the police, while eight out of ten other rapes are said to be reported.

Jackson (1997) has noted that a small number of special police units have been set up to deal with the needs of victims of gender violence, but for the most part, the response of the South African Police Service (SAPS) has been inadequate. Victims' contact with the criminal justice system normally ends with the reporting of the crime. There is no clear police procedure in respect of domestic violence. Section 3.1 of the *Family Violence Act* of 1993 requires a "peace officer" to serve an interdict on any person accused of family violence. This is intended to protect abused women and their children against further assault. If the suspected perpetrator violates the conditions of the interdict, he may be imprisoned or fined. However, very few members of the SAPS are aware that they are supposed to serve such interdicts, and the relevant forms are not available at all police stations. The public and service organisations complain of ineffective policing and bias in the police's handling of crimes against women.

The SA Law Commission has expressed a similar view with respect to the treatment of children under the *Prevention of Family Violence Act of 1993*. Although the *Act* provides for an interdict to prevent assaults on a child, it is not in common use to prevent child abuse⁸.

Child abuse and neglect

South Africa appears to have an escalating problem of child abuse. In 2000, more than 40 000 crimes against children were reported, and an estimated 3 000 children were abandoned in South Africa during the year⁹. During the period January to September 2001, 15 650 rapes of children were reported to the South African Police Services (SAPS). Of these 5 859 children were between 0-11 years and 9 791 were between 11-17 years¹⁰.

According to Neethling (2002), children at the highest risk of abuse and neglect according to cases reports to the Family Violence, Child Protection and Sex Offences Unit (FCS) in Braamfontein, Johannesburg, are: infants 13%¹¹, toddlers 16%, primary school age children 18%, and teenagers 53%. The types of crimes against children below age 18 years reported to FCS-JHB are: rape 55%, indecent assault 18%, abandonment 9%, serious assault 7%, child neglect 4%, and child stealing 5%. Children at risk of being raped according to cases reported to FCS-JHB are: infants 2%, toddlers 8%, primary school aged children 16%, and teenagers

⁸ SAPA 18th June 1997.

⁹ UN Wire, 8th September 2000.

¹⁰ Morninglive, SABCTV2, 15th May 2002, Report From Parliament

¹¹ Many of these cases relate to infants being abandoned.

76%. The figures for sexual assault are: infants 6%; toddlers 18%, primary school aged children 38% and teenagers 38%.

Based on experience and monitoring of statistics of child sexual abuse at Childline in Durban, Joan van Niekerk (2002) noted the following:

- A massive increase in the number of reported cases of child sexual abuse - up by 400% over the past 8 to 9 years.
- A decrease in the average age of the sexual assault victim. In 1991, the average age of the sexually assaulted child was between 10 and 12 years. Presently 50% of all children attending KZN'S therapy services after sexual abuse are under the age of 7 years.
- A decrease in the average age of the sexual offender (In 2000, 43% of all cases of sexual assault reported to Childline nationally were committed by youth under the age of 18 years.)
- An escalation of the use of brute force. Many of the sexually abused children attending Childline therapy centres are also severely beaten and physically intimidated by the person who has sexually assaulted them.
- An increase in the reported incidence of gang rape. Recent research on gang rape conducted by Childline KwaZulu-Natal underlines the complex issues that accompany the management of this sexual crime against children and the traumatic impact on the child.
- An increase in the number of children who present as HIV+ after a history of sexual assault.

Research into child abuse in poor areas has shown that poverty, unemployment, alcohol and substance abuse are some reasons for the increase in child abuse. Changing moralities in respect of children, the breakdown of family traditions, and the dispersion of families as a result of migration are believed to be contributing factors.

Child sexual abuse is associated, in the medium and long term, with a range of disorders and dysfunctional behaviour, including premature sexuality, sexual dysfunction (Haywood et al, 1996), propensity to enter into commercial sex (Scott & Pretorius, 2002), mild through to severe psychopathology (O'Halloran et al, 2002), lack of self-care and protection in exposure to HIV/AIDS infection (Wyatt & Powell, 1988), and sexually abusive behaviour as an adult (Calder, 1999; Rice & Harris, 2002).

There is widespread opinion that the state response to child sexual abuse is inadequate. There are currently (year & source) 33 Child Protection Units in the country, 12 Family Violence, Child Protection and Sex Protection and Sex Offences Units, and 156 trained individual detectives (based in smaller towns and rural areas) across the country. Case files are reportedly lost, District Surgeons do not always have crime kits in stock, police work for prosecution is weak and uncoordinated, and the justice system causes delays and further trauma for children.

5.4: KEY FINDINGS FROM THE CHAPTER

1. Families and households carry social and financial costs in terms of their functions of education, care, protection and normalization. Families sustain family members, socialize and educate children, and take care of dependants, including children, older people, unemployed people, the sick and disabled individuals. Families also carry the costs of dysfunctional members who transgress norms by abusing substances or committing crimes. These costs are met by the family's available resources generated from income, household amenities, assets, grants and social support.
2. Family costs, in terms of higher dependency ratios, higher fertility, larger numbers of children, and so on, are skewed with poor African, and especially rural, families bearing the highest costs with the lowest resources.
3. More than half of all children in South Africa live in poor families. Poverty affects children by reducing their chances of living beyond their first five years, by stunting their growth, rendering them vulnerable to infectious diseases and disabling injury, reducing

their confidence and hope in the future, and handicapping their capacity to develop to their full intellectual potential.

4. Child care facilities are inadequate and working women are unable to find adequate, flexible and affordable substitute care to support their participation in the labour force.
5. Many poor children do not attend school, up to 35% in some of the poorest rural areas, and grade repetition and dropping out of school are significant problems.
6. The proportion of older people in South Africa is increasing, and few older people have savings or access to medical insurance. They are thus dependent on the old age pension and on their families for care.
7. The HIV/AIDS epidemic is placing a significant burden of care on families, as there is, as yet, no national public assistance for home-based care of sick and disabled family members.
8. Crime, substance abuse, family and gender violence, and child abuse and neglect all place substantial burdens on families and are expensive for the state to deal with. The alternative is to invest in family support as a preventive strategy to reduce social problems.

6. FAMILY STABILITY AND INSTABILITY

One of the features of supportive families is their stability. Families provide resources and support to members through their stability and the network of loyalties that families engender. Families change and sometimes dissolve through separation, divorce and death. When this occurs, resource and support functions provided to members, especially vulnerable and dependant family members, may be dislodged and cease to function.

6.1 MARRIAGE, DIVORCE AND WIDOWHOOD

Marriage

The marriage and divorce statistics covered by Statistics South Africa (2002) are for those marriages and divorces that were recorded by the civil registration system, and therefore exclude marriages solemnised under customary and certain religious rites during the year. Past legislation on the registration of marriages and divorces in South Africa resulted in customary and certain religious marriages and divorces being excluded from the civil registration system. With the enactment of the Recognition of Customary Marriages Act 120 of 1998 and its subsequent implementation on 15 November 2000, the civil registration system now recognizes and records those marriages solemnised under customary rites. However, these statistics will only get included in official statistics for the year 2000 and beyond.

According to the 2001 census, traditional marriages comprised 30% of all marriages and 43% of all African marriages.

Marriage rates in South Africa are generally low compared to the rest of Africa. According to Statistics South Africa (1999), the rate for registered marriages in South Africa in 1999 was 355 per 100,000 of the population. Figure 18 shows registered marriages by province. It is clear that Western Cape had the highest marriage rate (596 per 100 000), followed by Gauteng (523 per 100 000), and Free State (481 per 100 000). The lowest marriage rate was for the KwaZulu-Natal (166 per 100 000). In terms of race, the proportion of African people who are married is considerably lower than that of other population groups at all age groups, followed by coloureds. Asians and Whites have relatively high marriage rates.

At ages 30-34 years, 37% of Africans are married, and 51% at ages 35 to 39 years of age. For other population groups at the same respective ages, the figures are 51% and 60% for coloureds, 72% and 86% for Asians, and 82% and 83% for Whites. As indicated by these figures, not only are marriage rates relatively low for Africans and coloureds, but a considerable proportion of marriages happen towards the end of the reproductive period.

Africans and coloureds who earn less are less likely to be married, while among Asians and Whites, income has no effect on marriage rates. Education does not have a large effect on marriage rates in general. Generally, the more educated groups are more likely to be married, except among Whites, where the more educated groups have lower marriage rates.

Figure 16: Rate of registered marriages by province



Source: Statistics South Africa, 1999.

It is likely that marriage rates may drop more. The increasing of women in the labour force, due to their increased educational and occupational opportunities, has reduced women's economic dependence on marriage. At the same time, marriage has been gradually losing its special status in law, as legal reforms have led to a greater recognition of equality and neutrality in matters of common-law marriage, cohabitation, and care and custody of children. "Couples who chose cohabitation rather than marriage now find that the law provides them and their children with many of the rights and protections once the exclusive province of the formally married" (Disney, Bateman & Sneddon, 1996; p. 9).

The age at which women first marry is important as it affects childbearing or fertility. For registered marriages in South Africa, the median age at first marriage in 1999 was 33.7 years for males and 25 years for females. For both men and women, the peak age for first marriage is in the age range 25 to 29 years.

Compared to most countries in Africa and in fact most developing countries, South African women marry rather late. The median age at first marriage is 24, that is, by their 24th birthday 50% of South African women have married (Amoateng, 2004).

This delay in marriage has in turn impacted negatively on the prevalence of marriage to the extent that the universal marriage pattern which characterizes most African societies is not the case in South Africa.

As far as race groups are concerned Amoateng (2004) noted the following trends:

- White and Asian women marry about a year earlier than their African and Coloured counterparts; the median age at first marriage for white and Asian women is 24 compared to a median of 25 for African and Coloured women.
- The higher marriage rates for Whites and Asians is further evidenced by the fact that whereas by their 29th birthday 93% of white and Asian women have married, African and Coloured women have to wait till their 63rd birthday for 90% of them to marry.
- Finally, the popularity of marriage amongst Whites and Asians is evidenced by the fact that by their 49th birthday, only 2% of them remain single compared to 12% of Africans and Coloureds who remain single by age 49.

Fertility

The fertility transition in South Africa is among the most advanced in sub-Saharan Africa, in that the fertility decline started earlier and has reached the lowest fertility in the region. The transition is differential according to race and urban-rural location, with lower fertility among Whites and urban-dwellers.

For South Africa as a whole, fertility was high and stable between 1950 and 1970, estimated at an average of 6 to 7 children per women. However, amongst all four population groups a decline in fertility has been observed from as early as the 1960s. The steepest decline occurred among coloureds, followed by Africans. Fertility dropped to an average of 4 to 5 children per woman in the period 1980 to 1995 (United Nations, 1995). The current total fertility rate in South Africa stands at 2.9 children per woman (SADHS, 1999).

One of the reasons for low fertility in South Africa is relatively high contraceptive use, and by 1983, over half of all eligible women in the country were practicing contraception (SADHS, 1999). This was achieved partly as a result of the Apartheid government's funding of private and public family planning services and the provision of free contraception from as early as 1963. In 1976, the government -launched the well-funded National Family Planning Programme. The SADHS (1999) found almost universal knowledge of at least one contraceptive method. Three quarters of all women interviewed indicated that they had used a contraceptive method at some stage during their lives, and 61% of sexually active women reported that they were currently using contraception. The national average level of current contraceptive use is higher in urban areas at 66% than in rural areas (53%). Younger South African women use contraceptives mainly for spacing their children, as compared to older women, who prefer to use contraception to limit their number of births (Du Plessis, 1996). As a result, between 1970 and 1996, the median interval between births per woman almost doubled from 30 months to around 50 months.

Another reason for low fertility in South Africa is the relatively low marriage rate among women, in sharp contrast to the situation in other countries in the region, where marriage is almost universal and occurs early. Although women in South Africa do give birth outside long-term sexual unions, the fertility rate is much lower in these relationships, resulting in a lower overall fertility rate (Makiwane, 1996)

Adolescent fertility is generally very high. One-sixth of the more than 26 000 children born to African women in the 36 months preceding the 1998 SADHS were to women younger than 20 years of age at the time of birth. High adolescent fertility, coupled with long birth intervals, indicates that the most women do not use contraception before the birth of their first child, but start thereafter.

A key rationale of the Termination of Pregnancy (TOP) Act was to reduce the impact of unsafe abortion on women's health, as demonstrated by the 1994 Study into Incomplete Abortion (Department of Health, 1995). The study estimated that of the 44 686 incomplete abortions admitted to public hospitals each year, 34% were unsafe abortions. In 1999, the Department of Health commissioned a study to evaluate the health impact of the Choice on Termination of Pregnancy Act. The result of the study found that the number of patients with high morbidity had almost halved in 2000 (9.5% in 2000 compared to 16.5% in 1994). There has been a significant decline in the number of women dying as a result of complications of an abortion reflected by the downward trend from 5.7% in 1998 to 3.9% in 2000. There are still a number of problems which are related to stigmatisation of women who use the service by the community at large and some of the medical personnel, distances which some women have to travel to access services, lack of appropriate after-care service, and the need to strengthen family planning services as the first call.

Cohabitation

To a very large extent, the unpopularity of marriage can be explained by the increasing popularity of unmarried cohabitation, especially, amongst the younger generation of South Africans in the African and coloured communities. For instance, 11% of Africans and coloureds in the 30 to 34 age group are presently cohabiting, while the rate is just below 4% amongst whites and Asians at the same age. However, while amongst whites cohabitation is more likely amongst persons of higher socioeconomic status, amongst other race groups it is poor people who are more likely to be living together. This data shows the influence of lifestyle choices on marriage and cohabitation (Makiwane, 1996).

Widowhood

Widowhood is highest among Africans; in the age group 35 to 49 years it is 32%, among coloureds it is 2%, Indians 2%, and among Whites 1% (Makiwane, 1996). There is generally little variation in widowhood rates in South Africa by income level. This is not because mortality rates do not differ, but because marriage rates are lowest amongst the groups with the highest mortality. This combination of factors leaves dependents highly vulnerable.

Mortality

Statistics South Africa routinely compiles causes of death statistics as part of the function of the national statistical office. The statistics are based on information provided by medical practitioners on the notice of death required for registration by request of Home Affairs.

The five leading causes of death among South Africans between 1997 and 2001 were unspecified unnatural causes (such as, suicide, drowning, motorcar accidents), ill-defined causes, TB, HIV, and influenza and pneumonia, together accounting for 41% of the deaths. There has been a steep rise in mortality due to HIV, TB, and influenza and pneumonia (Statistics South Africa, 2002a).

During this time, females were more likely to die from HIV and influenza and pneumonia. Males, on the other hand, had the highest prevalence of TB and death from unspecified unnatural causes. The proportion of males dying from unspecified unnatural causes is about three times that of females. Causes of death differ significantly by age group. Children aged 0-14 years of age primarily died from intestinal infections diseases. During the period 1997-2001, the proportion of children who died from HIV and influenza and pneumonia increased, while deaths due to unspecified unnatural causes declined (Statistics South Africa 2002a).

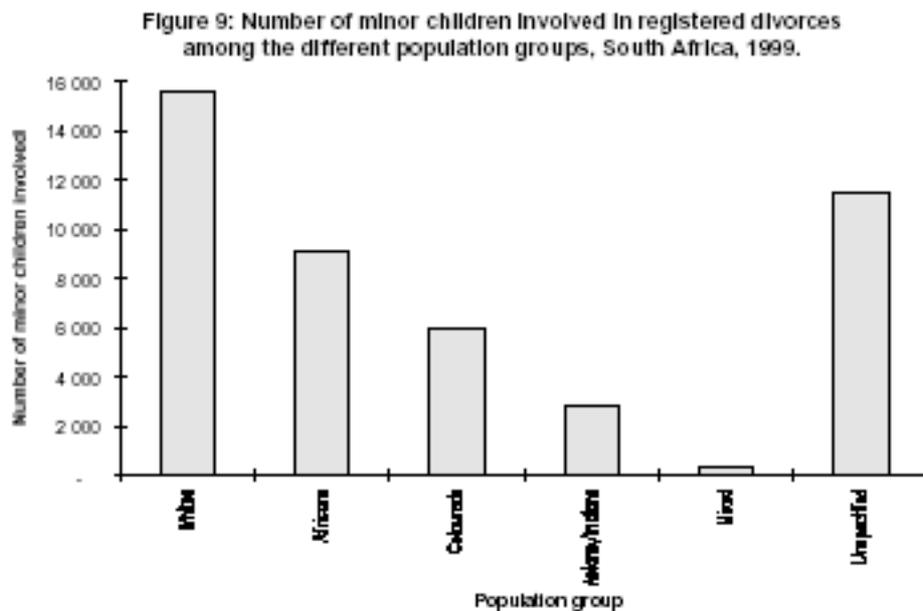
Among deaths from unspecified unnatural causes are road accidents. The death toll on South African roads per vehicle-kilometer is 7 times higher than The Netherlands and 10 times higher than in Great Britain.

Divorce

In 1999, 37 098 divorces were officially recorded in South Africa. The rate for registered divorces in the country during 1999 was 83 per 100 000 of the population. Provincially, Gauteng had the highest crude rate for registered divorces, 181 per 100 000, while Limpopo had the lowest, 19 per 100 000. For whites, divorce begins early, at ages 20-24 years, peaking at 30-34 years, and thereafter gradually declining with age. For African males, the age pattern of divorce shows a rapid rise from ages 25-29 years, peaking at 35-39 years and hereafter declining. For South Africa as a whole, 83% of all the registered divorces are from marriages lasting less than 20 years. The highest percentage of divorces occurs for marriages lasting between 5-9 years of marriage, 28%, followed by those lasting between 0-4 years.

The officially registered divorces in 1999 involved 45 360 minor children. The data on minor children involved in divorces in 1999 are shown, by population group, in figure 19.

Figure 17: Minor children involved in divorces, by population group, in 1999



According to Zeitlin et al (1995), in developing countries two-parent families have emerged only in the middle-classes. “The poorest classes tend to have high rates of unstable consensual unions, low formal marriage rates, and high divorce rates ... Less successful urbanizing families devolve towards transient, male-headed or small, female-headed units or extended family clusters in which women and their children are sub-units (Buvinic, 1992). Over time, women may bear children by different fathers in a manner than optimizes the probability that at least one of the men in their network will be able to provide remittances for child care, or social connections that help them to find a job (Gussler, 1975; Guyer, 1990).

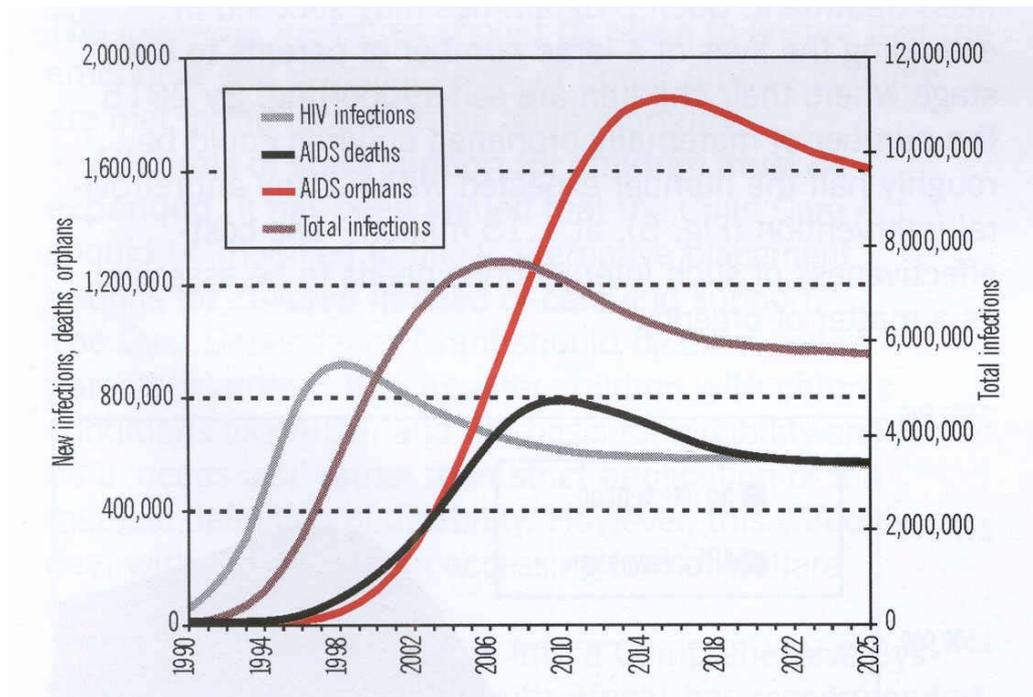
The family is the primary source of influence for children’s social, emotional and cognitive development, and the quality and stability of family relationships have a direct impact on children’s behaviour, social competence, and academic achievement. Divorce, separation, and family blending have consequences for children’s stress levels because they affect where and how children live, what resources are available to them, whether they maintain school and friendship ties, and so on.

6.2 ORPHANING, CHILD FOSTERAGE AND CHILD-HEADED HOUSEHOLDS

Orphaning rates in developing countries, due to high adult mortality rates, are estimated to be in the region of 2% (Dorrington, 2001). The increased adult mortality associated with HIV/AIDS is causing a rapid increase in maternal, paternal and double orphans in South Africa and in the region. The lag of 5 to 10 years between HIV infection and death means that most people who are infected have not yet become seriously ill or are dying. Nationally, for instance, there were an estimated 3 million HIV positive people in South Africa in 2000, but only 517 000 cumulative AIDS deaths have occurred to date. The impact of the epidemic, therefore, is only beginning to be felt and will increase over the next 10 to 15 years (Dorrington, 2001; Manning, 2002). For this reason, orphaning has not yet increased much above expected baseline levels for developing countries. However, the fosterage of children is beginning to rise, as children of sick parents are sent to live with relatives. There is little national data on child-headed households.

Orphans are defined by UNAIDS as the number of children aged 0-14 years of age in a given year who have lost one or both parents to AIDS. There are two sources of information about the numbers of orphaned children. The first comes from statistical models such as the AIDS and Demographic Model of the Actuarial Society of South Africa (Bradshaw et al, 2002). According to this model, the number of AIDS orphans will peak in about 2015, at which time there will be an estimated 1.8 million orphans, or 15% of all children under the age of 15 years. The projection for 2002 is about 800 000 children orphaned by AIDS (see Figure 20)

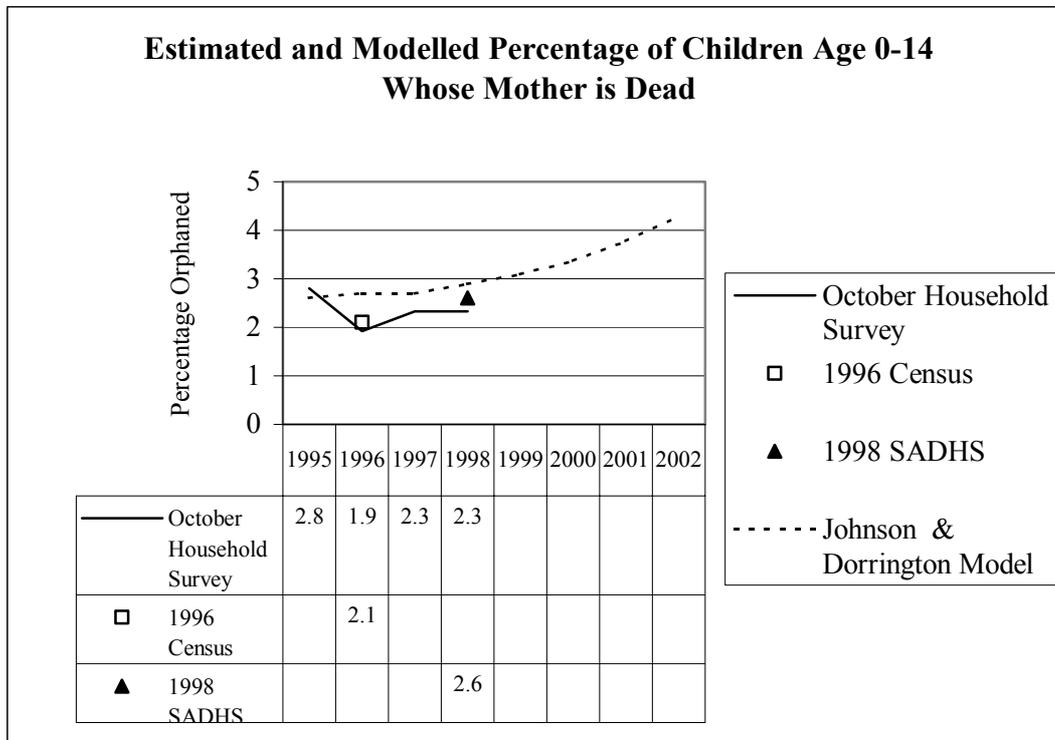
Figure 18: Waves of the HIV epidemic.



Source: Bradshaw et al., 2002.

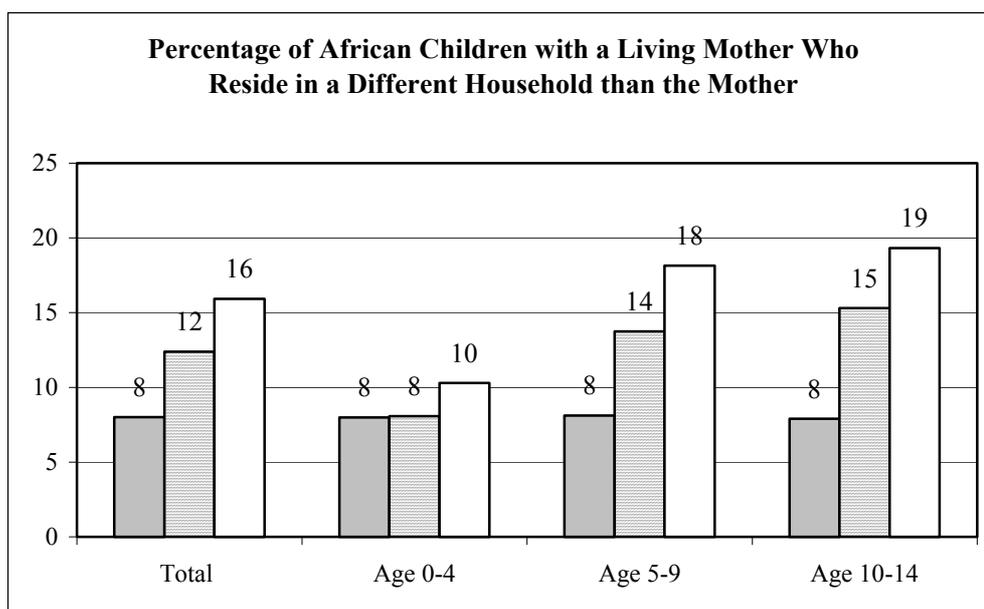
The second source of information comes from available survey data. Anderson et al (2002) analysed the 1995-1999 OHS, and plotted maternal and paternal orphaning across the 5 years, using also the 1996 Census data as a validity check. They found that orphaning was relatively stable over this period. Maternal orphaning was below 2% among children less than 10 years of age, and close to 3% for children 10-14 years of age (see Figure 21). In all situations, orphaning increases with child age; the older a child is the greater the likelihood that he or she will have lost a parent through death. The recent Nelson Mandela/Human Sciences Research Council study on AIDS found that 3% of children aged 2-14 years of age had lost their mother and 13% of children had lost either or both parents (Shisana & Simbayi, 2002).

Figure 19: Estimated and modeled percentages of maternal orphans



Anderson et al (2002) showed, however, that the number of children fostered – that is, living apart from their mothers, even though their mother was still alive, increased dramatically between 1995 and 1999 (see Figure 22). The authors interpreted this to indicate that children might be sent to live with relatives when their primary caregiver becomes ill and is no longer able to take care of them. Fosterage may thus provide an early warning indicator to identify vulnerable children who may become orphans. The Nelson Mandela/HSRC study reported that 3% of households were headed by children between 12 and 18 years of age, and could thus be called a child-headed household (Gow & Desmond, 2002).

Figure 20: Children between 0 and 14 years of age fostered between 1995 and 1998



6.3 KEY FINDINGS FROM THE CHAPTER

1. Families provide resources and support to members through their stability and the network of loyalties that families engender. Families change and sometimes dissolve through separation, divorce and death. When this occurs, resource and support functions provided to members, especially vulnerable and dependant family members, may be dislodged and cease to function.
2. South Africa has a low marriage rate and a high divorce rate, though it should be borne in mind that more South African marriages are dissolved through death than divorce because of unacceptably high adult mortality rates.
3. Cohabitation is high at both ends of the socioeconomic spectrum, with both poor and better-off groups having higher than average levels of living together rather than marriage.
4. South Africa has the lowest fertility rate in the region, at 2.9 children, and contraception and termination of pregnancy are available to women.

5. Orphaning, with a base rate of about 2% in developing countries, is starting to rise rapidly as a result of AIDS-related adult mortality.
6. Child fosterage, or children living apart from a living mother, is showing an increase that might be an early sign of family adaptation to the loss of income and support of breadwinners and the illness of caregivers.

7. CULTURAL FACTORS AFFECTING FAMILY LIFE

The traditional family system, which comprises of related kin with mutual obligations and responsibilities, has great significance among the main cultural groups in South Africa. Each cultural group has traditions which serve to maintain family life and each group has found itself adapting to changing circumstances. For example, among Africans the kin network was determined through marriage that was regulated by a number of mechanisms, including bride price payment (variously called *lobola*, *bogadi*, etc). Among Indians, kinship consisted of several core families hierarchically organized under the authority of a senior male. According to Meer (1969), each of the core units may be two or three generations deep.

Marriage and family life were circumscribed within the values of the governing colonial group which promoted a Western concept of the family. Traditional marital unions were not recognized and families were subjected to laws intended to further racial separation. These laws affected family life deeply. For example, in terms of the Children's Act of 1937, maintenance allowances were made available to Whites, coloureds and Asians to accommodate children in the family context, but reserves were developed to accommodate African children in the tribal context (Harvey, 1992). The political aims of separation were pursued through housing policies, schooling, religion and other aspects of communal life, each of which had a cascading impact on the lives of, especially, African families. Marital couples, parents and children, family and kin, were separated for considerable periods of time by enforced migration, influx control, poverty, educational provision and housing constraints, among others (Cock, Emdon & Klugman, 1984).

Amongst Africans, there is a general pattern of traditional family life across all four of the main ethnic groups (Preston-Whyte, 1980). The family unit of husband, wife and children form part of a larger kinship structure through family ties and co-residence extending both

horizontally and vertically. Kinship connections are primary sources of social and material support, as well as obligations (Nzimande, 1987). Under customary conditions, which still persist for many rural people, marriage between a man and a woman is an event which joins families and kinship groups in a social hierarchy constructed on the basis of male power (Chambers, 2003). Following the payment of lobola and marriage, a woman becomes part of her husband's family, and moves from the control and protection of her father to the control and protection of her husband, her mother-in-law, and the head of her husband's family. Traditionally, she had no power, her husband is free to marry other women, and her husband's kin inherited his property. If she left her husband, her children stayed with her husband's family and, under the custom of levirate marriage, a widow was expected to marry another male member of her husband's family (Kaganas & Murray, 1994).

In South Africa, majority status is conferred upon a woman by statute for those reaching the age of 21 and under common law upon marriage. The exception is women who married under customary law and who are living with their husband. They are not granted majority status and remain minors subject to the guardianship of their husbands. Also under customary law, inheritance follows the male line and drastically prejudices the inheritance of women. A widow automatically falls under the guardianship of her husband's heir along with the moveable and immovable matrimonial property.

The traditional Hindu family in South Africa is generally a joint family headed by a father or a senior brother and comprising his sons and their wives. Extended kin responsibilities are recognized beyond the nuclear family (Jithoo, 1987). Extended kin recognition is also a feature of traditional coloured families (Rabie, 1987). White families tend to be predominantly nuclear in structure, also historically from European roots (Laslett, 1983), with variations in extended kin recognition and responsibility dependent on specific cultural background.

All South African families have been affected by the social, political and economic conditions of colonization and urbanization. In general, the separation of livelihood activities from the household, physical distance between home and work, constraints on the size of housing in urban areas, and an increasing sense of psychological individuality have created conditions for loosened family ties and obligations. However, this varies from group to group and even family to family. It has been argued that traditions of male dominance, coupled with the decline in extended family living arrangements may contribute to the high levels of family

abuse which South African men inflict on their female partners and children (Chambers, 2003).

Mamphele Ramphele, in *Steering by the stars* (2002), describes the poignant effects on children on changing family conditions in the context of deeply held traditional beliefs. For example, despite the very large number of children born to parents who are not married, the state of illegitimacy is a very problematical one for children.

“A child born before marriage is expected to stay in his/her mother’s family. Even if the mother gets married later on, the child is to remain behind in her natal home...traditional practices such as these are intended to create harmony within families but have become sources of fragmentation” (p. 66). Similarly, traditions bridging the years between childhood and adulthood for boys are confused by the absence of fathers from homes, a fact that also challenges the traditional assumption about men as the primary provider and leader of the household. As Ramphele says, “It is this gap between ideal and reality that is confusing to the young people who are trying to make sense of their community and society in general” (Ramphele, 2002: 71). This gap between idealization of the family and the reality affects all South African communities as they find themselves living in conditions which make it difficult to actualize cherished beliefs about what families are and should be. Among Western communities, the stable nuclear family is held up as the ideal, despite the fact that nearly half of all White children will experience family dissolution and potential family reconstruction with the introduction of a new parent and non-related siblings.

7.1 KEY FINDINGS FROM THE CHAPTER

1. The traditional family system which comprises of related kin with mutual obligations and responsibilities has great significance among the main cultural groups in South Africa. Each cultural group has traditions which serve to maintain family life and each group has found itself adapting to changing circumstances.
2. The political aims of Apartheid were pursued through housing policies, schooling, religion and other aspects of communal life, each of which had a cascading impact on the family lives of, especially, Africans. Marital couples, parents and children, family and kin, were separated for considerable periods of time by enforced migration, influx control, poverty, educational provision and housing constraints, among others.

3. All South African families have been affected by the social, political and economic conditions of colonization and urbanization. In general, the separation of livelihood activities from the household, physical distance between home and work, constraints on the size of housing in urban areas, and an increasing sense of psychological individuality have created conditions for loosened family ties and obligations.
4. There is a gap between idealization of the family and the reality which affects all South African communities as they find themselves living in conditions which make it difficult to actualize cherished beliefs about what families are and should be. Family policy needs to reinforce the functions of families despite changing family structure.

8. CONCLUSIONS AND RECOMMENDATIONS

- Like any other social institution, the family interfaces with others such as the educational, economic, religious, cultural, and political institutions which both present opportunities and challenges to it. While pre-colonial South African society may have possessed its own internal mechanisms of change, the introduction of the colonial project, industrial capitalism, urbanization, the apartheid system, and globalization in recent years have without a doubt accelerated these changes and have engendered wide ranging changes in the various social institutions.
- Thus family change is pervasive. Besides empirical evidence of the kind that we have produced in this report, one only needs to read the newspapers or watch television to realise that families are undergoing dramatic changes in the society. As a result of these changes, our traditional views are being challenged constantly by new family arrangements, a situation which is logically leading to redefintions of what constitutes a family and raising significant policy issues regarding family life.
- As we have documented in the present report, even though between 1996 and 2001 there were no significant changes in the proportions of the household types and living arrangements, during that period there was about 22% increase in the number of households from 9.7 million to 11.8 million leading to a corresponding decline in average household size from 4.5 to 3.8 persons. During the same period, the total population grew

only by 11% from 40.4 million to 44.8 million. These changes were largely reflected in the gradual but steady increase in the proportions of single-person households as well as non-family households during the same period.

- A number of factors may have contributed to this large growth in the number of households. First, the rapid transformation of the society through the expansion of socioeconomic opportunities to all race groups means that many young adults are now setting up their own households, a demographic phenomenon which is reflected in the increase in non-marital cohabitation. Second, as we have shown in this report, the decline in fertility in South Africa has been one of the steepest in the region and fewer married couples may be living with their parents. Third, the unpopularity of marriage means that there are more single adults, who as a result of increasing accessibility, may be leaving the parental home relatively early. Fourth, even though South Africa has a relatively low divorce rate, there has been a steady increase in divorce, which coupled with a high prevalence in non-marital births, is increasing the incidence of single-parent families.
- Notwithstanding these trends, South Africa is a very family-oriented society. In other words, despite the devastating effects of death due to HIV/Aids and the disruptive consequences of labor migration, most people still find a family living arrangement, usually with close family members.
- But, in line with its multi-cultural character, South Africa is not characterized by a single family system, a situation which challenges the credulity of the view that black family patterns are increasingly converging towards those of their white counterparts. In other words, the nuclear family system is becoming the most common family system in the society. Specifically, the country is characterized by the juxtaposition of both the extended and nuclear family systems. The nuclear family system is clearly identified with whites, while the extended family system is identified with Africans, Asians and coloureds respectively.
- The popularity of the nuclear family system amongst whites is clearly demonstrated by the importance of the conjugal unit in their living arrangements. The importance of the conjugal unit in the nuclear family system with regard to whites is further shown by the fact that they enter marriage relatively early and have higher marriage rates than

Africans and coloureds. Moreover, the presence of children under age 12, the relative absence of older children and independence of the elderly in white households all demonstrate the cultural preference for the nuclear family system amongst whites.

- Conversely, the relative absence of the conjugal unit, the presence of children of all ages, siblings, other relatives, and the dependence of the elderly in African and coloured households demonstrates these groups' cultural preference for multigenerational living. The reason for multigenerational living amongst Asians however appears to be due to the cultural preference for several conjugal units living together as shown by the popularity of marriage amongst them.
- Due largely to the racial policies of the past which ensured that mostly whites, and to a large extent Asians had access to the resources of the society than Africans and coloureds, the two family systems which represent the different race groups have been differentially endowed with resources and costs alike. For instance, whites and Asians have historically had advantage over Africans and coloureds in the possession of such vital resources as education, employment, higher occupational status, income, health care, and housing. On the other hand, the lack of such resources amongst Africans and coloureds have been costly in terms of costs such as higher dependency ratios, illiteracy, infant and child mortality, unemployment, poverty and poor health care.
- In fact, there has been a gradual increase in the proportions of persons living in extended family households amongst all race groups, especially, African single parents living with other relatives. Several scholars have written about the matri-focal nature of African families (see e.g. Preston-Whyte, 1978) due to such factors as the absence and participation of men in the migrant labour system, high rates premarital births and unpopularity of marriage Amongst Africans as compared to other groups. As far as Asians are concerned, their living arrangement patterns are an evidence of the continuity of the joint family system in the Asian community, a situation which is reflected in the generally extended nature of Asian households. This family system ensures that two or more brothers and their wives and children live together in the same household, sometimes with their aging parents as well (see e.g. Adams, 1986).

- The fact that we are now witnessing increasing tendency toward complexity of households amongst, especially Africans, is evidence of the limitations the apartheid system placed on their cultural preference for multigenerational living. Under the myriad apartheid laws, African males especially were temporary residents of the country's major towns where they left the countryside to come and worked as miners, domestics and factory hands. Because of this situation, coupled with the shortage of housing and other amenities, they could not live with either their immediate family members or relatives, who were in most cases left behind in the rural areas. But this situation in no way led to the "disorganization" of the African family as some scholars seemed to have argued, since through such mechanisms as regular cash remittances, visits and fosterage of children, the extended family system was kept viable.

8.1 RECOMMENDATIONS

1. In view of the fact that the rationale for the present analysis and report is the creation of a knowledge base for the formulation and implementation of a national family policy, we would like to conclude by highlighting a few issues in that regard. As Blankenhorn (1990: 18) has noted, the explicit term *family policy*, is a subfield of social policy, which focuses on "family business", specifically, four family functions: (a) family creation, (b) economic support, (c) childrearing, and (d) family care-giving. Ooms (1990), for example, has argued that family policy would include issues encompassed under these four family functions, such as child care, child support, divorce, family violence, juvenile crime, long-term care and teen-age pregnancy. While other issues such as health care, housing, poverty, substance abuse, and unemployment may not be considered family policies, they nonetheless benefit families given the fact that families interface with other institutions in the society.
2. Since the democratic transition in 1994 political interest in children and families of all race groups has markedly increased. First, this interest in families is clearly evidenced by the broader socio-economic transformation in areas such as housing, education, health care, employment creation which are all indirectly impacting children and families in the society. Affirmative Action programmes such as Black Economic Empowerment (BEE), the various empowerment charters in the financial, mining, agricultural and other sectors are all certainly policies that show the political will and

interest in transforming the quality of life of individuals and ultimately family lives in the society, especially, those, like Africans, who were previously excluded from fuller participation. Second, the expansion of the safety net by increasing the age limit for the child care grant, the provision of free antiretrovirals and other essential services to individuals and families by the government are all steps in the right direction.

3. Thus a family policy is an integrative activity which, from a service perspective, requires inter-sectoral cooperation to achieve the common goal of supporting and strengthening families. Efforts to strengthen families need to be built in domains as diverse as income-earning capacity and employment, housing, income tax and pension regulations, inheritance laws, labour laws and regulations, education and health policy, agricultural policy and support, food subsidies and other social entitlements.
4. Family policies need to include:
 - a set of “enabling economic policies” that ensure that, for example, employment, housing and loan policies are supportive of family life;
 - a set of family law policies that affect adoption, inheritance, responsibility for child maintenance, and the like;
 - a set of services to support family policy implementation;
 - a set of societal conditions conducive to family support.
5. Family social health cannot be maintained below a certain resource threshold. Extreme poverty undermines all the functions performed by families. “To strengthen family life, programmes that relieve poverty must also seek to develop the potential of families as an important force for promoting development. The household must be viewed as an “economic source” rather than as an “economic sink” in social and economic policy (Edwards, 1979; United Nations, 1986).
6. The state-initiated Moral Regeneration Movement is further evidence of the political interest in the family, since it sees strong families as the basis for this moral renewal of the broader society. In this context, full advantage should be taken of the opportunities offered by the fact that 2004 is the International Year of the Family as

well as the anniversary of the first decade of South African democracy. Unique prospects for maximizing the impact and potential uptake of family policy are created by this junction. Certainly support at the highest level should be sought for the production of a manifesto which places families at the center of public policy, as was done in Australia to mark the previous International Year of the Family in 2004. The President, the Deputy-President and other leaders should be requested to proclaim the family as the core social unit in South African society.

7. A short advocacy document outlining the importance of supportive family life for the health, well-being, and productivity of individuals of all ages should be produced for wide dissemination throughout government, the private sector and civil society. Emphasis must be placed on the fact that families take on crucial responsibilities of care, socialization and containment of family members, but that government must respond to the responsibility to support families through policy. Families are not self-reliant; instead they depend on a political, economic and social environment to support their caring functions throughout family life cycles. This is all the more important in the face of the devastating effects of the HIV/Aids epidemic where orphans are being cared for by persons other than their biological parents (grandparents, siblings and non-relatives).

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