Annotated Bibliography of Recent Research on the Living Conditions of the Main Target Groups of Social Security Grants

Nina Hunter and Joanne Rushby

Research Report No. 53
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of Social Security Grants

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School of Development Studies
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The views expressed in this Research Report should not be attributed to the School of Development Studies.
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ACRONYMS AND ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome
CBR community based rehabilitation
CDG care dependency grant
CPU Child Protection Unit
CRC Convention on the Rights of the Child
CSG child support grant
DG disability grant
DoH Department of Health
DoW Department of Welfare
ECD early childhood development
FCG foster care grant
HIV Human Immunodeficiency Virus
NACOSA National AIDS Co-ordinating Committee of South Africa
NGO non-governmental organisation
NPA National Programme of Action for Children
NSWC National Institute for the Prevention of Crime and Rehabilitation of Offenders, Women’s Support Centre
OAP old age pension
OHS October Household Survey
OVC orphans and vulnerable children
PEM Protein Energy Malnutrition
PIR Poverty and Inequality Report
PPA Participatory Poverty Assessment
PRA Participatory Rural Appraisal
PSLSD Project for Statistics on Living Standards and Development
PTSD post-traumatic stress disorder
PWA people with AIDS
QRS questionnaire on resources and stress
RDP Reconstruction and Development Programme
SAA Social Assistance Act
SALDRU South African Labour and Development Research Unit
SA-PPA South African Participatory Poverty Assessment
SAP South African Police
SRQ self reporting questionnaire
STD sexually transmitted disease
VCT voluntary counselling and testing
FOREWORD

The newly established Directorate Monitoring, Evaluation and Audit, within the Department of Social Development, commissioned the School of Development Studies at the University of Natal in Durban to develop an annotated bibliography of recent research relating to the living conditions of the main target groups of social security grants in South Africa. The Directorate is responsible for the monitoring and evaluation of government’s social security programme, and has identified as one of the critical elements to monitor the socio-economic impact of social security policies and strategies on the lives of beneficiaries. The Directorate aims to assess whether the implementation of social security policies and strategies is having the desired developmental impact in the longer term, and specifically the extent to which social security reaches the most vulnerable groups and how it impacts on them, how accessible and cost effective social security is for beneficiaries and for the Department, and how it is aligned with constitutional and international obligations, as well as the effectiveness and efficiency of social security delivery systems at a macro level. The Directorate recognised that in order to design and ensure these outcomes it was necessary to define the living conditions of the main target groups of social security grants. This research report is an updated and amended version of the draft annotated bibliography of recent research on the living conditions of the main target groups of social security grants that was submitted to the Directorate.

The main target groups of the following grants are included: old age pension (OAP), disability grant (DG), care dependency grant (CDG), child support grant (CSG), foster care grant (FCG), war veterans pension and grant-in-aid. These so-called target groups are the elderly (men over 65 and women over 60 of limited means), the disabled (both adults and children)\(^1\), children in general (below the age of seven and poor)\(^2\), street children, orphans (under 18, who have not been adopted and are not in residential care), and those infected with or affected by the Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS). The terms of reference for the original study included assembling information on the life situations, socio-economic conditions and trajectories and needs of the intended beneficiaries of social security grants, with an emphasis on South Africa, and confined to research published since 1990. In some instances research conducted before 1990 has been included, if a particular text was deemed to contribute towards the study in an essential way, possibly by contextualising other pieces of research completed at a later stage, or if the research in certain areas was limited. The output consists of an annotated list of references that summarises the research methodology, area of study and main findings. Future areas for research using quantitative or qualitative methodologies are also pointed to. Citations were gathered through internet and library searches, and through direct contact with researchers and practitioners concerned with the main target groups of social security grants. While the draft annotated bibliography submitted to the Directorate identified key issues for

\(^1\) Research on the effect of the disabled child on the family and its functioning has been included as this could have a bearing on the life situation of the child.

\(^2\) Some months after the draft version of this annotated bibliography had been compiled, the ANC government announced that the CSG would be extended from children under seven up to and including children aged 14. However, research that was collected on ‘children in general’ still focuses on those aged below seven years, although these age criteria have not always been strictly applied. In addition, while most of the research centres on poor children, in some instances the general life situation of the young child has been the focus.
monitoring and evaluation, as stated in the terms of reference, these separate summaries have not been included in this research report. To date the annotated bibliography contains 230 citations.

A number of points of clarification should be made with regard to the annotated bibliography contained in this research report. There is much overlap between this annotated bibliography and another, also commissioned by the Directorate, and completed in parallel, on the impact of social security grants (see CSDS Research Report No. 52). When there has been enough information on both subject areas within one piece of research to warrant separate annotations, relevant findings and information pertinent to both have been duplicated for each separate annotated bibliography. When this has not been the case, ‘living conditions’ information has been outlined in the ‘impact’ annotations, or the relevant information on the impact of grants has been highlighted in this annotated bibliography.

The aim has been for this updated annotated bibliography to be a resource, possibly a research tool, for those working in some way in the social assistance arena or with the main target groups of social security grants. At some point it has been necessary to draw up certain criteria to define which work is to be included in this annotated bibliography. If the piece of work did not contain original research, it was required to reference research that had been completed in the field. Texts were also required as far as possible to be publicly available. Internet links to certain documents have been provided where these could be located. Material in both English and Afrikaans has been included, although all summaries have been completed in English. Included in this annotated bibliography are research reports, committee reports, reports from workshops or conferences, research monographs, working papers, discussion papers, working documents, unpublished papers, unpublished theses, chapters in books, and articles from academic and popular journals – both international and local. Excluded are newspaper articles and papers presented at conferences but not yet published in any form. No submissions, strategy documents or programme of action documents have been included.

Cross-referencing and overlap of information is inevitable, and may be found between works of different authors and within various works of the same author. However, every effort has been made to curtail this by referring to the original piece of research from which findings or conclusions have been drawn. Furthermore, it has not always been possible to approach texts and write up annotations in the same manner. Much depends on the text: it is possible to summarise some texts by drawing on the main findings, while others texts are more amenable to summaries that outline – on a more abstract level – what the report covers. Moreover, although the two authors completed the bulk of the work on this annotated bibliography, additional research assistance was necessary in order to complete the summaries. Every effort has been made to be consistent in the writing up of summaries, however some of the annotations may be more lengthy and detailed than others, and it should be noted that this is less reflective of the importance or relevance of the research, and more reflective of differing time constraints and differences in interpretation among those who completed summaries.

This annotated bibliography is by no means comprehensive – the literature is vast in this area and for various reasons not all of the research could be obtained. Some work could not be included as it could not be located despite numerous efforts to do so. Although some research was identified and sent away for, in some cases it was not
available within South Africa, was missing, or was not for loan. No items were obtained from charging libraries as the budget for the study was restricted. It should be noted that every attempt has been made to obtain and include research that was considered to be of relevance to this annotated bibliography, and omission of any reference is an oversight, rather than being deliberate. The original intention was for this annotated bibliography to be an ongoing piece of work, and therefore in order to update information, it is envisaged that further annotated references to relevant work will be added over time and form future updated versions of this annotated bibliography. The authors welcome comments on this annotated bibliography and suggestions for its improvement, as well as indications of references that have not been included here, and may be emailed at huntern@nu.ac.za.

It should also be noted that although attempts have been made to fittingly represent relevant aspects of the research that is cited here, when compiling annotations of this nature it is impossible to do justice to the richness of the work cited. While the intention in this annotated bibliography has been to give an overview of what each piece contains, and to state relevant research findings in more detail, further reference to this original research work is strongly encouraged. In any instance, this original research material should be consulted in order to obtain more detailed information specific to the needs of users of this annotated bibliography. The time and capacity simply did not exist to include information that could be of use to the wide spectrum of individuals working in the field. Finally, it should be emphasised that any oversights or omissions are the authors’ rather than deliberate or reflective of the Department of Social Development or the School of Development Studies.
LIVING CONDITIONS


This chapter is contained in a book that is based on the findings of the original Poverty and Inequality Report (PIR). In the chapter it is noted that three children in every five live in poor households. The appalling conditions faced by children in poor households in South Africa include sexual abuse (including rape) and children being forced into prostitution. Fractured and unstable families are also common, and the association of stepfathers with sexual abuse of girls disturbing. Alcohol abuse by parents, which leads to child abuse, is also common. Children are therefore massively vulnerable to many kinds of public and domestic violence, and it is girl children that are more vulnerable and subject to the negative effects of dependency on boy children and men. One implication is that the home is not a safe place for many children, who may leave and live on the street. Children are also not continuously parented – they may be moved around due to crisis or as a coping strategy for poverty. In many cases children are not well nourished. Unemployed parents often have no way of obtaining the basic minimum resources necessary to support their children, and pensions are noted as the source of survival for such children. A child who experiences poverty is exposed to the risk of impaired physical and mental development. Further, it is noted that children in some provinces are far more likely to be poor than children in other provinces. In the Eastern Cape, 78 percent of children live in poor households, while this is true of only 20 percent of those in Gauteng. Stunting among young children is a moderate public health problem, while micro-nutrient malnutrition is regarded as a public health problem of considerable significance which may lead to learning disabilities, mental retardation, poor health, low work capacity, blindness and premature death. One in three children display marginal vitamin A status. Some 20 percent of children are anaemic and 10 percent are iron deficient. It is noted that malnutrition rates among school entrants appear to be substantially lower than rates for pre-school children. Malnutrition is a problem in specific areas and among specific groups of children, and it is noted that there is an urgent need for research on causality.

In the chapter it is also indicated that the number of disabled people in South Africa is unknown. Yet the responses to a series of crude questions in the 1995 October Household Survey (OHS) suggest that about five percent of all South Africans are disabled, with older people more affected than younger people, and serious eye disabilities being the most common form.

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3 This large cross-sectional survey of about 30 000 households, was provincially representative and used a multi-purpose questionnaire.

In this chapter findings from three sources are reported on – the 1995 OHS and its linked 1995 Income and Expenditure Survey⁴, as well as the 1996 census adjusted by the post-enumeration survey, in relation to poverty. In addition, the two surveys were linked to the census in respect of expenditure, by means of imputations, allowing the expenditure detail of the former to be extended to the geographical detail of the latter. A section in the chapter focuses on the living conditions of the poor in South Africa. It is noted that poor living conditions were characteristic of a large number of the approximately nine million South African households found in the country on census night. About one in every six households were found to be living in traditional dwellings, and another one in every six were living in shacks. Seventeen percent of households were living in one room or were sharing a room with another household, while 15 percent were living in two rooms, and 14 percent in three. Almost half (46 percent) of all households were living in three or fewer rooms at the time of the 1996 census (these rooms include kitchens but exclude bathrooms). With regard to access to services, electricity for lighting was available to 58 percent of households, while 29 percent were still using candles and 13 percent paraffin. For cooking, 23 percent of households were using wood, 22 percent were using paraffin, and three percent were using coal. Moreover, fewer than half of South African households (45 percent) had a tap inside the dwelling. Almost a third of households (32 percent) were using a pit latrine as a toilet, while 12 percent did not have any toilet facilities.


Existing research is reviewed in the PIR on the extent and nature of poverty and inequality in South Africa, assesses the policy framework for the reduction of both, and provides guidelines on the formulation and implementation of such policy. Of particular relevance with regard to living conditions are those living with HIV/AIDS and malnutrition. It is noted that the HIV/AIDS illness increases the risk of a household or individual becoming impoverished, and lowers the general level of health in communities because of its close relationship with other communicable and poverty-related diseases, such as tuberculosis. It is emphasised that more effective steps are required to target the most vulnerable groups, particularly women. Further, it is indicated that malnutrition is not to be equated simply with lack of food, or regarded as a medical problem, but that it is the outcome of complex inter-related social, economic, political and other processes. Where malnutrition does not cause death, it impacts on the quality of life and the opportunities of those affected, and on their ability to earn adequate income. The national stunting rate among young children is cited as ranging between 23 percent and 27 percent, while among the poorest 20 percent of households the rate is 38 percent. Micronutrient malnutrition is indicated as being a public health problem of considerable significance in South Africa, with one in three children displaying marginal vitamin A status, 20 percent anaemic and 10 percent iron-deficient. Poverty is regarded as a basic

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⁴ This survey was derived from a sub-sample of 1995 OHS households.
cause of malnutrition, but the relative importance of different causes in particular groups or geographical areas is less well understood, and there is an urgent need for research on causality, which should be closely linked to policy and programme interventions.


The purpose of this research – the South African Participatory Poverty Assessment (SA-PPA) - is to provide a fuller and more integrated understanding of poverty from the perspective of those who are poor. Moreover, the SA-PPA aimed to fill the gaps which the Project for Statistics on Living Standards and Development (PSLSD) could not readily explain. The need to understand the multi-dimensional experience of being poor, and the perceptions of the poor towards the causes and relief of their poverty initiated a process which led to the SA-PPA. The SA-PPA includes 15 studies and involved 45 researchers from 20 organisations. Work was undertaken with 25 communities, 10 of which were located in KwaZulu-Natal, seven in the Eastern Cape and four in the Northern Province. One community each in the Western Cape, North West Province, Northern Cape and Mpumalanga also participated. Only Gauteng and the Free State were excluded from the study. A rough estimate of the number of participants in the studies comes to about 1400 people. Participating organisations were free to use any qualitative or participatory methodologies, although the use of Participatory Rural Appraisal (PRA) was encouraged. Common tools of PRA include visualisation exercises, Venn Diagrams, Time Trends and Time Lines, Seasonality Charts, Story with a Gap, Maps, Daily Calendars, Matrices, Carts and Rocks, Problem Trees, and focus group sessions. PRA methodologies were used in 17 of the 25 communities included in the SA-PPA. The remaining studies used a combination of conventional qualitative research techniques combined with disciplinary perspectives based on sociology or social anthropology. Methods used in these studies included participant observation, focus group discussions, and various forms of conversational and semi-structured interviewing.

In the studies the appalling conditions faced by children in poor households is repeatedly stressed. Sexual and child abuse are cited, particularly the vulnerability of girl children. With regard to street children, analyses of self-portraits drawn by these children indicate stress, anxiety, emotional regression and the lack of a real connectedness with the world. Violence and sexual abuse are also part of the lives of these children, as is graphically depicted in the drawings produced by them. Sniffing glue relieves the pain of cold and hunger; taking alcohol or marijuana relieves boredom and enables the child to become part of a supportive group. With regard to HIV/AIDS it is indicated that poor females are especially vulnerable to the disease through the sexual behaviour of their partners and the high rate of sexually transmitted diseases (STDs) in general. Sex work is described as a survival strategy for women and girls, further increasing their vulnerability. It is noted that the poor fear the social isolation that HIV/AIDS leads to as this undermines one of the critical ways in which the poor survive, through the use of kin and social networks. It is emphasised that poor communities poorly understand the causes of HIV/AIDS and how to assist those affected. Possible areas of focus for a second round of the SA-PPA include the problems and concerns of the elderly and the youth, traditional aspects of claiming child maintenance support, and the long-term unemployed.

The book draws together research findings from over 300 papers delivered by 450 people as part of the Second Carnegie Conference on Poverty, and from post-conference papers, in order to provide a coherent analysis of the nature and causes of poverty in South Africa. From the research a picture is drawn of the situation of the poor in South Africa, and an outline of the vulnerable highlights children, women, the elderly and the disabled. Some of the life situations and socio-economic conditions of these groups are pointed to.


This study was undertaken by the World Bank and the South African Labour and Development Research Unit (SALDRU), with the aim of determining how best to deal with poverty and inequality in South Africa, and the challenge facing the RDP. The tabulations and analyses in the report are based on the data from the PSLSD, and the report summarises the findings of the PSLSD. The standard of living was measured by using consumption levels of households, based on household expenditure data. In order to account for differences in household size, composition and economies of scale, total consumption was divided by the number of ‘adult equivalents’ and adjusted to take into account economies of scale. It is shown that children live disproportionately in poor households: about 61 percent of children live in poverty. Among Africans the poverty rate among children is worse at more than 70 percent. The high poverty rates among large families are particularly striking. As a result, over 45 percent of poor are children below 16 although they make up only 38 percent of the population.
THE ELDERLY


This report presents the results of a survey carried out on the public knowledge and perceptions of elderly abuse in South Africa. Using a random sample, 740 people were interviewed using a questionnaire that contained structured and open-ended questions. The report finds that 69 percent of all respondents are aware of abuse of the elderly, and that over half (53 percent) have personal knowledge of the problem. The three main types of abuse identified by the respondents are psychological or emotional, financial and general maltreatment. Theft of pensions by grandchildren and working without payment are the most common forms of financial abuse. Grandchildren are reported to be responsible for more than one-half of the abuse of elderly persons, followed by spouses and children. Respondents to the survey suggest four major strategies to help prevent the problem: laws which protect the elderly, education of family and community members, education on the rights of the elderly, and finally, monitoring and reporting of the incidence of elderly abuse.


This article reports on a study that was conducted to determine the prevalence of hypertension among the African elderly in the Orange Free State. Four hundred Africans (182 men and 218 women) aged 65 or more, free living in the community, were randomly selected from 10 towns with 1500 people or more, weighted for population size. The towns were Bethlehem, Bloemfontein, Botshabelo, Ficksburg, Frankfort, Harrismith, Kroonstad, Parys, Sasolburg and Welkom. A standard questionnaire was completed to obtain biographical data and data pertaining to the treatment of hypertension, and blood pressures were determined. The prevalence of hypertension was found to be 41.8 percent for males and 60.6 percent for females. The prevalence of systolic hypertension was 12.6 percent for males and 13.8 percent for females. It is concluded from the results that the African elderly population is a hypertensive population. This is of some concern since previous work has shown there to be a definite morbidity and mortality associated with hypertension in elderly people.


This article reports on a study into the anthropometry (evaluation of nutritional status) of elderly Africans (65 years and older). Four hundred Africans (182 men and 218 women) aged 65 or more, free living in the community, were randomly selected from 10 towns with 1500 people or more, weighted for population size. The towns were Bethlehem, Bloemfontein, Botshabelo, Ficksburg, Frankfort, Harrismith, Kroonstad, Parys, Sasolburg and Welkom. Their height, weight, upper-arm circumference and skinfolds were measured to calculate body mass. It was found that all participants were healthy and
had an adequate nutritional intake. Females were found to be shorter in stature than men, and were generally heavier than males.


The study on which this article reports involves a community-based epidemiological survey of elderly people from the African population in the Orange Free State. The study was designed for the purpose of gaining socio-economic, clinical, laboratory and nutritional information on the population that could assist in health care planning. Four hundred Africans (182 men and 218 women) aged 65 or more, free living in the community, were randomly selected from 10 towns with 1 500 people or more, weighted for population size. The towns were Bethlehem, Bloemfontein, Botshabelo, Ficksburg, Frankfort, Harrismith, Kroonstad, Parys, Sasolburg and Welkom. Questionnaires covered such subjects as past and present illness, socio-economic circumstances and utilisation of health services. The study found most of the respondents (84.5 percent) to be in receipt of state pensions. Six percent had no income, while 15.3 percent were still economically active. Over half of the respondents (57.5 percent) were found to receive financial support from their children, and most lived with their children (69 percent). The study found that only 21 percent of the respondents were willing to live in an old age home. Fifty-five percent of the respondents had access to basic services such as piped water, and 12 percent had access to electricity. The majority of the respondents (63 percent) were found to be illiterate.

With respect to utilisation of health services, it is noted that 46 percent of the respondents used a private general practitioner. Over half of the respondents were more than five kilometres from the nearest medical service and 38 percent of the respondents needed assistance to reach medical services. Traditional healers were consulted by only 10.3 percent of respondents. The study found that 3.2 percent of the group was unable to perform any of the six daily activities demonstrating functional ability. The activities with which they experienced the most difficulty were washing and bathing.

In discussing the findings, it is argued that effective health planning is not possible without relevant and representative health statistics. The researchers contend that their study is the first to systematically examine an elderly African population in Southern Africa. The low-income status of respondents means that they may be unable to finance their own medical care and may be dependent on the state. It is suggested that the economic status of the group may improve given the difference in education levels between the elderly and their children. The high use of coal stoves and open fires for cooking is highlighted as a cause for concern due to their adverse health effects. The researchers also raise concern over the lack of access to health services, which were identified by the majority of the respondents. The lower levels of disability than expected are attributed to the high level of occupationally associated physical activity. However, it is noted that the prevalence of disability is expected to increase as the African elderly survive to an older age. The researchers conclude that there is a need for primary care of the African elderly to minimise disabilities, and it is argued that health care planning for this group should be aimed at maintaining their independence in the community for as long as possible.

This article reports on the nutrient intakes among the African elderly in the Orange Free State, which were investigated during an epidemiology survey. Four hundred Africans (182 men and 218 women) aged 65 or more, free living in the community, were randomly selected from 10 towns with 1500 people or more, weighted for population size. The towns were Bethlehem, Bloemfontein, Botshabelo, Ficksburg, Frankfort, Harrismith, Kroonstad, Parys, Sasolburg and Welkom. Quantitative dietary information was obtained and nutrient intakes were calculated. The intake of most nutrients was found to be adequate. Calcium and folate intake were lower than the United States’ 1980 Recommended Daily Allowances, but appear to be adequate in view of findings from previous studies on similar age groups. Vitamin B6, vitamin D and zinc status need to be further investigated to determine whether any clinically important deficiencies exist among the elderly.


This article reports on a study into the prevalence of psychiatric disorders among the African aged in the Orange Free State. Four hundred Africans (182 men and 218 women) aged 65 or more, free living in the community, were randomly selected from 10 towns with 1500 people or more, weighted for population size. The towns were Bethlehem, Bloemfontein, Botshabelo, Ficksburg, Frankfort, Harrismith, Kroonstad, Parys, Sasolburg and Welkom. A self reporting questionnaire (SRQ) was used as a screening instrument for psychiatric disorders. A high degree of psychiatric morbidity was found among the target group. The authors recommend that there be further studies among the African elderly to determine the validity of the SRQ instrument, and that there is a need for research into the prevalence of dementia in this population group.


This article documents an investigation of the extent of child-care services rendered by low-income elderly persons, and the consequences in terms of finances, status within the family and future support. The methodology used in the study includes interviews with 100 women drawn from lunch clubs in four areas of Cape Town, namely Manenberg, Ravensmead, Kasselsvlei and Mitchell’s Plain. It was found that a large percentage of the women care for children after school or crèche, through force of circumstance rather than by choice. Pensions are often the only source of income in the family: many of the interviewees provide child-care without payment in cash or in kind, and a quarter make accommodation available to the family without financial assistance. However, strong bonds within the family structure mean that the elderly play an important role in the welfare of the household.

In this paper the findings of two research projects that examined the effects of social change on family life in the Durban township of Umlazi are examined. The first project focused on the psychological and social effects of apartheid and capitalism on township family life. The second project focused on the changing role of the family, as agent of the socialisation of youth. Both studies found intergenerational conflict to be a key issue, particularly in the early 1980s when there was rapid social change and instability. It is argued that intergenerational conflict in South Africa is closely tied to the wider economic and political context of family life. An analysis of interviews from the above-mentioned studies forms the focus of the paper. The author notes that informants cited respect as a cornerstone of traditional African social relationships, particularly respect within the family. Older respondents held the view that guidelines regarding respect from youth contained two aspects: young people should be obedient and defer to the authority of their elders; and, young people should heed the advice of older people who have superior knowledge and expertise. According to the author, the older generation seem to focus on the first aspect of respect while the younger generation focus on the second component. The young people pointed out that their failure to comply with the second aspect was due to a belief that the behavioural guidelines from their parents are inappropriate for modern life.

The author notes that with rapid social change, many of the older generation feel ill-equipped to advise their children and experience a strong sense of inadequacy and a lack of confidence. The children in turn reinforce this view by believing that their parents are uneducated, having little of value to teach them. The older generation tend to take a more passive approach while the younger generation are much more assertive about their rights. Instead of turning to their parents as social guides, young people turn to their peer groups, political groupings and the school.

Another observation that emerged from the interview data, was a decline in the power of adult males in the family, both economically and in relation to decision-making. Factors such as urbanisation, unemployment and low-income levels of those employed have contributed to the decline in economic status, and consequently to the respect accorded adult males as providers and controllers of resources. Secondly, the new role of the younger generation in shaping township political life has meant that their fathers no longer dominate community affairs and this has been a source of tremendous conflict. Major political differences between the generations are also a source of severe problems. As a result of their relative powerlessness in society, fathers fiercely cling to their roles as head of the family and resent the growing independence of the younger generation. Given the patriarchal nature of African society, women do not expect to have authority or command unconditional obedience from the younger generation. Several young people felt that their mothers were more understanding and supportive than their fathers. However, mothers, particularly those who head households, experience problems with disciplining teenage boys and have difficulty eliciting support or authority from the community to do so.

The author emphasises that the intergenerational conflict discussed should not be viewed as evidence of family breakdown but rather as transformation of family relations. Changes in family relations were viewed with optimism among young people as opposed
to the feelings of unease and disapproval expressed by older participants. Young people in the study did not experience family life as problematic or share their elders’ view that family life was disintegrating. Instead, they expressed appreciation and strong ties of loyalty and love for their parents. Thus, the author concludes that the severity of the problem of intergenerational conflict may decline as the younger generation grows older.


This paper is a preliminary report on research on the impact of modernisation and social change on Zulu families and intergenerational relationships as compared to Kenyan families. The focus of the project was on issues relating to intergenerational transmission of knowledge and Zulu grandmothers’ socialisation of granddaughters in contemporary settings. The research was exploratory in nature and involved open-ended survey interviews, in-depth interviews and participant observation of 60 grandmothers and 11 granddaughters. Many of the older women were widows and pensioners and tended to be from rural areas. Most of the grandmothers were found to see themselves as important in their families and communities. Grandmothers’ saw themselves as family builders, peacekeepers, problem-solvers, promoters of harmony and respect, and teachers of the young, particularly granddaughters. Granddaughters’ views of their grandmothers reinforced the grandmothers’ self-images, and many emphasised their importance in maintaining peace and harmony in the home.

Teaching imparted by grandmothers was found to focus on work and respect. Work skills involved domestic chores and farming. Respect in terms of elders’ authority and their wisdom was valued in all relationships but was particularly expected from girls and women. It also involved a behavioural code for females of avoidance and extreme deference towards males. Grandmothers were found to be responsible for granddaughters’ sexual behaviour and maintenance of their virginity until marriage. Grandmothers also had various complaints about the behaviour of the youth. In particular, they felt a sense of failure when an unmarried granddaughter fell pregnant. Moreover, grandmothers appeared to hold ambiguous attitudes towards education. On the one hand, they explicitly linked education with a lack of respect and disruption of the Zulu way. On the other hand, most of them wanted their granddaughters to go to school because they also linked education with employment, money and independence. Many grandmothers expressed a strong sense of generational continuity, of passing knowledge down the generations and of the value of their knowledge to the development of younger generations, particularly granddaughters. This was believed to be strongly linked to upholding Zulu culture and traditions and maintaining respect.


This article examines the food and health beliefs of a sample of urban-based elderly coloured residents in the Cape Peninsula. The authors argue that practices and beliefs around food and health are shaped by socio-cultural factors, and they note that older people with their life’s experiences are important sources of information on their cultural group’s food and health beliefs. The authors discuss existing research on food-health
relations amongst the elderly in Greece and Sweden, and argue that there is insufficient research on the food and health beliefs of the South African coloured population. They note that there has been research on the traditional medicinal practices of the group that has found that the use of traditional remedies has remained strong in rural areas and among a small number of older urban dwellers. The focus of this paper is the analysis of a subset of data on food and health beliefs and practices collected during a nutrition and health survey conducted in the Cape Peninsula in 1993. The survey was conducted among a random sample of 200 non-institutionalised coloured residents who were 65 years and older. Participants were interviewed using a quantified food frequency questionnaire and a questionnaire on socio-demographic, lifestyle and food belief issues. The main source of income for the participants was found to be the state pension. The majority of the sample was Christian, had minimal education, lived in multigenerational households and was urban-based.

The study found that the diet of these older people was deficient in micronutrients and fibre. Women tended towards over-nutrition while men appeared to be undernourished. Obesity in women was partly attributed to low physical activity levels. Men reported more tobacco use than women. A high prevalence of hypertension and diabetes was also found, and the researchers emphasised a need for lifestyle modification, particularly, weight-loss strategies amongst women. The most common food item included for its health benefits was garlic, and the food items most commonly excluded for being unhealthy were certain meats, onions and spicy foods. The majority of the Muslim respondents excluded certain food items for religious reasons. Moreover, the majority of the sample attributed their longevity to their faith in God (59 percent), while some attributed it to honouring their parents (16 percent) and others to hard work (12.5 percent). Less than a third (28.5 percent) of the sample attributed their longevity to lifestyle factors, particularly abstaining from smoking and drinking, looking after oneself and physical activity. A tenth of the sample (more women than men) supplemented their diet with vitamins and/or mineral preparations. A fifth of the sample used Dutch medicines as a general tonic and to treat ailments while a third of the sample used indigenous plant materials as home remedies.

Some of the findings are discussed in the article. Only 3.5 percent of respondents recognised the health benefits of a sensible diet. In general, subjects included food in their diet that they believed would ward off colds and flu's, relieve arthritic/rheumatic pain, and improve their appetite or aid digestion. The authors argue that further knowledge is needed of the medicinal properties of foods used for health benefits, in order to establish food-health links in this population group. It is also suggested that the health locus of control of individuals (in this case, the majority of the sample attributed their longevity to external factors such as their faith in God) has implications for targeting health messages to this population in terms of their openness to modifying their lifestyles. Finally the researchers suggest that future research may be needed into the food and health beliefs of a rural-based sample, and to draw comparisons with the urban-based sample, as well as examine the effects of migration on these beliefs. It is concluded that as a result of the fairly low educational levels of the sample and their political marginalisation, discrimination and inequitable access to resources, the subjects may have had limited access to health information and care, and may therefore have relied on culturally based food and health beliefs. The authors put forward a need for more aggressive health promotion and prevention strategies that are mindful of food and health beliefs of this cultural group.

This paper reports on a qualitative analysis, of the quality of life of a group of handicapped elderly people with locomotor disabilities. The sample group was made up of nine elderly people, all over the age of 70 years, living in the Mitchell’s Plain area in Cape Town. House to house visits were initially conducted to administer a screening questionnaire. Elderly respondents were classified as disabled if they were unable to care for themselves without assistance. Follow-up visits were made to this group in their homes and a structured questionnaire was administered. A physiotherapist conducted additional observations of the environment, home accessibility and the use of assistive equipment.

The majority of respondents were found to be female, to have limited schooling, to have done some form of unskilled work in their lifetime, to be in receipt of pensions and to live as dependents on their families in council-built homes. Many of the respondents were found to experience multiple (three or more) impairments – a disabling combination of poor eyesight, reduced hearing ability, and restricted locomotion. The researchers found multiple impairments in the target group to be associated with greater dependence on their caregivers. All the members of the target group were found to live in environments that were restrictive. Rooms were found to be small, bathrooms narrow and homes densely furnished, restricting the use of assistive devices. All of the respondents were either using assistive devices or were in need of them. Four people needed wheelchairs and seven had walking sticks. The researchers argue that aids that are being supplied are problematic since they are inappropriate to the needs of the users. They suggest that it is necessary to take the type of disability, the person, the environment and assistive equipment as interrelated, in order to understand the quality of physical mobility of the target group.

Respondents were also found to need some form of assistance in the area of self-care. Those with moderate disabilities were found to need assistance with washing and grooming while the severely disabled needed assistance with transfers. The researchers argue that the onset of a disability seems to force the elderly to move in with relatives. Concern is raised that some elderly have to move around among different family homes and that the dynamics within the family has to change to accommodate the disabled family member. Many of the respondents felt that the disability had affected their social life. While they were a part of social activities at home, they felt that they restricted the external social life of their family members. Some of the elderly were found to rely on the telephone, visits by religious leaders and visits by relatives for social contact. The researchers conclude that in order to complete a true quality of life assessment, all aspects of a person’s life must be considered using a systems approach. In addition, people with multiple impairments need different or unique solutions since the disablement process is more complex.


In this baseline document an attempt is made to highlight some of the key considerations for a national strategy on elder abuse. It is noted that the Department of Health (DoH) formed a committee for the development of the Elder Abuse Strategy in
In partnership with key departments and non-governmental organisations (NGOs). This strategy was part of the DoH’s commemoration of the International Year of Older Persons in 1999. In this document the need for a coordinated and holistic approach to the issue is emphasised. Initially demographic information on elderly South Africans is given, and it is noted that the elderly population constitutes about five percent of the South African population. Further, more than two thirds of the elderly individuals have no formal schooling. Approximately 23 percent of the elderly are disabled, with the most common disabilities being loss of sight, followed by physical disabilities, hearing impairment, multiple disabilities and mental disability. More than half of the employed aged receive an income of R1000 or less, while over 85 percent of those not working have an income of R1000 or less. Almost 70 percent of the African elderly lived in rural areas, while the majority of the other population groups live in urban areas.

It is noted that there has been a lack of systematic collection of data on the prevalence of elder abuse, although there have been reported cases of physical abuse, financial abuse (including pension problems), emotional/psychological abuse, sexual abuse, contravention of human rights, and institutional abuse (including problems with management). It is acknowledged that a great deal of concealment of abuse occurs due to shame and fear of victimisation. The document provides a profile on older persons who are more likely to be abused and a profile of people more likely to inflict abuse. The findings of a research report on the abuse of older African persons are also highlighted. Women in particular are described as recipients of abuse in the family and of human rights, by being accused of witchcraft and deprived of literacy. It is noted that a considerable barrier to addressing the problem within the community is that elder abuse is perceived as ‘unAfrican’.

The principles of a national strategy are also outlined in the document. These include equality, social justice and equity, solidarity, integration and participation, and dignity. Various steps for implementation are also given. The importance is emphasised of understanding the dynamics of ageing and of employing intersectoral collaboration with appropriate operational structures before strategies are undertaken. Several strategies to be undertaken by various government departments, NGOs, religious organisations and the employment sector, trade union and relevant departments are outlined. Intersectoral strategies that are suggested include awareness building; policy-making; coordinating legislation; enhancing the functioning of organisations for the elderly; research; activating an ombud system; setting standards for services, systems and structures; capacity building; monitoring and evaluation; promoting ubuntu; and developing a charter of rights for older persons. Other recommendations include ensuring all national development plans, data collection, and education and training activities include ageing, and that mechanisms are set up to adjust existing discriminatory legislation and practices. In conclusion, existing examples of global models for intervention are provided.


In this report the history and context of South Africa’s efforts – since the advent of democracy in 1994 – to make meaningful contributions to the creation of a safe and secure world for older persons is outlined. The constitutional and legal framework that has been created since 1994 is reflected. It is noted that the South African government
recognises the critical and central role of the state in ensuring that the necessary environment is created for older persons to make a meaningful contribution to the socio-economic and political development of the country. It is indicated that various policies and programmes that pertain to older persons have been developed, and these are outlined: poverty eradication and social development, social integration, health, housing and the living environment. The national and provincial endeavours to build a better life for older people are also given, which include statistical information. The role of older persons as community-builders, volunteers and caregivers through active participation in community-based programmes (including poverty alleviation and the fight against HIV/AIDS) is also outlined. Challenges that fact the South African government and society in providing the necessary support to these efforts by older persons are also illustrated.


In this article the experience of ageing, and particularly the issue of loneliness and physical insecurity are considered, within a segregated coloured community in Grahamstown in the Eastern Cape. The study involved interviews with 100 men and women over the age of 65. A control cohort group of younger women and men were also interviewed to examine their perception of the ageing process, their views on the elderly and their preparation for their own old age. A social environmental model is used, and the article begins with a review of some anthropological work in the field of ageing and some theories in gerontology, and a cross-disciplinary approach to understanding the field is argued for. The Social Environmental Theory of Ageing describes three domains of ‘activity resources’ which the aged person uses in coping with the social and physical environment, namely, the personal/psychological, social/familial, and the fiduciary (money or goods that can be bartered) domain. There are also ‘activity norms’ representing the range of societal or community expectations of what an aged person can and cannot do. Successful aging represents the resolving of tensions between what is expected and what a person is capable of expressing, and thus the interplay between resources and norms within a particular environment.

Education levels among the sample were found to be relatively low. Housing or residential choices were found to be limited, and houses were small and crowded, as the elderly in most cases lived with extended family. Some of the respondents lived in an old age home. Married men and women were found to have the least feelings of loneliness, while single women and men had the most frequent feelings of loneliness. In many cases, an elderly pensioner was found to support an unemployed child and grandchildren but was in turn assured of company and care. Thus, according to the social environmental model, as long as the old person has an income, the exchange is in their favour and they are supported. Since the socio-cultural setting (the social environment) of the elderly is the same as that in which they have always lived, loneliness is not a factor. In terms of the Social Environmental Theory of Ageing, the road gets lonelier for those who have little social, emotional or financial resources to exchange.

The author of this paper reviews existing research on the elderly, as well as past and present social policy in South Africa, and gives an overview of population ageing trends in South Africa and a description of the situation of older individuals. The pattern of population ageing in South Africa is noted as being that of a developing country. In 1995, between five percent and 6.3 percent of the African, coloured and Indian population were 60 years and older. More than a third of the total population aged 60 years and over is in the 60 to 64 year age bracket, which indicates the future exponential growth of the older section of the population (with females more numerous than males in all age brackets). The author highlights the relative deprivation of persons in the historically disadvantaged groups. Eighty percent of older Africans in rural areas and half of those in urban areas have no formal education. Further, on all indicators of self-assessed health status, older Africans suffer a greater degree of health impairments and disability than the other race groups. The dominant living arrangement of elderly Africans is the multigenerational household. Only half of older urban Africans are satisfied with their housing. Ninety-one percent of older rural Africans live in traditional huts. In the case of older Africans, basic needs such as income security, housing and health care predominate among social problems. Finally, it is noted that the social forces of modernisation and urbanisation are impacting on traditional family support systems.


In this article the author empirical research on the elderly and on state pension provision in South Africa is reviewed. It is noted that the 1996 population census counted 2.8 million persons aged 60 years and over, which translates to seven percent of the population. Two thirds (67 percent) of this total are African and 5.8 percent are coloured. The proportion of older persons in the African population is expected to increase only slightly in the next 30 years, in contrast to increases in the other racial groups. From a demographic perspective, a particular concern with regard to the elderly is the increasing number of young and middle aged adults who die as a result of AIDS. It is noted that orphaned children are often left behind to be reared by grandparents who themselves will be without support from adult kin in their old age. Further, when considering health status, the most prevalent self-reported conditions affecting older persons of all races are arthritis/rheumatism, followed by hypertension. It is noted that almost three-quarters of the respondents in two surveys reported having at least one chronic illness or ongoing health problem, and that more than half reported a disability, the most common being impaired vision. Moreover, it is indicated that high rates of depressive symptomatology have been found in African urban and rural women, when compared with the other racial groups.

The vast majority of older South Africans live in multigenerational households. Co-resident living arrangements of older Africans have been found to have specific opportunities and constraints for household members. The author describes how both child and parent support needs are met in African households in which an older person resides (for example, childcare services, intergenerational financial exchanges). Family members are found to typically regroup around a pension beneficiary in areas where there is widespread unemployment. Yet there are signs that the effects of urbanisation
and other social change are creating tensions and strains, which undermine the benefits of multigenerational co-residence. Finally, the situations of both urban and rural older persons are found to contain their own specific challenges. Living conditions in urban and peri-urban informal settlements are described as cramped and squalid. Older rural dwellers, especially women, find it difficult to carry out household survival chores without their adult children to assist them. Distances are great and transport is poor, with both constituting barriers to older persons seeking health care, collecting their pension money and shopping for necessities. Lastly, when asked how they could best be helped, older persons invariably pleaded for the creation of jobs for their unemployed adult children and grandchildren.


This report outlines a four month intervention project based on the outcome of an earlier longitudinal study conducted in 43 households in four townships on the Cape Flats (see Ferreira, Keikelame and Mosaval, 2001). The intervention aimed to respond to the needs identified in the earlier study, by empowering older women who care for children and grandchildren infected with or affected by HIV/AIDS, building capacity, and equipping and enabling the women to cope better and more effectively with their caregiving responsibilities and personal situations. In weekly workshops participants were taught lifeskills and business skills, and acquired knowledge of HIV/AIDS, while in weekly support groups members engaged in productive activities and benefited from counselling and peer interaction. The activities that were undertaken are outlined and the intervention is evaluated in the report. The data suggest that the grandmothers benefited most from knowledge imparted to them on HIV/AIDS, followed by business skills training and the start of small business ventures by a subset of women. The model developed and implemented in the intervention is to be disseminated to NGOs, which serve older populations affected by HIV/AIDS, to enable replication to take place.


This paper outlines trends in demography and quality of life in South Africa, focussing on older South Africans. The authors highlight some of the results of the multidimensional survey completed in 1991 (see Ferreira, Møller, Prinsloo and Gillis, 1992), particularly health status, the importance of the family as the central source of social support, and satisfaction with life. Factors which all older South Africans found to affect their quality of life were (in order of importance), health, housing and living arrangements, income security and psychosocial wellbeing. The authors argue that a weakness of the Reconstruction and Development Programme (RDP) is that it does not make health of the elderly an explicit priority.

This is an exploratory study of the living circumstances of 181 elderly persons from three towns in the Western Cape – Grabouw, Genadendal and Robertson. The methodology consisted of structured questionnaires and six case studies. The majority of those interviewed had previously lived and worked on farms in the study area. Key findings of the study are that although living conditions have improved for farm workers, lack of security of tenure, inadequate accommodation, and insufficient incomes to meet living expenses are still major problems. The ‘dop’ system, widely practised in the past, whereby farm workers are paid with wine in lieu of wages, has largely been eradicated. The health and cumulative effects of this system are acknowledged as being detrimental. No-one had been found to have been evicted from farms once they reached pensionable age, but in the majority of cases, workers received no retirement payment or pension from their employers. A lack of suitable alternative accommodation for retired farm workers who relocate from farms was identified, resulting in displacement and vulnerability.


The aim of this study was to fill a research gap on the impact of the HIV/AIDS epidemic on older African women. The situation and caregiving burden of older women who are carers to adult children with HIV/AIDS and co-resident grandchildren (who may have HIV/AIDS or have been orphaned as a result of AIDS) was investigated. A qualitative longitudinal study was conducted in 43 purposively selected households in which a grandmother lived with a child who was infected with HIV/AIDS and children of the people with AIDS (PWA). The study was carried out in Crossroads, Guguletu, Khayelitsha and Nyanga townships, historically inhabited by Africans. Forty-three grandmothers aged 50 and over were interviewed in the main survey using an interview schedule. A total of 156 children (younger than 19) and 97 adult children (aged over 19 years) and 10 grandfathers were found to co-reside with the grandmothers. Two follow up interviews were conducted using semi-structured questionnaires, at three months and at six months after baseline in 41 households (two respondents were lost to attrition), in order to identify changes in the situation of older women and household dynamics over time. Eight case studies are presented which demonstrate subjects’ situations and changes in the households over the six-month study period.

The overarching finding of the study is the pervasive and desperate poverty of the study households. A lack of household income was found to impact on households most heavily in terms of food poverty. Other pressing needs of grandmothers in the study were for money for transport to take the PWA for medical treatment, money to pay for grandchildren’s schooling, and money to purchase funeral insurance for dying PWAs. Half of the older carers in the sample did not benefit from a pension, and where carers did receive a pension, it was often a household’s only income. Carers asked for help to apply for a CSG for age-eligible co-resident grandchildren, particularly children with HIV/AIDS. Great difficulty was expressed in obtaining CSGs, due to bureaucratic styming, as grandmothers were not the young child’s birth mother and/or could not...
furnish the birth certificate. Older carers perceived that they could be best helped through training in business skills, to enable them to start or expand a vending business, in order to earn income for their household. Further findings include the emotional trauma experienced by grandmothers and the physical burden of caregiving and deteriorating health of this group. Based on the study findings an intervention is proposed. The design, planning and implementation of a four-month pilot intervention project is published in a separate report (see Ferreira and Brodrick, 2001).


This article reports on the status of the elderly and the provision that exists for this group in South Africa, at a time when the new government had just taken power. The authors base the report on empirical work that has taken place in South Africa on the elderly and on social pensions. Older rural dwellers are noted as having lower education levels, poorer health status and receiving fewer government pensions than their urban counterparts. Yet more urban dwellers – particularly women – are indicated as being depressed, feeling less respected by their families, and less satisfied with their living arrangements than rural dwellers. Older Africans who live in urban areas may feel distanced from traditional values and systems and experience feelings of alienation.

Further, it is noted that the structure and role of the extended African family appears to be changing to that of an urban-based nuclear family. In some cases adult children who migrate to the city leave their elderly parents in the rural areas, and often leave children in the care of their parents. Yet apart from the impact of modernisation and urbanisation, families still appear to be the primary providers of care to African elders. This care comes in the form of shelter, personal care, companionship and monetary transfers, with the nature of the care closely tied to the older person’s living arrangements and the household structure. The oft quoted multidimensional survey (see Ferreira, Møller, Prinsloo and Gillis, 1992) reveals that between 92 percent and 93 percent of older Africans live in a multigenerational household, with a mean number of co-residents of six. In more than 80 percent of cases the older person is found to head the household. Further, older Africans have four living children on average, and more than four-fifths feel that their children respect them, although over three-quarters feel that younger people today show less respect to elders than in the past. Of interest is the fact that fairly similar percentages of older Africans give financial support to their children as receive it. Finally, older Africans’ life satisfaction is found to be mainly influenced by basic factors such as health, housing and income. Self-reported good health was found to significantly contribute to their subjective wellbeing. However, a lack of money, poor health, poor access to health care, memory loss, depression and a fear of being robbed were indicated as being the most serious problems affecting the quality of life of more than three-quarters of older Africans.


This survey of the social and economic circumstances of non-institutionalised persons aged 60 years and over in four of South Africa’s population groups, aimed to establish a
national database, and provide a summary of the living conditions and difficulties faced by the elderly. A multi-stage stratified cluster sampling method was used, and 4000 people were sampled in selected urban areas (excluding Transkei, Bophuthatswana, Venda and Ciskei) and rural areas (the homelands of Kangwane and Lebowa). In the study questionnaires were administered to gather data on socio-demographic characteristics, occupational history, migratory patterns, composition of households, life satisfaction, social support systems, recreational activities, and health and income levels. Three main problems were identified. The majority of elderly people were found to experience financial difficulties, there was a lack of access to health care services, particularly in rural areas, and there was a general lack of support services in the community. Elderly Africans living in rural areas were found to experience the greatest degree of hardship due to isolation, poor housing, lack of income and poor access to health care facilities, coupled with the political and economic marginalisation of elderly African people as a result of apartheid policies. Multigenerational households were found to be the norm across most population groups, providing social and financial support, as well as benefiting the well being of the elderly.

The report raises several issues that will affect the elderly population in the future. An increasing proportion of old people will affect the dependency ratio and the cost of caring, placing further pressure on the economy and younger generations. Housing policies need to be reassessed to ensure the adequate provision of secure housing for the elderly, many of whom will live independently. Health care policy will need to ensure equitable access and pay attention to alternative health care systems in order to meet the needs of the elderly, particularly in rural areas. Some of the recommendations of the report are for the aged to be integrated as much as possible into society and community issues. Further, a wider range of income maintenance needs to be devised, provision of health and long-term care facilities should be expanded, and government assistance programmes aimed at the rural aged should be developed. It is noted that social security policy needs to anticipate an ageing population, and the implications this will have for state pensions.


This paper examines the prevalence of depression in newly urbanised elderly African people in the Cape Peninsula. It describes two prevalence studies of depressive symptoms that indicated there was a high occurrence of such symptoms amongst the elderly African population. The focus of this paper is on the findings of a prevalence study of depression in the townships of Langa and Khayelitsha, where the samples were 195 and 170 people respectively (see Gillis, Welman, Koch and Joyi, 1991). The study found an alarming vulnerability to depressive symptoms among elderly African women, with 27 percent of the women sampled in Langa and 44 percent of those in Khayelitsha identifying these symptoms. The second prevalence study was a multidimensional survey of 4000 people and a sample of 400 African people in deep rural areas (see Ferreira, Møller, Prinsloo and Gillis, 1992). It is concluded that depressive symptomatology is more frequent in elderly Africans than in the other elderly population groups, that the prevalence is greatest in elderly African women, and that there is a high prevalence amongst people living in the newly settled community of Khayelitsha. It is emphasised that the latter finding is significant as the number of squatter settlements is growing rapidly in South Africa. The stresses of urbanisation are described as a contributory factor to the prevalence of depressive symptomatology among the elderly in
these settlements. It is noted that further research is focusing on determining the valency of specific life stresses and identifying appropriate intervention strategies that could be instituted to diminish the effects of the stresses.


This article reports on the findings of a comparative community survey of the socio-economic, cultural and psychiatric state of elderly African people in a newly settled township (Khayelitsha) and a long established one (Langa). The study sample consisted of people over the age of 60 from Khayelitsha (170) and Langa (195). In all there were 200 women and 165 men. The Comprehensive Assessment and Referral Evaluation questionnaire was administered to participants. The main finding of the study is the high prevalence of psychological distress, depression and limitation of activity among newly settled elderly residents in the township of Khayelitsha. Most notably, three quarters of the women and just over half of the men that were studied in Khayelitsha had symptoms severe enough to warrant attention. That is, the authors note that 44 percent of women and 25 percent of men would be treated for depression if brought to the attention of a psychiatrist. It is indicated that mild psychiatric distress and depressive symptoms are generally recognised to be an expression of suffering as a result of adversity and situational stress, particularly poverty. Extreme poverty was found to be prevalent in both communities but particularly in Khayelitsha where respondents were less educated, had inadequate housing, and had less access to pensions. The researchers conclude that newly settled elderly women, and to a lesser extent elderly men, constitute a priority for social, psychiatric and other helpful interventions.


This report presents the findings of a crime and victimisation survey conducted among elderly persons living in the Cape Peninsula. Respondents’ attitudes toward a number of crime-related issues were investigated and their experiences of victimisation were described. Quantitative and qualitative research methods were used to gather the data. Surveys were undertaken among African, coloured and white residents aged 60 years and older – a total sample of 2100 people. Indepth interviews were conducted with the victims of serious crimes and focus group discussions were held with two groups of elderly Africans. The extent of the problem of crime, as well as its impacts on the lives of the elderly is found to be greater among African than coloured or white elderly persons living in the Cape Peninsula. A greater proportion of the African (one third) than the white or coloured respondents (less than 10 percent) held the view that their neighbourhood was dangerous and deteriorating. Fear of crime was found to be greatest among African respondents and a large proportion of these persons perceived a great number of social problems in their communities. Specific areas such as subways, railway stations and bus stops were generally felt to be very dangerous. Changes in life-style as a result of fear of crime, such as avoiding certain areas and staying at home, were reported by most of the respondents with whom in-depth interviews were conducted. The highest degree of avoidance behaviour was found to be evident among the African elderly, especially in their own environment.
There were reports of 188 incidents of theft, robbery, common and aggravated assault, rape and attempted rape during the 12-month period prior to interviews. Eleven percent of the African respondents, nine percent of the coloured respondents and six percent of the white respondents were victims of these crimes. Theft was the most common type of crime committed against the respondents, with the majority of the victims reporting the loss of goods or cash in excess of R100 during such incidents. A greater proportion of African (52 per 1000 elderly people), than coloured (26 per 1000) or white (16 per 1000) elderly were found to have been victims of violent crime. The African respondents had consequently suffered more injuries than the other respondents. The research reveals that life-style, in terms of the amount of exposure to crime, is not associated with an increased risk of victimisation. The reporting behaviour of the victims was also determined. Forty-three percent of the Africans, compared with 61 percent of the whites and 57 percent of the coloureds had reported their cases of victimisation to the police. It is therefore concluded that the extent of crime among the elderly residents of the Cape Peninsula is greater than official statistics provided by the police. The study concludes with a number of recommendations, which relate to measures that can be adopted to reduce the impact of crime, the prevention of criminal victimisation of the elderly and the provision of assistance to elderly victims of crime. The overall recommendation is that an interdepartmental agency be set up to deal specifically with the needs of the elderly.

HelpAge International. 1996. Assessment of the Needs of Older People in Shihimu, Northern Province, South Africa. Elim Care Group Project and Elim-Hlanganani Society for the Care of the Aged.

A needs assessment was conducted in Shihimu, Northern Province, in order to learn how the elderly in this area live, and in order to identify their concerns and possible solutions to these concerns. Some elders, Care Group Members and health workers of Shihimu were trained in participatory inquiry techniques. Some of the methods used included listening, questioning, interviewing, and techniques drawn from participatory rapid appraisal, such as mapping, wellbeing- and matrix ranking. Approximately 95 older people in Shihimu (60 of whom were at a pension pay point) were the main participants, as well as 19 younger people who took part in group discussions and activities. A number of these older people took part in individual interviews and activities. In addition, 11 individual older women, 11 individual older men, 16 traders and two pension officials were interviewed at a pension pay point. Three community meetings were attended by between 35 and 65 people, most of whom were older women. The two most significant contributions of older people to their households were the contribution to the families’ budgets from the monthly OAP, and the care taken by older people of their grandchildren, who often live with their grandparents unaccompanied by their parent(s). Older women contribute to the household by helping with harvesting, stamping mealies, cutting grass for thatching, helping with the sick and providing income from sources other than a pension, such as working for a farmer or weaving mats and selling them. A strong theme was older women’s role as the preservers of food. Some older men contribute by carving stamping blocks, plates, spoons and sculptures for the household or to sell.

Some of those interviewed were pessimistic about the care given to frail elders, partly due to cultural norms. Grandchildren were perceived as having been more helpful in the past. A number of sources of support were mentioned, from the community beyond their own families, as well as the OAP. With regard to frail older people, older women mentioned the cultural issue of not being able to be bathed by one’s daughter-in-law and
the problems this entails. Older men felt there was a problem of not receiving care once frail, in part due to cultural norms. Older women felt frail elders could be helped if there could be a way of organising active elders to visit them and bathe them. Another problem of frail elders outlined by older men was the lack of access to public transport, which stops a long way from the residential areas. All four older people who participated in the wellbeing ranking, used the criterion of the degree of care shown by their families when deciding which of their peers had the least fortunate circumstances. The most unfortunate are either those who live utterly alone or with young, dependent grandchildren and no middle generation. For the minority without OAPs this situation is compounded. The most fortunate were seen to be those who lived with their families and were able to spend their pensions on themselves.


The research for this thesis involved two phases. In the first phase cluster sampling was used, interviews were conducted, and descriptive data was gathered from 309 elderly people in a township regarding their health needs, home and community environment, support and services available, and preferences and expectations. The identified needs clustered around health, nutrition, roles and status, economic resources and community amenities. In the second phase a conceptual model and process model for programme development were designed and tested. Community groups and individuals were facilitated to identify possible programmes that could meet role change, health care and nutrition needs. An eight step process model was developed and used to operationalise these solutions.


This report is based on Hildebrandt (1992). The first phase of this study involved survey questionnaires with 309 elderly people in Duduza township, which examined their health needs, home and community environment, informal and formal resources and services, and their expectations. In the second phase, a community participative planning model was developed and implemented for services and programmes that the community felt were needed. The needs of the elderly were found to be: accessible health care; knowledge about nutrition; financial resources to meet the needs of food, clothing and shelter; affordable transportation; and community amenities. The majority of those questioned were found to be in receipt of pensions. Four issues were chosen to form part of the planning model: a library hour assisting intergenerational behaviour; health screening; food gardening, and nutrition education. The model proved to be effective in involving people in community programmes, and could provide a useful structure for future problem identification and programme development. Recommendations include developing adult literacy programmes and income opportunities for the elderly.

This report consists of an evaluation of the Abigail Women’s Movement Project, established in 1997 to render support and care services for the elderly and children in Khayelitsha township. It is noted that all of the membership (at the time) of 29 people receive pensions, while nine members receive home-based care. The organisation provides home visits, meals on wheels, social activities, transport and income-generating activities for the elderly. However, the movement is not registered as an NGO (which would help with fund-raising), nor does it qualify for a government subsidy as a senior’s centre due to insufficient membership. The organisation is also found to lack any coherent long-term strategy regarding funds or the future direction of the movement. Recommendations include increasing membership, establishing a multipurpose centre, and developing a clear work plan, which sets out specific objectives.


This report describes an exploratory, qualitative study conducted on the Cape Flats to investigate elder abuse in Xhosa-speaking communities. The researchers argue that there is as yet no definition of types of elder abuse that occur in South African settings and that there has been no research on the incidence of elder abuse in South Africa. They point out that the stresses of urban living are inhibiting the ability of families to take care of older relatives, despite the fact that this is the traditional expectation among Africans. As a result, the elderly are described as being at risk of abuse. It is argued that while the national government has devised a strategy with other role-players to prevent elder abuse, this initiative has not been based on any local evidence. Thus, the aim of this study was to fill the gap in research on investigations into incidence of elder abuse. The aims of the exploratory study were to ascertain levels of knowledge and understanding of elder abuse, and the experience of older urban community dwellers with elder abuse. Further aims were to determine ways in which these persons and communities may be empowered to protect themselves against abuse, and to yield information to guide future research and for use in the design of interventions.

A focus group technique was employed to collect data. Monthly discussions were held with 33 participants from three townships in the Cape Flats (Khayelitsha, Langa and Vietnam) for a period of three months. Participants were asked to identify Xhosa terms for abuse and to give examples of what they perceived constitutes abuse. There were seven categories of abuse identified: physical abuse, emotional/verbal abuse, accusations of witchcraft, financial abuse, sexual abuse, neglect/lack of respect, and systemic abuse. Causes of abuse were attributed to lack of respect shown by adult children, alcohol abuse, presence of beer halls/taverns in the area, drug abuse, unemployment, poverty, beliefs in witchcraft, and the government’s marginalisation of older persons. Some of the results demonstrate that much of the abuse occurs in the context of social disorganisation, specifically domestic violence exacerbated by crime and substance abuse. Some of the effects of abuse were found to be emotional, where participants felt powerless and defrauded of their pension money. Some experienced the physical effects of abuse – scarring or an impact on their health. Participants
indicated that mothers did not talk about abuse because of shame and the fact that they
are culturally expected to conceal such things.

The participants gave suggestions for interventions they thought would be useful to help
the abused. With regard to protection from abuse, participants suggested transport and
residential options. Throughout the discussions, participants indicated that government
had an important role to play in addressing the problem. They felt that the root causes
of abuse, such as unemployment and substance abuse had to be addressed. Participants also indicated that families of the victim should be made aware of the abuse
and that the available help services from the police and social workers should be
improved. Some expressed the need for community action against abuse and the need
for empowerment of the elderly to remove themselves from the abuse situation.
Participants suggested that awareness of the problem of elder abuse should be
promoted through community workshops and media campaigns and that the government
should be involved. Most felt that the government showed little concern for their
wellbeing. There was a strong call from participants for government to take a tough
stance on criminals.

In analysing their findings, the researchers found that the participants were
knowledgeable about elder abuse, yet that they tended to be less able to comprehend
the complexity of situations in which abusive acts occur. They also appeared powerless
to assert themselves in response to the abuse, and to exercise their rights and to resist
abuse generally, and were even identified as going to great lengths to conceal the
abuse. Yet there was a strong call from participants for places for them to go and seek
shelter from the abuse. The researchers also found that factors contributing to domestic
violence, intra-family abuse and elder abuse in townships appeared to be similar. The
researchers argue that the effects of apartheid and absolute and relative poverty are at
the root of social ills that have led to a culture of violence. The increasing violence thus
reflects both changing social values and increasing levels of family discord. Finally, the
researchers reflect on recommendations in the Western literature and examine their
relevance to the context under study. They argue that these recommendations are not
culturally viable or feasible given local values, and they suggest that within the local
class, there needs to be due consideration to the reluctance around disclosure. In
their view, elder abuse will remain a hidden problem unless there is continued research
dissemination, and public education. Secondly, they argue that the gendered nature of
elder abuse must be considered, and that older women in townships are at high risk of
abuse. It is suggested that there is a specific need to address incestuous sexual elder
abuse. Finally, the researchers discuss the inadequacy of formal services for referral
and treatment of elder abuse, as well as family interventions, and suggest that social
work services for older persons be reinstated so that they can assist with detection,
treatment and prevention of elder abuse.

This brief is based largely on the findings of the multidimensional survey conducted in
1990/1991 (see Ferreira, Møller, Prinsloo and Gillis, 1992), and statistics on South
Africa’s elderly population from the international database of the International Programs
Center, U.S. Bureau of the Census. A number of demographic trends and defining
characteristics of the elderly population in South Africa are provided. One of the findings
from the 1991 census is that only 38 percent of the elderly are in non-urban settings.
The authors indicate that it is not clear if elderly citizens are being adversely affected by migration of the large portions of the population to urban areas (by being left behind in rural areas to raise grandchildren, for example), whether they are participating in and benefiting from migration (through better access to health and pension systems), or whether they are adapting in other ways.


The research for this thesis focused on 100 Africans (50 men and 50 women) older than 65 years, living in Potchefstroom. Questionnaires were administered to determine the socio-economic background, medical history, dietary habits, anthropometric measurements and physical fitness. A scale to measure educational attainment and income was developed. The nutrition status of the healthy and unhealthy African aged population was investigated within the varying economic backgrounds, and the determinants of the nutritional status of sick and healthy aged persons was explored. The findings reveal that unhealthy groups are not getting the appropriate diet. There is also a marked difference in the volume and content of diet in terms of fat content within the sample. Future research could involve studies on a homogenous healthy group of the aged population to determine the nutritional status of the population.


In this comparative, stratified sample study, 240 interviews were conducted with some of the African elderly in KwaZulu-Natal, from 1987 to 1988. Exactly half of the sample was rural, and the other half was urban. An assessment of health needs was carried out: both primary health care (literacy, food, water, shelter and sanitation) and access to services (transport, clinics and finances). Levels of literacy were found to be low in rural areas when compared with urban areas, and unsafe and inadequate water supplies were evident in rural areas, as opposed to urban areas, which had safe, reliable water. It was found that 214 of the 240 who were interviewed lacked a well balanced diet, due to family pressures on food and poor budgeting. Shelter in rural areas consisted of non-permanent structures and in urban areas the main problem was overcrowding. The elderly in rural areas were found to have greater health problems than those in urban areas, exacerbated by irregular medical check-ups and inadequate access to clinics. The high cost of health care and lack of transport facilities were cited as the main reasons for not visiting clinics regularly. Therefore, traditional healers play an important role, particularly in the rural areas. A number of important issues were raised: the urban elderly did not want to return to the rural areas due to unfavourable conditions; methods for the payment of pensions caused frustration; pensions were not effectively utilised; and health care needs were not being met due to lack of services and accessibility. Recommendations made in the study include the establishment of local co-operative credit schemes, which could help with food, clothing and medical assistance. Moreover, it is recommended that special attention be paid to housing and access to transportation, and that primary health care is needed in the rural areas to meet health care and spiritual needs.

In this study the health needs of the elderly African population in rural and urban KwaZulu was surveyed. Interviews and observations were conducted with 240 elderly people – 120 from the rural areas and 120 from the urban areas (at pension pay points, through Indunas and Township managers, clinics and institutions for the elderly). The objectives of the study were to assess the health needs of the target group and to identify the resources available for them. The researchers argue that changing family structures, through modernisation and urbanisation, are aggravating the problem of old age in the African population. In addition, the increasing emphasis on the nuclear family and the general state of deprivation in the country is a setback to meeting the needs of the elderly. The need is underscored for effective planning for the wellbeing of the elderly, which should involve the elderly themselves.

The results of the survey were categorised according to primary health indicators. Literacy levels were found to be low amongst the respondents, particularly those that were rural-based. The nutrition of the elderly as measured against standards of geriatric care was also found to be deficient. Almost half of the respondents said that they were not eating enough and ascribed it to a lack of money. Urban respondents had access to safe water supplies, while rural respondents were more vulnerable to unsafe water supplies such as river water and springs. The lack of adequate water in these areas was found to be a contributory factor to poor hygiene conditions. In addition, many of the elderly had to travel great distances in the rural areas to obtain water. The elderly living in the urban areas had better access to permanent housing structures although a small percentage (1.7 percent) lived in shacks. Over 60 percent of the rural respondents were found to live in makeshift housing (shacks, mud and grass huts). More of the urban dwellers reported satisfaction with their living arrangements than the rural dwellers. Respondents in the rural areas did not have access to proper sanitation facilities – they used the open fields, cat systems (digging holes and covering it up) and the pit privy, although there were cultural beliefs preventing the use of these.

Activities most commonly undertaken by the elderly in both the urban and rural areas were housework, church work, gardening, childcare, crafts and crocheting. Thirty-four percent of the elderly in the urban areas and 50 percent of the elderly in the rural areas had recently been in accidents, in most cases due to falls. The study also found that many of the respondents were experiencing ill health, and the common chronic diseases were of the muscular, cardio, vascular and metabolic systems. The incidence of muscular and cardiovascular diseases was found to be higher in the urban areas. The most common source of income in both regions was the state pension (94.1 percent in the urban areas and 96.7 percent in the rural areas). The majority of the respondents complained of problems with the pension, such as waiting too long and having to share it with their family. Many of the respondents had to spend a large percentage of their pension on transport, and many of the respondents complained of problems with transport. The rural respondents were found to rely heavily on buses and taxis while the urban respondents relied on taxis.

Over two thirds of the respondents from both the rural and urban areas used mobile or residential clinics for their health services. The majority of the respondents indicated that while they did not pay for health services in the past, they were now expected to. This was identified as being problematic given the insufficient pension. The health
The status of the elderly in the rural areas was found to be more problematic than that in the urban areas, and there was a higher incidence of such ailments as myopia and dental caries. The elderly in the rural areas were found to have less access to health services, and had to travel long distances because of the lack of services in their area. It is concluded that the urban elderly are better off than their rural counterparts in terms of a number of indicators. The researchers argue that urbanisation can be prevented by improving health services and other support services in the rural areas. Finally, it is indicated that creative planning is necessary to address the health needs of the African elderly.


This is the main report of the Ministerial Committee established by the Minister of Social Development to principally determine direct and indirect causes of abuse, neglect and ill treatment of older people, and assess practices in place regarding the promotion and protection of the wellbeing and dignity of older persons, in residential institutions, and at pension pay points, service centres and family settings. In order to fulfil its mandate, the Committee completed visits to centres and facilities in urban and rural areas where older persons reside, visit or receive care. The Committee also visited pension pay points in urban and rural areas; facilitated and organised public hearings in all main centres and in some rural communities in all provinces; invited, received and studied written submissions and reports from the public, NGOs, CBOs, Departments, traditional leaders and churches; and collected and reviewed research and other relevant data. The Committee also collected a large amount of evidence on the cruelty which many elderly people experience. Various pieces of research are cited which point to the occurrence of different types of elder abuse. 1998 South African Police (SAP) figures on crime against the elderly are cited, and the Committee reports on testimony given at some of the public hearings on witch hunting, which still results in the death of elderly individuals in a number of communities. The Committee found at every public hearing that elderly people told of the distress of being abused by their children and grandchildren. In addition, the report reflects that the rape of elderly persons is increasing, both within the family and by outsiders who believe that sexual intercourse with a sexually inactive person can cure HIV/AIDS. Further, it is noted that elderly people living alone are dying from malnutrition and neglect. Finally, reference is made to a dependency questionnaire, and it is recommended that it be expanded within communities and implemented in all provinces.


This is the second volume of a report by the Ministerial Committee on Abuse, Neglect and Ill-treatment of Older Persons. It contains reports on the various provincial hearings regarding this issue. Initially attention is drawn to fiscal issues. It is noted that while the gross national expenditure on welfare has increased, there has been a decline in the real value of the budget due to inflation. There has therefore been a cut in the real value
of grants and in the social services budget. In the Free State, six hundred people attended the public hearing that was held by the Committee. Concerns were raised around financial abuse (pension administration problems and exploitation of pensions by families), psychological abuse from families, physical abuse by families, and systemic abuse (uncooperative officials, problems with basic services). At the Gauteng hearing it was found that a great deal of elder abuse takes place within families. Reports indicated that services were inadequate, social workers lacked the capacity to cater for the needs of the elderly, health services were inadequate and organisations were generally not well coordinated. The issue of unaffordable rates and taxes was also highlighted. It is recommended that the province conduct an internal audit of welfare and health services.

In KwaZulu-Natal problems were raised around the administration of pensions. It is recommended that security be improved and that more pay points be established so that pensioners do not have to travel long distances. Overall recommendations are made for the training of staff or professionals, and for improving health, pension administration, transport, and community services. Elderly respondents in the Eastern Cape raised similar problems with pension administration, elder abuse, and the lack of professionalism amongst social workers and the police. Serious concerns were raised about inadequate infrastructure, housing and basic needs for the elderly. Suggestions are made for improving the administrative infrastructure and systems with respect to pensions and grants, and there was a call for action against fraud in the Department of Welfare (DoW).

In Mpumalanga, community issues such as financial-, physical- and psychological abuse and neglect were raised. Other problems that were raised included that there were inadequate venues for clubs, inadequate social work services, health services and housing, poor pension and home affairs administration, problems at pay points, crime and corruption. There were also accusations of witchcraft. The hearings in the Northern Cape revealed that the elderly are plagued by extreme poverty, lack of adequate food, exploitation by moneylenders and family members, and inadequate welfare and health services. There is also a high incidence of alcohol abuse. It is noted that the DoW has limited support from the non-profit sector because of the sector's shortage of resources and resistance to change. Moreover, the lack of transformation was considered to be a serious concern warranting urgent action.

Over 50 percent of the complaints in the Northern Province focused on social security issues. Complaints around health services and social welfare services were also widespread. At the hearings it was revealed that since most services are located in bigger centres, people in deep rural areas cannot access them. The main concern of participants was the lack of respect among professionals. The majority of the complaints from the North West Province hearings centred around problems with pension paypoints (50.5 percent). Other major problems were social security issues, abuse by family members, inadequate health care services and problems with transport. At the hearing in the Western Cape it was revealed that a common feature of complaints is the difficulty experienced in getting them investigated by the Department of Social Services and the Police. Most of the complaints at the hearing centred around similar issues experienced in the other provinces, including physical abuse, financial abuse, inadequate social and health services, and pension problems.
This article comprehensively outlines the findings and recommendations of the report on the elderly in South Africa (see Ministerial Committee on Abuse, Neglect and Ill-treatment of Older Persons, 2001a).


The study is a theoretical review of factors that contribute to elder abuse in the family. Types of elder abuse and theoretical understandings of abuse of the elderly are discussed. Factors that may contribute to elder abuse include serious physical or mental disabilities, the experience of financial problems, lack of services and discrimination by society. It is argued that caregivers are also faced with experiences of increased tension, which may lead to elder abuse. Proposals put forward to address the problem of elder abuse include reconsidering existing legislation, training of professionals and the provision of services for the elderly and their families.


In this study the role of older people in South Africa is described, as well as the social and economic contribution they can make to family and community life. The research objectives of the study were: to identify the livelihood strategies, perceptions of wellbeing and contributions of older people to family and community; to influence policy discussions and decision-making on issues which concern older people; and to develop a methodology to enhance the participation of older people in decisions which affect them. The research approach adopted was a participatory learning and action/analysis approach, based on a systematic learning process derived from PRA. Some of the techniques used were mainstream qualitative research (namely, semi-structured interviewing, focus group interviews, discussions, and participant observation), diagramming and visual sharing of information to facilitate analysis by participants on the spot. The research was modeled on Participatory Poverty Assessments (PPAs), which aim at including the perspectives of poor people in poverty analysis for the formulation of strategies to reduce it. Four communities in three provinces were included in the study to reflect the diverse nature of older people’s conditions in South Africa. The communities were Claremont and Kwa-Dabeka (both peri-urban areas near Durban in KwaZulu-Natal), Bungeni (rural community under traditional leadership in the Northern Province) and Katlehong (urban settlement with a squatter camp in Gauteng). Site selection was designed to reflect differences in major livelihood sources and past experiences of older persons in the communities, and was informed by the extensive experience of field research managers, HelpAge International partners and the research team. The aim was to create a sample that would illustrate the living conditions of poor older people in terms of a number of criteria.

One of the main findings of the report is that there is a growing trend of violence and abuse against the elderly, mainly by members of their own family, despite the fact that older people still enjoy traditional respect from the younger generation. Concern is also expressed about the subtle abuse of old people in institutions and care homes. It is also
noted that older women are more willing to be involved in community programmes, and that they are often the main financial providers. Older women also frequently play a major role in health care, but there are signs that the HIV/AIDS epidemic is too little understood. A need for more geriatric clinics and wards is noted, and for geriatric care training, as well as for more government support for old age and frail care. A general attitude is highlighted, which excludes older people from policy discussions that affect their lives at all levels. Some of the conclusions and key issues that are drawn are as follows: the family plays a critical role in offering support for older persons and extended families are common; a sense of belonging allays fears of future isolation, rejection and banishment to institutions, such as old age homes; the church is a very important source of support for older people in all sites, particularly in providing psychological, spiritual and emotional support; the community offers its support through the establishment of structures such as social clubs, which encourage participation of older people in social and financial activities. Finally, it is noted that the government, through the RDP, encourages community participation in programmes that are intended to improve their wellbeing, while different government departments administer programmes that are intended to offer employment opportunities for the poorest. However, older persons assess these initiatives as being less important to them than their farms and community, and point to the fact that the programmes tend to reach younger people more than older persons.


This article addresses social research questions from the perspective of the emergent grey-power movement in South Africa. The advantages and disadvantages of isolating the elderly as a separate research category are discussed drawing on comparisons with other marginalised social categories. The author argues that the elderly have been inadequately represented in research efforts, and that the exclusion of older, as well as younger cohorts is done on the basis of technical and convenience grounds. For the elderly, responding to surveys and opinion polls represent one of the few channels for participation in the democratic process. The author maintains that special case studies that are available on the elderly, while also creating awareness, have served to problematise, marginalise and stigmatise this age group within the broader society. Unlike youth, there may be little opportunity for the elderly to undo negative images or to use them to their advantage. The author contrasts the social category of the elderly with the unemployed, and argues that unlike the unemployed, the elderly cannot and do not need to move outside of their social category to gain self-esteem. Here the elderly have a distinct advantage over the unemployed in that they have access to a positive reference group in the local grey-power movement, which embodies a strong and healthy image of ageing. The author puts forward that if there have to be separate studies of the elderly, then the compromise solution should be to judge the merits of specific research projects in terms of the need to sustain positive images of ageing.

The paper also seeks to find out how research roles should be redefined to empower the elderly. It is argued that a starting point for empowering the elderly through research is to encourage them to become actively involved in the research process itself, as equal status subjects and research partners. The author describes local and international examples that demonstrate different models of senior-driven research, and argues that involvement of the elderly can be built into most research designs. The elderly can assist with formulation of research questions, the development of appropriate
instruments and the interpretation of results. They can also serve as watchdogs through consumer forums to prevent ageism in reported research. The paper also attempts to investigate which research products make the greatest contribution to a database for empowerment. It is suggested that products which contain knowledge about the ageing process, the social circumstances of the elderly, the demographic composition of the older cohorts, the diversity of lifestyles and needs, and the economic and health challenges which the elderly face are powerful tools for policy intervention.

The author acknowledges that transformation in the post-apartheid era has meant a shift in research paradigms with greater emphasis on the partnership between target groups and researchers. This requires a new approach to research on pensions, which differs from the past passive role of pensioners. The author argues for evaluation research to ensure that measures taken to redress past inequities do not retard the emancipation of pensioners. Moreover, it is put forward that topics should go beyond this to addressing intergenerational issues. This may serve the purpose of conflict resolution as well as bringing the elderly back into the mainstream of society by discussing multigenerational interests. The paper concludes with a few recommendations. The author suggests that action research on the ways and means of empowering the elderly might include an evaluation of practical crime prevention programmes for the elderly based on crime studies. Further, research on personal competence may assist the elderly to gain the self-confidence and drive to make real contributions to society. Interventions benefiting youth may also have relevance, for example, skills training and leadership training. Moreover, it is noted that research on age stereotypes that exist in South African society can contribute to combating ageism. Finally, the author discusses some examples of research that may assist in bridging the intergenerational divide.


This paper reports on a qualitative study that focused on the experience of excursions by African elderly women. Focus group discussions were held with 12 senior citizens clubs (nine in the Transvaal and three in Natal) with a total of 142 participants (122 women and 20 men). Participants were asked to share their travel experiences, including the planning phases, description of the trip, problems experienced and an evaluation of past trips. An attempt was also made to elicit specific information on participants’ attitudes towards excursions in view of the controversy around seniors’ excursions. Excursions are thought to be a waste of time and money in a developing context. In addition, these types of activity are sometimes thought to be unsuitable for the elderly who are stereotyped as being dignified and sedentary. The results of the study provided insight on a range of aspects. Most of the clubs were luncheon clubs affiliated to a local association for the aged. The vast majority of the members were women. Men were welcome at clubs but the researchers noted that club life was geared to the needs and interests of women. Members were retired persons or pensioners, most of whom had never been gainfully employed or had had domestic or service jobs. Club activities generally involved meal provision, exercise, games, religious motivation, health talks, singing, dancing, outings, group therapy, and burial programmes. Club funds were raised through membership fees, lunch money, sale of crafts and fundraising drives. Club outings included visits to theme parks, places of interests, nature resorts, the sea, amusement centres, and a casino resort. Other excursions included visits to a local restaurant for the end of year party, visits to other clubs, annual general meetings, and
inter-club competitions. All clubs ranked their excursions as high priorities before or after handiwork.

The main preparations for excursions included fundraising and making arrangements for someone else to look after members' grandchildren and homes. Regardless of the degree of participation in the initial decision-making and fundraising, club members were found to be satisfied with their roles. Participants indicated that the highlights of the trips were exposure to technical and natural wonders, new people, luxuries such as strange and plentiful food, and special treatment. They reported that they felt elation and a warm sense of wellbeing at the peak of their trip and on return. The authors discuss other research that has argued that leisure-induced mood changes can impact both behaviour and health for months and years after the actual experience. Participants identified three broad problem areas or risk factors with regards to their travels. Firstly, they experienced difficulties with raising finances for their travels but expressed no regrets about money spent on travel costs, gambling and souvenirs as long as the choice was their own. Secondly, they were anxious that they may not cope with the physical strains of traveling. Lastly, participants were concerned about their public appearance and image projected when on excursions. It is noted that the participants' accounts of their trips dispel many of the myths about senior citizens being inactive and unable to cope outside of their regular environment. Elderly women were found to participate in excursions for a number of reasons: the need to escape from everyday township life, and to experience adventure and novel experiences, and to enhance wellbeing associated with outings (an unanticipated novelty for participants was the mixing with other race groups). Trips were also enjoyed as learning experiences which enabled new skills and ideas to be brought home for their clubs.

The adventure and excitement of the excursions was thought to contribute to participants' perceived wellbeing, mediated by feelings of youthfulness and self-esteem. The self-esteem was born out of the knowledge that one can cope physically and mentally with the strain of traveling. A further factor contributing to subjective wellbeing was the special attention paid to excursionists at each phase of the trip. The feelings of wellbeing also derived from congruence between expectations and achievement in life. The ultimate feeling of wellbeing was found to be derived from the sharing of travel experiences with fellow travelers, which was shown to prolong the positive feelings during and after the trip. The more tangible benefits of the trip were the souvenirs that were brought back, which in turn contributed to the social prestige of participants. Respect from the community at home was regarded as the badge of achievement for the participants. Gifts and souvenirs, knowledge gains and positive travel experiences were offered as evidence of the worth of excursions. Overall, the experience of excursions was found to contribute to the empowerment of older women. Excursions instilled a new sense of worth, enhanced self-awareness and assertiveness and improved individual and group morale. Finally, excursions were found to contribute to a greater understanding, respect and tolerance between the generations and in the broader township community.


In this paper intergenerational relations are discussed from the perspective of the elderly, whose social security and happiness depend on a mutual family support system.
Three hundred urban households were assessed, in six townships in Soweto and in two townships in Durban. Personal interviews were conducted with one of each of three generations (namely high-school children, parents of children and grandparents), creating a sample of 900 people. Diaries were also used as a research tool. Four-fifths of the families in the study reported good family relationships, due to mutual respect, understanding and consensus on family norms. It was found that the middle generation made the largest contribution to the family’s financial resources, while children contributed by doing housework and grandparents contributed through childcare. It is concluded that the culture of extended families and mutual support has resulted in strong co-operation between the generations, often boosting the performance of school children, and providing an important basis for positive wellbeing amongst elderly members. The paper finds that the youth protest movement has not affected family solidarity and harmony to the detriment of the elderly.


In this paper the concept of the extended family and kinship system amongst co-resident households, and the benefits accruing to the parent and adult child are explored by drawing on the findings of the multidimensional survey (see Ferreira, Møller, Prinsloo and Gillis, 1992). White elderly South Africans were found to conform to first world lifestyles and live separately, whereas the majority of Indian, coloured and African elderly were found to live in multigenerational households. The paper highlights noteworthy differences in living conditions for the African and white elderly. Care and financial security were cited as the most important benefits for elderly Africans living in co-residence. Both child and parent needs appear to be met in co-resident households, particularly when taking into account the pressures of housing and finances. Co-residence was found to facilitate intergenerational financial exchange, which tended to favour the elderly. However, overcrowding in urban areas was found to be the main cause of dissatisfaction among the elderly. Overall the paper points to the extended family as being an important safety net for the elderly.


This study aims to fill a gap in knowledge that the first baseline study of persons aged 60 years and older did not address (see Ferreira, Møller, Prinsloo and Gillis, 1992). While the baseline study confirmed that more than nine in ten African elders live with children and/or grandchildren, the study focused on the individual elder and did not provide information on the living conditions of multigenerational families. Secondary analysis is conducted on the 1993 SALDRU data to provide information for policy and planning for the care of the elderly in the family context. Statistics on geographic location, household composition, housing and infrastructure, household economy, education and health, and perceived quality of life have been compiled for elderly households and young households with no older members. Poverty is revealed as the major constraint on the wellbeing of elderly households, when the statistical profiles of older and younger households are compared. Elderly households are found to be larger, poorer and more likely to be located in the rural areas than young households. The geographical division
of older and younger households, which coincides with an income gap, indicates a need for further research into the dynamics of household formation and the economic links between older and younger households. Moreover, elderly persons in the family are most likely to perceive their living conditions to be depressed. The paper addresses intergenerational welfare policy issues: it is recommended that elderly households be considered as an important subcategory of the poor to ensure the wellbeing of older members of the family. Finally, the authors note that the cross-sectional data available for this study do not indicate whether elderly households have formed around older persons, most of whom have access to the OAP. It is not known whether multigenerational households dissolve when the pensioner dies and pension income falls away. A task that is indicated for future research is to trace the dynamics of household formation and linkages between urban and rural households to explore whether poverty and family cycles are interrelated.


Using data captured by the 1991 multidimensional survey (see Ferreira, Moller, Prinsloo and Gillis, 1992), this article looks at the social circumstances of the elderly and the varying strategies adopted for successful ageing. The survey indicates that there is a gradual change in the way urban older Africans live, that has seen the loss of support and security, resulting in a depressing effect on wellbeing. Five factors are defined as contributing to wellbeing: feeling in control, health, financial security, living conditions, and social integration. The denial of problems as a coping mechanism was found to be common amongst all groups.


In this paper the time-use method of collecting data is used among elderly residents in KwaMashu, Durban, and the differences in lifestyle of members and non-members of senior centres are examined. Questionnaires and diaries were used to link objective (participation in activities) and subjective (personal experience and evaluation of time allocation) time-use data to quality-of-life perceptions. It was found that senior centres play a positive role in the lives of elderly township residents.


This paper investigates the contemporary views on respect for older persons in urban and rural KwaZulu-Natal. It explores intergenerational respect relationships to identify the main reasons underlying the reported decline in respect and its possible impact on the care of older persons. In particular, the teachings imparted by Zulu grandmothers to their daughters and what these younger women learn in the process is assessed. The way in which grandsons perceive their grandmothers’ teachings is also analysed. The authors begin by examining existing literature on intergenerational relationships in African families. Respect, mutual support and the role of the grandmother as
socialisation agent have been highlighted as key issues in the literature. The intergenerational contract (expectation of care) is noted as having been eroded by urbanisation, modernisation and social change. The primary research methods used were focus groups and individual interviews. The sample consisted of 54 grandmothers, 20 granddaughters and 12 grandsons. In order to explore differences between urban and rural perceptions, interviews were conducted in both contexts. The majority of the older participants were urban dwellers, over 60 years of age, state pensioners and living in multigenerational households. The younger participants were between the ages of 15 and 22 and most were in school.

Five major roles of Zulu grandmothers were identified: teacher/counsellor and spiritual advisor; confidante; guardian of morals and customs; keeper of kin; peacemaker. The role of teacher/advisor appeared to be uppermost in the minds of both young and old participants. Some of the skills taught included home-making skills, fetching water and wood in rural areas, working in the fields, handicraft and sex education. Both generations appeared to subscribe to similar norms of behaviour or role expectations. Appropriate behaviour was taught to children from birth. The majority of respondents indicated that the teaching of respect was the most important instruction to the young. The grandmothers regarded respectful behaviour as encompassing helping, female duties and virtues including home-making skills, good manners, serving refreshments to visitors and running errands for elders. A symbol of self-respect and respect for elders was the expectation that girls would protect their honour and virginity. Girls were expected to ask permission before leaving the home or to inform elders of their whereabouts and return home promptly. Good granddaughters were also expected to show respect for education and go to school regularly. While men were expected to instruct grandsons, grandmothers often reprimanded young men when necessary. Young people were expected to demonstrate respectful behaviour to all older persons in the community.

Both young and old interviewees felt that grandmothers were far more perceptive than other members of the family about morals. The very presence of an elder was believed to act as a reminder of customs and appropriate behaviour in society. The reciprocal nature of relationships was abundantly clear: a daughter’s behaviour was thought to reflect more heavily on the grandmother as the protector of morals than other members of the family or the community. The authors note that although the chores assigned to granddaughters may have remained the same over generations, other aspects of close-knit rural communities have changed. The anonymity of urban society has resulted in younger people being reluctant to help older people and older people being reluctant to offer advice to unknown youth. Physical punishment from grandmothers appeared to be less likely in the contemporary context as opposed to the past. Grandmothers observed that stratification according to age was disappearing along with traditional courtship rituals where young women come of age in a manner pleasing to grandmothers. Teenage pregnancy emerged as a key issue in many of the interviews. Preventing teenage pregnancy was a preoccupation amongst many grandmothers, particularly those in the rural areas. A proper marriage for granddaughters was viewed as a crowning achievement for a grandmother. The majority of the grandmothers believed that respect towards older persons was waning. The most common complaint about young people was that ‘they don’t listen’. Grandmothers expressed hurt and discontent with young people for not taking responsibility for their actions. Explanations for the loss of respect varied, and included social change, education, Westernisation, drugs, peer
pressure, the economic situation, independence of youth, boyfriends and teenage pregnancy.

In discussing their findings, the authors acknowledge that a major omission was made by not making a distinction between maternal and paternal grandmothers. It was expected that there would be a role distinction between them: a nurturing one and a sterner one. It is noted that contemporary grandmothers and grandchildren appear to be conversant with Zulu customs. While it was demonstrated that helping behaviour was an important dimension of respect, both generations acknowledged that youth are less caring in contemporary times. The roles appeared to be reversed, and grandmothers became caregivers. Youth were of the opinion that respect behaviour has to change with the times. They also demanded a greater degree of independence than their grandparents had had in their youth. The authors note that it is significant that both generations acknowledged that times have changed, and it is argued that a return to traditional values might provide more appropriate solutions to contemporary problems such as HIV/AIDS and teenage pregnancy.


This research report looks at different aspects of abuse experienced by elderly muslims in four areas of the Cape Peninsula, namely Bo-Kapp, Kensington, Guguletu and Mitchells’ Plain. Focus groups were conducted with 37 participants, aged 50 and over. The participants were asked about physical, verbal, sexual, systemic and financial abuse, as well as feelings of disrespect and marginalisation. Respondents pinpointed financial abuse as the overwhelming area of concern, with theft or extortion of pensions being the primary factor. Other problems included protracted waiting times at clinics for medication, and lack of security around pension pay-out points.

National Trauma Research Programme. (No date). Trauma and the Elderly in the Cape Metropole. Medical Research Council, Tygerberg.

The findings of the Cape Metropolitan Study of the National Trauma Research Programme on injuries affecting the elderly (65 years and older) are reported on in this paper. A sample was drawn of 8493 cases utilising private and public health services. 7207 elderly persons were found to have been injured during the year 1990 (or 56 per 1000 elderly persons annually). The elderly in Cape Town were also found to be disproportionately affected by trauma deaths. While they constituted five percent of the population, they accounted for 4.8 percent of the trauma deaths. Females within this population group were disproportionately affected as well. While the ratio of female to male injuries in the under 65 age group was 1:2, the ratio amongst the elderly was 3:2. It was also found that according to race proportions within the Cape Town area, the highest incidence of geriatric injuries occurred amongst the coloured population, followed by the White population and lastly, the African population. The major causes of injury were found to be domestic (85 percent) amongst the elderly as opposed to violence (more than a third) amongst the under 65 year age group. The majority of the target group were found to have a low income and to not be covered by medical aid. With regard to the severity of the injuries, the elderly were found to experience relatively minor injuries, and were more likely to be disabled by these injuries, which have
implications for ongoing care and support. It is concluded that the number of elderly people sustaining injuries will increase overall, as the geriatric population is growing and many of them are leading more active lives. This has implications for health planning. It is also suggested that the elderly have special needs that require attention and that preventive strategies be targeted at home hazards.


This investigative report focuses on the experiences and living circumstances of African elderly persons living in Khayelitsha, in the Western Cape. The first phase of the study concentrated on 18 welfare and health agencies operating in this area, who participated in an open discussion. During the second phase, focus group discussions were held in Xhosa with eight groups of elderly residents (80 people in total), aided by four facilitators. Several areas of concern are revealed: safety, accommodation, family life, pensions and income, respect, social needs, health services and transport. Many residents were shown to feel at risk from violence, particularly taxi violence, and are also afraid of losing their homes to fire. Family life was considered to be important, and participants were found to welcome their role as caregivers. Their main concern was seen to arise from the exploitation of pensions, as well as insufficient money and administrative difficulties. Many participants were unaware of the information needed in order to apply for a pension, and complained of being cheated by people offering to cash their cheques. Health services were also seen as a major issue: many elderly residents felt that clinic fees were too high, and preferred to visit hospitals. A facility for chronically ill patients is recommended, in addition to more effective primary health care. Further recommendations include an information service or pamphlets at key points to assist the elderly in accessing resources, greater assistance in obtaining or dealing with pensions (pensioners should be informed when pensions are suspended or withdrawn), and greater emphasis should fall on the development of community services. Finally, an urgent need is identified for frail care services.


This article reports on a comparative study of the older African population of Cape Town and other South African ethnic groups. In the study 168 men and women aged 60 years and over were examined, and their blood pressure, diet and weight recorded. Although high levels of obesity (51.3 percent) and hypertension (48.7 percent) were found in women, the results indicate a fairly low risk for chronic diseases of lifestyle in the African population. However, it is noted that the changing lifestyle of urban African South Africans may result in higher levels of exposure to chronic diseases.


This paper examines research on the epidemiology and presentation of depression in the elderly. The author notes that epidemiology of depression in late life is the study of the distribution of illness among the elderly and those factors that influence this
distribution. It essentially involves distinguishing the ‘worried well’ from the ‘serious’ psychiatric disorders. The author observes that there have been methodological problems in the assessment of depression, particularly around the selection of subjects, the definition and detection of depression, the selection of instruments for detection, and the clinical presentation of depression in the elderly. As a result, different studies in the past have varied considerably in terms of their findings. The author highlights studies reflecting the distribution of depression. Some of the main trends with respect to age, sex, race, occupation and social class are noted. The longitudinal history of disorders is examined through a discussion of studies on suicide rates, as traced over an age cohort from young adult life to old age. Aetiological studies are noted as demonstrating that there are multiple factors that contribute to depression in late life. These range from social factors, such as widowhood, divorce, and poverty, to biological factors such as genetics and metabolic or hormonal changes. The importance of community surveys for health service utilisation is emphasised, as they allow for the evaluation and planning of effective treatment or preventive measures. Studies on the presentation of depression in the elderly are discussed, and it is noted that the presentation of depression amongst the elderly varies considerably, and that it covers a broad spectrum between a state of apparent wellbeing to that of marked psychological and/or physical symptoms. For this reason it is argued that researchers have come up with different diagnostic groupings and prevalence rates based on their assessment of mood states, functional disability, course of illness and prognosis. It is concluded that researchers using different instruments and adopting differing views on depression have perpetuated the confusion surrounding the nomenclature and criteria for the various types of depression. In order to attain more clarity, it is suggested that researchers reach greater consensus.


The aim of this study was to explain the fear of the elderly of victimisation and its effect on their lifestyle. An explanatory model was used to show the relationship between fear of victimisation, certain determinants of fear (environmental factors, ageing factors and interaction with and experience of crime), and the consequences of this fear. It is noted that fear gives rise to views on how victimisation can be prevented – through either personal or community measures, which inevitably influence the lifestyle of elderly people. The main component of the model – fear of victimisation – concerns the perceived likelihood of victimisation, the seriousness of the victimisation and perceptions of timidity. Environmental factors as determinants of fear include residential area, type of housing, support of neighbours and police visibility. Ageing factors include physical, social and psychological factors. Interaction with and experience of crime are related to indirect and direct victimisation. Purposive stratified sampling was used, and a sample of 180 elderly people was drawn (90 in institutions for the aged and 90 outside such institutions) from three areas: an eastern suburb of Pretoria, a central city area and a coloured residential area. Elderly people in the coloured residential area were found to experience their environment as the least safe, while the respondents in the eastern suburb evaluated their environment as the safest. Respondents in old-age institutions showed less fear than did those outside institutions. Support from neighbours was found to have a significant effect on the perception of safety in the residential area. Police visibility was found to have little effect on the perception of environmental safety as a result of a probable distrust in the police. A significant relation was revealed between perception of environmental safety and fear of victimisation. Ageing factors were found
to be significant determinants of fear of victimisation, with the physical component the
overriding factor. Elderly women showed more fear than elderly men, while white
respondents and coloured respondents were found to have the same fear of crime.
Further, a significant relation was found between victimisation and fear of victimisation,
while a limited relation was found between direct victimisation and fear of victimisation.
Prevention of victimisation was linked to fear of victimisation and was found to influence
the lifestyle of the respondents. It was also concluded that prevention measures
contribute to isolation, restrict area of movement, diminish the person’s life world, reduce
standard of living and quality of life, and restrict hospitality. Respondents rated escorting
services, crisis lines and regular police patrols as essential for community protection.

The study reported on in this paper was designed to assess and compare the knowledge
of health and other services by elderly African people in the townships of Langa and
Khayelitsha in Cape Town. The study was part of a larger study on the effects of
urbanisation on health and the use of health services. 195 respondents from Langa and
170 respondents from Khayelitsha, all over the age of 60 years, took part in the study. A
structured questionnaire was administered to the sample group, and information was
also gathered from family members to validate data obtained. The results of the study
show that there were more females in the Langa sample, more of the respondents from
Khayelitsha were born in rural areas and that education levels were lower in Khayelitsha.
Only 11 percent of the Khayelitsha elderly perceived their health as being good, and only
49 percent made use of available health services. More Langa residents than
Khayelitsha residents reported hospital admissions in the time frame assessed.
Moreover, significantly more of the Langa residents (74 percent) were in receipt of
pensions than the Khayelitsha residents (48 percent). Almost four times as many
respondents from Khayelitsha received no income. Khayelitsha respondents were less
aware of and less able to access services such as social workers/service centres and
dentists, and were also less informed on the location of traditional healers and local
shops. Aids such as spectacles, false teeth and walking sticks were most commonly
used by respondents from both townships. Very few of the elderly people in Khayelitsha
were found to live alone (three percent) when compared with those in Langa (10
percent).

In general, with respect to most services, the elderly were found to be fairly well catered
for. Problems surrounding transport were attributed to poverty rather than the availability
of transport. The social support system is regarded as an important factor in lower
socio-economic communities, and it is suggested that provision of institutional and
community care facilities be made available to address current and future problems. It is
concluded that improving the health of the elderly will reduce their admission to
hospitals, use of medical services and consumption of medicines and health products.
The need is underscored for a community health nurse/worker, who would identify the
need for health care and assist with obtaining it. Suitable housing is also emphasised as
being important for the elderly, in that they are then able to remain part of the
community. It is recommended that old age homes be built for those in need of constant
care. The pension is noted as an important source of income security for the elderly and
it is emphasised that it must be kept in pace with inflation, and that the elderly need to be
assisted in accessing their pensions. Further, considering the low educational levels of
the elderly, there is a need for informal community-based and recreational programmes,
as well opportunities for training for the elderly to develop a sense of self-reliance and community responsibility. It is recommended that education on the ageing process begin at an early age. Moreover, it is noted that there is a need for improved access to transport and for further interdisciplinary research to assist with planning and policy development for the elderly. Finally, it is recommended that health and social services be brought to people to reduce their traveling costs, and that support to service centres and community health workers be increased.


This paper consists of secondary analysis of data from the 1995 Western Cape Community Housing Trust study, on the demographic and socio-economic dynamics of the African population in Metropolitan Cape Town. The aim of the paper is to provide statistical information on the living circumstances of elderly households, as well as some idea of the nature of urban-rural linkages in elderly households and an indication of past and recent migration patterns of older members. The sample consisted of 807 households, of which 113 sheltered at least one older person of 60 years and over. According to the data, older citizens have participated in the recent rural-urban migration, albeit on a somewhat smaller scale (only two percent of migrants from the Eastern Cape were older than 60 at the time of leaving). As these people generally do not intend to move back to a rural area, this old age migration pattern has serious implications for service provision. It appears that regional differences in the availability and quality of health services, a lack of access to the pension system and the poor quality of physical infrastructure in rural areas all play a dominant role in the decisions for out-migration. Further, recent movement patterns have been dominated by intra-urban mobility, particularly for older citizens. Over 20 percent of all the elderly have moved within the greater Cape Town area in recent years, mainly for access to safe and better housing. Cases of return migration in old age appear to be rare (only 16 percent of those aged 60 and over favoured a place in the Eastern Cape as their retirement residence). Urban-rural visits appear to be motivated largely by the search for security, both in a material sense as well as a future-oriented strategy to secure care by kinfolk in case of deteriorating health. The participation rate of elderly people in intermittent urban-rural migration appears to be significantly higher than that of their younger counterparts. It appears that elderly urban households are often part of an integrated urban/rural nexus. Future research should supplement the general lack of hard statistical evidence relating to the living circumstances of elderly households and older people, and to their socio-economic and geographical dynamics in specific urban settings. Particularly, it is noted that the migration experiences of senior males and females have been neglected in gerontological research. Both later life relocation and the intense participation of elderly households or older people in short-term urban-rural mobility, are areas for future research. The socio-dynamics of elderly households and the linkages between elderly urban households and rural homesteads should be attended to. More generally, the analysis of the interdependence between urban and rural households should be given priority in future gerontological research.

This study consists of an exploratory social survey of ten percent of the African aged population in 75 communities (in three urban and two rural areas) in the Orange Free State. The survey was conducted in order to ascertain information on the needs and circumstances of the aged as well as to identify and evaluate services for the elderly. The major needs of respondents were identified as follows: appropriate accommodation (overcrowding and lack of adequate facilities were cited as the main problems); financial help (issues included difficulties experienced at pension pay-out points, and security once pensions have been received, while pensions were noted as the sole source of income and often had to be shared amongst dependants); affordable and available health care (accessibility to clinics and hospitals was noted as a major problem, and a need for home nursing was also pointed to); adequate food; and the need to feel part of the community (problems identified here included lack of information, insufficient community facilities, under-utilisation of service centres due to poor resources and lack of management). In terms of services, it was found that the majority of respondents received informal care, and that formal services did not provide the necessary additional support. In addition, there was no evaluation of the services rendered by informal resources – that is, voluntary organisations, family support, as well as physical and emotional care by family members. The need is emphasised for more innovative, subsidised community service provision, such as primary health care and home nursing, instead of poorly equipped and inaccessible service centres. Moreover, the need for more research into family coping mechanisms (emotional and financial costs) is stressed. It is recommended that outreach programmes be established, especially in rural areas, which could include mobile screening units and networks for referral. In addition, it is recommended that alternative housing schemes for the elderly be identified. The research highlights the fact that without the creation of economic security and provision of direct supported home care services, informal care could deteriorate.


The intention of this study was to fill the gap in information on the rural aged and their health care needs. Using observation and semi-structured interviews, information was gathered from respondents in the Maphophe and Matiyane villages from Gazankulu in the Northern Transvaal. Ninety-seven people, all over the age of 60 participated in the study. Seven indicators of health status were selected to determine unmet health care needs of the sample: gastro-intestinal; urinary tract; oral health; physical independence; visual acuity; Haemoglobin concentration; and peak expiratory flow. A health problem was labeled as significant if the elderly person would usually benefit from receiving care for it. The majority of the participants were women (63 percent), from Maphophe (60 percent) and over 70 years of age. It was found that 62 percent of the respondents had visual problems, yet that only 12 percent had had their eyes examined within the year. Fourteen percent were found to be disabled but none had received treatment or an aid. Further, 48 percent had peak respiratory flow but only 13 percent had been treated for chest problems. Seventy eight percent of the sample were found to have oral health problems but only one percent had received dental treatment. Moreover, 23 percent of respondents were found to be anemic but none had received treatment, and 32 percent
were found to have urinary problems for which only 13 percent had received treatment. Finally, 32 percent of respondents had gastro-intestinal symptoms but only eight percent had received treatment for these symptoms. Overall, only 11 percent of cases had received treatment for significant health problems. The researchers argue that the main reasons that so few of the respondents had received care in the areas under study are high transport costs and inadequacies in the quality and availability of care. It is suggested that appropriate services be developed at local clinics and pension payout points. It is concluded that the unmet health needs identified in the study are broadly generalisable to other ‘homeland’ areas, and it is argued that these needs will remain until there is equity in resource allocation amongst the races and between urban and rural areas.


This study is based on 50 structured interviews (40 female and 10 male), three interviews with caregivers, and 12 case studies of clients of the Muthande Society for the Aged, a fund-raising welfare organisation for the aged. The study looks at the nature of support networks for those interviewed, their current needs, and their views of services provided by the Muthande Society for the Aged. A variety of services are provided, including cleaning, preparing meals, transport and basic health provision. It was found that eighty percent of those interviewed required help in drawing their pension, relying heavily on Muthande to assist with transport. This also applied to everyday health conditions and visits to clinics. Positive links were found between staff at pension pay points and staff at Muthande, and this meant raised awareness of the society. Some of the recommendations included certification of training for caregivers and continuing education programmes, possible state subsidisation for Muthande Society for the Aged, greater accessibility to the service centre, and the provision of centralised health services.


This article looks at the cultural differences and social status associated with ageing, in a rural Transkei community. Through observation and interview techniques, the researcher found that males in the community were considered to be elderly at a much earlier age (58) than females (54 years). The aged were also considered to hold prominent positions and were regarded highly in their community.


This article reports on a study of the clothing needs of female social pensioners in Stellenbosch. A structured questionnaire was used to gather data from 107 non-institutionalised coloured women, 60 years and older. Respondents were sampled by approaching every fourth woman in pension queues in and around Stellenbosch. It is concluded that elderly women have certain common needs, problems and preferences
regarding clothes, which may be partly ascribed to the physical changes that accompany the ageing process.
THE DISABLED


This study focuses on a rural community in the Gazankulu district of the Northern Province. Disability rates and the nature of disability-related problems are assessed. According to the research, a basic lack of services, such as water, electricity and sanitation, have resulted in high dependency rates amongst moderately disabled people. In all, 6968 residents were screened and 8.1 percent of the residents were found to be disabled. Visual impairment was found to be most prevalent, followed by motor impairment. Key findings of the study include the fact that a high percentage of disabled people, particularly disabled females, receive little or no education and are unemployed. Moreover, the services provided to this community in terms of health care are inadequate when taking into account transport difficulties and accessibility. The introduction of a basic orthopaedic workshop is recommended, which could teach the disabled to make and repair simple appliances.


This thesis aims to investigate the attitudes of certain African communities towards the disabled, and makes use of systemic observation interviews with 70 people from the Venda, Pedi, Tsonga and Ndebele tribes. Interviewees were divided into seven groups, with ten people per group, namely parents of the disabled, the disabled, siblings of the disabled, parents of non-disabled, youth, old people and professional workers. Findings from the study indicate that disabilities such as cerebral palsy, orthopaedic disabilities, blindness and deafness are seen in a negative light by communities, and as a result cause problems for the disabled. Educating the African community about disability is seen as the primary recourse in changing attitudes towards disability and disabled people, and recommendations are made along these lines.


Between 31 March 1998 and 19 June 1998 the South African Human Rights Commission, the Commission on Gender Equality and the South African NGO Coalition convened a series of 10 hearings on poverty. The Speak Out on Poverty hearings were held in each of the nine provinces, and over 10 000 people participated, by attending the hearings, mobilising communities or making submissions. Nearly 600 people presented oral evidence over the 35 days of the hearings. Disabled people’s interests were well represented at most hearings, with both written submissions from affiliates of disabled people’s organisations, as well as oral and written submissions from disabled people and their parents. These submissions argued for empowerment, ‘no exclusion’, and for subsidies for day care centres in order to look after their disabled children. They complained of a lack of facilities for disabled people (at local hospitals, for example), as well as discrimination with self-help projects, in that “they tell you to go to Welfare because you are disabled” (p. 69).

This article reports on a descriptive cross-sectional prevalence study, which was conducted in the Mhala health ward of Gazankulu to determine disability prevalence, and to establish the extent of the handicap in certain identified disabled people with a moving disability. The authors mention that very little is known about the numbers and types of disability present in the South African population, particularly in rural areas, which has made the planning of rehabilitation services impossible. A cluster sampling technique was used in the study to obtain the sample population of 10 000, calculated to provide a sufficiently large population for all disabilities to be represented. All the residents of the selected villages formed the subjects in the sample and all the members in each homestead were surveyed. A structured interview format with predetermined questions and a uniform way of recording responses was used. Once the disabled were located, follow up interviews and examinations took place to determine the extent of the handicap. A disability prevalence rate of 4.59 percent was found, indicating that in Mhala there are approximately 11 400 disabled people with 2400 having a moving disability. It is noted that at least 500 people with a moving disability are handicapped with respect to self-care activities and would probably benefit from rehabilitation.


This article is based on research conducted in the Ingwavuma district of KwaZulu-Natal, which examined the incidence of blindness and low vision. The methodology comprised of a sample of 60 clusters of 100 persons each in the Mosveld health ward. Each person was tested for visual acuity, and a total of 6090 people were screened. Tests found the prevalence of blindness to be 1.0 percent and low vision 1.4 percent, with cataracts and glaucoma being the principle causes of blindness. The establishment of an accessible ophthalmic surgery with appropriately trained nurses is recommended, and it is noted that further research needs to be conducted into the cultural and social reasons that lie behind resistance to medical help.


In this thesis literature on disablement studies is reviewed, as well as a study of sixty clusters of seventeen households which were surveyed in the Gelukspan health ward (50 km south of Mafikeng). It is noted that there are a great variety of research methods and applications of definitions of disablement, which result in a wide range of prevalence rates of disablement. It is emphasised that until disablement is properly defined and specified, prevalence rates as tools for development of rehabilitation services will be almost meaningless. In the first phase of the study reported disabilities were identified by means of a structured interview, in which demographic information and specified forms of disability were obtained, and neuro-developmental delays in children below the age of thirty-seven months were identified. In the second phase a follow-up study was completed – using interviews and physical assessments - on those people reported to
have a physical disability and children who were reported as having neuro-developmental delay. Reported and confirmed rates of disability prevalence rates, degrees of handicap and factors associated with disability integral to the planning of rehabilitation programmes were all identified. It was found that reported crude disability prevalence rates generally show similar patterns as elsewhere in South Africa, with the exception of physical and visual disabilities, for which higher rates were found. Confirmed physical disability prevalence rates in the Gelukspan health ward, when compared with research completed elsewhere in the country were also found to be slightly higher. Conditions of the lower extremities, causing mobility disability and handicap were found to be the major form of physical disablement in the Gelukspan health ward. In particular, needs were identified in the fields of economic self-sufficiency, occupation and education. It is recommended that existing rehabilitation services in the Gelukspan health ward, such as the parent guidance centre, need to develop into community-based services, and that the existing institution-based care should have a supportive function in the programme. Moreover, it is recommended that community-based rehabilitation services should be an integral part of the primary health care programme in the Gelukspan health ward and of the broader community development.


This report into the circumstances of disabled people in South Africa, is supported by 36 sub-reports, which cover a wide range of topics on disability. The report highlights the World Action Programme for the Disabled, followed by a situation analysis of disability and services in South Africa. The disparity in services amongst the various regions is highlighted, and it is noted that the majority of access to services is limited to metropolitan areas. A lack of information on the causes of disability is identified, resulting in very few prevention strategies and limited national planning for the disabled. It is recommended that a new department for the care of the disabled be established, which would provide a more integrated and effective structure for policy implementation.


The research for this report involved interviews with 10 disabled people aged 16 to 65 years and 10 significant others, in Valley of a Thousand Hills, KwaZulu-Natal. A number of service needs were highlighted amongst this peri-rural community, and these include medical (access to facilities and prosthetics), social (social integration) and financial (regular and increased DGs and pensions) service needs. The report highlights the need for supplementary income. The needs of significant others were surveyed, and areas of concern were found to be assistance with personal care, training, financial difficulties and lack of transport. In order for a rehabilitation service to be set up, transport, trained staff, access to equipment and medication need to be addressed. Recommendations include self-help groups, along with regular mobile clinics. The research highlights the need for community rehabilitation workers.

The research for this study made use of interview techniques to ascertain the life situation of mothers with Down Syndrome infants. Forty infants were diagnosed and thirty mothers interviewed in Southern Transvaal, covering issues of reaction to Down Syndrome, problems associated with the disease, and the mother’s health. Blood specimens were obtained from suspected cases of Down Syndrome in many parts of the Southern Transvaal and from three local hospitals – Baragwanath, Natalspruit and Tembisa. The results show a high incidence of Down Syndrome infants for mothers who were older when they became pregnant, and who had not used a prenatal diagnosis service. Many of the mothers were deeply shocked at the diagnosis and experienced feelings of despair in coping with the child, leading to high levels of stress amongst those interviewed. The study recommends continued support for mothers of Down Syndrome children in the form of groups and stimulation programmes.


This study sets out to investigate the socio-economic positions of mentally retarded persons. The methods of the study include a literature study as well as an empirical investigation. Informal and formal discussion sessions with doctors, psychiatrists, geneticists, occupational therapists and clinical psychologists enable professional viewpoints to be obtained, and these enable the study to be streamlined and focused. The empirical investigation was conducted through the examination of 128 patients’ files. Only patients admitted after 1980 were considered. For each of the 128 patients there were three hospital files – clinical, genetic and administrative. All of these files (384) had reference to the problem and were therefore examined. The study found that social workers have an important role to play in the treatment and care of mentally retarded persons, and that they can be an important link between the patient and the patient’s family and community. The main recommendation is for social workers to be better trained and prepared (through seminars, workshops and courses) in order to be able to meet the needs of mentally retarded patients. It is also suggested that further research be carried out in other similar state hospitals to see whether the same problems are experienced.


In this thesis the prevalence of reported motor disability and confirmed motor impairment amongst rural African women in the Manguzi health ward in north-eastern KwaZulu-Natal is assessed, as well as the impact of this disability. The study area is atypical of a rural area because of the presence of an endemic osteoarthritis known as Mseleni Joint Disease. Therefore, it must be emphasised that the results of this study are not generalisable to other rural areas in South Africa. The prevalence of reported motor disability was determined through an interview survey and the presence of motor impairment was confirmed by medical and radiographic examination. A cross-sectional
analytic study incorporating elements of case control study design was used to measure the impact of disability in terms of activity restriction in rural activities of daily living and subsequent handicap. A random cluster sample of 1659 individuals of all ages was used. Findings indicate that age-adjusted motor disability rates for females were 97 per 1000, and 54 per 1000 for males. Age-adjusted walking disability rates for females were 90 per 1000, and 51 per 1000 for males. The prevalence of reported motor and walking disability was found to increase dramatically with age. Age-adjusted rates of confirmed motor impairment for females were 57 per 1000, and 48 per 1000 for males. The most common form of impairment was osteoarthritis of the hips, and females were more affected than males. Moreover, the prevalence of confirmed motor impairment was high, particularly amongst women over the age of 60. It was found that 80 percent of women were eligible for OAPs, but that only 20 percent were actually receiving grants. Only 30 percent were claiming for DGs. Greater access and education about grants and pensions is deemed necessary. Physiotherapy and occupational therapy is needed due to mobility and physical independence problems. The need for standardised methodology in disablement research is emphasised in the study, and the necessity for further investigation into appropriate methodology is stressed due to the difficulty of measuring impact of disability and the implications of handicap on rural women.


This report identifies existing resources and assets available to disabled people in Uthukela/Ladysmith, as well as problems and gaps in service provision. Information was collected through individual and group interviews, three workshops and secondary literature. Findings of the study indicate that District 23, comprising two sub-districts, is an under-resourced area, with few basic services for disabled people. There are a high percentage of disabled children aged under 10 years, and problems of speech, visual and mental impairment are prevalent in the area. This is coupled with a lack of education and resources for children with special needs. Although services exist, the lack of integration of services at the primary health care level is a major problem in the area. The report highlights the need for further research into the effects of poverty on the lives of disabled people. It is also recommended that the early identification of disability amongst children be prioritised, that disability awareness programmes be promoted, and that educational opportunities be extended. In this way income generation and employment can be provided for disabled people, accessibility improved, personnel trained for rehabilitation services, and policies relating to disability at district level promoted.


This report identifies existing resources and services for disabled people in the Durban Metro district, as well as barriers to and gaps in service provision. Primary data –
questionnaires, interviews, focus group discussions and workshops – as well as secondary data are used. It is concluded that although services exist for disabled people, there are still major barriers, particularly with regard to transport and accessibility. It is noted that there are 33 special schools providing education for children with special needs in the Durban Metro. Rehabilitation services are provided for in 12 institutions, but the report highlights the lack of services in rural areas. Although there are a number of NGOs providing outreach services, there is a need for more government support for these organisations. KwaZulu-Natal is the only province with an Integrated National Disability Strategy Implementation plan, but the authors emphasise that a great deal of work still needs to be done to disseminate this information and policy at a district level. Assistive devices for the visually, speech and hearing impaired are of particular need. Certain gaps are identified, and these include a lack of information on disability at the district level, a lack of policy guidelines, poor working relationships between NGOs and government, a lack of accessible education facilities, as well as inaccessible public buildings and transport for people with disabilities.

McQueen, A., and Swartz, L. 1995. Reports of the Experience of Epilepsy in a Rural South African Village. Social Science and Medicine, 40(6), 859-865.
Forming part of a project on community health in the area of Mamre, 48 km from Cape Town, the researchers in this study interviewed 16 people reported to have epilepsy, to attempt to understand the social and psychological effects of the disease. The term ‘epileptic’ was rarely used amongst the respondents, indicating a sense of stigma and shame. Ten of the interviewees were found to be in receipt of a state DG, but were eligible to work in a place of protective employment. A general lack of knowledge about seizures and epilepsy was found to exist amongst the respondents and their communities, and adequate medical resources were identified as necessary to improve access and education.

This study explores the response of interest groups to people with disabilities in the peri-urban community of Amawoti. Eleven focus group discussions were conducted with youth, civic members, staff of Ilimo Project, teachers, business owners, landowners and state employees, disabled people and caregivers. The major needs of disabled people were identified as (in order of those most frequently cited): opportunities for constructive occupation (schooling for children or employment for adults); love and care, encouragement, independence and recognition of their humanity; basic physical provisions; personal relationships, organised action and family structure; ‘a place to be kept’ (one disadvantage was identified in that placement in places of safety could mean the loss of the DG for the family); social welfare and health services (a need for social workers to assess the needs of disabled people, assist with food parcels and help resolve pension problems was identified). Further, DGs were highlighted as an area of need - difficulties in the application process and in their ongoing receipt were identified, while the amount of the DG was noted as not being sufficient to live on. A need for medical care, a lack of accessibility and knowledge of services, as well as a need for assistive devices were also identified. The study presents a new conceptualisation of disability, which links prevention, rehabilitation and social action. The research highlights the need for disability to be addressed as a development issue, and for a re-
orientation of professionals from theory and practice based on the medical paradigm of disability, towards a social understanding of disability. A number of research questions were raised. What is the impact of traditional beliefs about disability on community-based programmes? How can disability issues be addressed through development programmes? How can community-based rehabilitation be implemented at national and district levels as part of the National Health Plan for South Africa?


This is a report in three phases. In the first phase (‘Research on Assistive Devices’, February – June 1996) research tools and methods are developed. In the second phase (‘Research into Assistive Devices’, July – October 1996) data is collected on the difficulties encountered by disabled people, service providers and the cost of assistive devices is determined. The third phase (‘Assistive Devices in KwaZulu-Natal: Making the Service More Accessible’) consists of a research report. On the whole the study explores assistive devices for disabled people in KwaZulu-Natal, with a particular focus on availability, affordability and appropriateness of service. The methodology for the study included secondary sources and focus group interviews, as well as discussions in ‘resourced’ areas (Pietermaritzburg and Pinetown) and ‘under-resourced’ areas (Edendale and Umlazi). The study looks at visual, communication, and mobility impairments. The key findings of the study indicate that the cost, maintenance and availability of assistive devices are considered to be the main problems. All groups expressed lack of knowledge on the subject, and disabled users found that they were not consulted fully by service providers, which in turn undermined their confidence and empowerment. Poor coverage, especially in rural and peri-urban areas, inefficient bureaucracy and lack of collaboration between different sectors prevented the service from being cost-effective. The development of more appropriate, low-cost, local technology, and the establishment of workshops for manufacturing and maintenance are recommended. In addition, the provision of free essential assistive devices at a primary level, improved information systems, the promotion of community-based rehabilitation services, and a change in attitude on the part of service providers towards disabled users are further recommendations.


This literature review focuses on the historical development of rehabilitation services in South Africa, challenges facing rehabilitation services and some of the qualitative studies on disability. Subjects covered include racial bias, the medical/charity model of disability, lack of co-ordination, bureaucratic structures, personnel and training, NGO’s, experiences of blindness, physical impairment, functional abilities, awareness of resources, assistive devices, and mental disability.

This chapter looks at disability in relation to poverty, rehabilitation and primary health care. It also emphasises the problems associated with the medical model of disability, which focuses mainly on physical impairment, and minimally on social impairment, and contributes to the exclusion of disabled people from society. It is noted that a lack of coordination between departments, the low priority given to rehabilitation services and the lack of a central base for disability related research all contribute to fragmentation and lack of planning regarding disability in all its forms. A disability awareness programme is recommended for health personnel, as well as the collection of statistics and baseline data on disability, accessibility of health facilities for disabled people, the promotion of community-based rehabilitation, the monitoring of existing services, and the monitoring of new policies.


In this study the extent of moderate to severe reported disability is measured, and the nature of the disability experience in South Africa is described. For the purposes of this study disability was defined as a limitation in one or more activities of daily living (seeing, hearing, communication, moving, getting around, daily life activities, learning, intellectual and emotional). If a person answered yes to one or more of the probe questions asked, they were counted as being disabled. The screening questionnaire was used to provide information on all household members, and to calculate the prevalence rate, as well as identify respondents for the detailed questionnaire. The detailed questionnaire was administered to 1703 disabled people, and provided data on the nature of the disability experience. In all, 9620 households were included in the study, covering in correct proportions the nine provinces, rural, urban and metropolitan areas, four race groups and all age groups. Information was obtained on 42 974 people, of whom 2435 were identified as being disabled. Five life stories were collected from disabled people (a deaf African adult man; a young white woman with a severe learning disability who is an honours student at university; an African woman with aphasia who was a journalist before her stroke; a young white man with cerebral palsy who is a computer specialist; an African man with Albinism who is a lawyer). Nine focus groups were run with disabled adult men and women, parents and caregivers of young disabled children and adults with intellectual disabilities, adolescents, university students and people with epilepsy. The groups were kept homogenous according to age and sex or disability type.

It is clear from the study that health services are the most received and the most needed service, while welfare and educational services are the least received services. Health, medical rehabilitation and assistive device services were the services reported as needed most often. All of the focus group participants, not only those who were disabled but also parents of disabled children, spoke of suffering from discrimination and other people’s ignorance and insensitivity. Work was indicated as being a major concern: people with disabilities struggle to find work, and those who do have employment still
suffer from discrimination in the workplace. The immediate concern of parents of disabled children is that they themselves often cannot work because they need to care for their child, due to inadequate child-care facilities. Participants in focus groups indicated that they often struggle to obtain information about services that are available, support groups or even about their disability. Further, many respondents identified physical accessibility issues as a priority. It is noted that in rural areas and in cities, poor quality roads or crowded pavements make movement difficult, while public transport is not geared for disabled people. In order for integration in society to take place, participants emphasised the importance of education of children around issues of disability and encouraging the use of terminology that is inclusive and affirming. A general support for mainstream schooling is also noted in the study.


For this study 10 interviews were conducted with patients during initial hospitalisation in Pretoria, and these focused on the impact of their injury on their lives, particularly their sexuality. Key findings of this study are that the loss of physical independence and the possible inability to continue working are the main concerns of the patients. Recommendations include regular counselling and monitoring of patients to ensure optimal adjustment for themselves and their families.


This study examines the life experiences of visually impaired persons in a rural community outside Empangeni. The aim of the study was to identify both problems and reactions, coping strategies, the significance of institutional rehabilitation and the support given by health professionals to visually impaired persons. The research methodology employed in this study was qualitative: sixteen African visually impaired adults (eight men and eight women) between the ages of 21 and 55 years were interviewed. Measles was found to be the cause of blindness amongst those who participated in this small sample of blind people. Apart from one interviewee, it was found that visually impaired people are able to resolve their problems and adjust, and that they have coping strategies that seem successful without any professional rehabilitation. However, it was found that the community has not fully accepted their disabled members.
DISABLED CHILDREN


This research was carried out on severely mentally handicapped children in the Paarl-East community, where prevalence rates were estimated to be six per 1000 in children below the age of 15 (greater than the norm of four per 1000 reported by the World Health Organisation. Children below 15 years of age who had been born and were living in the Paarl-East area were included in the study. An IQ below 50 was a prerequisite for inclusion in the study. The homes of the children were visited and a questionnaire was administered. The findings indicate that the major functional difficulties that are experienced include speech problems, and the inability of the disabled child to dress, walk and feed him or her self. Many of the caregivers were found not to be aware of the severity of the child’s condition, and special needs had therefore not been attended to. Regular antenatal care is recommended for these children, and the need for community rehabilitation workers to assist in appropriate education and development programmes is underscored.


This qualitative study evaluates the effectiveness of community based rehabilitation (CBR) programmes in addressing the need for accessible resources for families with intellectually impaired and physically disabled children. The research methodology is comprised of the evaluation of two CBR programmes (for disabled children and their main caregivers) from two separate low socio-economic, peri-urban areas in Cape Town. The programmes entailed a weekly group meeting, which included physiotherapy interventions to assist the development and functional abilities of the children by means of activities that the caregivers could include in daily home care. The majority of the caregivers were mothers, and all were homemakers. In the Mfuleni programme caregivers of 14 children were interviewed, and in the Delft district the caregivers of nine children were interviewed. The children, less than 13 years old, were severely intellectually impaired, some with concomitant physical disabilities and not attending a special school or centre. Using primarily qualitative research methods, such as open ended focus group- and individual interviews, participant observation, as well the documentation of an evaluation of each child (which was later related to the views expressed by the caregivers), common meanings and themes were explored in the analysis. Interventions of education and training for the caregivers were found to improve their knowledge and understanding of the impairments and disability of their children, allowing the children to benefit functionally from improved skills and knowledge. Through discussions with other families at group meetings, the caregivers had an understanding of other disabilities in children and development outcomes that could be possible for their own children. After attending these programmes, caregivers were also more confident in terms of addressing the negative perceptions of disability in their own communities. It is emphasised that community participation in CBR programmes is
necessary in order for participants to become self-reliant and solve their own needs, but also for the programme to become sustainable. It is recommended that the physiotherapist implementing any interventions for disabled children should ensure that the caregivers are partners in the planning and selection of interventions, and that their needs are addressed.


This study focuses on physical disability in children, family stress and coping, and the impact of disabled children on families. In all, 1359 subjects in Indian, coloured, African and white families, some with disabled children and some with non-disabled children, formed the basis of this investigation into family stress and coping patterns, through comparison of the two types of families. A questionnaire on resources and stress (QRS) for families with chronically ill and handicapped members was employed as a multivariate measure of family stress, to allow comparison of the QRS responses of parents and physically disabled children with those of non-disabled children for all race groups. The study also examined whether the subject variables (namely sex of the child, sex of the parent, birth order of the child, and diagnostic classification of the child) were related to differential stress patterns in the four ethnic groups. The socio-economic status and age of child were controlled for statistically and results were analysed using both parametric and non-parametric tests. The two major findings on the cross-ethnic comparisons were measured against personal problems, family problems, problems regarding the disabled member and against the variables outlined above.

In all races, caring for disabled children was found to be classified as creating personal problems such as poor health, and to result in negative attitudes towards disabled children. African, coloured, and Indian parents of disabled children reported these children as causing excessive time demands. Overprotection/dependency were identified as problems for Indian and white parents of physically disabled children. Lack of social support was not reported on as a problem in all ethnic groups. White, African and Indian families with disabled children reported over-commitment or intense involvement in caring for the children. Pessimism about disabled children was found to be a problem for African and coloured families. However, lack of family integration was identified as a problem for African parents of disabled children only. African and white parents reported limits on family opportunity. African, coloured and Indian families were found to be experiencing financial problems as a result of caring for the disabled member. In addition, African, Indian and white parents reported problems of physical incapacitation, occupational limitations and difficult personality characteristics of disabled members.

On the whole, parents of physically disabled children were found to report more stress than parents of non-disabled children. Stress was also found to vary significantly within ethnic groups, with Africans reporting higher levels of stress, while whites and Indians reported similar levels, and coloureds the lowest levels of stress. The variables of sex of a child, sex of parent, birth order of child, and the child’s diagnostic classification were not found to be significant in influencing stress patterns. Future research that is suggested includes investigation of interaction effects of a number of variables simultaneously – for example, marital status of the parents, geographical location of the family and residence of the child. In addition, employing a QRS with non-disabled siblings in relation to the disabled child is recommended, as well as the development of
a national research programme which would focus on families with disabled members, in order to build up data on various chronic conditions, impairments and disabilities.


This paper focuses research completed on rural African children in the Bushbuckridge district of Mpumulanga. Through an interview process, the research assessed the intellectual disability of children aged between two and nine years (4581 children were screened by fieldworkers and 541 were examined by paediatricians). The mothers or caregivers of the children were asked questions on hearing, vision, epilepsy and movement disorders. The results reveal a 2.2 percent rate of intellectual disability (the commonest type of disorder being epilepsy), as well as evidence of severe and mild mental retardation. Causes of intellectual disability were found to be genital or due to external or unknown factors. The authors recommend that similar studies be supported by services for the affected children, and that long-term preventative strategies need to be developed.


This study was undertaken to examine the functioning under conditions of extreme poverty, of 22 families in which there was a child with severe mental handicap. The families that were studied had a child who attended outpatient clinics run by the Neurology Service at the Red Cross Children’s Hospital in Cape Town. Selection criteria were as follows: the child had to be less than 18 years, have an intelligence quotient or developmental quotient of less than 50, and have a monthly cash income of less than R450. Information was gathered by means of a questionnaire, and in every case the informant was the mother or mother surrogate of the handicapped child. The findings show that despite an extremely restricted cash income, the family units have endured and 79 percent of the marriages were found to be stable. Further, the majority of siblings did not show disturbed behaviour. Adverse neighbourhood reaction to the disabled child was reported by 32 percent of families, and 91 percent of families felt that community resources for mentally handicapped children were inadequate. The study highlights the need for larger social welfare grants, day care centres, a community-based system of home and holiday relief, and cultivation in the public mind of a more informed and sympathetic attitude to mental handicap.


The general aim of this study was to identify and describe stress patterns in African and white South African families, in which a family member suffers from mental retardation or physical disability. A QRS for families with chronically ill and handicapped members, as well as a multivariate measure of family stress was administered to a sample pool of 1269 subjects. A quasi-experimental between group design was employed to compare the QRS responses of African and white parents of mentally retarded, physically
handicapped and non-handicapped children. As would be expected, parents of mentally retarded and physically handicapped children reported significantly more stress than the parents of non-handicapped children. African and white parents of mentally retarded, physically handicapped and non-handicapped children were also found to differ in their stress patterns. The age of the child was found to have minimal effects on family stress patterns for all categories of children, while the sex of the child and the sex of the parent had no effect on the stress patterns of the family for mentally retarded, physically handicapped and non-handicapped children. The study presents various implications for further research, which include research to ascertain the effects of socio-economic status, ordinal position of the child, placement of the child and marital status of the parent. Moreover, there is a need to investigate the role of siblings of handicapped children, as well as to include more fathers in future research, and to carry out research into different types of disability. Future research may involve the construction of support services based on the research findings in this study, as well as an evaluation of the efficacy of such support services.


The qualitative research for this study was conducted in the Katlehong township near Germiston, with ten families of physically handicapped children. Interviews and field notes were used. The physically handicapped child was found to have an economic, psychological and social effect on the family. The effect of a physically handicapped child on non-handicapped siblings was investigated, and non-handicapped siblings were found to assume the role of carer to the handicapped child. Due to the handicapped child’s dependence on the mother, families had to rely on one income, in turn placing financial pressure on the household. Mothers were also found to suffer from fatigue and ill-health as a result of caring for their handicapped children. Families also tended to be isolated due to mobility problems. Not one of the interviewees received the single care grant, due to lack of awareness of state assistance. It is recommended that primary health care, housing, adequate education and nutrition programmes be expanded. Moreover, that state grants be made legible to applicants and available immediately upon diagnosis, that counselling and parent support services be provided, and that pre-school facilities be established for disabled children.


In this paper a review of the published literature related to childhood hearing loss in sub-Saharan Africa is presented and recommendations made on possible future research directions that could assist hearing loss prevention and management, that may be appropriate and realistic in many sub-Saharan countries. It is noted that South Africa has a comparatively well-developed health care system, and that a number of studies of childhood hearing loss have been conducted, principally on schoolchildren. Prevalence rates of various types of hearing loss are detailed from the studies that have been undertaken. It is recommended that future research be conducted that collects accurate information on hearing infections and loss, as well as community-based surveys that involves all disabled children. It is also noted that local and traditional beliefs also need to be included in any future research to assist in the planning of preventive programmes.

The methodology for this study consisted of interviews with both parents (26) and community leaders and teachers (16) of mentally retarded children in the six to 10 year age group at Ga-Molepo in the Northern Province. The main needs that were reported were emotional and physical (washing and eating). Difficulties with reading were also identified. Many of the children were not receiving any professional assistance, while others were receiving physiotherapy at Mankweng hospital. While some of the children attended special schools, half attended normal schools where staff were not trained to care for mentally retarded children. Almost all (96 percent) of those interviewed received no social security grant despite being eligible for this, and only one child was found to be in receipt of a DG. The main reasons given for this were lack of access. It is recommended that a multi-purpose centre offering education, occupational and social skills, professional services, and better access to social services be considered. Further, the failure of the Social Assistance Act (SAA) to consider the mildly or moderately mentally retarded child is pointed to.


This study focuses on the historical background of special education with specific reference to African mentally handicapped children in South Africa. The literature survey examines educational provision for mentally handicapped children in certain developed countries, as well as other African countries. Interviews were held with and questionnaires administered to parents and teachers at five different schools for the mentally handicapped in Bronkhorstspruit, Mamelodi, Attridgeville, Soshanguve and Makapanstad. In all, 223 parents were involved in the study and the teacher sample comprised 93 individuals. It is concluded that ‘special education’ is a new concept within the realm of African education in South Africa. Moreover there is not enough availability of special education to meet the demand for it, especially in the area of educational provisions for mentally handicapped pupils. Recommendations are made for the formulation of guidelines for the improvement of specialised education for mentally handicapped individuals, and it is recommended that they be made available to all teachers, relevant institutions, social workers, health workers and parents. In-service training should also be carried out. Further, it is recommended that sufficient special schools and recreational facilities be made available in all provinces, and that additional research be undertaken on the policy development process. Research should involve both theoretical and empirical projects to ensure that theory and practice remain in balance.


In this chapter childhood disability is assessed, particularly access to services, rehabilitation and the need for free basic health services to disabled children over the age of six years. In terms of the CDG, it is concluded that lengthy and inaccessible
application procedures prevent people from applying for the grant, and that this is coupled with legislative and administrative problems, including a lack of clear definitions and guidelines for inclusion/exclusion. Children with chronic illness are also excluded from any form of social assistance, an area which, it is argued, warrants attention in light of projected HIV/AIDS figures.


This research, in the rural Sterkspruit district of the Transkei, focuses on the problems faced by families caring for mentally retarded children, the resources available to them, the conditions surrounding social welfare grants, and the role of the social worker in providing support. A sample of 46 single care grant recipients was selected for the purposes of the research. The results reveal that mothers of mentally retarded children experience emotional, psychological and physical exhaustion whilst looking after their children. An interesting observation recorded by 50 percent of the interviewed families was that the presence of the retarded child had no effect on the other children’s lives. The majority of the respondents were not working, due mainly to the absence of care for the retarded child, and their only source of income was a single care grant (46 percent), which was seen as inadequate to cover the additional costs incurred by caring for a retarded child. Support systems were also felt to be lacking, particularly the absence of special schools for retarded children. It is recommended that mental health societies and special care centres be established to provide relief for mothers, and that more social workers be appointed.


This study examines whether there are differences in family functioning in families with a severely mentally retarded child and those with a non-disabled child. The research was approached within a system theoretical framework and from an educational psychological perspective. The sample consisted of 27 families with a severely mentally retarded child, identified via a school for unusual education (22 completed the questionnaire) and 27 families with at least one child (six to 12 years) with no learning, physical or behavioural disability. No significant differences were found in the functioning of families with severely mentally retarded children and families with non-disabled children, with regard to problem solving, communication, roles, affective responsiveness, affective involvement, behaviour control and general functioning. This is in contrast to findings from some of the studies identified in the literature survey, and could be attributed to the small number of families involved in the research. It is noted that in the study of whole family interaction, some practical difficulties may emerge, which may complicate objective family research. It is recommended that more research be completed that focuses on standardising the McMaster Family Assessment Device to South African norms.

Using qualitative methods, this thesis looks at the effects of the mildly or moderately retarded child on the family. Families with a child attending Isipho-Sethu Special School and residents of Vosloorus township were interviewed – five couples, seven mentally retarded children and 23 siblings in all. The rearing of a mentally retarded child was found to affect all family members both positively and negatively. From the initial shock of learning about the child’s disability to the point of acceptance, findings indicate that families have to cope with the additional pressures of looking after a mentally retarded child, which disrupts the normal family equilibrium. The special school is noted as being inadequately resourced and equipped, and the people of Vosloorus are indicated as not receiving many of the services for which they are eligible. Recommendations include early intervention programmes in order to prepare disabled children for later life. Group therapy for families is also recommended to help parents cope with everyday difficulties, and the state is encouraged to provide more special schools.
CHILDREN IN GENERAL


In this book, Southern African researchers and development practitioners examine the complex legacies that apartheid and destabilisation left behind. Using country and community-level case studies, they look at the obstacles to progress imposed by that legacy and at many positive examples of advancement in key sectors for children and women from the region. Concepts and proposals are provided – drawn from the region’s own experience – for seizing an historic moment for children. Some of the relevant articles in the book are as follows: ‘Apartheid and destabilisation in Southern Africa: The legacy for children and the challenges ahead’, ‘NPA for children’ in the new South Africa’, ‘Combating the legacy of apartheid in health: Edendale in KwaZulu-Natal, South Africa’, ‘Child labour in Southern Africa: work and work-related activities’, and ‘Structural change, economic transformation and the moral economy: children in South Africa’.


This paper looks at the major policy and programme developments for early childhood development (ECD) in South Africa, the level and mechanisms for funding, the steps government is taking to improve access, and the extent of inter-sectoral collaboration. It is emphasised that investments in ECD could reduce the vulnerability and poverty of many of South Africa’s children, particularly younger children and children with disabilities. However, the report shows that allocations to ECD budgets do not reflect the priority attached to this age group at a policy level, and that provincial spending in this area is still very low. It is noted that the Department of Education is introducing a subsidised, poverty-targeted reception year for children aged five, as well as a number of early learning programmes, which will help children aged four years, from poor rural and urban families, those infected with HIV/AIDS and those with special needs.


This paper aims to identify the priority needs of African children using the needs-assessment phase of community development. Key individuals and parents were interviewed (using unstructured interviews and purposive sampling) in order to determine the needs of children in the context of the Ukwethemba Pre-Primary School. Using accidental sampling, a group questionnaire was administered to the 27 parents of the children who responded. Needs were prioritised using the ‘Hierargiese Analitiese Model’. With regard to the group questionnaire, the following types of needs were identified: infrastructure, educational, cultural/traditional, recreational, after school care, and safe transport for children. Interviews with key individuals revealed the following needs as priorities: physical infrastructure (classrooms, kitchen, play area); parent participation (maintenance of school, establishment of a parent’s committee); after school care (additional transport and personnel); and education (teacher training).
recommended that parent participation be encouraged, that skills of teachers be upgraded regularly, that a combination of Western and traditional education be used, and that adequate after school care be provided for African children.


This study examines the domestic situations of students, 50 percent from rural and urban areas respectively, studying at the University of the Western Cape. The students (97 in all) were asked to record work patterns including the division of labour, and how apartheid policies had affected family members. Key findings – in the majority of African families, caring was divided amongst family members with women being responsible for most of the cleaning, preparation of food, fetching water and looking after children. Very few families used childcare facilities, where they were available. It was generally accepted amongst those interviewed, that individual earnings would be given back to the family in order to assist in the household’s livelihood. Seen against a backdrop of migration, forced removals and poverty caused by apartheid policies, the report points out the inequity of government’s recent policy in proposing that the state maintenance grant be targeted at the poorest 3 million children in South Africa.


The research that forms the basis of this study was conducted in the Mandini area, using a sample of 35 child respondents who had been affected by political violence between 1994-1996. Information about the children was obtained from office files, teachers, the local leadership, parents and interviews with the affected children themselves. Violence caused by politics was found to have a negative impact on the children’s lives, as they experienced disruptions at school, witnessed fighting and killings, and even experienced the loss of family members due to such violence. Many children experienced personal injury – either physical, emotional and/or psychological. It is concluded that growing up under such conditions of violence produces a particular set of risks and challenges to children, and has a long-term effect on their lives. It is recommended that preventative, curative and rehabilitative measures be taken by Departments such as Education, Social Welfare and Health in upgrading the social and physical environment, with a view to offering options to both families and children previously affected by violence.


This is a follow-up study to research carried out on the impact of political violence on communities in Natal. In this study communities from the East Rand, West Rand, Soweto, Alexandra and the Vaal Triangle were interviewed, as well as five international organisations, 13 NGO’s and some political parties, namely the ANC, the IFP and the PAC. Difficulties in accessing communities due to political violence and suspicion were found to hinder the study, but meetings were held with political parties and community groups in order to relay the importance of the research. The lack of access to health services, disruption to education and social services, environmental degradation and
inadequate shelter negatively affected the communities involved. With the escalation in violence, certain services came to a standstill, including immunisation coverage for under-fives. It was found that 90 percent of all victims of political violence lived in or around townships, and that 80 percent of the displaced were women and children. The effects of structural poverty and the psychological stress of daily events meant that children and youth joined the cycle of violence from an early age. Women too bore the brunt of the situation, taking on household responsibilities and often living in appalling conditions. These groups suffered not only as a result of political violence, but also from domestic abuse. Community needs were identified as basic needs (food, shelter, clothes, heath services and counselling), and income-generating projects. The study highlights the need for community participation and interaction between agencies to avoid duplication of activities.


This is a comparative, cross-sectional, community based descriptive survey of randomly selected clusters from urban, peri-urban and rural areas of Umtata district. 1080 children under the age of five were examined and mothers/carers were interviewed. A fundamental decline in child health in rural areas was found to be evident when these children were compared with those from urban, and to a lesser extent peri-urban areas. Breastfeeding was found to be inadequately practised in urban areas. Chronic forms of Protein Energy Malnutrition (PEM) were found to be rampant in rural areas, while acute PEM was as common in peri-urban fringes. Urban children, though exposed to better social amenities, were found to still suffer from malnutrition.


The focus of this book is on government’s obligations in relation to child poverty. A new framework for understanding the various dimensions of poverty amongst children is introduced, and is used to present a picture of the extent and provincial distribution of child poverty in South Africa. Government’s commitments to reducing child poverty are discussed in some detail, with particular reference to the Convention on the Rights of the Child (CRC), the South African Constitution, the Growth and Employment and Redistribution Strategy and the government’s National Programme of Action for Children (NPA). The book considers the extent to which these commitments are being realised through public spending. The NPA is taken as the terms of reference against which to evaluate government’s performance. The NPA asks that children’s poverty needs and rights be prioritised in all government policy formulation, budget allocations and service delivery – in order to ‘put children first’. Policy developments in each sector are analysed to uncover the extent to which they can be defined as beneficial to poor children. The size of budget allocations to children’s programmes in each sector is also analysed, as well as the rate of increase in these allocations relative to other programmes. The level of equity in budget allocations across provinces and the extent of non-spending are also considered. The issues of quality and access in the delivery of children’s programmes in each sector are also assessed. It could be argued that the most useful contribution the book makes is the poverty concept it introduces and the
attendant indicator framework for monitoring the extent and provincial distribution of child poverty. However, the authors themselves acknowledge that the methodology used in the book suffers from a number of weaknesses. Firstly, the focus of the study is too narrowly framed on child poverty and allows insufficient insight into the ways that child poverty reduction and the realisation of children’s rights are inter-linked. Secondly, the methodology does not successfully address the linkages between government budget inputs, outputs and outcomes; the problem of time lags and the impact of extra-governmental processes on poor children is not adequately accommodated in the approach used for evaluating government’s performance. Thirdly, the use of the NPA for evaluating government’s budget performance in relation to children comes at the expense of considering government’s obligations to deliver child rights on a broader basis (for example, in relation to the Constitution, binding international human rights treaties and jurisprudence).

Chapter one of the book covers the extent and provincial distribution of child poverty in South Africa. It seeks to identify the number of children in the country, looks at the indicators of income poverty, human development and economic and physical insecurity, and provides an inter-provincial child poverty indicator report card. It defines relative and absolute poverty lines, and adopts Haarmann’s (1999) estimates as the most reliable, that is, a child poverty rate of 72 percent using the absolute poverty line. The report then outlines the provincial distribution of child poverty: the Eastern Cape has the largest number of poor children, followed by KwaZulu-Natal, the Northern Province and the North-West. The children in these provinces also suffer from poor health and nutritional deficiencies. Education indicators in the study also reveal poor enrolment rates for primary school children, and this is shown to be related to income poverty levels, with the Eastern Cape, KwaZulu-Natal and the Northern Province providing the largest proportion of children suffering from poor educational levels. The data on HIV/AIDS, unemployment, child-headed households and street children all indicate high and increasing economic vulnerability among children. High levels of abuse are also noted, including rape, attempted rape and assault, although it is noted that the data underestimates the extent of child abuse due to under-reporting. Other chapters in this book cover issues of the budget and children, as well as children and health, welfare, and education in more detail.


This book attempts to find a more rigorous and useful methodology for analysing government budgets in relation to children’s rights, than methodologies used in previous children’s budget books. The attempt is to use a methodology from a child rights perspective that is also grounded in an understanding of government’s binding budget obligations. The aim of this book is to develop a methodology for monitoring the extent to which government is using budgets to deliver child socio-economic rights, based on an investigation of what its legal obligations are in the realm of budgeting for child socio-economic rights. This methodology is applied to the socio-economic rights of social security and education, with reference to children who are in parental care. A number of research questions underpin the structure of the book. Firstly, what are the obligations imposed on government to use budgets to deliver the socio-economic rights of children in South Africa, according to the South African Constitution, recent Constitutional Court case law and binding international human rights treaties? What do these obligations
Imply about the methodology required to evaluate government’s performance in using its budgets to deliver child socio-economic rights? Applying the methodology to the rights of children in parental care to social security and to education, to what extent has government been meeting its obligations through its budgeting?


In this study 183 two to five year olds from six African pre-schools in Sebokeng were questioned to ascertain the effects of socio-economic factors on dental caries prevalence (that is, the decay or crumbling of a tooth). A questionnaire was distributed which covered housing conditions, employment, the availability of basic services, income, and possession of material items such as a fridge, stove and television. No direct links were found between the existence of caries and socio-economic factors amongst the families concerned.


This book approaches research questions from the perspective of psychologists. It provides a useful overview of the experience of childhood in the context of adversity, whilst exploring methodological issues around research into childhood. It includes chapters written by anthropologists, psychiatrists, psychologists, and educationists. Some of the titles of the individual chapters are as follows: ‘Understanding the psychological consequences of adversity’; ‘Economic stress and its influence on the family and caretaking patterns’; ‘Defining the cultural context of children’s everyday experiences in the year before school’; ‘Malnutrition, low birth weight and related influences on psychological development’; Health and psychological development among children in poor communities’; ‘Children of the South African streets’; ‘The emotional impact of political violence’; ‘The effects of political violence on socio-moral reasoning and conduct’; ‘Problems of cultural imperialism in the study of child sexual abuse’; ‘The way forward: developmental research and interventions in contexts of adversity’.


Focusing on the 1986 destruction of four squatter communities in Crossroads, Cape Town, this study looks at 71 families, who rebuilt their shacks three months after eviction. Using interview techniques, the study assessed incidence of post-traumatic stress disorder (PTSD) amongst adults, the emotional behaviour of children, and the perceptions of those responsible for the evictions. The study found that a large percentage of adults suffered from PTSD (69 percent of married women) and understood the perpetrators to be vigilantes and security forces. The children were found to suffer from fear, of being left alone or the recurrence of events, sleep problems and mood swings.

This article reports on a longitudinal study over a one-year period of 145 infants enrolled at Kalafong Hospital in Pretoria. It was found that very few cases of infection were evident during the first months of the infants’ lives, with cases increasing as time progressed. The most common infections experienced by the infants were respiratory problems, followed by diarrhoea. The majority of infants were breastfed until three months of age, after which they were given supplementary foods. It is recommended that economically disadvantaged mothers be encouraged to increase the breastfeeding period to four months, which should ensure optimal growth of the infant.


This book is the sequel to a publication on the nature and consequences of psychosocial adversities facing South African children in their development (see Dawes and Donald, 1994). The sequel presents a series of articles on community-based programmes that have addressed broad areas of childhood adversity discussed in the original publication. The case studies presented address a range of childhood adversities, which include effects of violence on children, the quality of schooling in underdeveloped contexts, the effects of undernutrition on cognitive performance, and the consequences of stress in organisations dealing with children in need. There are variations in the scale of different interventions, target regions and duration. The research presented is also cross-disciplinary, and includes psychology, psychiatry, education, economics, sociology, social work and child health. The volume of articles is divided into three sections. The first section contains three articles that contribute towards a theory of practice in this area. The first article develops some key connections between factors that influence the psychosocial development of children, the processes through which adversities may compromise development, and the reasons why interventions need to draw explicitly on these understandings. The second article provides a current overview of the situation of children in the wider South African context. Particularly it draws attention to the gap that is currently apparent in South Africa, between well-intentioned policy-making and effective practice. The third article addresses the issue of programme evaluation. It provides a framework for readers to understand how the process of evaluation needs to enter into every phase and dimension of the life of a programme.

The second section of the book contains the different project descriptions and analyses. All the projects selected were South African, with the exception of one, which was Angolan. The first article presents an evaluation of a school-breakfast programme funded by a local food company at a farm school near Muldersdrift, outside of Johannesburg. The second article presents an intervention programme designed to address the problems experienced at a pre-school, in Lavender Hill on the outskirts of Cape Town. The third article presents and evaluates a health promotion project at Avondale Primary School in Atlantis within the Cape Peninsula. The fourth article discusses the Thousand Schools Project launched by the Independent Development Trust in 1993 to improve the quality of schooling. The fifth article describes a successful model of a school organisation development intervention – Modderdam High School in Bonteheuwel, outside of Cape Town. The sixth article describes a project undertaken by the Christian Children’s Fund, a US headquartered NGO, to provide psychosocial assistance to children living in Luanda to address the impact of war on children. The
seventh article describes the empowerment and linking model of the KwaZulu-Natal Programme for Survivors of Violence and an overview of its work with children in KwaZulu-Natal. The final article outlines a model of consultation developed by the University of Cape Town’s Child Guidance Clinic that could be used by clinical psychologists to provide support and training to organisations that work directly with children in various community settings.

The last section is a conclusion that draws out the lessons that are learned from the previous sections. The editors crystallise elements of a theory of practice emanating from this volume of articles. They reinforce five guidelines for interventions that were highlighted earlier in the book by using examples arising out of the case studies. The first guideline is that interventions should be informed by knowledge of developmental pathways and epochs. Secondly, where possible, interventions should be undertaken at multiple levels. Thirdly, interventions should combine cultural and developmental sensitivity. Fourthly, interventions should promote community participation. Lastly, interventions should build on and promote protective factors (that is, factors that protect children against developmental risks of various sorts). Finally, the editors highlight opportunities and constraints with regards to implementation in developing contexts. The importance of strategic decision-making at all stages of the programme process is emphasised, and an argument is made for programmes that improve the chance of success, through coordinated, planned activities. It is noted that in developing contexts, given the difficulties of effective implementation, pilot projects that can clarify and test the opportunities and constraints of an intervention are crucial. The need to strengthen institutions, to build funding opportunities and to ensure sustainability is stressed. It is suggested that programmes need to be resilient and flexible to withstand external threats, such as political changes. Finally, the importance of evaluation is underscored.


In this study an investigation was undertaken of the daily interaction of the individual, regarded as a living system within the home environment. A sample of 39 children (aged between seven and eight years) living in the informal community of Mmakau, north of Pretoria, was visited over a period of three months. A general profile of the children was compiled from drawings of the children, photographs, individual interviews with the children and their primary caregivers, observation lists, and conversations with teachers. These profiles were representative of over 50 percent of the subjects, and were supplemented with descriptive statistics. It was found that various influences apart from the child’s home circumstance play a role in the lifestyles of these children, and this is reflected in their relationships with the physical, social and psychological aspects of their home situation. As a result of the complexities inherent in these relationships, a direct relation cannot be drawn between the nature of the living environment and the child’s patterns of reaction to it. Influencing factors beyond the boundaries of the home situation were found to be present for certain individuals. These factors complicate the relationship between the African child and the home situation within informal dwellings. The home environment may be experienced as positive, and this may contribute positively to the development of the child, as long as a healthy systemic interaction exists between the individual and the informal housing environment, and provided a balanced interaction with the community is experienced.

This thesis looks at the state of and need for pre-school educare facilities in disadvantaged communities in the Khayelitsha area of the Western Cape. Although pre-school facilities are available and are well attended, they tend to be under-funded and under-resourced. The pre-school centres studied in this paper were situated in informal settlements, and were characterised by socio-economic poverty and limited infrastructure. Despite these difficulties, the centres were found to be functioning adequately and making full use of available resources. However, it is noted that strict criteria and lack of guidelines for state subsidies have limited the provision of such facilities in disadvantaged areas. With the increasing participation of women in the workforce, there is a pressing need for state-subsidised pre-school educare, as children are often left at home with inadequate supervision. The study reveals that many families are not able to afford to send their children to private pre-schools.


This is a preliminary report on the inquiry initiated by the Goldstone Commission of Inquiry into the Effects of Public Violence on Children. The inquiry was expected to take place from February to August 1994. Information was obtained from the following sources: submissions made by organisations at the request of the Goldstone Commission; existing research on the effects of public violence on South African children; interviews with key governmental and non-governmental agencies working in the field covered by the inquiry; and, a survey conducted with 280 organisations working with children. Before presenting recommendations on the effects of public violence on children, the authors present their findings on the extent of the damage. State oppression through legislation and structures, counter-violence by those oppressed and their subsequent repression by the state, and intra-community violence are all regarded as constituting public violence. The authors note that there is little research that quantifies the impact of apartheid on the development children, but that the research that is available is staggering. Various tables of statistics on mortality rates, malnutrition, welfare expenditure, education inequalities and removals due to the Group Areas Act are provided. To demonstrate the impact of counter-violence and state repression, statistics on the detention of children and child victims of security force violence are presented. With regard to intra-community violence, statistics on politically related deaths and injuries of children over the period 1990 to 1993 are given. Statistics on crimes against children reported to the police in the period 1989 to 1991, and on the number of children displaced due to conflict in the period 1990 to 1993, are all provided. To supplement the aforementioned statistics, a table is presented on estimated percentages for children who were victims of public violence in the period 1990 to 1994.

The statistical information is then supplemented with available qualitative research. Findings on impacts such as malnutrition, destruction of families, inadequate education, and the traumatic effects of prejudice are cited. Qualitative information on the effects of state repression on children (such as detention and torture, house arrest, the experience of being internal refugees and exiles, and the effects of intra-community violence) are all discussed. It is noted that besides the psychological and individual effects of public
violence, families, and particularly children, have had to deal with the destruction of their dwellings, the loss of belongings and displacement, the death or injury of family members, the loss of employment and income, and the disruption of health services and schooling. The results of the survey of organisations providing services to children affected by violence are then discussed, and a few disturbing trends that emerge from the survey are highlighted. A relatively large number of the organisations surveyed reported offering assistance to children whose presenting problems were related to having committed acts of violence, as opposed to their being victims of violence. Further, an increasing number of children were found to be presenting with problems related to their exposure to incidents of political violence. Between 30 percent and 40 percent of the organisations surveyed reported that a third of the children that they worked with had been the victims of political violence. In addition, approximately 30 percent of the organisations surveyed reported that at least 50 percent of the children they were seeing were victims of violence in general. The number of children affected by other forms of violence is thus higher than those affected by political violence. Finally, most of the organisations surveyed reported that political violence has a debilitating effect on the psychological wellbeing of South African children.

The authors also provide recommendations on a national plan of action to emerge from the information collected and submitted to the Commission of Inquiry. The first category of strategies is termed ‘reactive intervention strategies’. These include the urgency to address immediate survival needs, to provide accessible psychological rehabilitation programmes, to boost the number of service providers (whether professional or lay workers), to reintegrate children/adolescents who had participated in the armed struggle, and to reconstruct and develop communities. Some examples of proactive intervention strategies are mass educational campaigns (particularly targeting families and schools as sites of socialisation) and mass employment creation for youth. Other key recommendations centre on the need for ongoing research and the dissemination of findings, as well as the improved coordination of services. Finally, it is emphasised that these strategies can only be effective if they are accompanied by attempts to change the social, economic and political conditions which make public violence possible, such as poverty, social exclusion and domination.

The report is concluded with an outline of a detailed proposal for a plan of action that first involves communicating the findings and recommendations of the Commission of Inquiry to various stakeholders, and then addressing the problems identified during the course of the Inquiry. Strategies to address the problem involve setting up systems to monitor the effects of violence on children, and monitoring and coordinating services and research. It is noted that primary prevention strategies should be aimed at reducing violence in the general population through education programmes and addressing the impact of past oppressive practices. Secondary intervention strategies should be aimed at children at risk of becoming victims of violence, while tertiary intervention strategies should encompass all the above-mentioned reactive strategies. It is proposed that the state be the primary funder, that a fundraising committee be set up, and that a national coordinating committee be established to administrate the plan of action by ensuring the smooth functioning of the three proposed implementation structures (a Violence Monitoring and Research Unit, an Interventions Coordinating Unit, and a Fundraising Unit).

This paper examines the effects of violence (state organised pre-1994), counter-violence (‘black resistance’) and intra-community violence on the country’s children. One of the main premises on which the article is based is that violence – particularly intra-community violence – has a detrimental effect on children’s development, as it is often carried out by people known to the children. It is noted that in South Africa the added effects of apartheid policies, such as forced removals and migration, have led to a breakdown in family support systems and networks, which would normally have provided a stable foundation for children’s development. The dangers of the long-term effects of violence on the nation and economy are illustrated by the many teenagers entering the labour market illiterate and psychologically scarred as a result of political violence.


This study makes use of case studies of five children under five years of age that were admitted to Umtata Hospital and diagnosed with PEM. Data about cases was collected from the clinic cards and hospital records of diagnosed malnourished children, and through interviews with family members, clinic sisters and agricultural extension officers, in order to understand the extent of PEM in the region of Umtata. It was found that household dynamics and poverty are important determining factors of child nutrition. Children in rural areas are described as being potentially at high risk to PEM due to limited access to basic amenities. The study shows poverty in households to be a result of socio-economic status, as well as a breakdown of family life due to migrancy and polygamy, which has undermined the welfare of children. Children thus lack financial and material support. The lack of knowledge by mothers of basic child health services and proper child-care practices has also contributed to malnutrition. In addition, the interaction of these factors has undermined the growth and health potentials of children.


This study investigates the phenomenon of child sexual abuse in South Africa, in terms of the real meanings such experiences have in the lives of children. A descriptive research methodology, in the form of a phenomenological method, was used. Drawings by abused children were analysed and interviews were held in an effort to understand sexual abuse from the victims’ own expressions. Twenty-one participants between the ages of six and nine, from Xhosa, English and Afrikaans cultural backgrounds were selected. Findings reveal that the life world of the sexually abused child can be described according to eight ontological aspects: problems in dealing with reality, experiences of threat, various bodily experiences, a sense of being different, a self in need, fundamental deception, constant change, and important relationships and resources. It is further speculated that the particular South African context, which is characterised by adverse living circumstances, is reflected in the findings in which dominant themes of violence, destruction and a desperate need for nurturance and security were evident among the children. Future research could investigate the difference between stories and drawings of sexually abused children and non-abused
children in order to ascertain whether these results are in fact specific to sexually abused children. This could also be done for incest victims and victims of extra familial abuse, to ascertain if alternative treatment methods should be used for these groupings. The phenomenological method could also be used to investigate the impact that child sexual abuse has on the lives of adult survivors.


This qualitative study was commissioned by UNICEF to report on child labour on commercial farms in South Africa. It provides detailed information on the economic and non-economic activities carried out by children living on commercial farms in the Northern Province. The report begins with a discussion of the lifestyle of children on commercial farms and points to the political, social and economic factors that influence their lives. It is noted that children on farms are profoundly affected by the plight of their farm worker parents and by circumstances in commercial agriculture. Social relations between workers and farmers are described as having worsened, and are reflected by increasing levels of violence. Moreover, economic crises on farms have resulted in high rates of eviction of workers and the displacement of their households. Consequently, the lifestyles of farm workers have been severely impacted, rural networks have been eroded and family ties have been weakened. Women and children have been forced to participate as farm labourers since families are bonded to the farm in return for work, accommodation and facilities. The authors note that there has been little previous research on child labour on commercial farms and its influence on access to schools.

The report also details issues arising from a historical perspective of schools on commercial farms. Farm schools were historically established as a consequence of the Bantu Education Act of 1953. It is argued that farm schools were originally established to prevent migration to the cities, stabilise the economic and social relations on farms by keeping families locked into farm work and provide the farm with a ready source of labour from the schools. Farmers controlled many aspects of school management and governance. The South African Schools Act of 1996 established policies to regulate the transfer of schools from the control of farmers to the state. Some of the characteristics of farm schools are outlined in the report. One in five of the 5073 farm schools was neither safe nor secure. Farm schools lacked basic facilities such as water and electricity, which severely compromised the learning environment. Further, most of the schools had multi-grade classes with one educator, and there was a backlog in access to further education and training for learners on farms. Schools were isolated and learners had to travel long distances to them, such that school closures resulted in high drop out rates.

The research design of the study involved unstructured interviews with learners, educators and principals at farm schools, as well as focus groups, children’s narratives and case studies. The study explored the non-educational activities engaged in by children on commercial farms, in order to ascertain whether these infringe the basic rights of children to live in a safe, secure and protected environment and their right to school, growth and development. In all, seventeen schools were visited. Focus groups were held with seven groups of learners and two groups of teachers. Eighteen learners,
four principals, three educators, one farmer, three parents and two out-of-school youth were interviewed.

Activities carried out by children on farms were found to be embedded in the exploitative system of labour on farms and the form of educational provision created to support this system. In addition, recent changes in the political, social and economic landscape in rural areas had resulted in the widespread disruption of family life which, in turn, influenced the scope and content of children’s activities, including wage labour. It is argued that changes in the farming sector are leading to the reduction of the labour force on farms, which means that there is less reliance on child labour. Children were found to be engaged in a range of different employment relations, either as waged labourers on farms or in their communities on a part-time or seasonal basis. It is noted that migration due to economic pressures has led to widespread family and community disruption. Many children were found to be seeking work after school hours and were prepared to leave school for seasonal work. In all districts, evidence was found of children being withdrawn from school on a temporary basis.

The impact of this work on children was regarded as cause for concern. Many reported experiencing high levels of fatigue and stress, and complained of abuse. The research exposed serious abuse of children from the community and family. A high rate of teen pregnancies was recorded, as well as indications of child prostitution and the sale of liquor by minors. Exploitation was not reported because workers and their children felt relatively powerless, while parents were afraid of losing jobs, being evicted from farms or getting schools closed down. The lack of resources at schools meant that children worked long hours doing chores at school. The lack of recreational facilities at school was found to infringe on some of their rights. The researchers argue that the common sense view that wage labour is more exploitative than chores done in homes and schools needs to be questioned. Children are described as finding chores demeaning and tiring, hours doing chores are regarded as long, and chores prevent engagement in recreational activity and the completion of homework. Children stated that their contribution to school and home maintenance frustrates them, compounding their dislike for rural areas and their desire to move out.

The authors conclude by arguing that the central message of the study is that children’s activities in their homes, schools and communities, and their involvement in wage labour, effectively pushes them out of school into work at an early age. This problem is compounded further by high failure rates, most likely due to poor infrastructure and quality of education. The authors maintain that the enforcement of children’s rights can only succeed if all parties involved support it. It is recommended that information on policies relating to children be disseminated to children, their parents, communities, employers and government. An argument is made for a multi-sectoral approach to eliminate child labour. Three broad challenges must be met for this to happen: the living circumstances of children in rural areas must be improved; the goal of universal primary education must be fulfilled; and educational opportunities for the broader community must be promoted.


In this paper the extent of child poverty within the provinces of South Africa is examined. The problems surrounding measurement of poverty rates is discussed, and gaps in the
various statistical surveys are highlighted. The author chooses to focus on the Institute of Democracy in South Africa analysis of child poverty using the OHS. According to this analysis, KwaZulu-Natal (24 percent), the Eastern Cape (22 percent) and the Northern Province (18 percent) were found to have the highest proportion of child poverty in the country. Poverty rates (percentage of poor people in the province irrespective of the rates in other provinces) are then examined and the Eastern Cape is found to have the highest rate followed by the Northern Province and then KwaZulu-Natal. A marginal difference in rates between the age categories ‘under 7’ and ‘7 to 18 year old’ is found.


This paper originates from research carried out for a doctoral thesis (see Haarmann, D., 1998. From State Maintenance Grants to a New Child Support System: Building a Policy for Poverty Alleviation with Special Reference to the Financial, Social and Developmental Impacts. Unpublished Doctoral Thesis. University of the Western Cape [http://www.cdhaarman.com/Publications/D_PhD_w.pdf] – specifically Chapter Four: Insights into the Living Conditions of South Africa’s Children). In this study the living circumstances of children in South Africa is analysed and an attempt is made to evaluate whether the means test is equitable and fair. The data sources used for the development of the child support system are analysed, namely the census, household surveys, and Development Bank of South Africa data, and it is concluded that the SALDRU data is the most reliable data source. Arguments are made for the use of composite indices, as this allows for a more balanced picture of living conditions. Absolute and relative poverty are defined, and the advantages and disadvantages of using both poverty lines is analysed. For this particular research, an absolute poverty measure is used in all the indicators, helping to determine which children live in circumstances where the means to maintain a basic standard of living do not exist. The study uses nine indicators, grouped into the categories of expenditure, housing, health, and employment opportunities. Key findings of the report include the following: 60 to 70 percent of South Africa’s children live below the poverty line, and they are mainly located in rural areas. The children of the bottom ranking group live primarily in the Eastern Cape, KwaZulu-Natal or the Northern Province. Nearly half of the total food expenditure of the poorest households is spent on sugar and grain, indicating vitamin deficiencies and the likelihood of malnutrition. The housing and health situation of the poorest households is also sub-standard, with two-thirds having no proper water facilities, and two-fifths having no toilet facilities. Poorer households tend to have larger families, with the majority of children in the poorest ranking group living in households of between six and 11 persons.


This article looks at the psychological state of South Africa’s children, particularly African children, and assesses the impact of poverty, racism and violence on their mental health. It also addresses the issue of mental health provision, and finds it woefully inadequate, meeting only eight percent of African children’s needs. Trends such as the privatisation of health services and the fragmented nature of mental health services
mean that children are not being given the appropriate level of counseling. Alternative intervention approaches are recommended to address the problem, such as teacher assistance programmes and a reduced training period, from the present seven year requirement to three or four years.

This report consists of a summary of four pilot projects that targeted young people and their families in various parts of the country. The first project provides service and effective support programmes to young people coming into contact with the criminal justice system. The second project looks at the role of outdoor and wilderness experiences in providing an alternative and holistic residential care programme. The third project brings victims of crime, offenders and their families together to discuss crime and attempt to and unify communities. Finally, the fourth project focuses on the provision of family support services and family strengthening, including intensive support, community conferences and youth empowerment.

This chapter examines key developments in the area of maternal, child and women’s health. The role of immunisation for the prevention of diseases among pre-school children is highlighted, as well as the establishment of a screening programme to detect early childhood disability. Specific mention is made of the lack of attention paid to chronic illness among children, especially asthma and epilepsy.

In this study the lives of children between the ages of 10 and 15, who were resident in migrant worker hostels in Lwandle in the Western Cape in 1989 is documented. One of the explicit aims of the study was to demonstrate the value to anthropology of children’s insights into social life, and extensive use is made of children’s own testimony, both written and oral, and life history material. The focus of the study was on three particular aspects of the children’s lives: their domestic circumstances and relationships prior to their residence in the hostels; their experiences of everyday life in the hostels; and the quality, extent, and determinants of their education over time. The children’s domestic circumstances before moving to the hostels was found to have been disrupted, caused primarily by the participation of parents and other significant adults in labour migration. The children’s histories were characterised by high levels of mobility, where children themselves had migrated, by frequent separation from parents, and by high incidences of foster-parenting. Testimony by the children indicates that this domestic disruption was acutely felt. Further, regular interruptions over time in the children’s schooling were identified, as well as the frequency with which children were exposed to acts of extreme violence. Both the children’s accounts of this violence and their diagnosis of it is documented in the study. Attention is given in the thesis towards the potential for future anthropological research into childhood in particular.

Within the Lwandle district of Cape Town, children live in migrant worker hostels and are exposed to harsh socio-economic conditions and poverty. Twenty-four of these Xhosa-speaking children, ranging from ages 10 to 14, were randomly selected for the study. Fourteen of these children were girls and 10 were boys, and 22 were of rural origin. A form of ethnography – multivocalism – was used to provide living insights into the children’s experiences. The children were interviewed, and were asked to keep diaries and write autobiographies on specific topics. It was found that apartheid policies, in particular forced labour migration impinged on the children by fragmenting their families, leading to the disruption of their home life and their schooling, and forcing them into conditions of squalor, violence and human degradation. The children’s education was found to be poor, and a lack of qualified teachers and teaching material was evidenced. Further, family life and conjugal relationships are described in the book as having the potential to get out of control. Many people were found to stay in one hostel, where there was no space for privacy, others influenced children, and there was a marked lack of control by parents. Moreover, children were found to bear witness to the violence and could mimic stabbing when talking about it. Not surprisingly, much violence was found to occur among these hostel children. Childcare by children and wet nursing among hostel women was found to take place. Children also were not found going to school but instead attempting to gain some money in the informal economy through selling items. It is indicated that poverty may leave parents with little option but to take their children out of school to gain full employment. The author notes that while many may say that migration is declining, even at the time at which this research was conducted in 1989, South Africans were experiencing trespassing raids, evictions, blocked access to schools, lack of basic social services and infrastructure, bureaucratic indifference, police antipathy and harassment, all of which existed in Lwandle and spread to the urban contexts.


The Thukela district in the Northern Drakensberg was awarded a four year child survival project grant from the United States Agency for International Development in 1995, in order to develop community health in the region. Primary care doctors and nurses were trained in primary health care and childhood illness programmes. Specific areas of intervention included: developing a health-based information system for the district, introducing community participation in health, as well as HIV/AIDS educators, and focusing on nutrition to children under two years of age. Research in the area revealed a high level of morbidity and mortality caused by diarrhoea and pneumonia, as well as malnutrition, with most children dying in their first two years. It is noted that future components of the project will focus on the development of childcare booklets, monitoring and evaluation, and sustainable development of community health.

This piece of work focuses on the theory, practice and ethics of international co-operation for child development in South Africa. In particular, UNICEF’s experiences of and contributions to the movement for children’s rights and development within the context of social and political transformation in South Africa is examined. Reflections and evaluative comments are based on interviews, documentary evidence, institutional evidence activity-based evidence and child development evidence. Three phases in the co-operation are examined. The first phase spans the period from 1974 to 1990, and is a phase of advocacy from outside the country and working with the liberation movements in exile, particularly in support of women and child refugees. The second phase covers the beginning of the co-operation with the Mass Democratic Movement inside South Africa to include children’s needs and rights into the political negotiations for a new democratic and non-racist South Africa. The last phase (from 1994 to 1997) was dominated by the political transition and the new government’s efforts to restructure the administration in all sectors. During this time, there were remarkable developments of policies, programmes and legal provisions in support of a better life for children. UNICEF’s contributions to this process are highlighted.

The strategies used to improve children’s and women’s rights, which were used from the beginning and which became the mainstay of UNICEF’s work in South Africa, were based on strengthening the knowledge base and knowledge networking, advocacy and mobilisation, and assisting in policy and strategy development. Among the many achievements which the authors identify and discuss are the invitation of the Mass Democratic Movement to UNICEF to work in South Africa well in advance of the political transition, in order to strengthen the national basis for development for children, and UNICEF’s acceptance of the challenge. Furthermore, the choice – in the absence of a legitimate government – of an umbrella organisation of South African NGOs as UNICEF’s main national partner is also highlighted. Additional achievements include the inclusion of children in the preparation for the transition and their development of the South African Children’s Charter; advocacy that resulted in the signing and ultimate ratification of the CRC and the Convention on the Elimination of all Forms of Discrimination Against Women; the production of the first ever situation analysis of South Africa’s children in 1993, and a second one in 1995 focusing on children and disparity reduction, as well as numerous studies on problems of gender, violence and justice; and a series of important policies affecting the condition of children. Of special significance was the establishment of one of the world’s most unique political structures for a NPA for Children, based on the CRC, governed by a high-level Cabinet Committee accountable to Parliament and an inter-ministerial secretariat in the Office of the Presidency.

The first situation analysis of South Africa’s children was commissioned in 1991 and launched in 1993. The launch was followed by a two day conference on ‘The State of the African Child: An Agenda for Action’ held in Thembisa. The outcome was the Thembisa Declaration, which committed the NGO sector to work on behalf of South Africa’s children and recommended the establishment of a National Forum for Children as well as a NPA. These social policy developments drew attention to the multiple problems children were facing in terms of health, nutrition, education, violence and all forms of abuse. After the democratic transition, a second situation analysis was

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commissioned in 1995/1996 to understand the situation at community level and contribute to transformation. This report was commissioned by the Office of the President (see National Institute for Economic Policy, 1995), and was used by government and UNICEF. The report revealed that since disparity was a notable problem and policy was at the root of entrenching disparity, UNICEF would need to strengthen its policy support to government to ensure that children were prioritised. Finally, it is recommended that UNICEF’s co-operation be continued, especially its role in facilitating and supporting a knowledge base for child-centred development through research, developing statistical information systems, advocacy and policy development. It is emphasised that there is a need to link development for children to the reduction of poverty and disparities which are the major obstacles for a child-centred development and transformation in South Africa.

This article focuses on the cultural knowledge and social practices which bear on the experience and position of children as members of families. The study was located in the social context of the Dixie settlement, located on the eastern border of the Mhala district of Gazankulu, where the author had been doing research since 1985. The methodology used is that of participant observation. The author notes that children in affluent society are far ahead of the children of Dixie as far as conceptual abilities are concerned, but lag far behind the latter in terms of social abilities and the capacity to operate independently of parents. Yet, the individual families of Dixie do not control sufficient material resources to be able to function independently of other families, and have to co-operate with one another for the sake of physical and social reproduction. Since parents fail to provide all the material needs of their children, the latter are forced into social co-operation and in the process develop astute social abilities, the capacity to take care of themselves, and the capacity to participate with adults in social reproduction. The families of Dixie cannot effect social reproduction without the participation of children. The author describes social practice in Dixie as making the continuation of life possible, and that it has developed systematically in response to a particular kind of experience. However, social practice in Dixie is also carried out at crippling emotional costs.

The purpose of this study was to assess the vitamin A, iron, anthropometric and immunisation coverage status of children between the ages of six and 71 months, and to establish variations in terms of socioeconomic status, geographic and age distribution, and degree of urbanisation. The subsidiary objectives were to establish the prevalence of visible goiter and breastfeeding within this population group. The study population consisted of all South African children between the ages of six and 71 months. A total of 360 clusters – 163 rural and 195 urban – were studied. The total number of children were 11,430, half of the sample being female. The survey was conducted in 1994 over a period of four months during which blood samples were taken and analysed. One in three children were found to have marginal vitamin A status. Children living in the rural areas and whose mothers were poorly educated were the most disadvantaged.
According to international standards, South Africa has a serious public health problem of vitamin A deficiency. One in five children in the country were also found to be anaemic and one in ten children iron depleted. Anaemia and poor iron status were found to be more prevalent in urban areas. Children in the six to 23 month age group were found to be the most severely affected. With regard to anthropometric findings, it was noted that one in four children was stunted and one in ten underweight. According to international criteria, stunting is a major problem in the country. Moreover, seven out of ten children were found to be fully immunised, although only six out of ten children were fully immunised by their first birthday. Both stunting and a smaller likelihood of being fully immunised were found to be more prevalent in rural areas, in children living in informal housing and in those whose mothers were less educated. The authors note that immunisations are mostly given in fixed or mobile clinics and in hospitals. Findings on the subsidiary objectives are also highlighted in the study. One out of one hundred children was found to have visible goiter, and almost nine out of ten children three years of age had been breastfed for a varying duration. It was found that greater proportions of rural children were breastfed and for longer periods compared with urban children. In general, the three provinces that were the most seriously disadvantaged were the Northern Cape, the Eastern Cape and the Northern Province.

Various recommendations are made to address the findings of the research. It is suggested that supplements should be distributed nationally and that there should be nutritional intervention programmes. Moreover, it is recommended that there be general awareness building and an improvement of facilities, whether they be health rehabilitation or crèches, particularly in the rural areas. The need for surveillance programmes is also stressed, developed for health management, and particularly with regard to immunisation coverage. ‘Mopping-up’ campaigns to eliminate pockets of low coverage should come into being, and each person should have lifetime health record to assist with monitoring. In addition, there should be constant monitoring and evaluation of intervention programmes and a follow-up survey after a three-year period to establish the impact of such programmes. Further general recommendations are also made. It is suggested that the DoH in collaboration with research institutions, should investigate the feasibility of a national sampling frame for children. There should be a multi-institutional and multi-sectoral approach to health research, and strategies should be developed to address major health research problems in short periods of time. It is noted that particular attention and expertise needs to be applied to the three provinces that are most disadvantaged. It is recommended that food supplementation by the Department needs to be given to children up to the age of five years rather than to children of school-going age. Finally, it is noted that more research needs to be completed on the strategy of optimally using television for health education and promotion in urban and rural areas.


This book discusses the situation of the African child from a socio-educational perspective and on a thematic basis. It is noted that in South Africa problems surrounding African children are intensified, as they have been exacerbated by the ideology of apartheid, and can in many cases be seen as a sad legacy of apartheid. Some of the relevant chapters in the book are as follows: ‘The anti-child sentiment in contemporary society (with specific reference to the black child)’; ‘Street children as a manifestation of the anti-child culture in South Africa’; ‘A socio-educational analysis of
the resettlement of black South Africans with special reference to squatting; and ‘Providing early childhood educare services for the black preschool child’.


Written just before the new democratic government came to power, this book is the second in a series that offers a socio-educational perspective on the problems faced by African children and their families in South Africa. There are a number of relevant chapters in the book: ‘The phenomenon of a ‘culture of poverty’ in contemporary society’; ‘Assisting the black child in crisis’; ‘Black latchkey children in South Africa: social, educational and practical implications’; ‘The abused black child in socio-educational perspective’; and ‘South African adolescents and AIDS-related issues’.


Nine children (aged between one and two years) from Cloetesville and Kayamandi in the Stellenbosch area are the focus of this study, and the factors contributing to stunting and wasting are assessed. Through anthropometric measurements (weight and height for age) and a series of questionnaires, it was revealed that the children suffered undernutrition as a result of a number of factors. These included poor diet, lack of or poor sanitation facilities, poor breastfeeding practices, inadequate housing, lack of nutritional knowledge amongst mothers, and inadequate food security. A number of interventions are recommended to address the problem of undernutrition in the area: regular screening of both children and pregnant mothers; the supplementation of diet programmes; health and nutrition education for mothers, focusing particularly on breastfeeding and weaning practices; the improvement in food security measures; and the improvement of housing conditions.


In this study 63 pre-school children, aged between four and six years, were assessed to determine the relationship between nutritional status and the home environment. A structured questionnaire was given to the mothers of the children, which focused on home conditions and health status. Nutritional status was assessed through anthropometric measurements, as well as dietary intake. It was found that 40 percent of the children were undernourished due to inadequate diet, lack of protein and vitamins, and insufficient food supply. Undernourished children came from homes where mothers were unmarried, and had little formal education. Other factors influencing nutritional status were percentage of income spent on food (generally low), lack of nutritional knowledge, lack of running water and sanitary facilities, and breastfeeding practices (well nourished children were more likely to be breastfed). A series of multi-sectoral programmes is recommended to address these issues.

In this chapter the NPA is outlined, specifically the four policy priority areas for children (nutrition; child and maternal health; ECD and basic education; social welfare development). The aspects of the White Paper for Social Welfare that specifically address the Welfare Department’s approach to children and families is also considered. A range of vulnerable groups are identified for special attention: pre-school children (birth to six years); children in out-of-home care; disabled children; children with chronic diseases; street children; commercially exploited children; child survivors of abuse, neglect and violence; substance dependants; children of dysfunctional families; and undernourished children.


Infant and child mortality are widely used as indicators of socio-economic development, and to reflect the state of public health, environmental sanitation, nutrition, education and family planning. In this thesis the South African Demographic and Health Survey data is used, and chi-square tests and a categorical modelling procedure were used to analyse 14 independent socio-economic, demographic, health-related and environmental variables. Four of the variables were eliminated after further testing. The following variables were found to be determinants of childhood mortality: socio-economic (education of mother, marital status, occupation of both parents); demographic (number of children, survival of penultimate child); nutritional (duration of breastfeeding); medical (antenatal medical examinations, vaccination of children); and environmental (availability of a toilet).


This study focuses on the abused child, his or her family, the abuser of the child and the process followed by the social worker to help the child. An in-depth literature study was completed on emotional abuse, with the aim of obtaining clarity on the nature of this type of abuse. A profile of the typical abused child, was also compiled from the perspective of welfare organisations. It is recommended that standard statistics of child abuse be kept by all welfare organisations, to serve as a helpful reference and guide for the handling of new cases. Further, that the registration of child abusers be made compulsory to aid in the monitoring of these problems. Moreover, it is also recommended that special services be made available for abused children, and that special work efforts deal with both the children and the family. Specific skills training, as well as the co-operation of social workers are further recommendations, while the study of emotional abuse is also advised.


In this study the psychological consequences of civil conflict and violence on pre-school children is investigated, in the tribally controlled informal settlements inland of Port
Shepstone, in southern KwaZulu-Natal. Participatory research methods were used and crèche teachers from the community were trained as fieldworkers. In all, 148 children with aged two to seven were surveyed, and interviews were conducted with each child, and drawings elicited. The results show a high incidence of post-traumatic stress disorder. Ninety children were found to display between four and six symptoms, and these were evenly distributed between boys and girls. Frequency and intensity of incidence meant a high level of post-traumatic stress disorder. In addition, externalising trauma through art was found to be a successful way of beginning psychological reconstruction among children.


In this report papers are summarised, which were presented at a workshop on the situation analysis of the girl child held in Midrand in March 1998. At the conference the findings of the study on the Situation of the girl child in South Africa were presented together with six other papers on the situation of the girl child in Botswana, Malawi, Swaziland, Zimbabwe and Zambia. It is noted that in South Africa a pilot study was conducted in the Northern Province, the North West, the Free State and Gauteng. Issues dealt with were the child’s right to survive (health, nutrition and immunisation), the right to develop (access to education), the right to participate (access to information and privacy), and the right to be protected (child abuse, commercial sex exploitation and child labour).


In this study 300 African senior primary school children (Standards Two and Three) from schools in and around Pietermaritzburg were examined using interview techniques, questionnaires and projective drawings. A range of traumatic experiences were present amongst the children, and over three-quarters of those questioned were shown to be directly exposed to violence. A high percentage (over 90 percent) of the children showed some signs of stress disorder, and 13 percent were found to be suffering from clinical post-traumatic stress. Political- and criminal violence, and family- and structural violence were all regarded as impacting on the children’s lives and schooling. The most frequently reported occurrence was abstinence from school as a result of political violence. Recommendations for further research include the long-term implications of traumatic events on children, particularly those relating to various forms of violence, as well as gender differences.


This is an exploratory descriptive study of the relationship between informal education at home, and its effect on children’s performance at school. A structured questionnaire was handed out to 78 pre-school children and their families in Chatsworth, Durban. Tests were conducted on the children to assess visual-motor and language skills, and
they were given home programmes to play with parents, which entailed household chores and games. Families were shown to experience problems with behaviour control and overprotective attitudes towards children, but family cohesion and functioning were found to be vital to the development of children’s cognitive skills. The study also revealed the impact of in-school programmes, which seemed to have a positive influence on the children.


In this report an attempt is made to geographically map selected demographic, health, environmental and socio-economic indicators, which are used to assess where, children will benefit from specific health programmes in the Gauteng province. This was carried out as part of the Integrated Management for Childhood Illness Strategy, a global initiative of the World Health Organisation and UNICEF, which aims to reduce death, illness and disability amongst children. It is noted that mapping of selected indicators provides information on certain communities in which children are more vulnerable to childhood illness. Six indicators were identified for ranking: human development indicators; educational level; percentage of households living in shacks; percentage of households with indoor pollution; and percentage of households with a risk of paraffin poisoning. Districts that were ranked at least twice as being the five worst off were Cullinan, Heidelberg, Nigel, Westonaria, Soshanguve, Oberholzer, Bronkhorstspruit and Vereeniging. Districts that were ranked one of the five worst off for one indicator were Krugersdorp, Brakpan, Roodeport, Pretoria, Benoni and Germiston. Existing data was described as inadequate for the purposes of defining social exclusion, due to problems with boundaries, lack of data for areas smaller than districts, and the lack of inter-provincial morbidity and mortality data. Some geographical areas are noted as having less infrastructure, poorer socio-economic conditions and less resources, which increase the likelihood of vulnerability for children. A number of recommendations are made in the study. These include the need to identify a set of variables for mapping social exclusion (including reliable population estimates, birth rates, death rates, morbidity rates, immunisation coverage, and health utilisation rates); aligning boundaries of health districts with magisterial districts in order to facilitate accurate figures; putting in place a mechanism to access birth and mortality data; collecting data at a district level; and monitoring the indicators of social exclusion on a regular basis.


In this paper the effects of violence on nineteen families living in Phola Park squatter camp on the East Rand are examined. The authors note that it is extremely difficult for the residents of this area to create some semblance of normality, whilst living under stressful conditions such as these and with the constant threat of eviction. The organisations identified by the families as being responsible for outbreaks of violence include the Inkatha Freedom Party, the SAP and the Defence Force. As a result of violence, over half of those interviewed were found to have lost their homes at least once, 32 percent were found to have suffered the loss of a family member, and many were shown to have lost personal belongings. Disruption of schooling and fear of...
violence were identified as the key consequences of violent outbreaks on the children living in the squatter camp. The provision of access to credit, community participation and increased state investment in infrastructure and housing are recommended.


This report is based on the National Institute of Economic Policy (1995), and published by the Office of the President (RDP) who commissioned it, and who now makes its acceptance of the report.


Through the use of in-depth interviews, participant observation, family life experiences, parenting, as well as child care and discipline, the perceptions of child abuse by parents and children in Zulu families was explored in some of the communities around Durban. In a sample of 31 Zulu-speaking schoolgoing children from intact homes, and 18 children in places of safety around Durban, all between the ages of 12 and 15, as well as their parents, the phenomenon of child abuse was investigated. In particular, the way in which these groups view physical child abuse was assessed. It was found that physical and harsh disciplinary measures are recognised as common and normative in Zulu culture. It is noted that many of the children in places of safety left their homes after being punished by parents or were removed from their families by social workers or the Children's Court. These children were in many cases brought up by stepparents, who tended to be unemployed, living in poverty and without any support from fathers. It is indicated that most households from which children in care come are female headed. Moreover, lack of support is due to the decline of the extended family, urban isolation and a tendency for Zulu men to not take responsibility for unwanted children, who therefore often end up in places of safety. It is concluded that lack of social support is a high risk factor for children. Future research that is recommended should focus on the complexities of child abuse, causes and intervention patterns and outcomes. Moreover, situational analyses should be conducted at all levels of government to determine the extent of the problem. Studies should be extended to rural communities as a more traditional approach to disciplining children is still practised in these areas.


In this study interviews were carried out with 52 African newspaper vendors in 13 areas of the Cape Peninsula. Each vendor completed an interview schedule, providing information on employment conditions, wages, education and training, safety, health and welfare. The findings reveal that the majority of newspaper vendors are child labourers, foregoing family life, education, and social and leisure interests to earn a living. The conditions under which these children work often mean lengthy periods on the street without rest, irregular mealtimes, inadequate nutritional intake, and the threat of robbery and assault. There is clearly a need for improved working conditions, training and
supportive services and an effective worker organisation to assist with exploitative practices.


In this report the status and living conditions of South African children is looked at, and the causes of poverty amongst children are analysed. The analysis is based on the 1994 OHS and the 1993 SALDRU survey. Chapters focus on the manifestations of poverty and its immediate causes, health services, housing, water supply and sanitation, childcare, food security and employment, and education and literacy. The underlying causes of poverty that are outlined in the report are inadequate provision of primary health care services; an unhealthy physical environment, exacerbated by poor housing and lack of hygienic water supplies and sanitation; limited provision of formally organised childhood development services; dualities in the labour market and insufficient employment, resulting in dependence on pensions and migrant remittances for household food security; as well as inequality of access to government services. It is recommended that health services be reoriented to provide primary health care, especially in rural areas; that employment be targeted in rural areas; and that the reallocation of funds to increase finances for essential services in the poorest areas be continued, particularly pre-school and primary education.


The aim of this report was to give a comprehensive and reliable picture of South Africa’s children, supported by data, in order to identify research gaps. The intention was for this report to be a baseline against which progress in the implementation of South Africa’s policy commitments to children (the CRC, the African Charter on the Rights and Welfare of the Child, and the South African Constitution) could be assessed. The report contains chapters on ECD, education, families and households, health and health care, HIV/AIDS, hygiene and sanitation, and children in need of special protection (child labour, refugees, street children, children with disabilities, the girl child, and abused and neglected children). Data from a number of sources are drawn upon, and these include the 1996 census, various household surveys, nutrition surveys and smaller scale studies. Key socio-economic indicators are detailed, and it is concluded that the majority of South Africa’s poorest children live in rural areas, particularly the Eastern Cape. Moreover, nearly a quarter of children under five years are stunted, while 21 percent of children under five die from diarrhoea. Poor education and unemployment mean that families have few basic resources to support children, leading to problems of nutritional deficiency. Further, ECD is described as an important area which needs to be addressed in order to promote stimulation, health and nutrition. The current take-up rates for the CSG are also highlighted. Concern is expressed that the difference between the FCG and the CSG may lead to poorer families abandoning children over the age of seven to foster care. Social welfare programmes are recommended to strengthen the family and to provide alternative care. Childhood disability is also discussed, and it is evident that children in areas poorly resourced by social welfare services are not getting access to grants. There are few guidelines for the interpretation
of terms, leading to misunderstandings and fewer applications. New applicants have lengthy waits and in some cases are not paid out. The report also highlights the problem of children suffering from chronic illness, who are not entitled to social security.

There are a number of gaps in research which are identified, and these include monitoring the impact of socio-economic strategies, as well as research on the factors that determine family budgets, and the effects of those budgets on children. It is also noted that there is a need for research on the number of children out of school by area, age and attendance, and on children with chronic illnesses and mental health problems. With regard to HIV/AIDS, the need for a situation analysis to define needs and gaps in dealing with children affected by HIV/AIDS, as well as research on alternative forms of foster care is emphasised. In terms of disabled children, an audit of facilities which provide services to disabled children, statistics on inclusion in pre-schools and ordinary schools, and statistics on the need for assistive devices are all recommended. With regard to street children, a number of important research gaps are outlined: there are no standardised methods of data collection, and the existing data does not indicate gender or age; no impact assessment studies have been done and there are no records of street children or what happens to them; there are no comparative analyses between street children and their siblings who stay at home; and little research has been done on girls and few innovative programmes are being developed for them. The need for separation by gender of all statistics on children is underlined. Finally, the need for data on the effects of violence is identified, including monitoring of deaths and injuries of children through violence, including abuse.


In this study problems in the existing child care system are analysed, and an alternative ‘community-family care’ model is developed as a pilot project in Chesterville, Durban. An intervention, as well as the design and development of a research model are outlined. Problems are identified as institutional deficiency (funding, training, inadequate systems), structural inadequacy (poverty, development) and increasing family malfunction (support systems, HIV/AIDS). The model aims to house a 'sibling group' of five or six children and a parent figure, with the help of a state foster grant for each child. The new model was found to cut the cost of residential child-care by half.


In this study in Mondlo township, children’s mental health problems are examined and services needed to cater for these children are identified. Data was collected from 228 key informants, through questionnaires. A prevalence of mental retardation, learning disorders, conduct disorders, psychotic symptoms, sexual- and physical abuse and eating disorders was found among the children. Further, no specialised services for these children were found and their access was found to be limited to general health and welfare services. Most of the key informants expressed dissatisfaction with the care received by these children, except in the cases where care and treatment was administered by Izinyangas and faith healers. It is recommended that a tool for the
screening of children’s mental health be developed within a South African context, and that further study using this tool be carried out, possibly a house to house epidemiological study. Further research should also examine whether those children with mental illness, who are apparently fully healed by faith healers, actually grow up being able to function in society, without suffering from adult schizophrenia. It is recommended that more attention be paid to obstetrical care and genetic counselling, and whether or not these could be used to reduce the high prevalence of mental retardation. With regards to meeting the needs of children, it is recommended that Jacklin’s contextual approach model be used, which emphasises the integration of services for children with specialised needs in primary health care services.


In this study an attempt is made to outline the pattern of sexual abuse of children in KwaMashu Township, outside Durban, with a view to formulating preventative measures. Research was carried out using a descriptive epidemiological method, to identify variations in the distribution of child sexual abuse. Variables such as person, place and time, were assessed in order to obtain an idea of who was being affected. The author reviewed cases provided by the police and social workers, in the selected time period, in which there was a confirmed diagnosis of sexual abuse, in order to gain an understanding of where and when sexual abuse occurred. A sample of 31 females, ranging in age from one to 16 years, was arrived at from social worker and police records. It is shown that children at primary school level are most vulnerable to sexual abuse. Nine recommendations are made to prevent and reduce sexual abuse in the future: nurses must be equipped to assess and document abuse in its earliest stages, discourage and protect disclosure, and provide effective treatment for these children as far as possible; the skills base of personnel involved in this area needs to be increased, through child abuse forums and in-service education programmes; community support needs to be harnessed; the problem of abuse and potentially abusive situations needs to be tackled, by promoting the importance of parental attachment and parent skills (with a focus on communication and sex education), and treating all sexual offenders (especially child and teenage molesters); a central register for all victims and perpetrators of child sexual abuse needs to be instituted; a long-term follow-up in these cases needs to be put in place; a greater awareness of abuse among all health care institutions and employees needs to be instituted; a multi-disciplinary team should be expanded and should foster frequent consultations between doctors, psychologists, nurses, social workers, school teachers and the police; the possibility of community groups providing practical support to families under stress, as well as self-help groups should be explored for moral support among victim families.


The focus of this thesis is on the impact of malnutrition and insecure attachment on young children (aged 25 to 38 months), and how this affects their emotional control. Twenty-six children were examined using observation techniques and video recording, once with the mother and again with peers. The results showed that insecurely attached and malnourished children expressed a limited range of emotions and were less able to
deal with stressful situations. It is concluded that early malnutrition and insecure attachment have influenced the behavioural development of these children.


In this study 60 individuals—both male and female and aged between eight and 10 years—were interviewed in the Pietermaritzburg and Vulindela area of KwaZulu-Natal, to ascertain the degree of direct and indirect exposure to violence amongst Zulu speaking children. A sample of thirty pupils from Hilton Intermediate School and thirty pupils from Funulwazi primary school in Imbali were drawn. Both quantitative measures (Piers-Harris Children's Self-Concept Scale) and qualitative measures (Human Figure drawing test and Incomplete Sentences test) were used. The former sample included subjects exposed to low levels of violence (control group), and the latter sample consisted of those exposed to high levels of violence (experimental group). In terms of the independent variables of direct and indirect exposure to violence, family stressors, other stressors and socio-economic deprivation, the experimental group was found to experience higher levels of direct and indirect exposure. Family related stressors were also higher amongst the experimental group. There was little difference between the groups regarding other stressors. No significant relationship between self-concept and exposure to violence was found.

**Potgieter, C., and Ahmed, A. 1994. We are Poor Because... Black South African Children’s Explanations for Economic Inequality. Psychology Bulletin, 4(1), 12-17.**

This study focuses on ninety coloured children aged between five and 11 years, half of which were from the working class district of Manenberg in Cape Town, and half of which were from the middle class area of Heathfield. The children were posed questions on the issue of poverty and on the differences between being rich and poor. Middle class children were found to place greater emphasis on 'studying' as a reason for not being poor and measured wealth in terms of material goods. Working class children saw luck and external factors as reasons for not being poor, and measured wealth in terms of the ability to survive.


In this comparative cross-sectional study of sexually abused children in relation to household dynamics, it is argued that poverty, family size and overcrowding have an effect on child/adult relationships, and that children in such conditions are vulnerable to sexual abuse. Forty-three sexually abused children, as well as eight girls and five boys who were treated at the Alexandra health clinic, were compared with a group of 40 children – 34 girls and six boys – who were seen at the paediatric unit for any conditions other than child abuse. All groups of children were under 13 years of age. Negative socio-situational and economic factors such as unemployment, difference in income between households and single parented families, all correlated positively with and were a central determinant of sexual child abuse. Household size and type of family were also found to be significant, as the comparison group had more intact families than the
criterion group. Abused children were also found to experience poor living conditions, usually in shacks with a limited number of rooms, while type of house was found to be another determinant of child abuse. Density per room was also found to be higher in families of abused children or incest victims. Child sexual abuse was found to be a factor of environmental stress and neighbourhood characteristics associated with township life events such as violence. The study shows that there are more girls that are sexually abused than boys, although there is an increase in the abuse of boys when compared with previous studies. Future research that is recommended is the development of an integrated approach to child abuse that includes other fields such as education and psychiatry, and looking into the effect of housing policy on parent-child relationships.


An exploratory- and descriptive study was completed of all the files pertaining to sexual abuse at a hospital, a child welfare agency and a statutory department in Chatsworth. The study was confined to those cases that had occurred between September 1991 and September 1992. Families of the victims were later contacted and asked to answer a comprehensive questionnaire. The main findings of the study were that supervision of children by neighbours was problematic and that there was abuse of power. It would seem that parents need to be particular in the choice of caretakers or babysitters. It is noted that housing in Chatsworth is inadequate and that many families have inappropriate sleeping arrangements. Lack of privacy and blurred role boundaries are other contributory factors to the poor communication patterns in homes.


The focus of this study is on 305 infants between two and 30 months in the African townships surrounding Johannesburg-Pretoria and Durban-Pietermaritzburg. Each infant was measured for weight and height, and interviews were conducted with the mothers to assess the home environment. Socio-economic status was found to affect the home environment significantly, while infant's cognitive development was found to be related more to the actions of the caregiver/mother and child-rearing attitudes.


This book sets out in broad terms children’s rights that are contained in the CRC and the Constitution. A broad overview is provided of the child rights situation in South Africa, and government spending on children in the sectors of social welfare, education, health and justice are considered. Some suggestions are made about the extent to which service delivery problems are undermining the impact of these allocations and areas that need to be addressed to make more progress in delivering children their rights. The budget analyses focus on the year 1996/97, but at times also span the early 1990s.

In this book the main trends in budget allocations to children are outlined at the national level and across provinces, via child-targeted programmes in the education, welfare, justice and health sectors. Indicators are presented for measuring the realisation of children’s socio-economic rights (or the reduction of child poverty) in each sector. The extent to which problems on the output side of the budget (in service delivery) are undermining the effectiveness of budget allocations that aim to realise child rights and reduce poverty are also considered. Budget information that is given is relatively detailed, particularly at the provincial level. An ‘Indicator Report Card’ for each province is included, which presents indicators of the extent to which government has improved equity, access, redress and outcomes through its programmes. The time period for the budget input analysis is from 1995/96 to 1998/99, and the budget output analysis focuses on the late 1990s.


This report focuses on infant mortality and child health amongst African and coloured children and their mothers, and the socio-economic and environmental factors that contribute to these situations. Questionnaires were administered in 35 planning regions in South Africa. Infant mortality and childhood morbidity due to diarrhoea and respiratory infections was found to be considerably higher in rural areas than in urban areas. Poor immunisation coverage in the rural areas, and inadequate service provision in the form of family planning clinics and maternal facilities at local clinics was also found.


This is an exploratory study of child labour in several areas of Pretoria. The report provides some definitions of child labour, identifies factors and processes contributing to child labour, and examines national and international legal instruments, which protect children from exploitative labour practices. It looks at children working in the taxi industry, in brickyards, on farms, selling newspapers and working as prostitutes, and includes excerpts from interviews with children. Some of the findings indicate that the majority of children would prefer to be in school, but that they have been forced to work due to difficult family circumstances. Poverty, substance abuse and unemployment in the family were found to be the main reasons given for entering the labour market. Children working on farms were found to be particularly susceptible to abuse by farmers. A situation analysis is recommended, which would determine the needs of working children and the current gaps in policy. The need for primary prevention programmes aimed at the empowerment of impoverished communities and families is indicated, and the development of a code of conduct for employers that would protect children, as well as education for parents and children on human rights.


Using structured interviews and drawing techniques, the sample in this study consisted of ten children (between seven and 11 years) from the Odi district north of Pretoria. All
ten children had been sexually abused and were living in institutions in the area. The children’s family backgrounds were characterised by broken homes, and having been abandoned by a mother or father, or both, resulting in an inability to construct trusting relationships with adults and other children. Many of the children experienced psychological problems as a result of the sexual abuse, including the feeling of ‘invasion’, low self-esteem and powerlessness. Behavioural problems were also manifest, namely truancy, stealing, and drug abuse. Further research is recommended on child sexual abuse that will take into account the current increase in reported cases and interventions employed to assist in the prevention of child sexual abuse, such as community agents and counselling services.


In this chapter on child health, malnutrition is generally highlighted as one of the biggest contributors to child mortality and morbidity, and it is indicated that stunting is particularly prevalent in rural areas. It is noted that this has largely been addressed through the Integrated Nutrition Programme, aimed at breastfeeding mothers and at primary schools. The current status of child health is explored, as well as government’s response in terms of policies, laws and programmes, and the challenges that are to be faced. Infant mortality, under five mortality, morbidity, trauma and violence, and immunisation are all covered. It is indicated that infant mortality is considerably higher in rural areas, and amongst babies born to mothers with no formal education, families with four or more children, and where there is a birth interval of less than two years. These factors are all linked to poverty, access to education, and the position of women in society. It is recommended that in order to monitor trends of mortality, the surveillance system needs to take special cognisance of child-specific data, as inter-provincial data is described as being restricted in this area. The incidence of trauma and violence towards children is also pointed to, which accounts for the most common cause of death amongst the five to 19 year age group. Although very few measles, polio, and tetanus outbreaks are now recorded, immunisation coverage still remains low, with the national average only reaching 63 percent, and far lower in rural areas. Key problem areas that are identified include substantial inequity in health spending per capita and therefore per child across the provinces, and the fact that provincial budgets are set to decline, which will place greater pressure on community-based programmes. The authors recommend more effective co-ordination between government departments and health sectors.


In this thesis an attempt is made to conceptualise the problems of the child at risk in relation to the child’s interaction with the family and school. Through a review of literature, and specifically the viewpoints of various writers about risk children, causal factors that put children at risk are also explored. Particular attention is paid to cultural factors, poverty, lack of adequate housing facilities and the socio-economic status of the child. In exploring the family context the absence of the parent, exposure to divorce, child molestation, chaotic life circumstances and ineffective parental lifestyles were found to be factors that contributed to a lack of discipline in the child and thus put

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children at risk. It is concluded that the manifestation of risk factors is problematic
behaviour, such as social withdrawal, anxiety, depression, school dropout, teenage
pregnancies, substance abuse/misuse, juvenile delinquency and youth suicide.

Smit, S.E. 1999. ‘n Maatskaplikewerk-Onderzoek na Seksuele Molestering Onder
Swart Kinders met Spesifieke Verwysing na Bloedskande in die KOSH-Area.
Unpublished Masters Thesis. Potchefstroom University for Christian Higher
Education.

This is a social work study on abused children in the African community, with special
reference to incest in the KOSH area. The aims of the study were to investigate the
nature and extent of sexual abuse and incest among African children (particularly in the
KOSH area); the role of the social worker in connection with the prevention of sexual
abuse and incest; as well as individual therapy with the victim. Questionnaires were
delivered to eleven social workers in the KOSH area who work with sexually abused
children, in order to determine the situation of sexual abuse and incest amongst these
children, and the types of services and programmes used to treat these cases. Ten of
the social workers completed the questionnaire. A second questionnaire was used with
fifteen sexually abused children and their mothers/caretakers, in order to understand
their emotional feelings and to determine who the perpetrators were. From the study it is
evident that sexual abuse of children and incest are serious problems in the KOSH area,
although the extent of the problem is difficult to evaluate due to a lack of reporting of
these cases, either to the police or to social workers. It is evident, however, that the
children experience pain, fear, shock and anxiety in these circumstances. Social
workers were found to use casework as a method in treating the children – only two
social workers applied group work, and none of the respondents used groupwork as a
method in preventing the problem. Only two of the social workers used a specific
programme in treating these children and their families. It is recommended that social
workers be involved, not only in the treatment but also in the prevention of the problem,
which can be achieved via case-, group- and community work.


This report focuses on the South African Law Commission’s investigation and review of
the Child Care Act of 1983. Chapters include constitutional imperatives, parental rights
and responsibilities, prevention and early intervention services for children, child
protection (health rights and consumer rights), children in need of special protection
(severe poverty, disability, HIV/AIDS infected and refugees), ECD, foster care, adoption,
custodial law, and the monitoring of childcare legislation. Chapter 25 of the report
focuses on grants and social security for children, and proposes a review of the FCG.
Recommendations are made for the establishment of grants aimed at subsidising
adoptions. The CSG is considered to be inadequate, and it is recommended that it be
brought in line with inflation rates and extended to target all poor children under 18
years. A top-up grant for children with special needs is also proposed. It is
recommended that recipients of social security be exempted from school fees. The
report specifically recommends the establishment of an independent body - the 'Office
of the Children's Protector' - to act as a watchdog, and to oversee the activities of those
responsible for the implementation of child-care legislation.

This document is a collection of presentations made at the Second African Conference on Child Abuse and Neglect. The papers cover a range of relevant issues as they impact on children in the Southern African context, and the focus here is on articles that discuss the South African context. The first section deals with the issue of children’s rights. In the article entitled ‘The Future of Children’s Rights in South Africa’ policy developments in terms of upholding the rights of children in South Africa are traced. The author notes that South Africa has signed the United Nations CRC but indicates that the impact of this development will depend on the support it gets from the NGO sector. In the first article in the section on refugees, entitled ‘The Disintegration of Family Life in African People in South Africa’, it is argued that family life within South African townships, especially in the Natal Midlands, has been eroded and disrupted due to the high levels of violence, deprivation of basic needs, dislocation and relocation, survivor guilt, erosion of structures, recruitments to armies/political parties as well as the heritage of apartheid. South African children, in particular, have been damaged by apartheid through social discrimination, racial prejudice, erosion of parental and own self-esteem, seething anger at the injustice of the system, malnutrition, poor or absent health care, and the inadequate and chaotic African schooling system. A further article is entitled ‘Children in Communities of Neglect’. The living conditions of children in an informal settlement in Cato Manor are examined. It is indicated that over a thousand children live in cramped informal dwellings; many would list collection of water and household chores as primary activities; if the children were of school going age, four fifths would go to school before doing these chores. Their families are mainly concerned about how to get enough money to meet basic needs; their mothers usually eke out a hand-to-mouth existence by their own efforts at self-employment or with temporary jobs.

The third section of the conference report focuses on the issue of street children. One of the articles entitled ‘Ons Plek: Shelter for Female Street Children’ describes an intake shelter for girls in Cape Town. It is noted that most female street children come from poverty-stricken families where a cycle of unemployment, over-crowding, high stress levels, alcoholism and violence permeates their lives. Some are forced to leave parents by employers (especially in rural areas), and most have dropped out of school. This background drives them onto the streets in search of freedom from physical abuse and for basic necessities. Another article entitled ‘From Concern to Concrete Action: The Story of the Homestead’ describes an organisation called the Homestead in Cape Town as a model for intervention in the care, education and reintegration of street children. It is a multi-faceted project that includes a street work component, a drop-in centre, an intake shelter, a non-formal education programme and a night shelter.

The fifth section focuses on the issue of child labour. The first article entitled ‘Building the Lobby Against Child Labour in South Africa’ describes the campaign against child labour in South Africa particularly with reference to policy development and the establishment of a network. The second article entitled ‘Work on the Farm: An Account of Adolescent Labour’ discusses the issue of adolescent labour on farms in the Western Cape. These labourers either work after school or give up school for formal employment. They tend to grow up in environments characterised by poverty, violence, alcohol abuse and insecurity.
Legal issues form the focus of the sixth section of the conference report. In one of the articles entitled ‘The Role of the Court in Cases of Sexual Abuse of Children’ the statutory reform developed to protect the child witness is discussed. In another article entitled ‘Reporting of Child Abuse’ the issue of child abuse in South Africa is examined, particularly with regards to its history, definitional problems, barriers to reporting, and trends in reporting, and outlines criteria for professional reporting of child abuse. Another article entitled ‘The Preparation of the Child Complainant: The Destruction and Recreation of Testimony’ describes the procedures and problems involved in handling a child witness in court. The last article in this section entitled ‘South African Police: Child Protection Unit’ discusses the establishment, mission and operation of the SAP Child Protection Unit (CPU).

The next section of the conference report highlights medical issues affecting abused children. One of the articles entitled ‘Child Abuse and Neglect in a Rural Hospital’ describes a retrospective study of the cases referred to a social worker for child abuse and neglect from a paediatric ward at Eshowe Hospital. The majority of the victims were female and between the ages of one and three years. In most cases, the primary caregiver was the mother and was their escort on admission. Their mothers were typically (over 60 percent) unemployed and single, receiving no support from the fathers. The primary forms of abuse were neglect and abandonment (75 percent), physical (13.5 percent) and sexual (11.7 percent). In over 60 percent of the cases, the mother was indicated as being responsible for the abuse. The final article in this section entitled ‘Statistics of Child Abuse for Children seen in Cecilia Makiwane Hospital in the Ciskei’ demonstrates that the process of collecting statistics on child abuse is inadequate and not comprehensive enough.

In the section on disability, one of the papers discusses how the disabled child is at great risk for abuse, particularly physical abuse. The amendments in the Criminal Procedure Act which make provisions for the special needs of disabled children as complainants in child abuse cases are described. In the paper entitled ‘Child Abuse and the Disabled Child’ the experience of child abuse among disabled children was surveyed through questionnaires sent to schools for mentally and physically disabled children. The study found that there was a very low reported prevalence in South Africa compared to the West. The author suggests that lack of trained staff and lack of education programmes for children about sexual abuse plays a role in disclosure. In another paper findings by the Cape Mental Health Society are discussed on problems relating to the management of sexual abuse of mentally disabled children. The study referred to found that the majority of the abuse cases were sexual and perpetrated by someone known to the child. Moreover, problems of management are encountered because of myths perpetrated about the mentally disabled and problematic legislation and attitudes of the court.

The section on child sexual abuse includes a paper entitled ‘Specialised Care for Sexually Abused Children’. Techniques that could be used by a child psychiatrist or child psychologist to initiate the healing process for children who have been sexually abused are discussed. It is noted that children who have been sexually abused typically experience problems of lack of trust, dissociation, repeatedly becoming victims, becoming aggressive/perpetrators, somatisation, post-traumatic stress reactions and evoking reactions in others. In the next paper a political approach to incestuous abuse is outlined. In the study which the paper refers to a high prevalence of incestuous abuse
was found (16 percent of the sample). The author argues that incestuous abuse is a social and political problem and is partly due to the male socialisation process. Other contributing factors termed cultural supports are outlined, and pornography is given as an example. The next paper entitled ‘The Traumatic Effects of Childhood Sexual Abuse: A Syndrome in Search of a Theory’ argues that neither of the two dominant theoretical positions regarding the traumatic effects of childhood sexual abuse provide an adequate or complete explanation. The author proposes an expanded model based on the synthesis of available perspectives. In another paper entitled ‘Factors associated with Sexually Inappropriate Behaviour Amongst Adolescent Males’ psychological, familial and environmental factors were found to play an important role in the development of sexually inappropriate behaviour amongst adolescent males.

In the section on management issues, a paper on the role of the hospital-based social worker in addressing sexual abuse highlights the fact that there has been an increase in the number of abused children and the presentation of sexual abuse seen in the particular hospital under study. Moreover, social workers do not engage in long-term work with victims and families and there is a general body of social work knowledge and skills which can be applied to the management of children who have been abused. In the next paper the cultural adaptation of group therapy as an intervention in the case of African Zulu speaking abused girls is discussed. The final section on Prevention contains various papers that present models and strategies, especially with respect to awareness building, in order to prevent the problem of child abuse.

A detailed summary is given in this paper of a report by UNICEF and the National Children’s Rights Committee: ‘Children and Women in South Africa: A Situation Analysis’. It is noted that the four most important threats to child survival, protection and development in South Africa are all preventable. These are diarrhoeal diseases, respiratory infections, malnutrition and child abuse, all of which could be prevented through an effective immunisation programme, the expansion of primary health care, basic education, and the provision of clean water and sanitation. The importance of ECD, and the need for governmental assistance with resources and funding for pre-school education and care is also highlighted. Children of violence and child abuse, street children and child offenders are also covered in the report. In addition to political violence, it is emphasised that children are suffering as a result of family breakdown and migrant labour.

In response to the need for intervention services for children growing up in violent homes, the National Institute for the Prevention of Crime and Rehabilitation of Offenders, Women’s Support Centre (NSWC) considered extending its services to the children of clients in the Western Cape. As a result, an attempt was made to explore the range of needs of children of abused women, and to establish how the NSWC could best meet these needs. Participants in the study were all NSWC clients. Three open-ended, semi-structured, 90-minute focus group interviews were conducted with 13 women, and
Needs Assessment forms (with open-ended and multiple choice questions) were answered by 21 women. The short-term effects of abuse were found to indicate deficits in emotional and psychosocial functioning and inadequate coping strategies. Long-term effects were reported as a propensity to commit violence, or to be the object of violence and abuse, including substance abuse. Finally, the need and support by NSWC clients for the extension of services to children, particularly the need for maternal education and counselling, is highlighted.


In this study the applicability of child protection policy and legislation to African families and children in South Africa was analysed. Case analysis was used to study factors that influence the application of child care legislation and to describe how legislation is being applied in practice. A written record of child protection services was used to outline the major dimensions of child protection. In particular, data such as the reasoning of social workers was used (their attempts to protect children, their investigations of the social circumstances of parents, their evaluation of parental competence and their application of legislation as a catalyst for the recognition of issues surrounding child protection). Findings and results were based on a small sample, and as such were only representative of the population served by the particular organisation involved. It is concluded that the detrimental effects of apartheid laws and discrimination are evident in a range of social indicators, namely inadequate housing, over crowding, unemployment and poor levels of education and income. The pivotal role and established existence in child survival of kinship or extended families is stressed. It is noted that the lack of policy formation in the sphere of kinship care indicates that policy makers and social workers struggle to understand and constructively use this established pattern of care when dealing with African families. It is thus recommended that interventions, policies and childcare legislation be designed to incorporate the unique features presented by these families. Further, it is argued that a culturally sensitive perspective is needed to grasp the intricacies of childcare within African families. It is contended that social workers should speak out and not passively accept policies and practices that polarise and destroy the cultural and familial strengths inherent in African families. It is noted that future childcare legislation and policy should be based on the principles of equality, equity, accessibility, user involvement, empowerment and public accountability. Moreover, the author believes that policy makers should be more development orientated and that broader welfare policies should be more supportive of families in the provision of preventative and supportive services.


This is a follow-up study to a workshop held in 1996, which aimed to provide strategies on how to address problems faced by girl children in South Africa. Using comparative, explorative and descriptive methods, the survey included 1712 girls and boys aged between nine and 21 years. The focus was largely on African children (96 percent) living in rural areas (65 percent), and covered Gauteng, Venda, Northern Province, Free State and the North-West. In-depth interviews were also conducted with parents,
educators, children and community leaders. Clear areas of discrimination merge: education (limited career choices, pregnancy, absenteeism, choice of subjects); child abuse (rape, assault, harassment); commercial sex workers and trafficking; young offenders; health (HIV/AIDS, sex education); and harmful traditional practices (initiation and circumcision). Both boys and girls were affected similarly by food shortages, lack of access to recreational facilities, lack of legal protection, and the absence of sex education. Reference is made in the report to distinct issues affecting certain provinces and areas. In Venda, low and controlled rates of HIV/AIDS amongst children were reported; in Gauteng, high rates of child abuse were apparent, as well as the effects of poverty; in the North-West, parents showed an interest in creating safe environments for their children; in the Free State, traditional influences were found to be strong; and in the Northern Province, basic services were reported to be a problem.


Using questionnaires, a study was carried out on 480 mothers of children aged between 12 and 35 months in the Hlabisa district of Northern KwaZulu-Natal, in order to ascertain the frequency of antenatal attendance and the immunisation status of the child. It was found that the majority of women surveyed had attended antenatal clinics at least once during their pregnancy, and most of the children (80 to 98 percent) had been immunised. However, birth registration was found to be very low (74 percent un-registered), and only 76 percent of the children had received all the appropriate vaccines by 12 months. A community-based survey to monitor child and maternal health indicators is recommended.
STREET CHILDREN


It is argued in this study that street children are doubly victimised: victimisation in the streets sets in motion the process of engaging in deviant careers, which engender further victimisation from South African law and the police force. The study made use of both quantitative and qualitative research methods, and purposive non-probability sampling techniques were used. Seventy-one questionnaires were answered by service providers, and interviews (which made use of interview schedules) were conducted with 193 African street children at Bayhead Place of Safety and Zamani Shelter. From these investigations it was found that many children view their lack of family support as well as their dislike of school as reasons for taking to the streets. It is concluded that the Child Care Act and Child Protection Act do not afford street children any safeguards. Rather, they condemn them to detention in prisons, police cell and places of safety where they are usually brutalised and become hardened criminals, creating a vicious cycle in which street children become stuck. It also appears that despite professing sympathy for the street children, service providers still advocate hard options. Moreover, it is noted that shelters have a far better chance of effecting the rehabilitation of street children than do institutions, due to their flexible and informal nature. Recommendations for future study include comparative studies of Government and non-government institutions in the success or failure of their programmes. Similarly, comparative follow studies can be conducted on institutionalised and non-institutionalised street children to compare deviance.


This report discusses the findings of an exploratory study undertaken to understand the problem of street children in the Durban municipal area (see Chetty, 1995). A self-report procedure was used to obtain the information needed to compile a social profile of street children and their families in Durban, and the children’s involvement in deviant behaviour was explored. Interviews were conducted with 193 street children at Bayhead Place of Safety, Zamani Shelter and on the streets. A questionnaire was constructed and distributed among service providers to investigate their attitudes towards street children, and the views of 71 service providers were obtained. The social profile of the families of the street children in the study appeared to be typical of African families in general, which suggests that external factors alone cannot account for children leaving home to take up life on the streets. The inner motivations and expectations of these children, and their evaluation of costs and rewards are the main factors that propel them into street life in the belief that they can survive on the streets and that they are running to a better life. Although the service providers interviewed generally expressed sympathy for street children, many regarded them negatively and tended to advocate hard options for their care, such as places of safety and schools of industry. Responses from the children to types of treatment and care received reveals that shelters rather than places of safety have the best chance of contributing towards the rehabilitation of the street child. It is
concluded that the street child phenomenon is one that requires a partnership between governmental and NGOs to translate programmes into concrete plans of action. Recommendations for primary prevention programmes on a macro level and tertiary prevention programmes on a micro level are made in the report.


In this study, interviews and clinical examinations were carried out with and on 159 street children (ranging in age from eight to 19 years) both in institutions and on the street in the Cape Town area. Interviews regarding health and medical facilities were also carried out with NGOs for street children. Most of the children that were screened suffered from chest complaints, colds and skin disease, and 73 percent admitted to solvent abuse. The institutions questioned did not conduct any form of medical check up, although district surgeons were used in cases of rape and indecent assault. The accessibility of medical help and basic services is considered to be the major problem for street children. Health care policy for street children and care institutions, education programmes and mobile clinics are also recommended in the study.


Assessing street children from a socio-educational perspective, this paper seeks to determine whether street life has contributed to developmental backlogs. The study looks at the nature of the street child problem in society and its underlying causes, and proposes possible preventative and supportive strategies to alleviate the problem. Interviews and diagnostic tests were conducted on street children from St. Christopher’s in Port Elizabeth. The study reveals that the educational situation of street children is a typical problem, and that significant psycho-social developmental backlogs exist. It recommends an integrated intervention model, which would provide healing and preventative strategies for street children at the micro-, meso- and macro societal levels.


This study investigates the phenomenon of street children from a historic-pedagogical perspective. Research was done on the street child phenomenon and the way it has manifested itself, between 1990 and 1994, with the aim of making recommendations towards the prevention and possible solution of the street child problem in South Africa. The method of research for this study was a historic nurturing approach, which requires a critical look at all procedures implemented in street child upbringing within the time frame of the study. A number of conclusions were drawn. Street children live in an adult world, where they have no adult support or guidance. They are exposed to intimidation, exclusion and the danger of physical harm. Further, street children are a universal phenomenon, and there are community characteristics and conditions of and for the street child, which appear worldwide. The street child problem in South Africa is in desperate need of support from individuals, the law, welfare organisations and social organisations. The study recommends that street children be considered within the law and protected by the law. It is emphasised that the parent should be responsible for the
child’s primary education, and that a happy home and family life are important criteria for the self-actualisation of the child. To prevent the child from turning to the street in the first place, adults need to be informed on how to better relationships with their children and how to reduce conflict. Particularly, awareness of the damage alcohol and drug abuse can inflict on familial relationships needs to be heightened, while love, trust and a positive familyhood need to be created.

This descriptive, contextual, qualitative study investigates and describes the experiences of Hillbrow street children, and also determines guidelines for supporting these children. Four street children were selected to back up the arguments brought forward in this study, and phenomenological interviews were used to gather information from these children. The same question was asked of all interviewees, namely, ‘tell me of your experiences as a street child’. Semi-structured interviews were conducted, and follow up was completed with some of the children. The study reveals that street children are struggling to live a ‘normal’ child’s life, and that many of them lack the ability to accept responsibility for their actions. Moreover, the street children of Hillbrow are found to be lacking normative awareness. The study also argues for the need for some form of intervention from educational psychologists.

In this study use was made of a phenomenological approach, in order to work towards closing the gap between the world as perceived by theorists and the real-life situation of male street children. Individual sessions were held with 20 children and use was made of a protocol. The procedure involved allowing the male street child the chance to express his life-world through the ancient mediums of sand and story-telling, which offered a secure space for the unfolding of his metaphoric being in the South African situation. The results touch on ontological themes of the male street child’s fundamental relationship to himself, others, the world and time. A primeval existential mode of being is revealed in patterns of animal imagery, in terms of which the street child tells a story of an existence, which primarily focuses on survival. This primeval existential mode of being underlies various other revealed experiences, which for all their hopelessness also suggest a psychic journey towards healing and wholeness. Two implications of the study stand out. The procedure that was developed in the study contains the possibility of a reconciliation of individual psychotherapy and traditional African healing practices. This procedure also creates possibilities for future researchers to describe the life-world of the male street child in his everyday existence.

This study constitutes a description of the educational distress that arises within the street child’s life, from a psychopedagogical perspective, and through available relevant research literature and empirical research (through questionnaires given to shelter workers). The aim is to determine what support is received by street children in shelters,
and to establish which accountable support can be provided to meet the educational distress of the street child. Two questionnaires were used: the first was administered to the managers of sixteen shelters in the main metropolitan areas within South Africa; the second was given to fifty-one child care workers attached to these sixteen shelters. To supplement the questionnaires, study visits were also made to the shelters, and interviews were conducted with social workers, child care workers and the SAP CPU. The study has a number of recommendations, which include the following: that education be made compulsory for all children from the age of six years to a minimum age of 13; that transitional schools with hostel facilities be established for the child in need of special care to provide re-education, remedial teaching and therapy (these schools should be designed and established in accordance with the model of the clinic schools of the then Transvaal Education Department as well as the concept of the industrial school); that school social workers be trained and appointed to all schools, and that these social workers form part of the staff structure in every school; that remedial teaching programmes be established, and orthopedagogical guidelines be incorporated in the teacher training programmes at all colleges of Education; that training which synchronises and interrelates the educative roles played by parents and teachers takes place; that all support and welfare services pertaining to street children be co-ordinated and planned by the National Family Programme under the guidance of the South African Welfare Council’s Committee for Marital and family life; that serious consideration be given by the Medical Association of South Africa, and the South African Medical and Dental Council to changing the present status of HIV/AIDS to that of a non-notifiable disease; that all street children identified within town or city limits be regularly tested for HIV by relevant Municipal Health Departments; and finally, that an in depth research study be conducted, concerning accountable support to address the educational distress of the street child.


Research was carried out on 22 glue sniffers and 22 non-glue sniffers among Johannesburg’s street children, in order to ascertain whether any cognitive or biographical differences were apparent in their daily behaviour. The children were tested on visual-motor skills and problem solving. The results reveal that no significant cognitive differences can be discerned between the two groups. In the area of relationship difficulties, the glue-sniffing group is found to exhibit greater levels of anxiety than non-glue sniffers, although problems of subjective observer bias are highlighted regarding this particular issue.


Based on a 1992 study of street children in seven South African cities, conducted by the South African Department of National Health and Population Development, this article looks at AIDS-related knowledge and attitudes amongst street children. Children between the ages of 11 and 18 years, 62 living on the streets and 79 living in shelters were interviewed. Most of the children were aware of HIV and AIDS, but did not understand how the diseases were transmitted and had a stereotypical view of who was most at risk – gay men and female prostitutes. Despite the fact that some children knew about condom use and preventing HIV/AIDS, they were still suspicious of condoms and
did not like using them. Knowledge about the disease did not necessarily translate into practice among the children interviewed. With a high incidence of sexual activity amongst street children, the report highlights the need for education, to not only address sex education and AIDS, but also encourage personal development.


This article reports on a study conducted amongst Pretoria street children, with an average age of between 13 and 14 years. Qualitative interviews were conducted to gather information on the total life situation and subjective experiences of these children. The focus of the paper is on the background of the children. The findings reveal that many of the children come from disadvantaged backgrounds, often having suffered abandonment or death of a parent. Reasons given by the children for living on the streets include violence, alcoholism, poverty and abuse. Many of the children were found to be unaware of how long they had spent on the streets.


In this study, 15 interviews were conducted with street children (aged between 12 and 17 years) and their families living in and around Pretoria. Indications are that low educational levels, poor home environments, predominantly single-parent families (which tend to be female headed), overcrowded accommodation and low-socio-economic status are all key reasons for children taking to the streets. However, contact between children and their families was found to be maintained and included regular visits. Many families were found to rely on contributions from the street children, as well as grandparent’s pensions to sustain them. The children that were interviewed had for the most part dropped out of school and engaged in truancy, and were now working in various types of informal work, such as car washing and were found to be begging. The study emphasises the need for in-school programmes targeted at potential truants, which may help prevent children drifting onto the streets, as well as an increase in community services.


This research was elicited through 27 interviews with street children who stay in shelters in Johannesburg, as well as through five interviews conducted with shelter staff members. Interview schedules, field notes and transcriptions were used in the study. Most of the children were found to come from families with two parents (or a parent and a step-parent), but had experienced alcohol abuse and overcrowding which led to family disintegration. The street children in the study experience life on the street negatively, and identify health care and education as important needs.

This is an exploratory study of 48 street children in three centres in Pretoria, using an interview method. Four indicators of life satisfaction, positive affect, family relations and recreational activities were used to assess quality of life. The results show that the group is satisfied with some aspects of their lives. Dissatisfaction is mostly associated with negative emotional experience, lack of privacy, aggression, school non-attendance and the physical environment. Awareness of health issues, especially HIV/AIDS was found to be low.


This study in Pietermaritzburg of ten male street children (aged between 13 and 16 years) and ten children from a Place of Safety was conducted in order to compare behaviour and coping strategies between the two groups. Both groups were found to have experienced stressful events, and to have come from broken homes and violent environments. No differences were found with regard to personality traits, but street children were found to have a wider range of coping strategies than those in care, and to adapt well to stressful situations.


In this research the health profiles are given of 50 institutionalised street children at a Place of Safety in Durban, within the first two weeks of institutionalisation. Interviews and physical examinations were used as part of the research methodology. Malnutrition was found to be a characteristic feature among these children, coupled with stunted growth. Street children that were interviewed did not visit health clinics due to a fear of doctors and a lack of money to pay for medication. The study recommends that informal health care workers check on the nutrition and basic health needs of street children.


This book is an anecdotal account of the six years of contact that the author had with several hundred street children in some of the suburbs of Cape Town. A number of issues are covered in the book, including how a child becomes a street child, specifically within the South African context, as well as available forms of rehabilitation and how sustainable or effective are they. These issues are uncovered through the case study of one boy, from birth to twenty-one years of age. As each child’s story is told in reference to a particular period in his or her life, the reader is able to identify repeated behaviour patterns and entrenched personality characteristics that keep the child locked within the street sub-culture, and which prevent the vast majority of these children from ever reintegrating into mainstream society.

This work provides a comparative assessment of two groups of children: the first consists of 20 males (age eight to 16 years) who live on the streets in the centre of Pietermaritzburg; the second consists of 20 children living in a 'place of safety'. Both groups were found to have similar familial backgrounds and experiences, characterised by poverty, abuse and instability. A higher percentage of placed children compared with street children were found to have behavioural problems, and street children were shown to be better able to cope with everyday life despite living under difficult conditions. The research reveals that the number of street children who come from single parent homes is significantly higher than it is among placed children. The inadequate and short-sighted policies of shelters is highlighted, and include not providing a service to boys over the age of 14, conventional detention and return policies, as well as little or no social or psychological services. It is recommended that shelters run educational programmes on the street, that they provide adequate counselling, medical and legal resources, and that intervention programmes be aimed at schools.


This study is based on interviews with 30 street children (with an average age of 12 years) and on survey questionnaires given to organisations offering shelter in Knysna, in order to ascertain the needs of these children, and the facilities and services that are available to them. Physical abuse, alcohol abuse and poverty are cited in the study as the main reasons for children living on the streets, although a large percentage of those interviewed were found to keep regular contact with their families, often remitting some of their earnings. Shelters offer a range of facilities from basic needs, education and training, to the provision of psychological programmes for mentally and physically abused children. Despite some state funding, the majority of establishments rely on community assistance and are insufficiently funded to cope with a sudden rise in the number of street children. It is recommended that closer links and intervention strategies be directed at schools, welfare societies and caregivers or communities, and that attempts be made to reunify families through social work, rather than the institutionalisation of children. The provision of a skills centre, offering basic literacy or numeracy and life skills is also put forward in the study.


In this article a definition of street children is given, as well as their age range, population group, and the extent of the problem in South Africa. Distinctions are made between children who work on the street and return home to their families, and those who work and live permanently on the streets, often having been abandoned or neglected by their families. It is indicated that problems of social and criminal delinquency are often exacerbated by the length of time spent on the street, and that any educational skills learnt early on in life are quickly forgotten. The author makes a number of salient points when discussing possible causes of the street children problem, amongst the African and coloured population groups in particular. The preponderance of single parent families or absent fathers, high density households (average number of people per
household in urban African homes is seven), poverty, and the high incidence of failure at school amongst African students (about 50 percent leave school by the age of fourteen) are all cited as causes. However, it is emphasised that these characteristics only describe street children’s existence in a broad sense, and that more research needs to be done on the psychological and motivational factors that push children onto the street.


This study explores the extent to which self-perception and public perception impacts on the lives of street children. Both quantitative and qualitative methods were used in the study. Unstructured questionnaires were completed with 69 children at Valley View Place of Safety and Tennyson House Street Shelter for Girls in Durban, and four psychological tests were applied. Informal interviews and participant observation, (including dialogue journals) were also carried out. Family disharmony, poverty and inadequate facilities are shown to be the main reasons for street children leaving home, and the support of a peer group is considered important in fulfilling the need for belonging. Although the research shows street children to be resilient and adaptable, it is emphasised that this group is still at risk of abuse and emotional trauma. The report recommends primary and secondary macro intervention programmes as a national priority, public education and community action to change attitudes towards street children, and the prioritisation of the education of street children.


Using anthropological methods of research, this study investigates the lives and experiences of street children in Hillbrow. Through participant observation, group discussions, individual interviews, and children’s thematic drawings the author explores the reasons for children being on the street, their histories, their lives on the streets, their living conditions and the community's perspectives on street children. Reasons for becoming street children are found to relate to parental abuse, neglect, socio-economic conditions at home, the local environment, homelessness and abandonment. The study shows that street children constitute a distinctive social grouping of the host community. They are victims of abuse by the host community, security forces and fellow children on the street. As welfare services for street children are limited, survival strategies employed by these children include begging, scavenging, odd jobbing and lying. In trying to escape from reality, street children are involved in drug activities (with mainly soft drugs such as glue and marijuana), and such practices have increased street crime in the area. The study demonstrates how street children wish to be integrated into the community in a meaningful and more productive way in terms of education, and placement in areas of safety and care. It is shown that people in the community view incarceration and annihilation as some of the actions to deal with street children. Improving communities’ attitudes towards street children is highlighted as important. Future research that is suggested includes research on how street children can be reintegrated into communities, as well as mechanisms for upgrading street children’s moral values.

This book presents the reasons why children live on the streets of Hillbrow. With the use of thematic drawings and the children's own viewpoints, the book portrays the complexities of the street child situation. Information was collected from children's drawings, participant observation, 30 sessions of group discussions, 13 individual surveys and 263 survey questionnaires. The drawings were significant clues to the children's experiences, their lives on the street, and the adverse conditions the children are exposed to, which range from racism to abuse by people who dislike them (namely, police and the host community). This book also explores the children's home environment that drove them to the street. Some of the reasons for leaving home include abuse by members of the family, social conditions such as poverty and unemployment, poor health care, inadequate housing conditions, and breakdown of family life in townships. The book also depicts society's approach and responses towards street children, who are regarded as misfits, beggars, thieves and liars. The book ends positively by presenting some of the existing programmes and projects that tackle the problems of street children, namely ‘PROSCESS’, ‘TWILIGHT’ and ‘STREETWISE’.


This article reports on a study on attitudes, knowledge and behaviour among street children aged 11 to 17 years. Fourteen focus group discussions were held with a total of 141 street children living in seven cities in South Africa (Pretoria, Johannesburg, Cape Town, Durban, East London, Bloemfontein and Soweto). Topics of discussion included knowledge of transmission and prevention, attitudes towards AIDS and PWAs, and sexual and other behaviour. The research finds that street children generally know about AIDS, but are uninformed about how the disease is transmitted. They are found to be prone to engage in sexual activities for survival, which puts them at risk of infection. These findings are similar to reports on street children and AIDS from other countries. For street children, the risk of being infected arises primarily from their social and economic conditions, and only secondarily from their sexual encounters.


In this study six street children were interviewed, as well as a social worker and two tutors at Itumeleng Assessment Centre in Sunnyside, Pretoria. In most cases, the children were found to come from broken homes, where one or both parents were unemployed. The children had experienced difficult physical and emotional conditions on the street. Itumeleng Assessment Centre offers a bridging programme, which consists of informal classes in which reading and writing, cultural activities, sport and household chores are taught and counselling is given by a social worker in an attempt to prepare the children for formal education. The research shows that the centre provides immense emotional and physical support to children from abusive and broken family environments, and that it has become their first real home.
CHILDREN IN FOSTER CARE


This is a comparative study of children’s behaviour in foster-, residential- and naturalistic care, using a randomly selected sample of adolescents of Indian ancestry (Hindu, Christian and Muslim faiths). Thirty-eight children in foster care, 39 in residential care and 43 children from naturalistic backgrounds were sampled (ranging in ages from 12 to 18 years). The methodology included a self esteem inventory, an I-E scale, a self report family inventory and a children’s behaviour questionnaire. Children from naturalistic backgrounds were found to score higher academically and to experience fewer behavioural problems than those from a foster- or residential care environment. Levels of self-esteem were found to be lower amongst residential care subjects than those from foster care and naturalistic backgrounds.


This report details an investigation into the philosophy of foster care, and the structuring of a foster care service for whites only. It includes a literature study and questionnaires to welfare organisations, children’s homes and parents, foster parents and foster children.


The purpose of this study was to gain a greater understanding of fostering in the African urban community of Soweto. The methods used included a literature review, interviews with foster parents and social workers, as well as a review of case records. The development of child welfare work was traced among urban Africans (with a focus on Soweto), and a profile of individuals engaged in child fostering in Soweto was undertaken. The profiles of foster parents were obtained through questionnaires administered to a sample of foster parents. Unstructured interviews with respondents were employed to ascertain the development of child welfare work in Soweto. Two groups of respondents were used in the study. Group A respondents, made up of 80 foster mothers, randomly selected from a population of 100, were interviewed during the period January 1977 to January 1978. The criterion used to select sample members was a minimum of four years experience in foster parenting. The 20 respondents that made up the second group were selected against criteria of age, occupational status and educational standard, and interviewed in between January and March 1981. On the whole this group represented a departure from the earlier profile of foster mothers in Soweto. A number of recommendations for more effective services in the substitute care of African children are made in the study: the introduction of formal subsidised adoptions in Soweto for destitute children who are likely to need foster care indefinitely; measures to reduce factors which lead to the need for fostering in Soweto; the education of younger and educated Africans about fostering as an essential community service.
and resource; the regular assessment of children in foster care; the establishment of children’s homes for different ages, needs and handicaps in Soweto to cater for the varied needs of children from urban environments; the need for the extended family to serve as foster parents wherever possible; the Johannesburg Child Welfare Society to serve as a mediator for unmarried mothers who want to place their children while they work; the provision of accommodation for single mothers and children, to assist them in establishing themselves; the introduction of family allowances, as provided in the Children’s Act No. 33 of 1960, to help African families with insufficient income; the establishment of foster parent support groups; a follow-up study on foster fathers; further research on the foster care and fostering of African children in other urban areas.


This study provides an overview of foster care in a coloured community in Durban. It is stated that social workers might find it difficult to assess which children will benefit from rehabilitation, and which children will need secure, permanent substitute care, either with or without parental contact, and that this is due to the many conflicting emotions and sympathies that social workers encounter. The primary tool of data collection in the study was a survey (self-administered questionnaire) of foster parents, conducted under the direction of the Durban Child and Family Welfare society. From the survey, 231 children (53 percent male and 47 percent female) were found to be under the care of 121 foster families. It is noted that the coloured community in Durban has been shaped by the apartheid society, and that there is a marked tendency towards the disintegration of the family unit, due to different social pathologies – namely, alcoholism, violence and illegitimate births. Sixty percent of the foster children were found to be related to their foster parents in some way. A proportion of the cases of foster care could be attributed to and generated by poor social relationships within the foster parents’ own families. Whilst the provision for broad social services for all families is recognised, the author stresses that it is important for specialised services to be improved for the more vulnerable families. It is also recognised that deciding on the right time to remove a child is not always easy, and that such a decision should be based on an accurate assessment of the emotional climate of the home and of the physical circumstances of the child. It is recommended that substantive changes be made in the administrative aspects of foster care, adoption services and preventive services. The study highlights a number of particular problems to be examined further. These include research on differences between formal placements and informal placements, the effects of institutional care, the general recruitment of foster parents, the role played by foster fathers, and the attitude of the child towards fostering.


This study examined the psychodynamics and educational situation in substitute families in order to determine the problems faced by children in these families. The aim of the study was to establish the associated needs of surrogate parents for parental guidance, in order to help them communicate better with their children, and enable them to carry out their educational work more effectively. Both a literature survey and an empirical investigation were carried out. From the literature survey current methods in family
research were established and a variety of alternative family structures explored. The empirical aspect of the study began with an examination of the demographic information of 75 randomly chosen foster families, obtained through a questionnaire completed by social workers. This component was found not to reveal much by way of interpersonal relationships within foster families. Action research was completed by means of a parental guidance project with eight foster mothers of similar characteristics. Both the literature survey and empirical research confirm the assumption that foster parents need training for their task, and that much more can be done to improve the quality of life in foster families particularly in deprived communities. The central recommendation is that educational psychologists needs to collaborate with people from related professions in order to gain the knowledge and skills to offer parental guidance programmes for surrogate parents.


The study aims to enhance knowledge in the area of foster care and thereby improve service delivery to foster children and their parents. Research was undertaken through a literature survey and a questionnaire administered to a sample of related and unrelated foster parents. The population for the study was drawn from a random sample taken from white foster placements at the Child Welfare Society, Cape Town, from 1 December 1998 to 1 May 1988. The total population consisted of 61 foster placements. A descriptive analysis focused on the behaviour and academic functioning of the children. The overall findings of the study reveal that children fostered by relatives fare at least the same, or in some cases even better than children fostered by unrelated families. Significant advantages are apparent for those children who are fostered by relatives. It is recommended that relatives be trained and prepared for fostering, just as recruited foster parents are. Additionally, support groups should be designed specifically for related foster parents so that they can share their special interests and concerns with each other.


This exploratory study was conducted at a Child Welfare agency in Cape Town, and focuses on the problem of foster placement breakdown and the management thereof. The methodology consists of a qualitative approach, using data gathered from focus group sessions, guided interviews and the content analysis of case records using an indicator checklist. The researcher obtained a random list of 20 cases each of stable placements and broken down placements from the Wynberg and Hanover Park offices of Child Welfare. Six stable foster placements and six unstable placements were chosen from the list, resulting in a stratified sample of 12 cases. The major finding is that the foster placement breakdown is multifaceted in nature, and this highlights the complexity of the management of foster care placements. However, some management strategies are highlighted with respect to the foster child, foster parents and social worker. A preliminary set of guidelines for the future management of foster placement breakdown is also formulated. This ranges from post placement services such as counselling, to children who have experienced a foster placement breakdown, to the
reduction of the high case loads which social workers experience, as well as the need for foster children to be involved in the decision making process. The use of group work as peer support, in a preventative manner, was also found to be important for adolescents, as it has the potential to lead to the early detection of problems.


Using a survey and focus groups as research methodology, this study examines the factors affecting the willingness of foster parents to care for HIV/AIDS children. Forty foster parents from the Johannesburg and Soweto areas were selected and completed questionnaires. Thirteen personal interviews were also undertaken. Key findings from this study indicate that foster parents, while willing, are unprepared for caring for HIV positive/AIDS children. Issues such as transmission, putting other family members at risk, and dealing with a dying child were highlighted as problematic areas for foster parents. Adequate infrastructure and support services prior to and throughout fostering, were pinpointed as essential in coping with these particular problems. A significant number of the foster parents that were interviewed (35 percent) felt that extra money to care for HIV/AIDS children would compensate for the difficulties envisaged. It is further recommended that evaluations of foster care programmes be undertaken, in order to assess the impact of HIV/AIDS infected children on foster parents and their families.
CHILDREN / ADULTS AFFECTED BY AND INFECTED WITH HIV/AIDS


The chapter highlights the prevalence, levels and projections of HIV infection. It is emphasised that the high prevalence and poor treatment of STDs will exacerbate the HIV/AIDS problem. Another focus in the chapter is on reducing the personal and social impact of HIV infection through counselling, care and support, welfare services and economic projects. The importance of mobilising and unifying resources is underscored, and this includes the improvement of intersectoral co-ordination, the establishment and promotion of partnerships against HIV/AIDS and the enhancement of national and provincial HIV/AIDS programmes. It is concluded that the window of opportunity to intervene in the epidemic has passed, and that besides renewed efforts to contain the spread of the disease, interventions will have to deal with the impact of disease.


This report gives an overview of the HIV/AIDS epidemic, globally and in South Africa. It looks at the impact of HIV/AIDS on children, their welfare, health care and educational needs, and the legislation pertaining to each of these issues. Each chapter refers to international policies and practices. It is recommended that community-based intervention programmes be developed in order to identify children in need and provide them with adequate support and care. It is noted that many rural communities have little knowledge of social security grants and legal procedures, particularly in terms of the FCG, which could assist many families with children over seven years of age. A large majority of children are absorbed into the extended family structure without going through a formal court process, and therefore do not qualify for a FCG. Although these caretakers assume the role of foster parents, they are unable to access forms of assistance, such as exemption from school fees. Children over the age of seven years also do not qualify for free medical services. The report recommends extending the eligibility for the FCG, exemption from school fees for orphaned children, and the extension of free health care to orphans between the ages of six and 18. It is also proposed that a clause on unfair discrimination be inserted into the Child Care Act.


The National Children's Forum on HIV/AIDS, which this report gives an account of, provided an arena for 90 affected children, aged between seven and 18 years, to discuss the impact of HIV/AIDS on their lives, the challenges they had faced and the existence of support networks. The main areas addressed in the workshop included access to education and inability to pay school fees; discrimination at school; access to counselling and health services; inadequacy of social security to meet the needs of children and families; sexual abuse; the experience of parental death; orphans; and the
role of NGOs and CBOs in providing support. The forum highlighted the need for policy monitoring, and provision of basic needs to affected children.


This research paper looks at the nature, extent and impact of discrimination against children and youth, responses to stigma and discrimination, as well as gaps in understanding and recommendations for priority interventions. Three methodologies were used in the study: a desk review of relevant literature, law and programmatic responses regarding HIV/AIDS, discrimination and stigma; a series of interviews with key role players working in the field of children, HIV/AIDS and/or human rights; and a series of participatory workshops with children, youth and adults infected with and affected by HIV/AIDS. The research reveals a number of the effects of stigma and discrimination on affected children and youth. Stigma and discrimination are shown to pose a significant risk of social harm for children and youth infected with and affected by HIV/AIDS, leading to social and economic disadvantage for such children. Stigma and discrimination also lead to this group being denied or discouraged from accessing basic services – such as health care and welfare services – which have a severe impact on the physical and mental wellbeing of these children, further impacting on their resilience.


A series of participatory workshops were carried out as part of the methodology of the research report (see Clacherty and Associates, 2001a). These took place in one urban, one peri-urban and one rural area - the East Rand, Bloemfontein and Ingwavuma, KwaZulu-Natal respectively. The following groups participated in the participatory workshops: children aged eight to 18 who were HIV positive; children aged eight to 18 whose parents were HIV positive; adults (parents) who were HIV positive; a group of children from the community; a group of adults from the community. The aim of selecting these groups was to understand how stigma and discrimination against children infected and affected by HIV/AIDS would play itself out in a particular community. Silhouette figures were used and workshop participants were asked to make up a family, and to then talk about the family. Next, participants were asked what would happen to the children if someone in the family is HIV positive, and then what could be done to help the children grow well. Findings were then analysed in terms of two focus areas: how stigma and discrimination increase the vulnerability of children infected with and affected by HIV/AIDS and how HIV/AIDS impacts on children and youth’s access to their rights. Finally recommendations are made for priority intervention areas that grow directly out of the workshops, and include the following: continued education around how HIV/AIDS is and is not transmitted; awareness-raising programmes on how discrimination affects children; raising awareness and educating teachers and school management about the effects of HIV/AIDS and poverty on learners; emotional support for adults and children; access to social security grants. With regard to the latter, it is noted that the participatory workshops point to the need for increased broad social security for all children, which should include direct income
support such as a grant for all children, including those who are over the age of seven. Moreover, it is recommended that indirect social security such as helping children access school uniforms and school books needs to be provided for children. A need is also identified to lobby for increased efficiency in the system and broad education programmes around how to access such existing social security.


This article reviews research that assesses the relationship between nutrition and HIV infection in children in Sub-Saharan Africa. Malnutrition and deficiencies in diet have been found to affect immunity levels and compound immune dysfunction in HIV infection. The report recommends regular clinical check-ups to manage any signs of malnutrition, and increased doses of vitamin and dietary supplements.


The author of this chapter points to a severe HIV/AIDS epidemic, confirmed by antenatal surveys, with particularly high rates in KwaZulu-Natal, Northwest, Free State, Mpumalanga and Gauteng. The 20 to 24 year age group is indicated as carrying the highest rate of infection. This chapter uses the National AIDS Co-ordinating Committee of South Africa (NACOSA) national AIDS plan as a starting point against which to review progress with implementation, particularly at local and provincial level, and draws on reports of the 1997 STD/AIDS Review. One section of the chapter focuses on providing welfare support. It is indicated that the NACOSA plan addresses welfare issues in some detail and sets out the process for developing comprehensive welfare policy. It is noted that further research on needs assessment and available services is being carried out. Welfare services face a range of immediate problems with children: care of HIV infected children in institutions; a disproportionately high rate of HIV infection among abandoned babies; and, orphaned children. KwaZulu-Natal is described as being most affected. With regard to adults, unemployment or loss of benefits, homelessness, and delays in accessing DGs are problems that compound the difficulties of coping with a difficult illness in the face of discrimination. Moreover, it is noted that the needs of PWAs increase over time, and that NGOs play a major role in meeting their psychosocial needs.


The chapter on HIV/AIDS looks at the current status of HIV/AIDS infected people in South Africa, which has the fastest growing incidence of HIV/AIDS illness in the world. The reasons for such a rapid growth are given as poverty, migration, the position of women in society, unemployment and access to education. The report outlines the HIV/AIDS Strategic Plan 2000-2005, which has four priority areas: prevention, treatment, research and human and legal rights. However, it is noted that a wider perspective needs to be adopted, which should deal with the community devastation brought on by the epidemic, the resultant skills shortage, the burden of costs on communities, the erosion of parental authority and the loss of creativity and talent. With the 25 to 45 year
The age group being most affected, it is noted that these issues will be of tremendous importance to the labour market and economy of the country. The most severe impact will be at a household level, financially, through the cost of drugs, through stigma associated with the disease, and the fact that more than one household member is usually affected. The impact on social and human development will also be great, with increased illness and death, and reduced life expectancy. Orphans will particularly suffer due to loss of educational and other opportunities, as well as reduced nurturing. With the rise in the number of AIDS orphans, it is noted that the question of support is being raised. Finally, the authors indicate that the uptake of the FCG is low, and that the large cost implications of HIV/AIDS means that alternative models of providing support for children and communities need to be explored.


This study explores what happens to the implementation of macro policy change at an organisational level, by taking a case study approach to assessing three different ways in which NGOs concerned with the support of children affected by HIV/AIDS have sought to respond. It describes what happens when organisations seek to implement different strands of policy change in a context of poverty and growing needs, and in a climate of fiscal restraint. Three initiatives in the Pietermaritzburg district of KwaZulu-Natal were developed in response to changing welfare policy in South Africa, prompted by concerns about the growing number of children affected by HIV/AIDS. These initiatives have sought innovative ways to provide support to AIDS affected- and HIV infected children, and have been selected as case studies through which different aspects of policy change can be examined. The following case studies are used: one to develop a community-based project to support AIDS affected children; another of the indigenisation of adoption practice; and, one of a ‘cluster foster care’ project for HIV positive children. A theoretical background to the case studies is presented, which considers theories and critiques of welfare, and includes a discussion of notions of developmental social welfare, community development and community care, and their relevance for South African welfare policy.

The author also looks at the nature of HIV/AIDS, the state of the epidemic in South Africa at the time and the socio-economic impact of HIV/AIDS, with particular reference to the effects on children. The nature of family life in contemporary South Africa and the implications for welfare policy are also discussed. The context of poverty and family disruption which are the legacy of apartheid policies is also examined, and the new challenges to family life that are associated with the HIV/AIDS epidemic are then considered, with a particular focus on the implications for orphans and their carers. Finally the author draws conclusions from the case studies in terms of promoting developmental social welfare in a context of poverty; the role of the state in meeting basic needs; maximising resources through ‘community’ care; gender issues in ‘community’ care; specific HIV/AIDS issues for welfare organisations; developing appropriate welfare services; and the nexus between NGOs and the state.

In this chapter it is noted that while South Africa is at a relatively early phase of the HIV/AIDS epidemic, the incidence of the disease is high, resulting in a rapidly increasing prevalence. The epidemic is described as being well established in all population groups. However, HIV infection is more common among Africans and the epidemic is at a more advanced stage in KwaZulu-Natal. The virus is spreading most rapidly among young people between the ages of 15 and 30 years, and migrants have about three times more infection compared to less migratory counterparts. The epidemiology of HIV infection demonstrates the link between individual vulnerability to infection and the socio-economic context within which this occurs. The low status of women in society, economic pressures that result in the disruption of families and conjugal instability through men seeking employment away from their families, have all influenced the nature of the HIV/AIDS epidemic. One of the recommendations made is for the development of a system of support and care for AIDS orphans.


This report is a companion document to Kelly, Parker and Oyosi (2002). The two projects reported on in this document set out to explore the capacity of young people to respond to AIDS, and involved exploration of how contextual factors mediate responses at the individual and community levels. Many obstacles to the ideals of appropriate preventive behaviours and practices were found in each context, and an attempt was then made to address these obstacles. The sites used in this study were chosen because they involved young people who have been particularly overlooked in developing HIV prevention responses in South Africa, namely disabled young people and young people living in rural areas. It was felt that these environments represented extremes of the predicaments that are common to young people more generally: the relation between care/protection/sheltering and independence/risk; and the challenge of taking hold of one’s life and developing a sense of the future and self-protection in an environment that is less than accommodating and that offers little support. Thirteen villages situated between Alice, Hogsback and Middledrif, in the Amatole Basin, a deep rural area in the former Ciskei area of the Eastern Cape, were chosen as the site for research on the rural component. Sibonile School for the Blind in Klipriver, Gauteng, represented the site for disabled young people, who were blind or partially sighted. Action research methodology was used, and involved individuals and community members taking stock of their own responses to HIV/AIDS and engaging in interventions which were appropriate given the contextual mediators of HIV/AIDS response in each case. Each of the projects involved a series of activities that culminated in public events in which the HIV/AIDS response plan was launched. While there were distinctive aspects to each project, there were also general learnings. It is noted that in the Amatole Basin community, existing frameworks for sexual enculturation have broken down, and have not been replaced by any real alternatives other than practices emerging out of trial and error. In the situation of the perceptually impaired young people it can be seen how learning to cope in a sheltered environment ironically makes the young person vulnerable to various forms of exploitation as they approach the edge.
of that environment. Young people may not have the capacities to transcend the boundaries of what they know and what they are exposed to, until they are invited to explore ways of transforming their worlds, particularly the static social arrangements that define their possibilities. The authors indicate that through these two projects some progress has been made in discovering possibilities and problems associated with involving young people in transforming their orientation to HIV/AIDS. Further, it has become clear that young people occupy worlds which are to a large extent shaped by forces beyond their own control. Finally, it is concluded that the development of responses to HIV/AIDS requires support of various community and social services, and that unless these can be harnessed to care for the needs of young people, sustainable responses are hard won.


This report consists of a national and international literature review on the current response by children and young people to the HIV/AIDS pandemic, and a bibliographic companion document, containing references to studies conducted in other African countries. The literature review looks at beliefs, perceptions and practices relating to the disease, as well as the need to address contextual factors when developing intervention programmes to prevent the spread of HIV/AIDS amongst young people. It is noted that little has been done to understand and evaluate the impact of governmental, non-governmental, private and community-based responses to HIV/AIDS, and to assess the cultural, sociological and psychological dynamics of the epidemic. This has culminated in a paucity of research, mainly focusing on specific outcomes such as condom use, rather than contextual factors. The lack of an adequate supportive service environment in the form of health education and life-skills training is considered to hinder effective responses to HIV/AIDS.


In the face of increasing numbers of HIV/AIDS orphans and vulnerable children (OVCs) in South Africa, this report seeks to develop indicators for assessing the quality of care of children living with HIV/AIDS, in order to evaluate the extent to which various approaches are meeting the needs of children, and to provide information on the feasibility and cost-effectiveness of these approaches. The delivery of services within a four-tier framework is examined: the family, the community, churches/NGOs/community-based organisations, and the state. Data was collected in a variety of ways, namely through a literature review, meetings with a reference group (people working in the field on all levels), multiple case studies (through interviews, participatory exercises, group discussions, observations), and secondary data (annual reports, media clippings, evaluation reports). Sites were selected to represent the different approaches used to cater for OVCs, and were based on the following criteria: a rights based approach; a children’s service in operation for at least a year; being representative of the provincial HIV infection spread; and, being representative at the rural and urban level, in terms of
formal and informal structures. In addition, the study reflects the four financing policy levels: prevention (training), early intervention (home visits, support groups), statutory services (foster care and grants) and continuum of care (residential care). Sites selected were as follows: Nazareth House, Cape Town; Durban Children's Society; Nkosi's Haven, Johannesburg; Jardim's Home, Barberton; Centre for Positive Care, Thoyandou; Mpumulanga Project Support Association, Nelspruit; Sinoziso, Durban; St.Nicholas Hospice, Bloemfontein; Pin Project; and Nceba Village, Transkei.

The report also identifies the common developmental needs of children, as well as the special needs associated with HIV/AIDS OVCs. It is noted that OVCs have a number of specific needs, namely subsistence (food, clothing, shelter), security (affection, protection from stigma, exploitation and physical or sexual abuse), socialisation (identity, schooling, understanding HIV status and participation), self-actualisation (recreation and leisure, freedom of expression), and palliative care (pain relief, health care, and counselling). The latter is particularly important for OVCs, as they face the possibility of death at a young age, or have witnessed the death of one or both parents. An analysis of informal fostering or non-statutory care is also provided – an approach that is more prevalent in rural areas due to lack of formal services. Many people in these areas are unaware of the availability of social welfare, and the high costs of transport hinder visits to social security offices. Coupled with these factors are lengthy delays experienced when applying for grants. In some cases where applications have been made, caregivers never receive the grants. Although the report stresses that children in these communities are well looked after and integrated, their living conditions and needs are exacerbated by poverty. On the other hand, foster parents have access to the FCG. It is noted that the practice of adhering to nuclear family standards for application purposes is changing to accommodate community kinship arrangements and incorporate informal caregivers. However, in terms of formal foster care, limited supervision and monitoring of placements by social workers means that abusive situations often go undetected, offering little protection for the child. Support groups and regular contact with social workers is recommended in order to alleviate this problem. The research indicates that childcare agencies find it almost impossible to place HIV positive children in foster care.

The study asserts that community and family based approaches best meet children's needs of security and socialisation, but have to be supported in order for other needs to be addressed. Moreover, informal caregivers need to have access to health care, education and social services if they are to provide basic survival needs, and it is indicated that they should receive a minimum of R276 per month to meet these needs, far higher than the current CSG. It is noted that in trying to access the FCG, additional pressure is being placed on courts and social workers. The problem of guardianship is also unclear for children in informal fostering arrangements, with implications for the child's protection and development. The availability of and access to services, lack of guidelines, standards and training are seen to be major problems, particularly in the poorest areas, which have the highest infection rates. Many services, attempting to fill the gap in service delivery, are operating outside of the legal framework, and are therefore not eligible for state assistance. A number of recommendations are made, including the need for service providers to supply information systems and records to feed into safety net monitoring systems. It is emphasised that the state should provide financial assistance to substitute caregivers, and it is recommended that the CSG and FCG be amalgamated into one childcare grant. It is put forward that the age limit of this grant be raised to 18 years, and that receipt of the grant be dependent on school
attendance, immunisation and participation in poverty alleviation programmes. It is argued that substitute parents of children requiring specialised care should receive an additional R100 to R150 per child.


This is a qualitative study of the social processes surrounding death and dying in the context of AIDS. Fifteen focus group discussions were held with adults, while ten in-depth interviews and structured questionnaires were completed in four institutions, in seven peri-urban and urban communities around Pietermaritzburg. The report looks at the social and economic pressures brought to bear on families who lose family members, particularly the survival and care of children. It is shown that many children are left in the care of grandparents, who often support entire households on a pension. The report also looks at the financial implications of death itself, burial societies and rituals, and the long-term costs for families. It is concluded that there is a pressing need for the improvement of access to pensions and other grants, that there are a growing number of displaced children who have little or no support, and that government needs to drive a multi-faceted approach, involving both NGO and private organisations, in order to tackle the problem.


This report focuses on a situational analysis of eight communities (three rural, three urban and two peri-urban) in the KwaZulu-Natal midlands, in light of the HIV/AIDS epidemic. The physical, socio-economic and household structures of these communities are described, and an attempt is made to identify alternative and affordable models of child-care. The project consisted of three components – a situational analysis, a household survey, and community workshops using PRA methods. The surveys and workshops established the needs of children in the community, and the nature of the community response to children in distress – those orphaned and those infected with HIV/AIDS. Needs were divided into four groups – physical (shelter, food and clothing), emotional (parental care), social (recreation, health care and nurture) and intellectual (education and life-skills). The majority of households were found to be willing to care for children in distress. Indeed, 19 percent of children in this area did not live with their parents, either because they were orphaned or displaced. Most families were prepared to care for HIV/AIDS infected children, if they were related, but this figure was shown to drop if the child was a stranger. Limited financial resources were seen as the main problem in caring for an extended household, particularly in rural areas where social grants are the main source of income. This is coupled with the impact of HIV/AIDS on the economic livelihood of the community. Recommendations for the development of alternative models of childcare include: keeping siblings together; where possible ensuring that children remain in the community; the development of social support packages other than financial aid. Finally, it is emphasised that state resources should focus on communities rather than individuals.

This report forms part of the United Nations Children’s Fund (UNICEF) Global Impact and Policy Study aimed at analysing the medium and long-term impact of HIV/AIDS on children. It provides an overview of the consultative process, which involved HEARD (Health Economics and HIV/AIDS Research Division), Children’s Rights Centre (KwaZulu-Natal), Environmental Development Agency (Eastern Cape), and the consultant. Two workshops were held with 30 children, aged seven to 13 upwards, in the Maluti district of the Eastern Cape, and one workshop was held in Pinetown, KwaZulu-Natal with 21 orphaned children, aged eight to 17. In the Eastern Cape a workshop was held in Mafakie with 30 participants from various institutions. In KwaZulu-Natal, a focus group session with a group of stakeholders was conducted, along with telephonic interviews (participants were drawn from 40 organisations). The aim of the workshop was to provide a forum for service providers to share experiences and identify policy options for the impact of HIV/AIDS on children.

A number of issues are identified in the study: multiple losses within families; the emergence of child-headed households; a lack of access to health care services; the stigma of HIV/AIDS; and increasing vulnerability to poverty. It is noted that the emotional wellbeing of children is being threatened, and increasing numbers of street children and drug abuse are pointed to. State intervention to mitigate the impact of HIV/AIDS includes the CSG, which has a low take-up rate due to complex application procedures and the necessity of providing a birth certificate. Many rural communities do not have adequate information regarding the grant and are therefore not accessing this form of social support. The report highlights particular problems with regard to the effectiveness of state interventions. These include the lack of an integrated response framework and consensus on HIV/AIDS by the state; the fact that little consideration is given to the physical and emotional costs of home-based care, despite its popular status amongst policy makers. Moreover, it is noted that focusing on the role of children as caregivers avoids the issue of alternative care and places extra responsibilities on children. There are no legal mechanisms for securing children’s rights to property if both parents die, and it is noted that there is little evidence of inter-sectoral collaboration to address the pandemic. The children in the study expressed the need for basic and recreational facilities, and support for orphaned children. A number of recommendations are given from consultations with both children and service providers. The urban bias in service delivery should urgently be addressed; capacity building in life skills training should be increased; access to treatment should be increased; an integrated response strategy should be formed; a programme for orphans should be established; the CSG should be extended to 18 years and should include AIDS orphans; and the quality of health care should be improved.


This study looks at the status and needs of orphans living in child-headed households, particularly those orphaned by AIDS, and assesses the support systems available to them. The research was conducted in Gauteng, Northern Province, Mpumulanga, and KwaZulu-Natal. Eleven focus group discussions were held with social workers, health...
workers and caregivers. Interviews were conducted with 34 NGO staff, community leaders, government officials, and 117 AIDS orphans from 34 child-headed households. Structured questionnaires were also given to 47 individuals involved in health care, social care and education. The priority needs of child-headed households were found to be food, clothing and education, followed by emotional support and guidance. Stigmatisation by the community towards households headed by AIDS orphans was found to lead to isolation and neglect. Although the extended family structure is still widespread and absorbs many orphans, it is also apparent from the study that the burden of support is becoming increasingly difficult and that families cannot cope with additional costs. As a result, older children often drop out of school in order to support siblings. Many of the children interviewed, particularly those in rural areas, were not aware of the grant system, and social welfare services were considered difficult to access due to red tape. The report also looks at the increasing number of organisations, which raise money ostensibly for children in need, and points to the fact that monitoring these organisations is vital to ensure the correct use of funds. A number of recommendations are made in the report. The need is underscored for proactive government intervention for orphans and other vulnerable children, through a review of social security legislation by removing red tape to fast-track the issuing of grants, and to improve the efficiency of the social welfare system. Moreover, the compilation of a national database to provide reliable statistics for planning purposes is recommended, as well as the harnessing of support from the business community.


This is a national survey conducted by the Human Sciences Research Council on the prevalence of HIV/AIDS in South Africa, the risk factors associated with the disease, the levels of exposure to prevention and awareness programmes, and the impact of mass media and information. 9963 people were interviewed, and of these 8840 agreed to an HIV test. The results of the study are based on 8248 of those interviewed who live in households, and excludes people in institutions and children under two years. Questionnaires were separated into certain age groups: adults aged 25 and older; youth aged 15 to 24; caregivers of children aged two to 11; and children aged 12 to 14. The results reveal high levels of HIV prevalence in Gauteng, Free State and Mpumulanga, followed by KwaZulu- Natal, the highest prevalence being in the 25 to 29 age group. Vulnerability to infection was found to be higher in urban informal and formal settlements, and women were shown to be more at risk than men. Amongst children, 13 percent of those aged two to 14 years had lost a mother, father or both parents to HIV/AIDS. HIV/AIDS infection was found to affect all race groups, but is also determined by socio-economic factors, access to information and education. With regard to communication and knowledge about HIV/AIDS, the survey raises several issues: the need to address myths around the disease; the need for monitoring and evaluating telephone helplines; the need for increasing resources to rural communities and improving the use of multilingual information; and the need for raising awareness of HIV/AIDS counselling, testing and treatment. In terms of behavioural trends, an increasing awareness of condom use and STD services is noted, as opposed to low awareness of voluntary counselling and testing (VCT) provision. Some of the recommendations of the report include campaigns to improve VCT services and training; increasing service provision for the treatment, care and support of HIV/AIDS infected
people; and providing care to orphans. Further research that is recommended includes
continued surveying of the population, child sexual abuse and infection rates, statutory
rape and health service acquired infections.


The aim of this research was to provide information for a national strategy on children and HIV/AIDS, within a rights-based framework. The report covers an understanding of the epidemic, the needs and rights of affected children, and an analysis of existing models of care. The methodology that was used involved a desk review of relevant literature, stakeholder questionnaires and interviews (government and NGOs), and in-depth analysis of selected models of care (selected projects from the provinces of Gauteng, Eastern Cape, KwaZulu-Natal, Free State and Mpumulanga). The paper gives an overview of the main facts regarding South Africa's children. Important points to note are that 61 percent of children live in poverty, while only 49 percent of children have a birth certificate (which has implications for accessing grants). Moreover, an estimated 1.6 million children of school-going age are out of school. It is noted that the effects of HIV/AIDS will be felt at both a micro- and a macro level, with disastrous consequences for the household, in terms of food security, nutrition and education. With the fastest growing HIV/AIDS rates in the world, South Africa's women and children are the most vulnerable, with orphans most at risk. Orphans are less likely to be immunised, tend to be nutritionally deprived, and face increasing financial and social hardships. Their needs are examined in this report, and include physical and material (food and food security, housing and clothing, and health care) and intellectual (educational and income generating skills) needs. Further, psychosocial skills (parenting, friends and recreation) are also examined, as well as non-discrimination and legal protection (inheriting land, protection from abuse). It is noted that street children, children in detention, and child prostitutes are also vulnerable to HIV infection. Due to the large and increasing numbers of children who will be in need of care, community-based mechanisms are vital to identify and protect children in need. Informal foster care in particular needs to be supported by facilitating guardianship arrangements, providing training and supervision for caregivers, mobilising foster carers in communities, and assisting in obtaining resources.

Key recommendations made in the report include the development of a policy framework, and a database of organisations working with and for children in order to facilitate co-operation, networks and co-ordination mechanisms. Further recommendations are for children in distress to be identified and for the mobilisation of communities. It is indicated that awareness of the availability of grants is restricted, and that families need to be supported in accessing grants, particularly with application procedures that can be lengthy and bureaucratic. The need for identification documents and stringent criteria for accessing grants present major barriers to many families. A research agenda is recommended to guide the implementation of a research strategy. Issues that emerge which constitute areas for future research include mother to child transmission; vulnerable children; infected and affected children; models and integration; and the impact of HIV/AIDS on social safety nets and families.
The first South African Human Development Report focuses on the relationship between HIV/AIDS and development, particularly poverty, social dislocation, the labour market and a lack of access to basic services. The report analyses the impact of the high rates of HIV prevalence and the inevitable increase in incidence of AIDS-related illness and mortality rates. It is concluded that the spread of HIV/AIDS represents a challenge to all South Africans, threatening to undermine recent gains in human development. The urgency of effective prevention and changes in behaviour and attitudes are underlined, in order to combat HIV/AIDS and mitigate its effects. It is noted that an unavoidable consequence of the epidemic will be increasing numbers of children, traumatised by the experience of seeing their parents die, who will face problems related to access to education and poor nutrition. The impact of the HIV/AIDS epidemic often leads to stigmatisation, discrimination and isolation from traditionally supportive social networks. Disease and limited access to health care characterise the situation of the socially excluded, who are incredibly vulnerable to the impact of an epidemic that requires additional resources and health care, and which strikes at the breadwinners, educators and carers in the household. The disproportionate impact of HIV/AIDS on those who are often the most economically productive household members increases the burden on the young and the old, who are generally themselves in need of care. It is noted that a growing number of poor households depend on the social pensions of elderly pensioners and the unpaid labour of their grandchildren, and that an excessive additional responsibility could push the fragile support systems at the household level beyond sustainable limits. It is emphasised that a rethinking of how best to support and extend community-based care and support for those infected and affected needs to be undertaken.

In this book a summary analysis is given of the challenges facing Southern African children. The report focuses on mortality, access to education, health and nutrition, community involvement, rights and rehabilitation, and social and economic development.

In this chapter the factors driving the HIV/AIDS epidemic are looked at, as well as the impact of HIV/AIDS (demographic consequences, economic implications, development consequences), and the response to the epidemic – both governmental and non-governmental. Two broad conclusions are drawn. The first is that the epidemic does not ‘belong’ to the medical establishment, but instead requires a multi-sectoral and imaginative response. Secondly, it is argued that the issue of those already HIV infected, who will become ill, requires more attention, from the health and national development point of view.

Using computer modelling, this report projects HIV/AIDS figures for the population of KwaZulu-Natal into the next century. The data is drawn from the 1991 census, and is adjusted in accordance with new data from the 1996 census. Surveys of HIV prevalence among antenatal clinics in the region from, 1994 to 1996, have also been used. The Spectrum Policy Modelling System was used to generate projections for AIDS. The following input information was used: estimates of adult HIV prevalence for the base year; future projections of adult HIV prevalence; perinatal transmission rate; percent of infants dying within the first year; life expectancy after AIDS diagnosis; percentage reduction in fertility; incubation period; and age and sex distributions of new infections. To estimate the number of AIDS orphans, the Epimodel was used with the following input data: start year of the epidemic; base year; age distribution of new HIV infection among females; age specific fertility rate; progression of HIV/AIDS for adults and children; and population growth rate. The projections show a significant increase in the number of orphans in KwaZulu-Natal into the next century, although the output of the two models differs slightly. The impact of AZT treatment in reducing the numbers of paediatric AIDS cases is also found to be significant. It is noted that for AIDS orphans and children, the possibility of contracting diseases and the chance of being undernourished are great. Child headed families are described as emerging in communities, placing pressure on services and reducing the number of children attending school. These children will also take on adult roles and responsibilities, particularly if an adult in the family is suffering from HIV/AIDS. The continued monitoring of HIV/AIDS orphans is recommended, and the importance is underlined of carrying out research in all provinces, on the direct and indirect effects of AIDS on families.
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