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**FACTORS THAT CONTRIBUTE TO SOCIAL VULNERABILITY IN CHILDREN  
FROM DISADVANTAGED COMMUNITIES: A CASE OF ATLANTIS IN CAPE  
TOWN**

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**A mini-thesis to be submitted in partial fulfilment of the requirements for the  
award of a Master of Development Studies at the Institute for Social  
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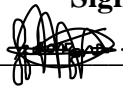
**Supervisor:**

**Professor Stephen Devereux**

## Declaration

I, Buhle Sondwana, declare this dissertation on *FACTORS THAT CONTRIBUTE TO SOCIAL VULNERABILITY IN CHILDREN FROM DISADVANTAGED COMMUNITIES: A CASE OF ATLANTIS IN CAPE TOWN*, is my work in due diligence and commitment and is not a replication of anyone's work nor have been submitted by me or anyone else to this Higher Education Institution or another. I further declare that I have acknowledged the work of authors used in my content by means of the required references.

Signed



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**Buhle Sondwana**

Date

**09 November 2022**



## Dedication

This work is dedicated to all the vulnerable children out there, who go without food, who are orphaned, who are abandoned, who are victims of crime, who are abused, who have gone missing, who are homeless, who have no one to comfort their cries, who are sick and have lost their lives as a result of social vulnerabilities. I dedicate this work to their parents who strive to make ends meet but due to structural constraints, their abilities in thriving are limited. I also dedicate this work to all the youth out there who because of social vulnerabilities had the urge to get educated and live better lives, but those dreams were not realized. A special dedication goes to all the young people who were pursuing their higher education but have fallen along the way, may their souls rest in peace.

I seek to make my voice heard through this work and stand in solidarity against gender-based violence. To all the bleeding hearts and scars left behind of victims, families, women, and lives because of gender-based violence, my heart goes to you. A special dedication to the shallow graves yet deep wounds dug by gender-based violence. My sincere heartfelt compassion goes to children who continue to witness gender-based violence in their daily lives and the cold bitter cry to the child who has lost a mother. But I hope to speak most to the social vulnerabilities through this work that manifests gender-based violence.

But I dedicate this work to my own family; my mother and father and my valued siblings; Ntando, Xola, Njongo, and my dear nephew Bonani Sondwana, I love you very much. Lastly, I dedicate this work to my bundle of joy, my precious son; Ndiphe Sondwana, because of him I have a reason to finish this study, and may he have his own work like this and beyond one day.

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I express my sincere gratitude to the financial assistance of the National Research Foundation (NRF) at the Centre of Excellence in Food Security (CoE-FS) at the University of the Western Cape, towards the realization of this research study. A special acknowledgment goes to the Research and Ethics Committee of the Western Cape Department of Social Development, without their significant contribution this study would not have been possible.

This section is not complete without my son Ndiphe Sondwana, his life is what I treasure to strive to be better. You are James 1:17 "Every good and perfect gift is from above, coming down from the Father of the heavenly lights, who does not change like shifting shadows". I thank God for you.

But a priceless acknowledgment goes to all the challenges I encountered and enabled me to pursue my Master's in Development Studies. I salute every adversity I experienced along the way; I embrace every difficulty and I have a reason to stand tall with humility. Thank you for humbling me. Lastly, I thank everyone along the way who believed and never gave up on me

To the Heavenly Almighty, who is my porter, provider, protector and sustained me this far.

*For in Him I live and move and have my being: Acts 17:28*

## Abstract

This study aimed to explore factors that expose children to social vulnerability in Atlantis. The literature covered in this study revealed a gap in terms of the realization of children's well-being in a disadvantaged community. The aim of this study was unlocked by three questions which were explored to understand; firstly, 'what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis, Cape Town?'; secondly, 'what are some factors that impede with human capabilities in a disadvantaged environment, stagnate a child's psychosocial development and their human capital' and lastly 'how can the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis be assessed to ensure that they respond to the challenges faced by children?

Moreover, the conceptualization of this study was based on the capabilities and human development approach, and a qualitative research methodology was adapted to this theory in gathering data, analysis, and recommendations for this study. The capabilities approach was adopted to develop a conclusive analysis of the impact of social vulnerabilities on children. This framework also examined the extent to which risks and vulnerabilities in a disadvantaged environment deprived children of their capabilities.

Major risks and vulnerabilities gathered from this study suggested that poverty and an impoverished environment were primary multidimensional and comprehensive risk factors that guided the emergence of risks such as violence, substance abuse, exposure to diseases, HIV/AIDS, lack of birth registration, and family dysfunction. The identified risks were deprivations to healthy development that subsequently hindered children's capabilities in the present but ultimately future prospects of productivity. Given the stipulated findings, this study drew recommendations that suggested concerted efforts through policies and programmes from various departments in enabling the capabilities of structures that support children's well-being. It was also recommended that a bottom-up approach was instrumental in understanding needs and appropriate intervention strategies. Lastly, contemporary efforts that look into the impact of COVID-19 were crucial in alleviating vulnerabilities that undermine children's well-being.

**Keywords:** *Child protection, poverty, violence, foetal alcohol syndrome, HIV/AIDS, family dysfunctionality, capabilities and human development approach, Atlantis, South Africa.*

## List of Abbreviations and Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Immune Deficiency Syndrome
CCT	City of Cape Town
CHC	Convention on the Rights of the Child
CSG	Child Support Grant
FAS	Foetal Alcohol Syndrome
FCG	Foster Care Grant
HIV	Human Immune Deficiency Syndrome
HSRC	Human Sciences Research Council
RSA	Republic of South Africa
Stats SA	Statistics South Africa
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development



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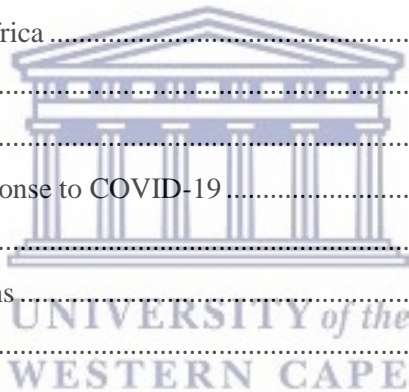
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## **Chapter One**

### **Introduction to the Topic and Contextual Background of the Study**

#### **1.0 Introduction**

This chapter provides a brief background of the research, the case study area, the problem statement, the aims and objectives of the research, the research question and the methodology, and the outline of the significant reasons that led to this research.

#### **1.1 Background of the study**

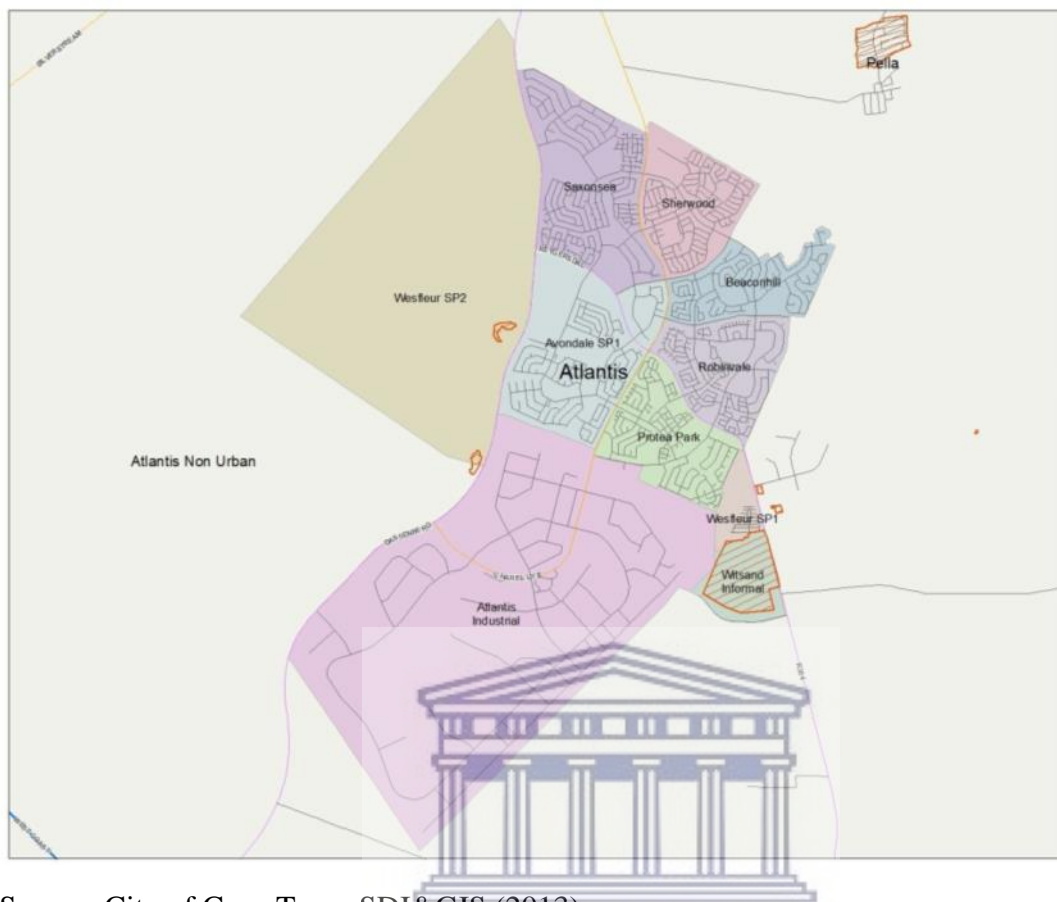
Atmore et al (2012) assert that South Africa is characterized by a high number of children who are victims of socioeconomic inequalities. South Africa's history of apartheid and the current economic state has generated a stressful childhood for children who come from disadvantaged backgrounds. Socioeconomic aspects like unemployment are vital in families, and findings have presented a link between poverty and unemployment given the intertwined impact in heightening family dysfunctionality (Holborn & Eddy, 2011).

The unique combination of factors that encompass a history that has shaped contemporary poverty and the HIV/AIDS epidemic has had profound repercussions on the health and well-being of families and their members (Holborn & Eddy, 2011). Given systematic challenges, the South African Constitution has diversely provided for children's rights. However, there is a great deal of commitment required to constructively secure the needs of children (Atmore et al, .2012).

It was crucial to carry out this study as children from dysfunctional and disadvantaged communities tend to account for the majority of youth who participate in risky behaviour and promote social breakdown (Holborn & Eddy, 2011). Findings have revealed that growing up in a disadvantaged childhood is likely to perpetuate similar outcomes of raising a child yourself in similar circumstances, and the cycle repeats itself (UNICEF, 2009). Hence, focusing on the risk factors of children in disadvantaged communities was one of the vital mandates of this study as it attempted to correspond with the fact that exposure of children to poor conditions diminishes their values as productive human beings in society.

## 1.2. Case Study Area

Figure 1: Atlantis



Source: City of Cape Town SDI&GIS (2013)

Atlantis is the designated case study area for this research. The historical background of Atlantis suggest that the area was founded under apartheid spatial planning policy. It was developed primarily to accommodate the Coloured working class in the 1970s initially as a satellite town. Its planning encompasses modern town planning and the former apartheid segregation concepts. In 1972 Atlantis was sworn as a “Coloured Group Area”. However, there was little known about Atlantis before 1975 but the intention under the apartheid government was to build it into an industrial town in order to accommodate 50 000 coloured people and furnish employment in factories for the coloured population (City of Cape Town, 2015).

Atlantis is a suburb located in the far northwest of the City of Cape Town (CCT) and is 40 km away from Cape Town city centre in the Western Cape Province (City of Cape Town, 2015). The area has a population of approximately 67,491 people and 15,564 households. The population is predominantly Coloured (85%). In terms of housing, 85% of the population live in formal dwellings (City of Cape Town SDI&GIS, 2013).

Unemployment in Atlantis stands at approximately 26.58% with the majority of the population having some secondary education (47.8%) followed by those who have completed grade 12(29.1%) (City of Cape Town SDI&GIS, 2013). The City of Cape Town's (2015) survey report about Atlantis indicates that the community is generally regarded as a low-skilled population. Thus, 50% of households have a monthly income of R3 200 or less (City of Cape Town SDI&GIS, 2013).

The health state of Atlantis reveals a high prevalence of HIV/AIDS which in 2010 was 20.3 % and 20.5% in 2012. The rate of infection in this sub-district has yielded an increase since 2005(City of Cape Town, 2015).

The transition to democracy yielded no results for the residents, but it is argued that the situation got worse. The 2008/2009 global financial crisis had havoc on economic downfalls, such that in a period of 18 months, 10 factories in Atlantis were shut down. Adding to the already constrained socio-economic dynamics, unemployment expanded, and poverty worsened (City of Cape Town, 2015).

The overall socioeconomic state of Atlantis is characterized by unemployment, substance and drug abuse, poor education and skills development, intergenerational trends of abuse, dysfunctional family structure, lack of youth recreational activities, school dropouts, and teenage pregnancy (City of Cape Town, 2015).

Overall, Atlantis as a case study area was chosen on the account that it continues to be mounted by poor social conditions, yet there is limited academic literature that explores the state of children amid those circumstances.

### **1.3 Social Vulnerability**

Social vulnerability according to the National Research Council of the Research Academies (2006: 19) is a “presentation of threats to human well-being and the related economic losses. It encompasses the comparative possibility for physical harm and social disturbance to subpopulations of societies and their broader subsystems based on socio-economic status, gender, race, age, ethnicity, family structure, residential location, and other demographic factors”. Vulnerability is a dynamic situation as it arises from a combination of factors such as “exclusion from access to services and opportunities as a result of race, gender, ethnic or religious affiliation; residence in marginalized urban or rural communities; or because of underlying lack of education to enable more secure employment” (Ahn & World Health Organization, 2005).

People who reside in disadvantaged communities have weak influence over institutions that control their access to resources and decision making and therefore, institutions render less to resolve their problems (Network G.G.L, 2014). Poverty and social isolation in South Africa have generated a string of poor social conditions that hinder the development and survival of children (Martin, 2015). Moreover, Samuel et al. (2018) affirm that social relations are important such that social isolation is a natural determinant of poverty. Social isolation is defined through internal and external circumstances, whereby external factors are constituted of few significant relations with other people and internal factors are afflictions that are a consequence of discrepancies that exist between the actual experience and the perceived social relations. Furthermore, Samuel et al (2018:84) builds on Amartya Sen's capability approach that states that "an individual life is inescapable of social life", and a deprivation of interacting freely is a deprivation that hinders partaking in the life of the community. Therefore, Bester & Budhal (2001) states that social isolation in children may exceed hindering their social development but may also overlap in influencing other aspects of development.

Martin (2015) states that ensuring that the challenges faced by children are sustainably addressed entails the development of programs that seek to ensure quality services are properly planned and implemented so socially excluded and vulnerable families and children can reach them. The number of children in South Africa that are socially vulnerable continues to rise due to the country's political and development history. Children who are exposed to risks are those who reside in the former apartheid spatial areas like rural areas and townships, orphans, children who are not living with their parents, children affected by HIV/AIDS, child-headed households, and disabled children (Martin, 2015).

Rectifying this situation has been hindered by lack of access to public services (Martin, 2015). For instance, Gibbs et al. (2018:1820) state that "challenges of technical issues are described in terms of access to documents and distances to offices" in the case of accessing the child support grant, while Spaull (2013) emphasizes that poor quality education of the disadvantaged in South Africa further limits their capacity of further training opportunities.

The outcome of marginalized children is highly characterized by neglect, abuse, poor health, poor education, and exclusion from major participation in decisions that affect their lives. Regardless of the intervention from the government in addressing child vulnerability the policy framework has neglected children in urban and metro areas therefore it has created a backlog



and exacerbated the levels of destitutions in these areas, hence an increase of vulnerable children in urban informal areas (Martin, 2015).

The repercussions of socioeconomic factors on children as outlined in the previous discussions gave impetus to develop an understanding of them in a similar deprived context. It was therefore imperative to conduct this study in order to explore the socioeconomic context of the area in relation to its impact on the livelihood of children. This study also aimed to expand knowledge that extended beyond the case study area but serve as a tool in understanding how social vulnerability impacts children in disadvantaged communities in the Western Cape and South Africa as a whole.

#### **1.4 Statement of the problem**

A child's well-being is closely associated with their social and economic conditions. Socioeconomic factors like household income, social support, access to health care, quality housing, overcrowding, and access to basic education and childcare contribute a crucial role in the development of a child. These socioeconomic factors have the potential of eradicating structural causes of risk aspects to children if they are adequately rendered (Stats SA: Mballo Brief, 2018). The transition of South Africa from the apartheid government resulted in a socioeconomic environment with many successes in terms of the education system, health services, improved access to basic infrastructure, and social grants (The Presidency & UNICEF, 2009).

In a strategy embarked on by Save the Children South Africa in 2014, findings suggested that although South Africa is a middle-income country, the situation of children from disadvantaged backgrounds is yet to be fully understood. A proportion less than 29% of children aged 5 years access early childhood development centres. The predicament of infant mortality remains such that "one-third of under-five deaths are infants who die within their first 28 days of life" (Save the Children South Africa, 2015: 5). . 26% accounts for children who are stunted because of malnutrition. Furthermore, as pinned by Save the Children in their 2014 strategy, statistics indicated that an annual total of 50 000 children are victims of violent crime with 11 000 victims of murder or critical assault. Adding to the plight of the dire state of children, there are a total of 26 000 cases reported of sexual crime annually against children which is a figure perceived as under-reported (Save the Children South Africa, 2015).

According to Proudlock & Martin (2014), South Africa has an estimated 1, 5 million orphans who are in the care of extended family members and an additional 4, 5 million children who

are not orphaned children but due to cultural and economic factors are in the care of their extended family members. Thus, the consequences of being raised by a person who is not your parent elevate the chances of neglect. Moreover, analysis revealed that there are great challenges in the integrated care, protection, and development of children with a heightened state among those residing in disadvantaged informal urban and underdeveloped rural areas (Save the Children South Africa, 2015).

Extensive poverty and unemployment continue to impact many families on their capacity to protect their children. This owes much to the atrocities of the former oppressive system which have not been fully resolved. As a result, entrenched historical inequalities in education, health, and basic infrastructure have yielded “poor quality services and persistent backlogs in historically disadvantaged areas” (Giese, 2007: 17). Child vulnerability in these areas is further intensified by high levels of HIV/AIDS-related deaths and illnesses (Giese, 2007: 17). The response capacity from the social welfare system has also been burdened in respect of the havoc effects of HIV/AIDS which has adverse outcomes where increased infant mortality, sick parents and orphaned children are concerned. Children susceptible to HIV/AIDS and poverty are still challenged pertaining to accessing early childhood development and other social services. Despite the soaring number of children who enroll for grade one, a small proportion are able to complete matric. This essentially points out that the majority is eliminated along in the education system (Proudlock et al. 2008).

Another constraint is the high youth unemployment rate and the mismatch between skills that are required to access the labour market. South Africa has a high rate of youth unemployment (Stats SA, 2011). It is estimated that 25 % to 30% of people who have exited school have not gained entrance into the labour market and will not be formally employed in their lifetime (National Treasury, 2011). Youth unemployment throughout the years has been on the rise, and findings by Maskaveva & Msafiri (2021:1) suggest that “in 2018, 52.9 % of the youth were unemployed, up from 41.8 % recorded in 2014 and about 55.2 %, which was recorded in the first quarter of 2019”. The growing trend of youth unemployment is a major feature of the numbers of discouraged youth, and this phenomenon has prospective repercussions for the well-being of the child. Prospects considering the scourge of youth unemployment reflect that the current youth population is parents of the former generation of children, this accentuates the likelihood of children living with unemployed parents. Children living in families affected by unemployment are at an elevated possibility of poor health, education, and nutritional deficits (Stats SA, 2013). With the steady increase in youth unemployment, there are 6, 5



million children who live in households with unemployed family members (Stats SA, 2011). Therefore, all these challenges have compromised the welfare of children.

### **1.5. Research Questions**

The research questions of this study are as follows:

1. What are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis, Cape Town?
2. What are some factors that impede with human capabilities in a disadvantaged environment, stagnate a child's psychosocial development and their human capital?
3. How can the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis be assessed in order to ensure that they respond to the challenges faced by children?

### **1.5 Objectives of the study**

- To identify and analyse factors that expose children from Atlantis to social vulnerability
- To assess how a disadvantaged environment is able to stagnate a child's psychosocial development and human capital.
- To critically analyse the impact of the various initiatives that aim at improving the circumstances of vulnerable children in Atlantis.

### **1.6 Rationale of the Study**

South Africa is a country that encounters momentous threats as a result of "poverty, inequality, wealth and opportunity" (Aliber et al., 2006: 46). Barnes et al (2017) posit that 4.5 million children below 5 years of age, 2. 8 million children below 2 years of age and 2.7 million children between 2 and 4 years of age were in poor households. In addition, the statistical overview of their living conditions indicates that in 2014, "18% of children lived in an overcrowded dwelling, 21% of children lived more than 30 minutes away from the health facility they normally attended and 30% of children lived in households without an employed adult" Barnes et al (2017: 30).

Poor childhood socioeconomic conditions yield disadvantaged adult outcomes which are transferrable into intergenerational poverty traps. This, therefore, suggests that there is a strong correlation between childhood growth in a disadvantaged environment and adult outcomes (Hirsch, 2007). Save the Children South Africa (2015) accentuates that the Constitution of the Republic of South Africa acknowledges and attempts to resolve the predicament of children by

safeguarding adequate rights of children through instruments like the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). Central to the rights of children are diverse socioeconomic rights which comprise health care, protection, education, and nutrition. The Government of the Republic of South Africa has passed and validated child-distinct policies and programs “such as health and nutrition policies and budget allocations to sectors targeting children and measures that are put in place to ensure that resources are used effectively to yield better child outcomes” (Save the Child South Africa, 2015:18) Furthermore other policies and programmes such as the Child Protection Framework, Child Protection Policy, Children’s Act 38 of 2005, Child Care Amendment Act (Act 96 of 1996), National Development Plan (NDP ) (2030), White Paper on Families in South Africa (2013), the National Integrated Early Childhood Development Policy (2015) and the draft National Child Care and Protection Policy (2018) will be discussed further in the literature section of this study.

The establishment of the aforementioned policies was for children previously derogated by the apartheid policies. Specific attention was drawn particularly to Black, Coloured, and Indian children who lived in poverty and disadvantaged communities (Save the Children South Africa, 2014).

Although improvements have been made, South Africa unceasingly is confronted by several historically entrenched and occurring risks that the current child protection system fails to address. Hence, this pin “a fundamental failure in the national child protection system: it is inadequately designed, targeted, and implemented as a means of enabling the most vulnerable children to escape the poverty trap” (Save the Children South Africa, 2015: 15). Further to say, protective measures have proven not to materialise the capacity of promoting the rights of the utmost vulnerable children (Save the Children South Africa, 2015). This backdrop reflects the persistent challenges that mount South Africa’s measures on its capacity to resolve the structural foundations of poverty (SAHRC &UNICEF, 2014).

## 1.7 Outline of chapters

The chapters of this mini-thesis are organized into six chapters.

- Chapter one covers an introduction to the topic and the contextual background of the study. This chapter also explores the statement of the problem, research questions, objectives of the study, and the rationale of the study. Lastly, the chapter outlines the structure of all chapters.
- Chapter two provides the theoretical framework of the study. The theoretical framework adopts the capability approach. It aims at providing a better understanding of the socioeconomic, and environmental factors that pose vulnerability to children.
- Chapter three provides a literature review on the study with regards to studies on a local and global scale that has been carried out on examining a similar topic.
- Chapter four presents the research design and methodology used in this study. Firstly, the qualitative research design was explored. Secondly, the sampling techniques used in this study were identified. Thirdly, this chapter covers the data collection and analysis methods that were adopted. Furthermore, data verification methods on the findings of this study were discussed. Lastly, the chapter illuminates the ethical considerations that guided the research process and data collection methods.
- Chapter five presents and analyses the findings from the collected data during the empirical stage of the study. The chapter is divided into thematic sub-sections based on the research questions.
- Chapter six concludes this study by summarizing the study's findings and discussions. In addition, this chapter provides a conclusion and relevant recommendations.

## Chapter Two

### Theoretical Framework

#### 2.0. Introduction

This chapter will present the theoretical framework which will be adopted from a capability approach. As a theoretical basis that underlines this study, it was viable to point out how the capability approach attempts to unlock the research questions and objectives of this study. The capability approach identified freedom as the fundamental basis of development and analysed the social and economic policies that connect and give perspective to development. The capability approach in this regard also guided the research question through “assessing life satisfaction, perception of social situations, design of public policies which affect economic development and social policies” (Tonon, 2018: 121).

#### 2.1 The ‘Capability Approach’ and ‘Human Development’

Individuals cannot thrive or function alone; from birth, individuals require the family for support. Even with the support of the family, families cannot function in isolation from the communities they are situated. Associating with a family and community at large is a crucial constituent to a prosperous existence. Therefore, the core assignment of the human development approach is to evaluate human progress and stipulate conditions of social institutions that approbate human functioning as opposed to those that act against it (Stewart, 2013).

The capability approach was developed by Amartya Sen (1999) and Martha Nussbaum (2000), in essence, it furnishes the theoretical support that transpires through human development (Stewart, 2013). In conjunction, the ‘capability approach’ and ‘human development approach’ asserts that the freedom of individual choice is the core feature of adequate development. The statement ‘human development’ initially emerged in the World Report on Human Development (1990). It gained prominence when it diverted the focus of economic growth to a more people-oriented development approach. Human development according to the United Nations Development Programme (1990) report is defined as “the enlargement of the range of people’s choices” (Kuhumba, 2018:129).

The freedom that we appreciate is inevitably accomplished and strained by diverse institutions which incorporate the social, political, and economic opportunities that are serviceable to us. Institutions and societal alignments play a crucial role in stimulating the freedoms of individuals. The capability approach is an extended and prestigious theory in the current studies

on poverty and inequality. It has a significant attribute that encompasses what an individual is effectively competent to do and to be, which is to say, their “capabilities”. This attribute has ushered in two crucial concepts in human development and entail ‘capabilities’ and ‘functioning’. The competence of capabilities must accommodate sociocultural features that undermine the development of humans within society (Kuhumba, 2018).

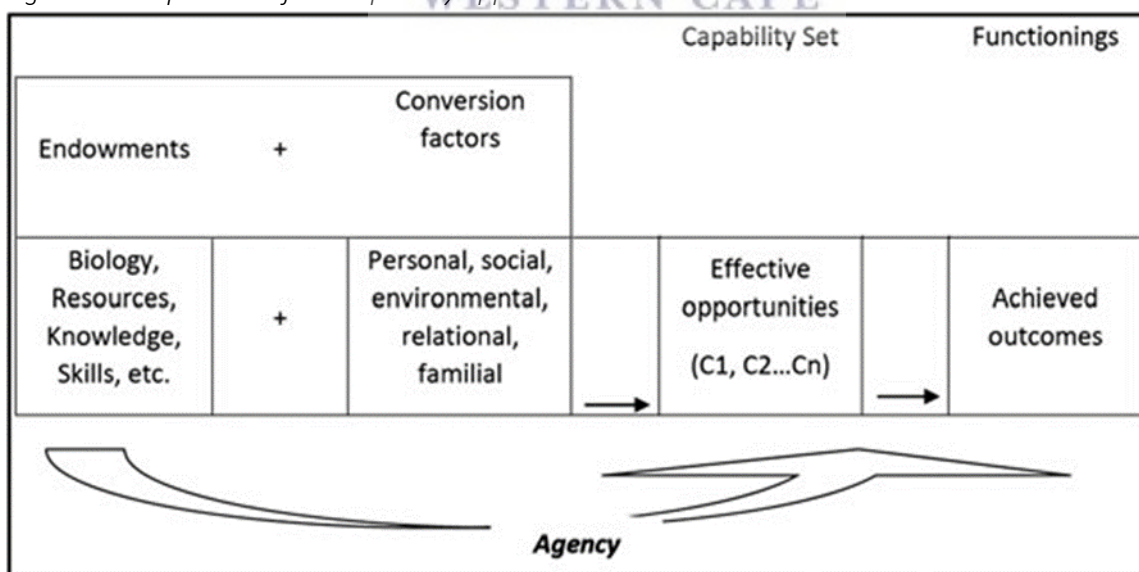
### 2.1.1 Capability Approach

The capability approach describes and examines individual well-being with regard to their real empirical possible opportunities to attain various outcomes that construct a flourishing life. The capability approach stipulates that societal development is the evolution of real opportunities for people in society. The fundamental question a capability approach would ask in analysis of a human would be “what are people actually able to be and to do in their daily lives”? It further navigates the diversity of real opportunities (capabilities) that individuals have to select among as well as constructively realizing opportunities into beings and doings (functioning’s) that add value to your own life (Chiappero-Martinetti & Venkatapuram, 2014).

### 2.1.2. Application of the Capability Approach Theoretical Framework

Figure 1 presents the implicit Capability Approach that guides this study. The logic that underpins this study is centred on the role of agency in activating the necessary internal and external conversion factors (Kim 2017). For this purpose, this study strived to develop an understanding of factors that contribute to social vulnerability in children from disadvantaged communities, with Atlantis as a case study area

Figure 1: Components of the capability approach



Source: Chiappero-Martinetti & Venkatapuram (2014).



According to figure 1, capabilities represent the real opportunities which an individual can choose to realize valuable doings and beings. Functionings on the other hand are the realization of achievements into tangible outcomes. Essentially, “capabilities lead to functionings which in turn may create more capabilities and functionings” (Chiappero-Martinetti & Venkatapuram, 2014:710). One of the key questions in this research sought to understand factors that impede human capabilities in a disadvantaged environment and stagnate a child’s psychosocial development and human capital. Hence, factors such as the role of poverty, violence, and family dysfunctionality were studied.

As figure 1 posits, the application of the capability approach in this study “embraces pragmatic, dialogic interaction-embodied methodology, by which not only agency but also personal and contextual conversion factors are activated. Conversion factors and agency can be triggered with a critical understanding of which capabilities are vital for the children not only at particular moments in their lives but in their future lives as well and understanding what actions are necessary to foster effective conversion and agency” (Kim, 2017:180). This study observed 4 central capabilities in reference to Nussbaum’s (2007) 10 central human capabilities concerning factors that expose children to social vulnerabilities in disadvantaged communities.

Firstly, this study looked at the central human capability of “Life”. Nussbaum (2007), defines “Life” as the ability to live according to a specified life expectancy that is not disrupted by premature death or one’s life being reduced to worthless living. The socioeconomic aspects that children from disadvantaged communities are exposed to, and how those hinder their “Life” were examined. Furthermore, this study sought to assess what are some of the institutions aimed at protecting this central human capability but also examine [WU7] [WU8] how institutions put in place are failing to preserve this human capability where children are concerned. Hence, agency as a capability component was important to explore. An example in this instance would be accessing the role of the health system and policies on their role in protecting the rights of children in disadvantaged communities and further dissecting possible challenges that hinder the fulfilment of achieving “life” as a human capability.

Secondly, this study examined the central human capability of “Bodily Health”. Nussbaum (2007), states that “Body Health” is the state of having good health that entails reproductive health, being well nourished, and adequate shelter. The basis of examining this human capability from a children’s point of view was so to understand its coherence with poor socioeconomic conditions in this context, factors that enhance or diminish it, and the measures

that are being put in place to fulfil it. That being, various factors concerning “Body Health” were identified and explored through qualitative research questions. Those factors entail foetal alcohol spectrum disorder, the role of HIV/AIDS, and the impact of poverty. [WU9]

Thirdly, “Bodily Integrity” as one of Nussbaum’s capabilities was observed with regard to realising the theoretical framework of this research. Nussbaum (2007) states that bodily integrity is the state of being liberated and moving freely from one place to the other, it entails security from violent assault which includes “sexual assault and domestic violence and having opportunities for sexual satisfaction and choice in matters of reproduction”(Nussbaum, 2007:41).[WU10] [WU11] Thus, this [WU12] [WU13] study explored the family context, social and surrounding environment of children.

Lastly, “Control over one's Environment” was another capability explored. Nussbaum (2007) explains [WU14] [WU15] “Control over one's Environment” according to two components. Firstly, through the political lens, that is, being able to participate in political choices that govern your life. Secondly, from a material standpoint, that is, the ability “to hold property (both land and movable goods), and having property rights on an equal basis with others, having the right to seek employment on an equal basis with others, having the freedom from unwarranted search and seizure and being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers” (Nussbaum, 2007:42). [WU16] [WU17] This study examined the social, political and economic institutions that affect this capability.

A study by Kim (2017) titled, Transformative Educational Actions for Children in Poverty: Sen’s Capability Approach into Practice in the Korean Context, has applied the capabilities approach and states that this approach could enhance children’s capabilities, transform their vulnerability, and expand their possibilities for life. Therefore, in relevance to this study, the capabilities approach was used in a similar manner that aimed at understanding structural constraints and factors that hinder the capabilities of marginalised parents and children, further exposing them to social vulnerability in disadvantaged communities.

### **2.1.3. Conclusion**

This chapter was aimed at laying the theoretical blueprint that guided the research questions. The literature covered has identified negative outcomes where children are concerned with regards to attaining capabilities in a disadvantaged setting. Therefore, the findings of the study

revealed that unfavourable family circumstances and societal and institutional challenges were a barrier to children achieving their capabilities.





## **Chapter Three**

### **Literature Review**

#### **3.0 Introduction**

This chapter presents the literature review of this study regarding factors that expose children to social vulnerabilities in disadvantaged communities. The content in this chapter present an overview of the studies that have been conducted internationally, regionally, and within the South African context on the factors that contribute to children at risk in disadvantaged areas. This chapter also defined child vulnerability and discussed certain legislative and regulatory policies concerning child protection. Moreover, the significance of this chapter is to realise the discussion generated from the statement and rationale of the problem and further illuminate what the appropriate measures are to extract when dealing with social vulnerability regarding children.

#### **3.1 Child Vulnerability**

To introduce this literature, vulnerability according to Ernst & Young LLP (2019) is defined as a state of exposure to distress or suffering. The exposure is further reinforced as a result of the inability to resist the effects of a risky and aggressive environment. Children are more vulnerable due to their natural inability to provide for and protect themselves, hence compelling protective institutions and procedures at the micro (family), meso (community) and macro (district, state and national) levels. Laxity on any part of these agencies perpetuates child vulnerability in numerous ways. Child vulnerability is constituted by these risk factors: children exposed to violence, children between and associated with armed conflict, children who are affected by HIV/AIDS, children who do not possess birth registration, children participating in labour, children engaged in marriage, children who are in conflict with the law, children who do not have parental care and children who are exposed to sexual exploitation (Ernst & Young LLP, 2019).

## **3.2 Legislative and policy context**

### **3.2.1 Child Protection Policy**

The United Nations Convention on the Rights of the Child enshrines international laws on the rights of children. The Framework for the Protection of Children as developed by the United Nations High Commissioner for Refugees (UNHCR) is an articulation of the revived commitment to the rights of children. The UNHCR's dedication to protecting children is aimed at contributing to improving the living conditions of children, their families, and the communities in which they are raised. Thus, the Framework for the Protection of Children applies a child protection system approach that encompasses a response at all levels- from a family, community, national and international level, to reduce and act on the protection and risk children are encountering (UNHRC, 2012).

However, the UNHCR asserts that it is the responsibility of the States to ensure the basic protection of children. That being the case, states should therefore execute child protection systems in line with international commitments. The systems approach acknowledges and reinforces the existing ability with the various State child protection systems and community-based child protection procedures. It furnishes a starting point for collaboration with State stakeholders, UNICEF, and other partners and offers an approach to holistic programming (UNHRC, 2012). International policies like the aforementioned Framework for the Protection of Children further advance continental policies which look into the welfare and protection of children. In this context, reference is made to the African Charter on the Rights and Welfare of the Child (ACRWC) which clearly outlines recommendations where the rights of children are concerned in affording “appropriate measures to promote and protect the rights and welfare of most African children which remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances” (OAU, 1990: 1)

### **3.2.3 South African government policies and programmes**

Without the family structure, the realization of children's rights and their development is impossible. It is against this backdrop that the South African government has developed policy strategies that provide support to families (Martin et al., 2018). The South African Child Protection Policy has collaborated with different national and provincial departments to formulate a relevant framework and policy implementation related to child protection. Given this integrated multi-sectoral background the following Acts serve as the base upon which the Child Protection Policy is founded (i) Child Justice Act 75 of 2008, (ii) Children's Act 38 of

2005, (iii) Child Care Amendment Act (Act 96 of 1996), (iv) South African Constitution of the Bill of Rights and (v) Sex Offences and Related Matters Act of 2007.

The Children's Act (Act no 38 of 2005) is founded and based upon principles that are enshrined in Section 28 of the Constitution of South Africa. The Children's Act 38 of 2005 is an act that was amended from the Children's Amendment Act to include its provisions into one Act. It was developed to respond to the care and protection of children with a particular focus on vulnerable children in order to serve as a tool for improving the circumstances of families and societies. The Act aims to realise the potential of children by rendering services to equip them into productive civilians (September, 2008). The objectives of the Children Act 38 of 2005 are documented as follows:

*To promote the preservation and strengthening of families, To give effect to certain constitutional rights of children, including the right that a child's best interests be considered of paramount importance in all matters concerning that child, To give effect to South Africa's obligations concerning the wellbeing of children in terms of international instruments binding in the country, To make provision for structures, services and means for promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children, To strengthen and develop community structures which can assist in providing care and protection for children, To protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards, To provide care and protection to children who are in need of care and protection, To recognise the special needs that children with disabilities may have, Generally to promote the protection, development and wellbeing of children (Children's Act 38 of 2005)*

However, Sibanda & Lombard (2015) state that, since its effect in 2005, the Children's Act 38 of 2005 has had some instability when it comes to its implementation. This was due to difficulty in transition from the Child Care Act 74 of 1983, limitations of the new legislation, social workers who were challenged in adapting it, and the lack of resources to fulfil its implementation (Sibanda & Lombard, 2015). The implementation of policies has also been affected by poverty, considering that the more disadvantaged the community is, the more difficult it is to break the barriers of poverty, despite the intervention of government policies (Brynard, 2011).

The Child Support Grant (CSG) is a social protection programme that was first introduced in South Africa in the year 1998 and has served as an important tool in social protection (DSD,

SASSA & UNICEF, 2012). Until now, it has reached 12.1 million children under 18 years with a monthly cash transfer of R400.00 per grant recipient in 2018 (Granlund & Hochfeld, 2020). Upon its introduction, the CSG was designed to target children from disadvantaged backgrounds. It was important to implement a programme of this nature to mitigate the historical effects of apartheid and promote human capital development. As the theoretical base of this study is founded on the capability approach, the CSG is interpreted as investing in human capabilities, which is a determinant of poverty reduction (DSD, SASSA & UNICEF, 2012).

The theory of change supports this programme and draws a conclusive correlation that indicates that the CSG has a positive outcome for both the beneficiary and recipient in terms of; “directly reducing the poverty and vulnerability of children living in poor households, enabling poor households and carers to participate in productive economic activity and the reduction of the adoption of risky behaviours” (DSD, SASSA & UNICEF, 2011:1). Research findings pinned by Granlund & Hochfeld, (2020: 1231) “have shown the significant value that the CSG has for poor households, particularly with improved nutrition and food security and positive educational effects”. However, the unstable economic landscape at a global scale has caused a drawback in the efforts in realizing the plight of poverty on children, and as a result, poverty has increased to segments of children who constitute 40% of the South African population. (UNICEF South Africa and the Financial and Fiscal Commission, 2010). Furthermore, the COVID-19 pandemic in particular has also served as a double strain and predictions indicate that extreme poverty is likely to rise impacting vulnerable groups in society more severely (Bhorat & Köhler, 2020).

Another policy instrument that considers a comprehensive set of factors that affect the family system is the National Development Plan (NDP) (2030). Programmes envisioned for implementation by the NDP(2030) are aimed at promoting the livelihood of children and families in an inclusive manner that considers “building the economy, reducing unemployment, ensuring household food security, transforming human settlements, building an inclusive rural economy, creating safer communities and promoting social cohesion” (Martin et al. 2018: 114). Moreover, the National Planning Commission (2012) outlines that the NDP (2030) has envisioned support for children in terms of health and early childhood development programs. Other support services envisioned by the NDP will directly target families while indirectly benefitting and improving the livelihood of children (Martin et al., 2018: 114).

In addition, DSD (2013) in The White Paper on Families in South Africa (2013) policy perceives the family system as the fundamental structure for basic socialization and supporting the capabilities of families so that its members may contribute effectively in the development of the economy. The White Paper on Families in South Africa operates through a multi-sector integrated approach that includes its programmes in various government departments such as the Department of Social Development, Health, Basic Education, Labour, Trade, and Industry and International Relations. The programmes that are stipulated by the White Paper on Families South Africa enforce implementation programmes such as nutrition programmes, child health, water and sanitation, early childhood development, and basic education programs (Martin et al. 2018).

Lastly are the recent policies, the National Integrated Early Childhood Development Policy (2015) and the draft National Child Care and Protection Policy (2018). These policies advance the nation's vision of developing an intact system that will offer support so families may protect the development of their children. However, the newly drafted National Child Care and Protection Policy (2018) still requires relevant departments to fully develop it for it to respond to risks faced by individual families (Martin et al., 2018).

### **3.3 The Impact of Illnesses HIV/AIDS**

The HIV/AIDS epidemic is a global concern with 36.7 million people globally living with HIV/AIDS in 2015. Of the statistics recorded, 1.8 million were children below the age of 15 years. HIV/AIDS, to a greater extent, has affected people living in low- and middle-income countries (UNAIDS, 2016). Reports from the UNAIDS (2018) reveal that there has been no decline in AIDS-related deaths in Eastern Europe and Central Asia since 2010, and there has been an increase in AIDS-related illness by 11% in the Middle East and North Africa. However, AIDS-related deaths have remained concentrated in women as compared to men. The gender gap is specifically remarkable in Sub-Saharan Africa with 56% of HIV-infected people being women (UNAIDS, 2018).

The impact of HIV/AIDS has severely affected people in low socioeconomic communities in South Africa. People living in poverty engage in sexual relations driven by economic constraints. For instance, the deprived socioeconomic conditions experienced by women in disadvantaged communities impair their ability to engage in decision-making when it concerns their involvement in sexual activities (Linganiso & Gwegweni, 2016).



The impact of HIV/AIDS on children affects them in various ways. One of the effects is the fact that it promotes child labour due to economic responsibilities that are left unattended when a parent falls ill, as a result to that, a drop out from school is experienced. South Africa has recorded more than 2 million children who have been left orphaned as a result of HIV/AIDS (UNICEF, 2016). The vulnerability that comes with being orphaned forces children to engage in sexual relations for the benefit of financial support and are usually sexually active prematurely (UNICEF, 2016). Children are also exposed to emotional abuse which comes through stigma and discrimination as a result of living with an infected person (UNICEF, 2003). Furthermore, Burkholder (2019) has found HIV/AIDS to be among the leading causes of child mortality. In addition, “HIV/AIDS has caused many children to face poor levels of healthcare, poor nutrition and overall health, increased risk of infection, difficulties receiving an education, as well as psychosocial hardships including abuse, broken household structures, and overall poor mental health” (Burkholder, 2019:3).

### **3.4 The Impact of Poverty**

The implications of child poverty exceed the individual child but extend to the future generation and society at large. Thus, the natural setup of children makes them prone to poverty (Harper & Marcus, 1999). Aderounmu et al (2021) estimates that 767 million people were living in poverty in 2015. However, in 2019 that number declined to an estimated 600 million people. Despite the progressive decline in people living in poverty Laborer et al (2021: 376) alluded that as a result of the COVID-19 pandemic “close to 150 million more people could fall into extreme poverty in 2020—an increase of 20% from pre-pandemic levels”.

Addison et al (2008) state that the majority of people afflicted by poverty are entangled by the mechanisms of insecurity traps (natural risks, economic instability, wars, and violence), limited citizenship, spatial disadvantage, social discrimination, and poor work opportunities. As a result, of these factors, there is a possibility that the burden of continuous impoverishment will be transferred to their children. The lives of children that are affected by poverty are marked by poor health conditions, low and subordinate quality educational accomplishment, social isolation, and social habitats that bring distress to childhood development. These children will also be distant from economic opportunities and enhancing social associations and in adulthood, they will live lives that are constituted by unemployment and or low wages in casual jobs that have a minimum opportunity for advanced prospects (Addison et al., 2008).

Poverty in Africa can be attributed to five factors: high levels of inequality; commodity-intensive economic growth; rapid population growth; wider human development deficits; and conflict and state fragility (Watkins & Quattri, 2016). In addition, South Africa is not spared from the momentous challenges that face the African continent, and among those are continued levels of stark inequality which impedes efforts of reducing poverty (Plagerson & Mthembu, 2019). Furthermore, South Africa's poverty is influenced by structural factors which affect the different races in various ways (Garidzirai, 2013). Social exclusion previously imposed by apartheid policies serves among structural factors, due to the role it played in guiding the present inequalities experienced by the country (Plagerson & Mthembu, 2019). It is important to note that "individualistic, structural and fatalistic perceptions of the causes of poverty" are influenced by socioeconomic dynamics, cultural beliefs, employment status, education, and political and economic factors (Garidzirai, 2013: 1). However, poverty in South Africa is more prevalent in rural and township areas of the country due to previous structural discrimination (Garidzirai, 2013).

The World Bank estimates that the proportion of the African population living in poverty has declined from 56% in 1990 to 43% in 2012. However, due to the rise in the continent's population, there was a simultaneous relationship with poverty as it has significantly increased (Beegle et al., 2016). Most recently, poverty has taken a new path in Africa, owing much to the unforeseen COVID-19 pandemic which has "increased extreme poverty by 38.4 million people, and in 2021, another 8.6 million fell below the extreme poverty threshold" (UN DESA et al., 2022; 107).

Poverty in South Africa has been on a gradual decline since 1994. This decline has emanated much to the growth in the economy until 2011 when deliverables of it have played a crucial role in supporting poverty reduction strategies. However, there has been a decline in economic growth in recent years (Sulla & Zikhali, 2018).

The post-1994 transition has yielded high unemployment rates to a greater extent for Black South Africans and stark inequality among the racial groups in South Africa. This is despite a reduction in poverty levels, removing barriers to access to education, and policies aimed to redress past discrepancies (Oosthuizen, 2019). Yields in reducing poverty have not succeeded in merging the inequality gap, as a result, the economy has not been generating sufficient employment in recent years. Youth and unskilled people are greatly affected by this state as a result to that, poverty increased in the years 2011 and 2015. This reality is a reflection of the

deeply entrenched challenges of the country and the poor economic state (Sulla & Zikhali, 2018).

Poverty has a strong hold on the economy because episodes of economic downfall weaken systems that give rise among other areas unemployment and poverty with primary recipients of such circumstances highly represented in poor communities (UNICEF South Africa and the Financial and Fiscal Commission, 2010). Poverty and unemployment have a huge impact on determining a family's capacity to care for their children. (Proudlock et al., 2011). The crisis of poverty and its effect is usually felt by poor children from disadvantaged communities. It has been documented that poverty in childhood has long-term effects in later life, thereby perpetuating the adverse effects of poor human capital and reduced productivity (Lesner, 2018).

The state of poverty and economic imbalance among the different provinces in South Africa have given traction to rural-urban migration. Consequently to a heightened state of poverty and lack of economic activities there has been a rise in the influx to metropolitan cities like Johannesburg and Cape Town where people move in search of better living standards and economic opportunities in order to curb the shocks of poverty (Mlambo, 2018). With a particular focus of this study, rural migration patterns particularly from the Eastern Cape have resulted in poverty patterns in Cape Town's African townships and this has led to Cape Town's economy to inadequately secure employment for a large portion of the African population. The inability of migrated people from the rural Eastern Cape to secure economic opportunities in the urban economy has placed them at the higher risk state of being squeezed into long-term poverty (de Swardt et al., 2005).

### **3.5 The impact of Violence and Crime**

Crime and violence are development issues. Prospective risk factors for crime entail conditions at the individual, community, and societal levels. High crime and violence rates in a region have repercussions on human welfare in the short and long term, and this directly affects economic growth and social development (Chioda et al., 2017). According to Hamby (2017:168) violence is defined according to four aspects that suggest it to be a behaviour that is "intentional, unwanted, nonessential and harmful according to Hamby (2017:168)". Violence has certainly been a part of human experience, and its effects have been witnessed and manifested in various ways across the world. Every year, violence accounts for more than a million losses in lives and many other extended forms of violence. Violence is recorded



among the leading causes of death for people between the ages of 15-44 years (Krug et al. 2002).

Although satellite technology has made specific types of violence such as “terrorism, wars, riots and civil unrest” visible, more violence is hidden in homes, workplaces, and social institutions that are mandated to act as protection and care for people. The majority of victims are young and unable to defend themselves (Krug et al., 2002: 3). Marques et al (2020: x) suggest that “globally, it is estimated that one out of two children aged 2–17 years experience some form of violence each year, and 120 million girls are estimated to have suffered some form of forced sexual contact before the age of 20 year . Emotional violence affects one in three children, and worldwide one in four children lives with a mother who is the victim of intimate partner violence” (Marques et al., 2020: x). Furthermore, victims are confined to social pressures that force their silence and the majority of violence that occurs is usually entrenched in the social, cultural, and economic factors of human life (Krug et al, 2002).

Research asserts that although biological and individual aspects define some of the tendencies to aggression, a majority of these aspects relate to family, community, culture, and other external forces that generate a situation of violence (Krug et al. 2002). Considering the various factors around violence, this study will examine family and societal-related violence such as crime that places children at risk.

In South Africa, violence is perceived as an appropriate measure of controlling or managing interpersonal relationships, it further expands in society as a measure of resolving disputes (Collins, 2013). Another social issue that greatly contributes to violence in South Africa is poverty and inequality (Seedat et al., 2009). Findings by the 2016 Optimus Study on child abuse, violence and neglect in South Africa outlined the intensity of violence according to these figures; sexual abuse was at 35.4%, physical abuse; 34.8%, emotional abuse; 26.1% and 15.1% recorded for. The conclusion from the study suggested that 42% of children experienced a given form of violence and no gender difference in terms of reported sexual abuse was established (Mathews & Gould, 2017).

Globally, South Africa has doubled the rate of violence, more than any country in the world. To quantify this, South Africa records a homicide rate of 38.4 murders per 100,000 persons, “almost six times the global homicide rate”. On the other hand, homicide against children stands at a rate of 5.5 per 100,000, “more than double the global average”. “Children younger than five years are at risk of fatal child abuse by someone close to them, and teenage boys are

most likely to be killed in the context of male-on-male interpersonal violence” (Mathews & Gould, 2017: 61).

Living in disadvantaged conditions aggravates the possibility of partaking in violence as a result of increased vulnerability, substance abuse, and the opportunity for crime. Research confirms that violence is perpetuated by relative deprivation that exists between the disadvantaged and advantaged (Harris & Vermaak, 2015) and therefore interlinks with a society where socialisation to violence and is constituted by high incidences of rape and domestic violence (Aucoin & Cilliers, 2016)

The repercussions of violence on children extend to affecting their health, social and psychological well-being and impair their ability to reach their full potential. Moreover, the impact of violence on children exceeds the present moment but has hazardous intergenerational effects of economic and social costs (Mathews & Benvenuti, 2014)

The crucial ages of development for a child are noted to be between 0-18 years old. Studies show that these years set the foundation for adult relationships and behaviours. The healthy development of a child at this age allows adequate brain functioning and positive social interactions in the future. In contrast, a harsh environment damages neurodevelopment and increases hostility. Hence, children exposed to violence are socially oriented to a learned behaviour that reflects their social environment. In later life, they are at a higher risk of being violent themselves (Mathews & Gould, 2017). The 2030 Agenda for Sustainable Development and SDG on Goals 4 and 16 speak on the rights and wellness of children (UN General Assembly, 2015).

*Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

- *4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development*
- 4.7.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all*

- *Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*
- *16.1 Significantly reduce all forms of violence and related death rates everywhere*
- *16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children*

### **3.6 Birth Registration in South Africa and its implication on children**

“Birth registration is the compulsory, continuous, permanent and universal recording within the civil registration system of the occurrence and characteristics of birth, in accordance with the national legal requirements of the United Nations” (UNHRC, 2014:3). The importance of birth registration cannot be underrated since it renders a legal identity on children. In the absence of a Birth Certificate, children may be alienated from crucial social systems (UNICEF, 2013). Lack of documentation on children restricts their access to basic human rights due to the lack of fulfilling legal entitlements in the countries of destination (UNICEF, 2012).

Being a child without birth registration is usually misinterpreted as only applicable to illegal migrants, in fact it also affects South African nationals who do not have birth certificates. The lack of birth registration is often experienced by children who are born to vulnerable and marginalised parents (LHR&ISI, 2016) and is highly represented in the South African Black population from poor areas (Gaum & Esterhuizen, 2019; City Press). Despite this background, South Africa has also yielded positive progress since the early 1990s in terms of ensuring birth registration for children. According to Idris (2021:12) birth registration has recorded an increase from “24% in 1991 to 50% in 2001, 75% in 2005, and 95% in 2012”, this progressive increase has been highly incentivised by South Africa’s social protection grant through its Child Support Grant.

The Birth and Death Registration Act (1992) states that a child born in South Africa by South African parents should register for a Birth Certificate no later than 30 days after birth. Compliance with the Children’s Act 38 of 2005 on the identity of the child is stipulated for children born out of wedlock and those born to married parents (Chapter 3, Children’s Act 38 of 2005). Failure to register a child within 30 days of birth requires that a parent applies for late registration of birth from the Department of Home Affairs by attaining a notice of birth from the hospital they were born.

In the case of foreign migrants, the Department of Home Affairs Spokesperson, Thabo Mokgola (Davids, 2017) announced that for foreign nationals bear their children in South Africa, a notice of birth that stipulates the child's foreign parents' details corresponding with the passport/visa should be issued. He further stated that the notice of birth is sufficient enough for the child to travel outside South Africa to their home country where they will register accordingly.

The aforementioned statement by the Department of Home Affairs Spokesperson, Thabo Mokgola (Davids, 2017) follows a backdrop as South Africa currently encounters rampant and illegal migration and children of illegal migrants cannot be registered due to unauthorized migration (UNICEF, 2012) The prevailing poor political and economic conditions in the African continent has constituted a large flow of illegal immigrants crossing the South African borders in search of better living conditions (Bohlmann,2012). The vast majority of illegal migrants cross borders in search of economic opportunities or to escape conflict in their countries. Various sources reveal that two or three million foreign nationals currently reside in South Africa. This number is inclusive of documented, undocumented, refugees, and asylum seekers and accounts for a small population of 57 million people (Hiropoulos, 2017).

Moreover, for children born of foreign nationals, the law states that a child follows the citizenship of their parents. In the case where a child is born of one parent a foreign national and the other parent a South African citizen, the child becomes a citizen by birth. The policy of the Department of Home Affairs stipulates that it does not separate children from their parents. The Department of Home Affairs has voiced the concern of parents who are illegally residing in South Africa as constituting a problem for children. This not only disadvantages the parent but also deprives a child of nationality and required basic necessities and services (Department of Home Affairs, 2017).

The implications of not being registered at birth have far-reaching consequences for children. The education system denies children access to education because it complies with national laws and policies that come with the documentation of learners (Gaum & Esterhuizen, 2019. City Press). In addition to that, children without birth certificates are not able to access the child support grant, further hindering efforts of reducing poverty (Grinspun, 2016).

### 3.7 Foetal Alcohol Spectrum Disorder (FASD)

Foetal Alcohol Spectrum Disorder (FASD) is an overarching term used in:

*“Describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioural, and/ or learning disabilities with possible lifelong implications. It encompasses the full continuum of structural anomalies, and neurocognitive and behavioural deficits from mild to severe resulting from Prenatal Alcohol Exposure (PAE)” (Rendall-Mkosi et al., 2008: 7).*

South Africa ranks among the countries with the highest per-capita alcohol consumption globally (DSD, 2020). The World Health Organization (WHO) in 2015 conducted a study on alcohol consumption across 194 countries. Findings from this study based on the per capita use of alcohol suggested that South Africa consumed “11.5 litres per capita per year reported in 2015 which is higher than the 11.0 litres consumption of 2014” (Mbandlwa & Dorasamy, 2020: 1404). In 2011, Trangenstein et al (2018:1) found that “South African adults (aged 15 years and older) consumed 9.5 l of absolute alcohol each year – higher than the average for Africa (6.0 l) and the world (6.2 l)”.

The use of alcohol in South Africa has a diverse history linked to social, cultural, and political aspects (Oliver et al., 2016). To effectively address alcohol abuse, it is important to understand that it is a manifestation of multifaceted socioeconomic problems such as poverty, unemployment, and inadequate education or skills (Setlaletoa, Ryke & Strydom, 2015). The consumption of alcohol in a country is a critical factor that mirrors problems associated with drinking, and patterns of drinking vary from society to society. Moreover, in terms of gender classification, hazardous and harmful drinking has been associated with lack of education and low income in women (Davids et al., 2011).

Excessive alcohol consumption was more prevalent among the Coloured population (19.7%) compared with the Black (14.6%), Asian (6.6%), and White (6.3%) populations in South Africa (Vellios & Van Walbeek, 2018). This was a result of the Coloured community having worked in the wine growing farms, where there was the introduction of the ‘dop system’. The ‘dop’ system functioned by remunerating a portion of wages through wine. A research study that was conducted in Stellenbosch farms in 1995 revealed that the ‘dop system’ was still pervasive and as a result, alcoholism was susceptible to extending even in the future, beyond the farm labour (Leggett, 2004). This continuation was against the ‘dop system’ being phased out and conceded as “no longer morally and politically defensible” in 1995 (Williams, 2016:894). Moreover, the



prohibition of the ‘dop system’ had “already been forbidden in 1928’ and had been illegal since 1963” (Williams, 2016: 893).

The ‘dop system’ could confine labourers in their jobs, while subsequently extending its impact by perpetuating violence, family dysfunctionality, and foetal alcohol spectrum disorder (Leggett, 2004). Adebisi et al (2019:2) found that in 2017, FASD affected 8 out of 1000 births globally. However, South Africa presented staggering results that indicated a prevalence ranging between “29 to 290 per 1000 live births” as a result of FASD. The Western Cape Province presented the highest prevalence on a national scale “between 196 and 276 children per 1000” (Adebisi et al., 2019:2). This is practically emphasized in the coloured population, as high contents of alcohol are predominantly detected in their system compared to other racial groups (Leggett, 2004).

Olusanya & Barry (2015:171) have documented the effects of alcohol consumption during pregnancy. These effects present a gloomy state in a child’s life that encompasses “experiencing lifelong disabilities, mental deficiencies, developmental delays, and physical anomalies”. Socioeconomic challenges of women in South Africa were found to perpetuate alcohol consumption as drinking was used in coping with their realities Adebisi et al (2019).

Olusanya & Barry (2015) articulated risks that exposed women particularly from the Western Cape to alcohol consumption during pregnancy. Factors like multiple sexual partners, drug and alcohol abuse, easy access to alcohol, low income, limited access to social resources, low education levels, unwanted pregnancy, and being in abusive relationships perpetuated alcohol use by pregnant women.

Another factor that heightened the risk of women consuming alcohol during pregnancy was found to be HIV/AIDS, this was according to literature that suggests alcohol consumption is more prevalent amongst HIV/AIDS-diagnosed women compared to those who were not diagnosed HIV/AIDS. One other factor was poor food nutrition among pregnant women, as it gave rise to alcohol use (Olusanya & Barry, 2015)

### **3.8 Family Dysfunctionality**

The Department of Social Development (2013) White Paper on Families in South Africa (2013) defines a family as a group in society that is homologous by blood, relationships that are created through statutory intervention and have resulted to foster care or adoption, marriage bonds, and cohabitation. Amoateng et al (2004) state that a family is invariably perceived as a fundamental basis without which no society can function. South Africa is constituted by a variety of families,

which include nuclear families, single-parent headed households, and cohabitation to name a few. According to Holborn & Eddy (2011) nuclear families that consist of both parents have gradually decreased in recent years and single-parent headed families in South Africa have experienced a rise. This is considering that 40 % of families are single-parent headed families. Furthermore, these single-parent families are predominantly constituted by urban-dwelling African females who are predominantly between 25 and 34 years old and usually characterised by unemployment (Holborn & Eddy, 2011).

Another significant trend in family structure articulated by Moore & Govender (2013) is cohabitation. Findings suggest a 50% increase in cohabitation between 1996 and 2007, especially among Black South Africans. Cohabitation is more prevalent among young adults between the age group of 20-40 years. Certain underlying factors such as “the HIV/AIDS pandemic, rural-urban migration, economy, and globalisation” were found to foster the occurrence of cohabitation (Moore & Govender, 2013: 624).

Several factors have adversely disrupted the family structure in South Africa. In no order of importance, these include “poverty and inequality, unemployment, housing, HIV/AIDS, absent fathers, crime, substance abuse, gender-based violence, teenage pregnancy and moral degradation” (DSD, 2013: 22). This disruption has led to a phenomenon known as dysfunctional families. The White Paper on Families in South Africa (2013) ascertains that dysfunctional families are families in which “conflict, misbehaviour, neglect or abuse occur continually or regularly” DSD (2013:3). The likelihood of dysfunctional families is prevalent in African families, which constitute more of single parents and absent fathers. Hence, “children growing up with one parent, or without their fathers, are at a significant disadvantage”. (Holborn & Eddy, 2011:1).

Global studies have associated a healthy family life with the prospective future quality of life of a child in terms of better school performance, self-esteem, high levels of work productivity, and reduction of destructive behavioural problems (Amoateng et al., 2004). On the contrary, the effects of dysfunctional families are staggering and immense. Research by the Human Sciences Research Council (HSRC) according to Holborn & Eddy (2011) suggests that children raised without their fathers are likely to experience psychological-related difficulties and engage in delinquent activities. This analysis was compared to the girl and boy child, where it suggested that “girls who grow up with their fathers are more likely to have higher self-esteem, lower levels of risky sexual behaviour, and fewer difficulties in forming and maintaining

romantic relationships later in life”, in contrast, the boy child was perceived “display to ‘hypermasculine’ behaviour, including aggression” (Holborn & Eddy, 2011:4). The adverse effects to children is that negative experiences extend to their adult life. Children who have been exposed to toxic family life are emotionally traumatized. They have less time to enjoy their childhood and in an escape from their misery, they engage in destructive behaviour like drug abuse. Other children experience emotional difficulties that result in low self-esteem and a lack of trust in other people (Al Ubaid, 2017),

### **3.9 COVID-19**

COVID-19 is another global pandemic that has had serious implications on “global and national economies, health systems, education systems and ultimately on the fulfilment of children’s rights” (Loperfido & Burgess, 2020:8). In containing the spread of the virus, countries worldwide imposed various lockdown regulations that resulted to, business closure and quarantine among other measures. While these measures of curbing the spread of COVID-19 had yields in regulating its spread, the downfall was experienced by the broader society with particular reference to children. An estimated count of 1.5 billion children was affected by school closure while effects were felt by caregivers as a result of instability in economic activities that were caused by the pandemic (Loperfido & Burgess, 2020)

COVID-19 has presented unforeseen disruptions that threaten children’s rights. Poverty is likely to rise among children who are already living below the poverty line due to limitations brought about by lockdown restrictions on families regarding their ability to sustain livelihoods. A scourge in poverty projections has already been recorded, such that an additional 6.7 million children below the age of five are at risk of being malnourished as a result of economic deprivations from their families. The momentous effects of COVID-19 among children have exacerbated schooling inequalities, especially for disadvantaged children. This is evident in under-resourced schools that lack the technology infrastructure to support virtual learning.

On the other hand, the incidents of gender-based violence among women and girls have been documented during lockdown (Loperfido & Burgess, 2020). South Africa has not been spared from this havoc. The triple challenges that exist within the South African system namely; poverty, inequality, and unemployment with gender-based violence soaring closer, meant the dual effect of the impact of COVID-19 in intensifying these challenges. COVID-19 has served as a threat to children considering the loss of livelihoods that was sustained by 2.2 million jobs



lost between April and June 2020. This has directly compromised the safety, health, and nutrition of children. Given the heightened state of vulnerability during this period, children will be at the receiving end of “disruptions to school feeding schemes, child nutrition services, routine immunisation and vaccination services, breastfeeding support, and the prevention of mother-to-child transmission (PMTCT) of HIV programmes” (Hartford & Fricker, 2020:8). Furthermore, education was greatly affected when considering the closure of ECD’s that accommodate an estimated 1.8 million children and an estimated 13 million school going children who had to stay home for almost a quarter of a year (Hartford & Fricker, 2020).

Although COVID-19 has enabled a downfall in the economy, social relief programmes from the government were offered to mitigate the effects. The CSG top-up was among the temporary measures that were deployed to counteract poverty among children during the hard lockdown period in 2020. This saw an increase of R500.00 in addition to the R450.00 monthly cash transfer and a COVID-19 SRD grant of R350.00 for eligible individuals (Hartford & Fricker, 2020). The temporary provision of interventions like the CSG top-up had positive yields as opposed to newly introduced strategies like the temporary COVID-19 SRD grant and food parcel distribution. Administration of the COVID-19 SRD grant and food parcel programme was marred by a poor roll-out that was comprised of maladministration, technical challenges, corruption, and mismanagement among other issues encountered. Hence, the intended vision of these programs was compromised by these issues (Devereux, 2021).

### **3.10 Conclusion**

The literature reviewed in this chapter presented some of the key legislative policies from a national and international perspective. Following was a review of some of the factors that exposed children to deprivation and social vulnerabilities in disadvantaged communities. The following chapter will discuss the research methodology of this study.

## **Chapter Four**

### **Research Methodology and Design**

#### **4.0 Introduction**

This chapter aims to rationalize the techniques that this study has adapted and further give meaning to the five elements of this chapter. The first section presents the research design. The second section presents the sampling methods that were undertaken for this study. The third section presents in detail the data collection methods, while the fourth section presents and understands the methods of data analysis.

#### **4.1 Research Design**

A research design is a blueprint to which the research intends to follow in order to answer the research questions and objectives of the study. It is a step-step process that paves the path of the research and precedes data collection and analysis. It is essential to observe a clear research design in order to understand how research questions were translated into data and findings. A research design is divided into three categories: quantitative, qualitative, and mixed-method research design (Asenahabi, 2019).

Qualitative research is the systematic gathering, and interpretation of data to explore attitudes, the procedure of relationships, and the meanings, values, and occurrences of a sampled population in their natural environment (Lincoln & Guba, 1994). Therefore, qualitative research involves revelation, a high standard of detail, and is concerned with the participant's point of view (Williams, 2007).

In this study, qualitative research methods were used to examine, firstly, factors that expose children from Atlantis as a disadvantaged community to social vulnerability. The demographic and socioeconomic status of household respondents were explored through structured questionnaires in order to gain insight into the role of poverty, violence, crime, birth registration, Foetal Alcohol Spectrum Disorder (FASD), family dysfunctionality, and COVID-19 in relation to children in a family context. On the other hand, two focus group discussions were carried out to explore the role of HIV/AIDS and poverty in the community and how that has an impact on families but indirectly serve as factors that expose children to vulnerabilities.

Secondly, qualitative research interviews were conducted among key informants to understand the social and economic context of Atlantis from a professional point of view concerning its

impact and how that served as a risks to children. In addition, key informants were also interviewed in order to understand factors that impede human capabilities in a disadvantaged environment and stagnate a child's psychosocial development and human capital. Themes related to the socioeconomic conditions of disadvantaged households and communities were also explored.

Thirdly, this study conducted in-depth interviews among key informants in order to understand the role of various institutions and policy instruments in terms of their role in protecting children.

Furthermore, the capabilities approach adopted by this study has stipulated crucial areas and components of capabilities and human development. Therefore, the qualitative research design unveiled and shed insight that explored the theoretical framework of this study to stipulate hindrances in achieving the capabilities that are narrated in this study for the fulfilment of human development.

For the purpose of this study, it was imperative to adopt a qualitative research design because it explored the experiences of the population from a subjective point of view. However, the findings of this method are limited to the sampled group of people being studied; they cannot be generalized (Eyisi, 2016).

### **4.3 Sampling Techniques**

Sampling in a study is the process of selecting a suitable population to ensure that the objectives and aims of the study are achieved through appropriate research (Lopez & Whitehead, 2013). This study used a non-probability sampling technique, which is described by Whitehead & Whitehead (2016) as a technique that selects a specific population to explore a specific subject matter. Given the nature of this study, purposive sampling, a non-probability sampling technique was adapted to identify participants who will best explore and provide ample information and details to meet the desired outcomes stated in the objectives of the study (Etikan & Bala, 2017). It was also instrumental to select participants who have experience in the subject matter under research and those who have characteristics that will explore and articulate the research phenomena in better detail (Etikan et al, 2016).

#### **4.3.1 Sampling procedure**

A total of 30 participants were purposively selected and constituted of key informants, household interviews, and two focus groups. Six key informants were represented by;

Teachers, Social Workers, an Academic Expert in Child Development, a Policy Developer, and a Ward Councillor. In addition, there were 13 household participants and 11 focus group participants.

#### **4.3.2 Sample Population**

Participants were selected according to their expertise and experience based on their understanding with regards to factors that contribute to social vulnerability in disadvantaged areas. The researcher was the primary facilitator and was attentive to the meanings, experiences and, knowledge that the participants conveyed during the discussions. Most participants who took part in this study were enthusiastic and willing to unpack the dynamics of the questions carried out by this research study. However, the lack of response to participate in this research study by some key informants from the Department of Social Development served as a limitation. Table 1 in the appendix section presents the details of the sampled population.

##### **4.3.2.1 Community-Based Participatory Research; Community Participants**

“Community-Based Participatory Research (CBPR) is an approach to research that involves collective, reflective and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the research process” (Tremblay et al., 2018: 2). The Community-Based Participatory Research (CBPR) was utilized in this study to acquire community member’s experience that was in the form of household interviews. According to Shalowitz et al (2009), a CBPR enables a deeper innermost relationship and understanding with the selected participants and a better connection with the community.

The “CBPR approach espouses data collection about the community residents’ values, assets, social networks, and lived experience” to afford a comprehensive understanding of complex issues that are tied to diverse social structures and societal norms. It is important to utilize this type of approach in research because it assists in identifying and addressing the particular needs of a specific community (Shalowitz, et al. 2009: 351). Moreover, the significance of adopting this approach in this study is because the CBPR is “often applied when working with marginalized communities that experience inequities” (Collins et al., 2018: 3).

This study was conducted primarily at Kanonkop; a sub-area in Atlantis. Atlantis is characterised by an escalating decline in socioeconomic conditions that represent soaring unemployment, crime in the community that accounts for many gang activities, and domestic violence incidents within households (GreenCape, 2011). A meeting with two key members of the Atlantis community on the 17<sup>th</sup> of November 2020 enabled the initial steps to commence

the study regarding identifying and sampling participants from the community of Atlantis. In the meeting, the research proposal of the study was presented to allow an understanding of what it aimed to achieve. As stated in the introduction paragraph of this section, CBPR was a technique utilized for this study.

The selection of community members was purposefully selected according to the representation of the socioeconomic context described and articulated in the background of Atlantis. Purposive sampling was used to identify households that were characterised by disadvantaged circumstances such as unemployment, poor health, limited education background, and marginalised adults with special needs irrespective of gender. The sample population was primarily characterised by respondents with a child or children in the households. The selection of respondents constituted all family types but was limited to child-headed households.

Furthermore, focus groups were carried out in this study, as Bolderston (2012) articulates, they generally consist of a number between five and ten participants and are guided by a particular subject of discussion. A “focus groups work well because group members influence each other with their comments, and participants may form opinions after considering the views of others tapping into this interpersonal dialogue can help identify common experience and shared concerns” (Bolderston, 2012: 68). Hence, it is important to have participants with shared circumstances in a particular focus group, this adds value to the type of data that is collected on a given subject (Bolderston, 2012). The two focus groups in this study sought to gather perspectives based on HIV/AIDS-affected individual experiences and poverty-related experiences.

#### **4.4.3.2 Key informants**

Key informants are expert individuals who contribute their knowledge on a research phenomenon. They provide expert knowledge through their professional skills, position in society, and personal skills around an area in which they are experts. They provide input or a perspective that the researcher may not be able to obtain (Cossham & Johanson, 2019). This study consisted of key informants who gave insightful contributions according to their positions. Based on the description of key informants, the researcher was cognisant of their expert knowledge in contributing to the objectives of this study.

Key informants that were participants of this study were identified from two sectors in the Western Cape Government, the Department of Education and Department of Social



Development, a Higher Education Institution, and the City of Cape Town Metropolitan Municipality.

Respondents from the Western Cape Department of Education were selected from a primary school in Saxonsea; a sub-area in Atlantis. According to Census (2011) Saxonsea has a 91% proportion of the Coloured population with Afrikaans a common language spoken by 88% of residents. Respondents from the Western Cape Department of Education were represented by Teacher- 1(T-1) and Teacher-2(T-2). The sampling of these respondents was an essential component as educators have direct contact with children and possess an understanding of the societal context and how it affects the children with whom they deal with.

Respondents from the Western Cape Department of Social Development (DSD) were selected based on their professional capacity concerned with community development, family strengthening programs, and implementation of the Children's Act 38 of 2005. The sample respondents was represented by Social Worker-1(SW-1) and Social Worker-2(SW-2).

A respondent from the City of Cape Town Metropolitan Municipality was a community leader for the community of Atlantis. The Councillor of Atlantis (AC) was sampled based on his background to the social, economic, and political context of the community. AC was sampled on the basis to give a context of the status quo of the broader community.

Lastly, sampling of an Academic Expert (AE) in the field of child development sought to gather perceptive information from an expert to analyse child development and human capabilities in disadvantaged communities.

#### **4.4 Data Collection Methods**

Primary approval of this study was granted by the Humanities and Social Science Research Ethics Committee of the University of the Western Cape, while the Western Cape Department of Social Development Research and the Ethics Committee granted permission for this study to be conducted among its staff and personnel. This study utilized questionnaires to collect data while simultaneously exploring in-depth interviews. Data in this study was collected through the use of household interviews, focus group discussions, telephone interviews, and online platforms ZOOM. Data collected were recorded through the use of notes and a recording device. The approaches utilized for data collection were in response to the COVID-19 epidemic and lockdown regulations in South Africa.



#### **4.4.1 Semi-structured questionnaires interviews**

Questionnaires are key instruments in any research study. A questionnaire encloses planned questions that guide a survey in order to acquire a respondent's opinion (Roopa & Rani, 2012). This study administered 13 questionnaires for household interviews which were open-ended to allow the respondent to express themselves. The structure of questions enclosed were semi-structured interview questions. Semi-structured interviews according to Harrell & Bradley (2009) have a guide that contains a set of questions that will lead the interview in order to ensure that the intended research questions are covered. The semi-structured interviews were delivered in English but a translator was present to assist with the language barrier as most household respondents had difficulty expressing themselves in English. A recording device was utilized to ensure that the content covered in the interviews was adequately captured and transcribed later by the researcher.

#### **4.4.2 In-depth interviews**

In-depth interviews were a qualitative research tool that was utilized to collect data from key informants. In-depth interviews according to Boyce & Neale (2006) are a technique used in qualitative research that involves carrying out intensive interviews of small groups to explore in detail the subject matter according to their point of view about a particular subject. Six key informants from different professional backgrounds were represented in this study. In-depth questions were designed to dive deep into the dynamics concerned with the research problem. The questions contained in the in-depth interviews were open-ended questions to allow a discussion of adequate expression from the respondent and follow-up questions from the researcher. Key informants interviewed were English-literate in terms of understanding and verbal expression. A recording device was utilized to ensure that the content covered in the interviews was adequately captured and transcribed later by the researcher.

#### **4.4.3 Preparation of the Field**

This study was conducted with due diligence to ensure compliance with ethical procedures in line with a scientific research. An information sheet was presented to all respondents in advance in order for them to gauge their understanding in making an informed decision on their participation in the study. Subsequently, after respondents gave their consent to participate in the study, a letter of consent was administered to guide and observe the rights of participants in the research study. Respondents were informed of the use of a recording device and possible publication of the study that it will not compromise their identities concerning responses they have shared.

#### **4.4.4 Household Interviews**

An engagement with community representatives enabled an initial introduction to the community. This engagement was important for two reasons. Firstly, for the researcher to be oriented and gain access to the community. Secondly, to commence sampling of the desired population with adequate information required. The discussion that transpired between the researcher and the community representatives gave a contextual background to the community. With that information, caregivers or parents of minors that represented the status quo of the community were approached to partake in this study. This engagement also enabled households selected for sampling to be informed ahead of the fieldwork date. It was important to execute this exercise in order to establish the sampled household availability, access to their households where interviews were conducted, and informed consent to partake in the study.

Upon commencing household interviews, respondents prepared a conducive space for the researcher to conduct the interview in their household environment. A conducive space was that which was cognisant of the participant's privacy, comfort, and health requirements, e.g. social distancing. In addition, a conducive space was either in the living room area or outside open space. Tools to carry out the interviews like the questionnaire guide, recording device and writing pad were instrumental and utilized in the process. Respondents were primarily Afrikaans speaking and although they understood English, verbal expression in English was limited. Hence, there was a need for a translator during the interviews.

#### **4.4.3.2 Focus Group Discussions**

The sampled population from household interviews also formed part of the focus groups. Moreover, additional focus group participants were identified by household respondents based on individuals they best knew would engage in the topics covered by the focus groups. Following that process, a list of sampled focus group participants was provided ahead of the fieldwork date.

Focus group discussions for this study were conducted in a community hall in Atlantis. There was an engagement with the community hall manager, the community leader, and the researcher in organizing the venue and time where the focus groups were conducted. Transport was organized in order to move the participants from their respective places to the community hall and back. An organized setup for the focus groups was arranged; chairs and tables were displayed in a roundtable manner that enabled easier viewing and discussion for the participants. Tools to carry out the discussion like the questionnaire guide, recording device and writing pad were utilized in the process.

A total of 11 respondents were represented by the two focus groups which when separated constituted 4 and 7 participants respectively. The researcher was a facilitator during the two focus groups discussion and guided the discussion. The focus groups were constituted of different participants who each sought to uncover topics on the discussion of HIV/AIDS and poverty. They were separated and conducted at different time intervals but within the same day. Respondents were primarily Afrikaans speaking and although they understood English, verbal expression was limited. Hence, there was a need for an external translator during the focus group discussions.

#### **4.4.3.3 Key Informants**

Correspondence was made through email and telephone to reach out to eligible sampled key participants. Various sectors that the respondents represented were guided by specific research ethics. Interviews among key informants were scheduled during convenient time intervals to minimise any negative impact or inconvenience on the specific service delivery plan of the sectors. Upon scheduled interview dates and times, a conducive online platform to conduct the interview was organized. Various platforms like Zoom, Google Meets, and telephone interviews were employed in the process. Tools to carry out the discussion like the questionnaire guide, recording device, and writing pad were utilized in the process. Key informants were able to engage proficiently in English, therefore this negated the use of a translator.

#### **4.5 Methods of Data Analysis**

Data collection in this study was proceeded by data analysis. Qualitative research was a technique utilized to approach this study in order to generate qualitative data. Flick (2013), describes qualitative data analysis as categorizing acquired information either verbal or through observation in order make an expression and give meaning about how people interpret and construct subjective views represented by the data. The purpose of qualitative data analysis weighs on different fundamental objectives. Data analysis in qualitative research explores the subject matter of the study in greater detail, it aims to understand circumstances or situations to which they occur and lastly to develop a theory based on the subject to which the study aims to understand (Flick, 2013).

Qualitative data was captured through field notes, observation, and a recording device. Recorded interviews were transcribed and incorporated together with field notes in order to

allow analysis. A Microsoft Excel spreadsheet was designed to enter data that was coded and arranged according to themes.

For qualitative data analysis purposes data was grouped according to sub-headings, the researcher created an umbrella theme that represented the combination of all themes that were explored

Theme 1: Demographic profile of household respondents

Theme 2: Main social problems in Atlantis

Theme 3: Human capabilities

Theme 4: HIV/AIDS

Theme 5: Family dysfunctionality

Theme 6: Foetal Alcohol Spectrum Disorder

Theme 7: Poverty

Theme 8: Birth registration

Theme 9: Violence and crime

Theme 10: COVID-19



Finally, under the analysis and findings section, the researcher linked the themes to the existing literature that was explored.

#### **4.6 Data Verification**

Korstjens & Moser (2018) describe four main criteria deployed in qualitative research in order to ensure the quality of data. They are enlisted as, “credibility, transferability, dependability, confirmability, and reflexivity”.

- Credibility is confidence in the truth in the findings of the research study. It ensures that the participant’s point of view is well represented and interpreted without misinterpretation. A recording device utilized during data collection ensured that the researcher captured the participant’s point of view.
- Transferability is the extent to which findings in a qualitative study can be carried out in other contexts with different participants. The participants of this study were

purposely sampled in such a way that a similar study can be carried out in another context and similar findings generated.

- Dependability is the authenticity of research findings over time where participants evaluate and interpret the findings in a manner that is supported by the data. Data generated by this study was based upon a theoretical framework through approaches in collection and analysis. Inspecting the data, analysis, findings and recommendations were primarily done by the researcher and were approved by her academic supervisor.
- Confirmability is the extent to which the findings in a study are able to be verified by other researchers. It ensures that findings are objective of the researcher's interference but represent subjective views derived from the participants. A file that entails field notes, dates of interviews, transcribed interviews, and audio-recorded interviews was created to ensure the reliability and confirmability of the findings and data of this study.

#### **4.7 Ethical Considerations**

According to Akaranga & Makau (2016: 1) "ethics deals with the conduct of people and guides the norms or standards of behaviour of people and relationships with each other". The cooperation among diverse structures in research, e.g., institutions, disciplines, and standards require ethics in order to encourage collaborative efforts. Because of this, trust and accountability are essential. Ethics in research are guided by principles that serve to ensure the welfare of people in order to avoid deception and bias. Firstly, advocacy and safety in research stipulate that it is a researcher's responsibility to conduct a research study that does not violate the rights and safety of the respondents involved. This entails providing a risk analysis should possible harm be involved in the study. Secondly, anonymity and confidentiality are core principles within the ethics of research that refer to the protection of the identity of respondents. Thirdly, beneficence means that a researcher has the role to be transparent with the participants involved about any benefits that may emanate from their involvement in the study. Lastly, informed consent in a research study implies that a respondent is subject to voluntary and knowing consent in their own capacity to take part in the research. Informed consent weighs the responsibility of the researcher to fully explain or clarify the purpose and intention of the study in order for the participant to make a decision accordingly. Participants are also at liberty to express opinions according to their freewill and deliberation (Akaranga & Makau, 2016).

With reference to Akaranga and Makau (2016), this study adhered to the ethical considerations of a research study. An information sheet (Annexure A) that outlined in detail the purpose and objectives of the study was designed in order to serve as a material of information, this was

provided to all participants. A letter of consent (Annexure B) for participants to consent in writing before taking part in the study was provided. Verbal recorded consent was exercised in cases where participants were not literate to fully engage with the information sheet. Even so, the researcher read out the information sheet and a translated version was available where translation was necessary.

#### **4.8 Limitations of the Study**

Limitations in a research study are issues that a researcher encounters that are beyond their control and may impede the outcome of the study (Akanle et al., 2020). This study was not without limits. One noteworthy limit was the COVID-19 pandemic, and as a result of it, a delay in data collection and completion was experienced. Hence, the researcher had to re-apply for an ethical clearance that specified suitable data collection methods in response to the pandemic. Secondly, this study experienced a limitation from two key informants in Child Policy Development from the Western Cape Department of Social Development who were not able to take part in this study. Participation of key informants in Child Policy Development was critical in answering some of the questions that relate to the role of policy in South Africa where children from disadvantaged communities are concerned. However, responses from other key informants were able to cover many of the areas that related to the role of policy in South Africa towards disadvantaged children. As a result, this study was able to breach that gap still able to deliver conclusive findings.

#### **4.9 Conclusion**

This study applied qualitative research methods to answer and explore the research questions from participants who were constituted of key informants, focus groups, and household interviews. Qualitative research questions were formulated for in-depth interviews as well as semi-structured questionnaires. The following chapter elaborated on and analysed the findings further.

## **Chapter five**

### **Findings**

#### **5.0. Introduction**



The preceding chapter of this study; chapter four, provided a detailed analysis of the qualitative research design and methodology that was exercised in this study. Detailed discussions of how the research questions were approached were explored in chapter four. Chapter five presents the empirical findings that were collected from household interviews and focus groups in Atlantis and key informants from various sectors. This chapter will present themes as guided by discussions in the literature review and the research questions. The following themes emerged:

- a. Demographic profile
- b. Main social problems
- c. Human Capabilities
- d. Impact of illnesses (HIV/AIDS)
- e. Family dysfunctionality
- f. Foetal Alcohol Spectrum Disorder
- g. Poverty
- h. Birth registration
- i. Violence, crime, and drugs
- j. COVID-19

### **5.1 Demographic profile of household respondents: community members**

A total of 13 respondents who were categorized under community members as household respondents (it is worth noting that household respondents were either household heads or a spouse to the household head) participated in this study (refer to Annexure K). The sub-themes covered in the demographic sections are characterised by; household members, age, marital status, sex, employment status, employment type, education status, access to social grants, house type, and tenure status. Demographic details will be presented using tables and graphs.

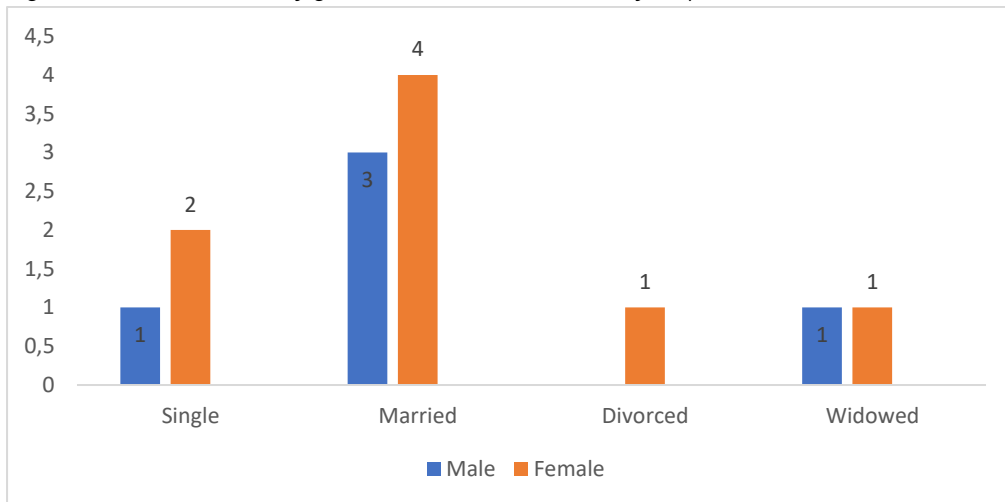
#### **5.1.1. Co-tabulation of gender and marital status**

South Africa celebrates a diverse range of families as a result of various social and cultural contexts (DSD, 2021). South African families are categorised into various groups which among them include; the nuclear family and single-parent-headed families. According to DSD (2021) many families in metropolitan areas are prevalently nuclear families. Western Cape presents a high number of nuclear families with a proportion of 51.3%.

A total of 13 household respondents were purposively sampled and participated with a gender representation of 6 male and 7 female respondents. In terms of marital status, a total of 3

respondents were single of which 1 was male and 2 were female. There was a total of 7 married respondents which were composed of 3 males and 4 females. One female reported her marital status as divorced and there was no record of a male in this category. Finally, there was a total of 2 widowed respondents who were constituted of 1 male and 1 female respectively.

Figure 2: Co-tabulation of gender and marital status of respondents

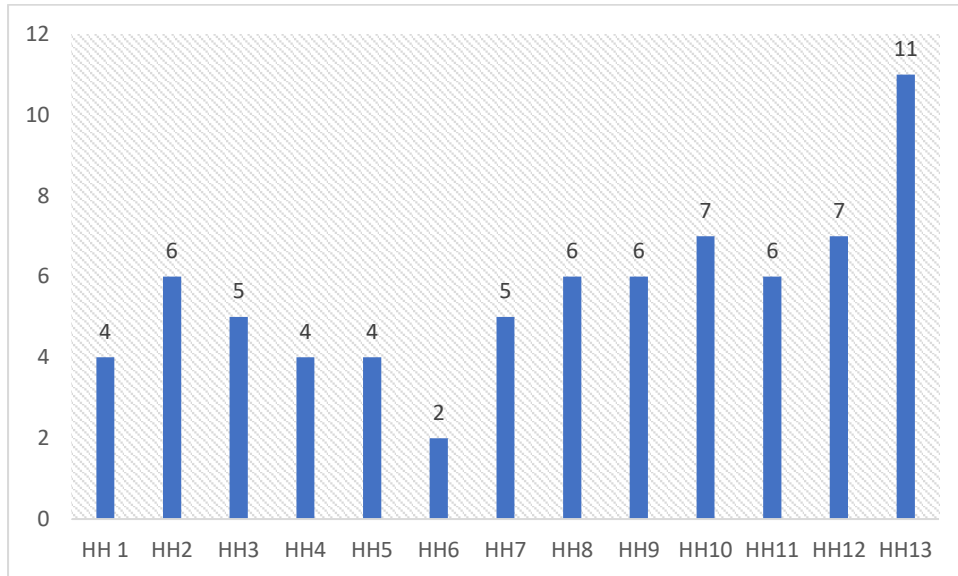


Source: Author's compilation based on field research, 2021

### 5.1.2. Household size

A household according to Hall & Mokomane (2018) is an arrangement of shared residence where people living within have shared resources and services that support basic living. A total of 13 households from Kanonkoop; Atlantis participated in this study. Findings from sampled households as presented in figure 3 revealed that there was 1 household with a household size of 2 members, 2 household with a households size of 7 members, 1 household with a household size of 11 members, 3 households with a household size of 4 members, 2 households with a household size of 5 members and 4 households with a household size of 6 members. The City of Cape Town SDI&GIS (2012) states that the number of households has increased by 37, 5% in Cape Town since 2001 and 2011 whereas there has been a decline in household size which remains to be at 3.50. On the other hand, the City of Cape Town SDI&GIS (2013) states that the average household size in Atlantis is 4.34. The majority of the sampled household in this study indicate that most households have a household size of 4-6 members which is in approximate concord with the average household size in Atlantis.

Figure 3: Household size



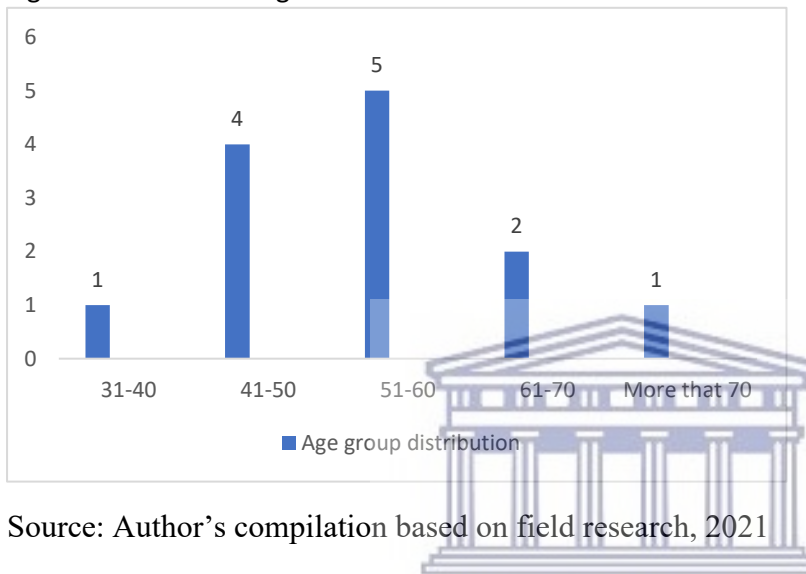
Source: Author's compilation based on field research, 2021



### 5.1.3. Age distribution

Figure 4 presents the variation in defined age cohorts of sampled household respondents. Findings from data indicate that respondents between the age of 31-40 years and more than 70 years were represented by one respondent respectively while the age group 41-50 years was represented by 4 respondents. The age group 51-60 years had the majority of respondents who were represented by 5 people. The age group 61-70 years had 2 respondents. According to City of Cape Town SDI&GIS (2013) Atlantis has a 48.9% representation of the age cohorts 25-64 years greater than any other age group in the community.

Figure 4: Variation in age cohorts of households

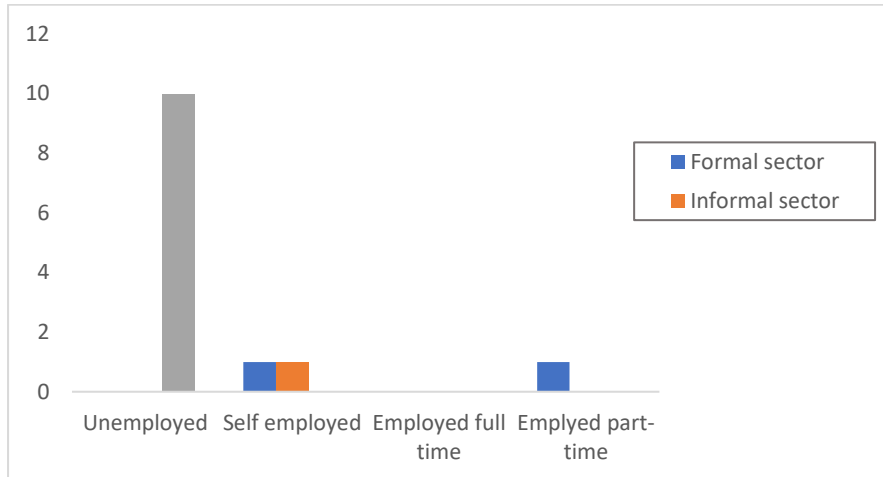


Source: Author's compilation based on field research, 2021

### 5.1.5. Employment status and type of employment

Findings presented in figure 5 on employment status and type of employment indicated that; 10 respondents of the 13 sampled were unemployed, while 2 were self-employed and 1 was employed part-time. Of the 2 self-employed, 1 one was employed in the formal sector and another in the informal sector. There was 1 respondent who was employed part-time. Lastly, there were no full-time employed respondents. According to StatsSA (2021) 1<sup>st</sup> quarter labour force survey of 2021, the number of employed people has decreased in South Africa. Western Cape was among the provinces with the highest record of employment decline with a decrease of 192 000 jobs in 2020's 1<sup>st</sup> quarter and 29 000 job losses in 2021's 1<sup>st</sup> quarter. Currently, unemployment in South Africa stands at 32.6% compared to 2020's 30.1% in the 1<sup>st</sup> quarter (Stats SA, 2021).

Figure 5: Employment Status



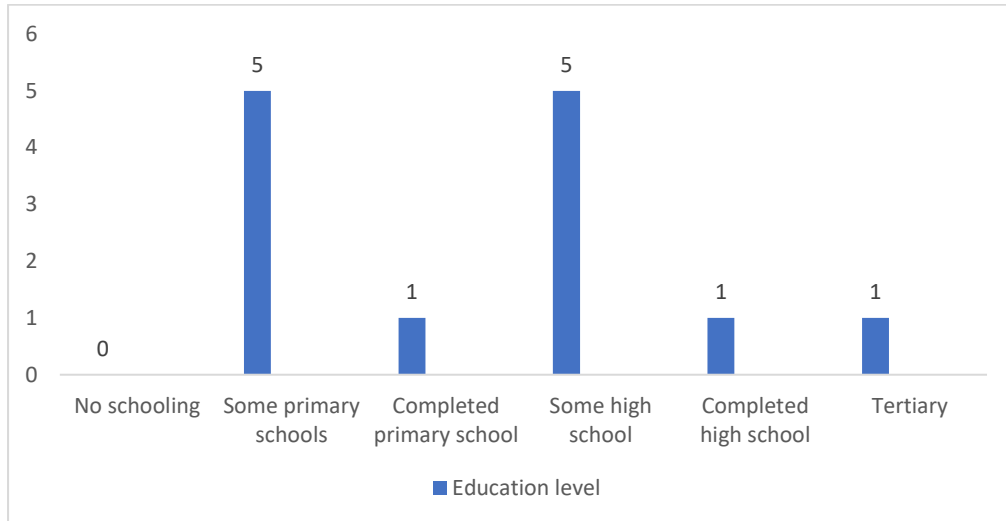
Source: Author's compilation based on field research, 2021

### 5.1.6. Education Status

Figure 6 enlists educational status data which indicate that education was equally dispersed among respondents who have some primary school and some high school education with 5 respondents per education level respectively. Education level for respondents who have completed primary school, high school, and tertiary education was represented by 1 respondent respectively. There were no respondents recorded with no schooling background. City of Cape Town SDI&GIS (2013) education statistics suggest that the population of Atlantis had a proportion of 2.0% of its population with no education, 11.2% with some education, 6.6% who completed primary school, 47.8% with some secondary education, 29.1% who have completed high school and 3.1% with higher education.

The capability approach in this study perceives the promotion of knowledge and skills as security in pursuing good life. As Barnett (2021) notes, the capability approach places cognisance on the importance of education on its ability to enable “acquiring a collection of cognitive basic functioning’s essential to the realisation of other human functioning’s” in order to “access the required resources and ensuring their ability to make decisions that matter to them” (Barnett, 2021: 388 & 389). Therefore, the educational background of respondents in this study is supported by Pretorius (2020) findings that suggest that poor education shapes the context of South Africa and deters individuals from expanding their capabilities to prosperous individuals.

Figure 6: Level of education



Source: Author's compilation based on field research, 2021

### 5.1.7. Access to Social Grants

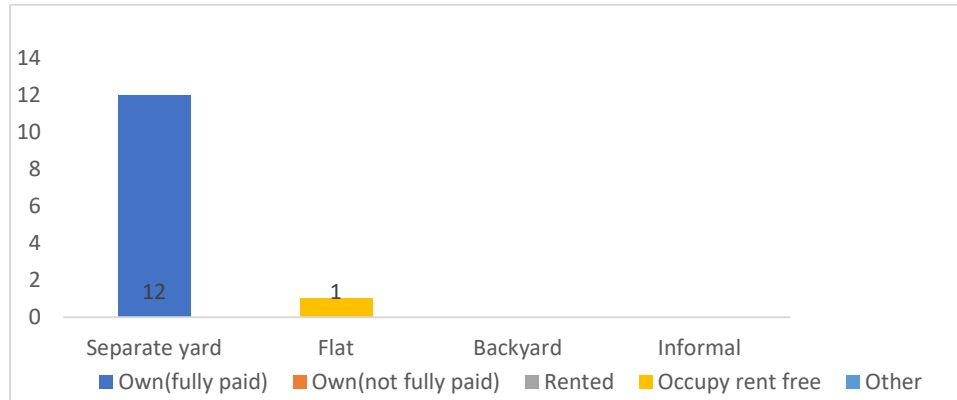
Social grants in poor households continue to be instrumental against poverty alleviation while enabling households to attain an adequate living standard (Gutura & Tanga, 2014). Social grants are accessed monthly by over 17 million of the population with Child Support Grant, Old Age Grant and Disability Grant the leading social grant programmes in the country (Moosa & Patel, 2020). This study presents findings that indicate that; of the sampled 13 households, 9 households have access to social grants that encompass Child Support Grant, Disability Grant and, Old Age Grant while 4 households don't have access to social grants. The intensifying economic downfall in many households has proven the intrinsic role of social grants (Bhorat et al., 2021).

### 5.1.8. House type and tenure status

Findings from Stats SA (2019: 33) report that the "percentage of households that received some form of government housing subsidy increased from 5, 6% in 2002 to 18,7% in 2019". Housing in this study presented by figure 7 indicated that 12 households were afforded houses through the RDP programme which is subsidized by the government and lived in their own separate yards, while 1 respondent lived in a flat.



Figure: 7 House type and tenure status



Source: Author's compilation based on field research, 2021

## 5.2. Main Social Problems

One of the guiding research questions and objectives of this study was to identify factors that expose children from the Atlantis community to social vulnerability. Participants reiterated that social problems gave effect to many underlying factors that contributed to child vulnerability in Atlantis. Social problems are described as a social condition that affects the greater segment of society and particularly with harmful effects. It is rooted not in an individualistic condition but a collective condition experienced by society at large. Unemployment and poverty are two examples of social problems (Rakuba, 2012). Various themes emanated from the participants during the study on what they are considered social problems in Atlantis; Kanonkoop

Lack of access to knowledge, business opportunities resources, and information were described as a major stumbling block in the community. The background of the community and being in isolation from economic opportunities primarily because Atlantis was established as a factory area under apartheid accounted for some of the challenges. Factories in Atlantis were described to have no economic pump and the community was subject to limited resources and infrastructure. Findings that emerged from respondents interlinked unemployment to poverty in the community while subsequently catalysing secondary social challenges like gangsterism. *“Neglect is one of the factors that stems from poverty and substance abuse and other related social problems and gangs where young children are recruited from a younger age of 9 years. There is also a high rate of teenage pregnancy and no activities for young people, and if they are available, they are limited”* [SW-1].

Moreover, the capability approach describes these social problems according to Onwuegbuchulam (2018) who reflects on how South Africa's history has disadvantaged communities but also deprived people freedoms of achieving functioning in society while

entrenching communities into impoverishment and social exclusion. In addition, the unprecedented ramifications generated by COVID-19 lockdown regulations impeded service delivery. *“We also could not run any programs during the lockdown, hence there is a gap in service delivery”* [SW-1].

Given the aforementioned social problems an understanding of factors that perpetuated exposure of children to vulnerability in the community was explored. Substance abuse by a parent during pregnancy exposed a child to Foetal Alcohol Spectrum Disorder (FASD) related disabilities. Consequently, children living with FASD and disabilities were more susceptible to being gang targets and were at a heightened risk. Another factor that exposed children to vulnerability was pinned to the young-bearing age of parents who were not sufficiently experienced to take care of their children. Younger parents were deemed unable to assist their children in school-related work since they were school dropouts themselves. In addition, younger parents were not only limited to assisting their children in academic work but also assuming other parental roles like the ability to provide for their children. *With young people we are challenged with teaching them parenting skills, they are young and not equipped with the skills to care for their children* [SW-1]. *“Teenage pregnancy opens a gap to difficult adult life because a girl is likely to leave school and end up unable to secure finances for themselves”* [SW-1].

The government was also criticised for its role of determining the capacity of parenting of disabled parents and their parental role to their children. *“As a disabled person, my child was removed from me. I feel that the government should find a secure place both for me and my child instead of paying other people to look after my child”* [FG1-R2]. The government was described as delegating statutory intervention where children are removed from their disabled parents and put into the foster care program. *“The government decides on behalf of disabled parents on their capacity to be parents to their children. The government decides a lot on behalf of disadvantaged people”* [FG1-R5]. Subsequently, there were concerns about poor care of children under statutory programs and undesirable conditions they are subjected to under their foster care parents: *“Many people adopt/foster 4 to 5 children and do not give them proper care. Those foster parents get sick and tired of foster children”* [FG1-R5].

Furthermore, poverty was one of the factors that perpetuated the exposure of children to vulnerability, and its effects gave rise to aggressive behaviour and violence. *“Violence stem up as a hungry child comes from the house .If you put children with empty stomachs and those*

*with full stomachs, those with empty stomachs will be more violent while those who had something to eat will be more active. That is something that I see every day. Once a child goes hungry, obviously there is no income in their home.*” [FG1-R4].

The social problems identified in this discussion have proven to have adverse effects on the life of a child. This study has found that social vulnerabilities had enduring effects that bear the capacity to trap a child in the vicious cycle of poverty. *“The child, therefore, comes through a cycle of poverty and they don’t know any better”* [AC]. In addition, social problems propelled statutory intervention. *“What we picked up in the system looking in from a holistic and psychological aspect is that our families engage with gangsterism to get a sense of belonging. Through gangs, they get money and are exposed to substances. Hence, that affects the child because that is where partners meet and where abuse begins. The effects it has on children is that 90% of them are in foster care or safety parents or external family members as this is an ongoing cycle”* [SW-2].

Whilst statutory programmes such as foster care programs sort to mitigate risks that children were exposed to in their home environments, it was observed that the growth a child out of their home environment also disrupted normal development. *“Removal of a child disadvantages the child because when there is lack of parenting skills it compromises the normal development of the child and issues like trust and identity problems surface”* [SW-1].

From a schooling perspective, social problems have proven to weaken the schooling ability of a child. Family and societal backgrounds of children characterised by poverty and unemployment and social surrounding factors such as gangs and crime influenced their behaviour and schooling outcomes. *“You cannot teach a child if they are surrounded by all these things happening at home...we don’t get the results we desire out of these children, which places them at a disadvantage”* [T-2].

Furthermore, there was a link between social problems and family circumstances such as unemployed parents and poverty in the household. This study gathered that Kanonkoop was a disadvantaged community that was equipped with poor infrastructure and resources. *“The whole cycle of poverty is sustained because whoever lives in that society becomes that society. If you are well-off, you should not stay in Atlantis but somewhere in Tableview. We live with the poor of the poor who have congregated in this one place”* [AC].

Nussbaum’s (2007) 4 central human capabilities identified “Life, Bodily Health, Bodily Integrity and Control over one’s environment” were explored in reference to children’s well-

being and vulnerability. The capability approach perceives the aforementioned factors that perpetuate the vulnerability of children in Atlantis, as deprivations that impede the development of a child. In a broader stance, deprivations deny access to well-being and produce multiple other deprivations that manifest at different life stages of children (Paz & Arévalo, 2018). Deprivations mentioned in this study such as weak economic systems, poor family backgrounds, unemployed parents, lack of resources and a risky social environment gave impetus to poor capabilities and outcomes of children.

Lastly, disadvantaged background exposes children to a certain degree of stigmatization. These findings were highlighted by respondents who affirmed Mickelson & Williams (2008) argument that poverty exposes one to a degree of stigmatization in society. Findings gathered in this study suggested that the school was the prime environment that exposed a child's home circumstances and subsequently where most stigma and bullying of children emanated as a result of their background. Hence, stigmatization and discrimination excluded poor children and their families from being part of essential societal systems and social cohesion.

Redmond & Skattebol (2019) examines how material deprivation transpires into stigmatization, but ultimately on the child's image and well-being according to Sen's capability approach. In this regard, lack of appropriate clothing and food are perceived as relative deprivation. Deprivation comes with shame that leads to self-exclusion but ultimately disengages children from school and society. This, therefore, impairs children's capabilities in exercising the freedom that brings value to them. *"We have learners who come to school with torn clothes and worn-out shoes, they become subject to victimization and bullying by other learners"* [T-2] ... *"further escalating to a situation where a child does not want to go to school anymore. It is also cases where a family lives in poverty and don't want to go to soup kitchens because they are exposed to everyone"* [SW-1].

### **5.3. Human Capabilities**

Capabilities will determine the extent of an individual's freedom to realize their choices. Central to capabilities is the freedom of an individual to be able to realise and pursue one's goals (Burger et al., 2017). Amartya Sen's theory of human capabilities as the theoretical basis of this study was explored in order to gauge understanding of its role in children living in disadvantaged communities. The following themes emerged in analysing this concept.

#### **5.3.1. Factors that hinder the flourishing of human capabilities in a disadvantaged community**

Findings from this study attributed poverty, inequality, violence, and lack of services as factors that hinder the flourishing of children in disadvantaged communities. "Poverty involves a lack of ability to exercise capabilities, due to factors such as low income, poor education and health, or lack of human and civil rights, poor economic opportunities, neglect of public facilities, and intolerance and repression" (Xaba, 2016: 107). Findings from respondents alluded that, in a deprived environment child violence is susceptible to flourish as factors such as unemployment give it momentum. Other constraints such as gender-based violence and inequality were among the issues that were captured and ascribed to contributing to women and certainly affecting children's experiences. Hence, these factors were regarded as interfering with the ability to flourish. Fundamentally, South Africa's triple challenges; poverty, inequality, and unemployment accounted for deprivations that hindered the capabilities of people.

As this study has documented the impact of a disadvantaged background, Strenio's (2020: 37-38) capability framework analysis supports these findings suggesting that "economic unfreedom can make a person a helpless prey in the violation of other kinds of unfreedom" and "violence represents a direct, major deprivation of bodily integrity and, in the most extreme cases, life". On the other hand, gender-based violence generates capability deprivation in all aspects that encompass human capabilities (Strenio, 2020). *"It comes to issues of poverty and inequality within South African communities. It also combines with violence and children's exposure to other factors that would be real deprivations. When looking at the impacts of unemployment on families it creates an enabling environment where there is stress and violence flourishes"*. [AE].

#### **5.3.3. Impact of lack of capabilities and human development on a child and caregiver**

A disadvantaged and non-enabling environment perpetuates the cycle of poverty. A child's outcome in life is highly influenced by their social and family environment. Hence, a



constraining environment will hamper the formation of capabilities in the crucial years of development of a child; extending to their adult life. A disadvantaged environment impairs human capital as a result of underlying poor conditions, for instance, poor education processes will produce poor returns (SAHRC & UNICEF, 2014).

This study support the findings presented by SAHRC & UNICEF (2014), which are evident in everyday life of human development in South Africa. [AE], a participant in this study suggested that intergenerational poverty in South African communities is trapped in many individuals, hence lack of human development will present a deprived future for the disadvantaged. *“Intergenerational effects of poverty are cyclical and we see this all the time in terms of the diminished realization of human development in South African culture where poverty is locked generation after generation and children not realizing their potential because communities are not able to lift them out of poverty”* [AE].

In addition, socially excluded and poor families present risk factors. Consequently, children born in those circumstances are susceptible to being caught in the poverty trap. Parents play an influential role in children such that the quality of parenting has an investment outcome in their socioeconomic, cognitive capabilities, and non-cognitive skills like self-confidence. Hence, poor households present a disabling environment for children (SAHRC & UNICEF, 2014). Findings derived from this study suggest that the quality of parenting is mirrored and revealed to children. *“When thinking of children living in poverty, it is not just the poverty itself but the quality of caregiving ... the child-caregiver relationship becomes important as it enables a child to reach their full potential”* [AE].

It seems apparent that a child’s development is a “combination of capacities and opportunities, as well as on the agency of the children and their caregivers in a specific context in which the child lives and interacts” (Yousefzadeh et al., 2019: 720). As the capabilities approach outlines, a caregiver’s capabilities are important factors in understanding the healthy growth of a child (Yousefzadeh et al., 2019). One respondent said that *“Lack of parenting is not only experienced by younger parents but older parents that neglect and leave their children unsupervised and this pins to parents who use substances. Older parents use their situation to justify their actions e.g., unemployment. A disadvantaged childhood influences the type of adult one will be. It’s more of a cycle. Hence, teenage pregnancy opens gaps to difficult adult life because a girl is likely to leave school and end up unable to secure finances for themselves”* [SW-1].



### **5.3.5. Critical aspects and stages of a child's development**

Adebiyi et al (2021) state that the first 1000 days of a child's life are a critical phase of their development. The importance of this period for a child's development has been recognized to meet critical needs in a child's early life, and this study has reported similar opinions. A participant [AE] in this study suggested that the identification of the most vulnerable families at an early stage was crucial in order to devise comprehensive strategies that will mitigate risks to child development during the first 1000 days. *"The first 1000 days are crucial to a child, and one cannot make up to missing them"* [AE].

In addition to the critical stages of a child's development, aspects that constitute a healthy development were also explored. Adebiyi et al (2021:2) alludes that healthy development in a child is a result of "good health, nutrition, security and safety, responsive caregiving and cognitive stimulation". Furthermore, Adebiyi et al (2021:2) suggest that "children are dependent on parents to reach their potential which means that parents need to know how to ensure that their children thrive".

While literature has provided a comprehensive view with regard to the healthy development of a child, opinions gathered from respondents concerning this subject matter revealed similar perspectives. A healthy development according to findings gathered in this study was a comprehensive set of tools that was not limited to food, but extended to physical health, a stable nurturing home and school environment and availability of Early Childhood Development Programmes in order to ensure that children are able to exercise their capabilities. *"It is not just ensuring that a child has food on their table, but children need to be physically active, and have their ability to grow nurtured in a suitable environment. Parents should not just assume their role in putting food on the table but there is a long way in ensuring their capabilities"* [AE]. Moreover, parents remain the core structures of support in the development of children.

### **5.3.6. Interventions and the role of policy in enabling human capital and psychosocial development in children**

In the past decade, there has been a considerable focus diverted to children as a result of realization of the vulnerability they are confronted with when exposed to "poverty, livelihood securities, social ills, and health pandemics" (Makhubele & Baloyi, 2018: 10774). Hence, policy aimed at mitigating poverty traps should be effected in the early stages of life.

Prospective interventions in addressing constraints that hindered human capabilities were explored. Opinions that emerged from this study indicated that poor implementation of policy

was a stumbling block in the fulfilment of strategies by the various Early Childhood Development Policies and Programmes in South Africa. Moreover, there was a need of engaging in thinking around policies and interventions that encompass inclusive development of a child's development like psychosocial development. *"We need to think of how we offer a set of interventions to bring about the nature of different policies. There is also poor implementation of policy. We need an opportunity to look at what are the policies that look into children's psychosocial development and how we think about those issues around existing policy and think about social assistance"* [AE].

Furthermore, there are vigorous steps required to explore the relationship between poverty and violence, this is reflected in the current scourge of gender-based violence. *"There is a relationship between poverty and violence, and research reveals those conditions around poverty to be drivers that create an enabling environment of violence. We have seen from the gender factor how economic empowerment strategies have been able to reduce women's experience of violence"* [AE]. In addition, there needs to be robust thinking around issues such as malnutrition and deliberate efforts that dig into finding causes that lead to it. *"In South Africa, we still have about 25% of stunted children and that accounts to insufficient nutrition. We need to be thinking of what are the drivers of such problems. Looking at the current state, there is not enough money to feed children a proper meal"* [AE].

It emerged that there was a need for economic policies that will enable economic development at a broader structural level. This came strongly considering that support that came through social grants required supplement from other interventions in order to effectively address poverty and unemployment as social assistance that come through these programmes yielded limited potential in lifting the traps of poverty, inequality and unemployment. *"When talking about real efforts to reduce unemployment and poverty; economic empowerment is a very important type of intervention that South Africa has not really looked into"* [AE]. On that account, economic empowerment was perceived as a fundamental tool in drawing capabilities in order to enable the flourishing of disadvantaged people.

Hergüner (2012:23) affirms the aforementioned prospective interventions, but specifically outlines the capability approach as a mandatory tool for development prospects because *"economic growth facilitates the expansion of basic capabilities...it generally improves prosperity and provision of better social services as well"* that are efficient for *"welfare programs that support health, education and social security"*. In this context, Domínguez-

Serrano et al (2019) noted that the capability approach serves as a crucial tool in evaluating policy outcomes given its central focus on the expansion of capabilities on people. Policy according to the capability approach should observe eliminating constraints that present challenges in people's lives.

#### **5.4. HIV/AIDS**

Health has been identified as a key capability that supports healthy life. It was imperative to explore factors that impede achieving this capability and HIV/AIDS emanated as one such constraint on children's well-being. Children affected by HIV/AIDS have encountered numerous appalling challenges such as "poor levels of healthcare, poor nutrition and overall health, increased risk of infection, difficulties receiving an education, as well as psychosocial hardships including abuse, broken household structures, and overall poor mental health" (Burkholder, 2019: 3). Various themes emerged in this study in the quest of understanding HIV/AIDS and its impact on children.

##### **5.4.1 Societal attitudes on people living with HIV/AIDS**

Respondents in this study attributed stigma as the prime factor that served as a barrier towards the realization of efforts when considering HIV/AIDS-infected people in the community of Atlantis. Armstrong-Mensah et al (2019) determined through their research that fear as a result of HIV-related stigma hinders progress toward people seeking HIV treatment or accessing care. Respondents suggested that attitudes towards people living with HIV/AIDS were not limited to societal stigma and discrimination. The role to which government institutions rendered services towards HIV/AIDS patients exposed those affected to a certain degree of discrimination and limited their privacy in health facilities.

Findings gathered in this study have also revealed the detrimental psychological impact of HIV/AIDS among the lived experiences of disadvantaged people. Stigma, discrimination, fear and lack of education continues to defeat progressive efforts towards HIV/AIDS "*People are not killed by HIV/AIDS but by fear* [FG2-R1].. In this regard, Robeyns (2017) articulates stigma as a structural constraint that contributes to people's capabilities. "If one group of people is, for cultural, historical or religious reasons, stigmatized as outcasts, then they will be treated with disrespect by other groups in society. These structural constraints will also affect the capabilities that do not rely on resources directly, such as opportunities for friendships or a healthy sense of self-confidence" (Robeyns, 2017: 65). Such constraints are extended to people who suffer certain health conditions (Robeyns, 2017). "*When you go to Westfleur hospital*

*there is a label for HIV/AIDS patients, for instance, certain queues and rooms are at public display such that people are able to know what you are there to do. People are not really scared or ashamed of HIV/AIDS, the fear is from being judged by other people” [FG2-R1].*

Given the stigma that people suffer from as a result of HIV/AIDS, real struggles experienced by those living with HIV/AIDS have not been fully revealed. *“The struggles of HIV/AIDS people are unknown. As an HIV/AIDS person, you cannot be open about your situation due to discrimination. We struggle from within” [FG2-R1].* For this reason, it has been documented based on respondents that interventions put in place to respond to HIV/AIDS like social welfare services and public health facilities are not designed to meet the psychological needs of the affected individuals. *“It is also difficult for a client to trust Social Workers about their personal well-being and during home visits because you are not alone, you have your colleague along and will not disclose any information” [SW-2]. “Doctors and nurses don’t give patients the privacy they deserve especially in the maternity ward. My daughter came home crying saying a medical practitioner violated her privacy” [FG2-R2]. (People living with HIV/AIDS and those who have not tested to know their status don’t want to go to health facilities due to lack of privacy. Nurses call your name loud in those health facilities and people would rather not go” [FG2-R4].*

These findings suggest that strategic interventions designed to address HIV/AIDS may be limited to actual needs required by those living with HIV/AIDS as these interventions do not take into account the experiences of the clients they are to serve. *“There is stigma attached to HIV/AIDS regardless of all the extensive programmes delivered. People do not go to collect their medication; they default and allow children to default from the treatment due to the stigma” [SW-1].*

In addition, there may be unknown intervention strategies required to meet the needs of affected individuals regarding treatment related to HIV/AIDS. This notion is underpinned by Krishna (2014) suggesting that policies adopted by third-world countries have been highly influenced by first-world countries. For this reason, it would imply that HIV/AIDS policy and interventions should focus on expanding the human capabilities of disadvantaged people by adapting the human development framework in ensuring the right treatment of those affected by HIV/AIDS.

#### **5.4.2. Impact of HIV/AIDS on families and children in Atlantis**

The impact of HIV infection in a family can potentially strain the supportive capacity that an adult holds in a family (Iwelunmor et al., 2008). Findings gathered from respondents in this study suggested that infected people do not disclose to their families and usually wait until they are extremely frail or have passed away for their status to be known. Such cases affect children's well-being, as this is due to strain on financial and supportive family systems. It was discovered in this study that children assume parental roles when parents or caregivers are gripped by illnesses or death as a result of HIV/AIDS and subsequently miss important paths of their development such as attending school. *"I have a case where a child assumed a parental role, that is a dysfunctional situation because a child now does not want to attend school but to work and provide for the family"* [SW-1]. On the other hand, discrimination and unfair treatment of children as a result of an ill parent were discovered based on perspectives shared by respondents in this study. *"Other children will also discriminate and treat that child based on their parent's health"* [FG2-R1].

HIV-related illnesses have the potential of producing long-term economic deprivations. This is a result of burdens of health care costs and loss of income due to frail health. Such circumstances constitute an environment that is a deficit for a child to thrive (Sherr, 2014).

Respondents in this study gauged their opinions around HIV/AIDS and its impact on parenting. In one of the focus group discussions around HIV/AIDS, this study found that many households that are affected by HIV/AIDS are single-parent households. This was attributed to lack of support structures around them. FG2-R1, a community member articulated this notion as follows: *"Many single parents are most experiencing. It's a challenge because they are exposed to prejudice and judgement, there is no support for them at all"* [FG2-R1].

This discussion on the impact of HIV/AIDS on parenting is underpinned by the capability approach which alludes that "adult-child relationships of care, particularly those within the family unit, are a critical determinant of what children are able to do both in childhood and later in their lives" (Brayford, 2015: 11). Children's fulfilment of certain key capabilities are dependent on caregiver's availability of capabilities such as income, maternal health, and nutrition. "Moreover, adult well-being itself is also path-dependent, and the achievement of particular levels of functioning in childhood (adequate nutrition, education, literacy, etc.) is a precondition for the exercise of the majority of adult capabilities" (Brayford, 2015: 11).



## 5.5. Family Dysfunctionality

A dysfunctional family according to McAdams III et al (2009: 9) is that which “exists when problems in one or more of the hierarchical, boundary or alignment elements of its structure have impaired its resources for coping with and adapting effectively to contextual stressors”. This study explored various themes in order to achieve an ample understanding of factors surrounding family dysfunctionality

### 5.5.1. Interfamily relationships in Atlantis

Respondents provided various insights regarding their perception of family relationships in the community of Atlantis. Relationships with family members according to Thomas et al (2017: 2) are a fundamental tool “of social connection and social influence for individuals throughout their lives”. Poverty gave effect to many issues that characterized family relationships in Atlantis and gender-based violence was one such factor that emanated as a result. *“There is a lot of GBV because every day there are incidents of it”* [HH-1].

Family relations were also affected by parental or caregiver work commitments. Long distances to work of parents meant that there was less time spent with their children, as such, exacerbated chances of exposure to drugs and gangsterism thereby causing strain in relationships. *“They work far from their homes and spend less time with their children and that is a poverty situation. Parents working late is one of the opportunities that expose children to gangsterism but there are other factors”* [HH-11]).

Relationships and relating to others are particularly important and a capability. However, relationships among family members depending on the quality of the relationships can generate other capabilities and freedoms which are achieved through support, love, and care (Brayford, 2015). For instance, based on the findings of this study it is evident as a result of weak family relations that the family unit is able to suffer and fail to achieve its capabilities. Various other capabilities which support life, health, and integrity are constrained. *“My own household is not so good because my brother uses drugs and stays with us at the moment”* [HH-12]. *“I had a child involved in gangsterism and it started at the time I got blind and could not look after him. He could not get out of gangs and went back and forth to prison; he was shot dead afterwards here in Atlantis”* [FG1-R5].

This study examined the impact of family relationships on how they affected children. Findings from respondents indicated that household relationships had an impact on children, especially negative relationships. This was put into context by Craigie et al (2010:4) alluding that family



stability was crucial and “changes in family structure are typically accompanied by changes in economic, time, and parental resources; this in turn place stress on families and thus adversely affect child outcomes”.

According to findings gathered in this study, 6 household respondents believed that their children are affected by intra-family conflict while 7 household respondents refuted that intra-family conflict affected their children. Perspectives gathered from respondents suggested that instability between parents living together brought trauma to a child, therefore leading to a character of violence in future. *“Intra-family conflict has a delay on the growth of a child not just emotionally but also intellectually because it affects the child’s ability to learn and that is where the bullying starts and display of irrational and uncontrollable behaviour”* [SW-2].

This study gathered from respondents that children adapt to their home environment and model what they see from their parents. It emerged that financial dependency on a partner from female respondents and religious beliefs compelled females to stay in relationships that compromised their children’s well-being.

Furthermore, plausible impacts as a result of exposure of children to intra-family conflict were gathered in this study. The adverse effects of exposure as documented by DSD, DWCPD and UNICEF (2012) state that, children exposed to violent conflicts and experiences pose risk for mental health problems and troubled adolescence such that they are propelled to risky behaviour as a coping mechanism, therefore exacerbating exposure to HIV/AIDS, substance abuse, aggressive behaviour, and teenage pregnancy. *“Girls often leave their unbearable home circumstances and engage with older men to support them”* [HH-1].

The aforementioned findings documented by DSD, DWCPD and UNICEF (2012) were supported by opinions that were raised by respondents with regard to this theme. It was studied that exposure of children to intra-family conflict exacerbated the susceptibility of girls to engage in early sexual relations, gangsterism, drugs, lack of schooling commitment, difficulties in schooling abilities, and psychological challenges *“girls often leave their unbearable home circumstances and engage with older men to support them”* [HH-1]. *“Yes, intra-family conflict does affect children. I have a learner in my class who has not been at school the whole week I gathered that since last year when I spoke to her previous grade teacher, there was a trend of absenteeism”* [T-1].

Lastly, there were long-term behavioural effects that sprang as a result of exposure to intra-family conflict. “When a child reaches the age of 18 years it is difficult to deal with that trauma

because it has been underlined for many years” [SW-2]. “We also see behavioural changes in children, they become aggressive because that is what they know and their learned behaviour” [T-2].

### **5.5.2. Access to Social Welfare and Child Protection Services**

Being disadvantaged often involves a lack of access to necessary services which determine individual outcome (OECD, 2020). Findings from this study indicated that 9 of the 13 sampled households don't have access to social welfare facilities such as Social Workers or therapeutic service facilities to support them if their children are exposed to intra-family conflict while 4 households indicated that they had access to these support facilities. Respondents who had access to facilities alluded that although they had access to these facilities, they preferred to resolve such conflicts among themselves as a family. It was noted reticence on children deterred reaching out to these facilities.

This study discovered that there was limited access to social welfare and child protection services in the community. According to respondents, the community had mounting challenges that required child protection intervention, however social welfare services were described as ineffective and unreliable. *“Some people go to Social Workers, but services are not effective and reliable there is usually no follow-up from Social Workers”* [HH-3].

Furthermore, Strydom et al (2020) outlined some of the challenges experienced by families in accessing the child protection system, and lack of transport and education were mentioned. Some of the challenges in accessing these services were long distances that are as a result of lack of funds or transport costs. The role of facilities as resources have been highlighted in this study and are described by Robeyns (2017:146) as important in enhancing capabilities: “there are hardly any capabilities where resources play no role at all”. Lack of access to facilities, therefore, according to findings in this study has to a degree, the ability of constraining one's capability to social welfare programs. *“They have access to Social Workers but people don't have the courage to go because of lengthy travelling distances”* [AC]. In addition, COVID-19 presented a new set of challenges that limited physical interaction across many systems, thus that impeding access to social welfare services.

### **5.5.3. Prevalence of Gender-Based Violence**

South Africa is among the leading countries in international statistics when it concerns gender-based violence (Enaifoghe et al., 2021). Among other factors that contributed to the high rate of gender-based violence is COVID-19. The restrictions imposed according to insights

presented by respondents intensified frustration, consequently leading to gender-based violence. Dlamini (2021: 588) affirms these findings stating that COVID-19 has once again intensified the already high scourge of gender inequality due to distress in the social and economic systems. “Gender-Based Violence statistics increased to alarming 2,320 complaints during the first week of the global lockdown, this figure amounts to 37% higher than the weekly average of 87,290 domestic violence cases reported to the police during 2019, according to the South African Minister of Police Bheki Cele” (Enaifoghe et al., 2021: 127).

This study evaluated the prevalence of gender-based violence and its possible impact on families and children in Atlantis. Based on perspectives unveiled from this study, it was learned that various factors contributed to gender-based violence. Firstly, socioeconomic factors such as unemployment especially where women are concerned perpetuated the likelihood of gender-based violence occurring. Therefore, considering that findings gathered in this study suggested high levels of unemployment in the community, violence in the households was likely to take place.

Lack of resources and education were among the factors that were linked to gender-based violence. *“What perpetuates gender-based violence is the fact that our people are not educated about gender-based violence”* [SW-2]. *“One of the contributing challenges in our community is the lack of resources to offer sustainable services to trauma-affected people”* [SW-2]. Furthermore, opinions gathered in this study suggested that gender-based violence had far greater impacts in terms of the psychosocial aspect as opposed to the physical and sexual component of the victim. Subsequently, gender-based violence has a negative influence on parental outcomes.

There was a realization regarding the stigma attached to gender-based violence, thus resulting in the majority of cases being under-reported mostly due to the financial dependency of victims on their perpetrators. *“We have many children who come from single-parent headed households with mothers being their only parent figures. I have had children come to me saying “when I tell my mother that my stepdad is touching me, she does not believe me”. One said, “when he hits or shouts at my mother, I cannot do anything”. All those things happen because he has the upper hand and is a breadwinner”* [T-2]. In addition, the supposed dominance of male personnel in the South African Police Service was reported to compromise the plight brought about by gender-based violence. It was learned from this study that domestic cases by the South African Police Services were less prioritised than other offenses. Thus, SW-2, argued

that there was a need for male personnel at SAPS to change their view on GBV. *“We have SAPS which is a challenge and mostly a male dominant department. When I went there one time about a case of a woman who was assaulted, I found out there was also a shooting case that was being attended at the same time. The police officer had to make a choice on which case to prioritize, he went for the shooting case. I argued as to how he determines which one is more important. We need to change how people view or perceive GBV.”* [SW-2].

Pyles (2008) has studied gender-based violence according to the capability approach and the opinions founded by this study have presented some coherent outcomes with plausible findings. Poor women are susceptible to violence due to lack of certain freedoms and capabilities such as access to institutions. But most importantly, violence is regarded as a capability deprivation of bodily integrity. Gender-based violence as presented by opinions in this study generates a sense of shame and fear and victims are usually isolated or are cut off from vital social institutions that offer support such as law enforcement and health care systems (Pyles, 2008). While gender-based violence is directly inflicted on a partner in a relationship, the indirect costs it bears on children weigh serious implications that deprive them of long-term capabilities such as health and life. *“My daughter drank during pregnancy; the child came out right but I can see that there is something wrong even with his growth. He is affected and slow. My experience is that I think my daughter drank. I think they drink because of problems and cannot share problems with anyone, and there is GBV with their partner”* [HH-1].

## **5.6. Foetal Alcohol Spectrum Disorder**

The effects of Foetal Alcohol Syndrome (FASD) and its direct impact on children were explored and evaluated in this study. FAS has a global prevalence of 8 per 1000 children and South Africa is among the highest reported countries in FAS incidents accounting for 29 to 290 per 1000 live births. According to provincial statistics, Western Cape has the leading prevalence between 196 and 276 children per 1000 (Adebiyi et al., 2019).

Alcohol consumption during pregnancy is common among many women where drinking is considered a “coping strategy for their socioeconomic and socio-political realities” (Adebiyi et al., 2019:2). Studies conducted in different Metropole regions of the Western Cape indicated that “36% of women consumed alcohol during their current pregnancy or in the 3 months before they knew they were pregnant” (Adebiyi et al., 2019:2).

Of the sampled households, 12 respondents from these households agreed that women do drink in their community during pregnancy and 1 respondent could not respond as it was not within

his/her knowledge. There were no respondents who refuted that women in the community did not consume alcohol during pregnancy.

Some of the risk factors that compel pregnant women to consume alcohol during pregnancy are attributed to “traumatic experiences, exposure to violence and poor physical, and mental health” (Peltzer & Pengpid, 2019: 1). This study presented similar findings that suggest pregnant women in Atlantis were compelled by their poor socio-economic conditions to indulge in alcohol during pregnancy. It was highlighted that poverty, unemployment, lack of support from family members and gender-based violence were some of the factors that built frustration and led women to this behaviour. *“Women are exposed to abuse during their pregnancy, there is no income, they smoke weed and tic. They engage in such activities because of circumstances in the homes, there is no positive enforcement”* [HH-3]. (*“I know some of people who drink because of gender-based violence and that drives them. It is circumstances of poverty in the house and would see a party happening in the neighbour and would go there”* [HH-7]. (*“They drink until they give birth, most of the time you see that they drink out of frustration because they are unemployed”* [HH-9].

Olusanya & Barry (2015:172) has found that female susceptible to alcohol consumption during pregnancy were characterised by “low socio-economic women, having multiple sexual partners, access to alcohol, social tolerability to drinking, limited access to social resources, lower income, unintended pregnancies, lower educational attainments and being in violent relationships”. The findings from respondents in this study affirmed Olusanya and Barry’s (2017) point of view. This study learned that women who were most susceptible to drinking during pregnancy were those who were characterised by lack of support in their families, but it was also those with a history of alcohol in their families. In addition, poor living conditions and disadvantaged communities that were characterised by low socio-economic circumstances gave impetus to alcohol use by pregnant women due to the accessibility of drinking taverns in their immediate surrounding environment. The conclusive reasoning behind their drinking is to cope with their issues. *“They fall into the trap of using alcohol to cope with their issues”* [SW-1]. While there are programmes designed to address alcohol consumption during pregnancy, they were described as short-term, unsustainable, and inaccessible to those who need them most, challenged by lack of resources and difficulties in implementing in poor conditions. *“The programs that we have are not sustainable and are short-term based. It also comes to lack of resources and struggles to implement in these environments”* [SW-2].



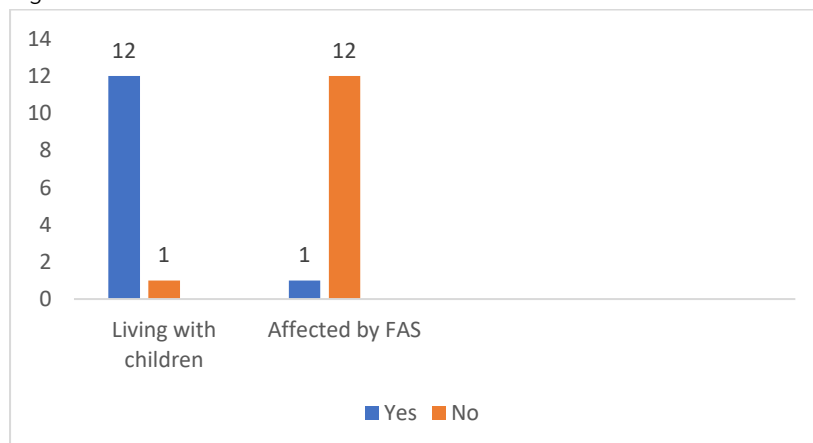
### 5.6.1. Physical and mental challenges as a result of alcohol consumption during pregnancy

Prenatal consumption of alcohol has adverse effects on children. The repercussion on children encompass “microcephaly (small head and underdeveloped brain), physical and facial abnormalities, and possible CNS abnormalities, which manifest in developmental delays, hyperactivity, low intelligence, reduced attention spans, and possible seizures” (Lubbe et al., 2017:2). Respondents in this study were asked if children displayed any physical or mental challenges as a result of alcohol consumption during pregnancy, 10 respondents agreed that there were physical and mental challenges as a result of alcohol consumption during pregnancy, 1 respondent was not sure and 2 respondents did not provide responses. There were no respondents who did not agree to with phenomenon. However, respondents gave opinions that were not based on medical examination but on their subjective observations.

In township communities, where there are high record drinking patterns, alcohol has exceptional adverse consequences on children. Alcohol use by parents affects the child’s welfare such as childhood abuse and neglect and other detrimental repercussions that compromise their health and psychology and extend throughout their lives. (Choi et al., 2015).

This study tested perceptions of FASD in the sampled households in Atlantis. Lubbe et al (2017:6) have found that South Africa has a prevalence that “ranges from 26.5 to 129 per 1000 people”. Figure 8, presents the number of households that live with children and those that have children affected by FASD. Of the 13 sampled households, 12 households lived with children while 1 household did not live with children. Furthermore, 1 household confirmed that they had a child with FASD and 12 households did not have a child or children with FASD.

Figure 8: Households with FASD children



Source: Author’s compilation based on field research, 2021

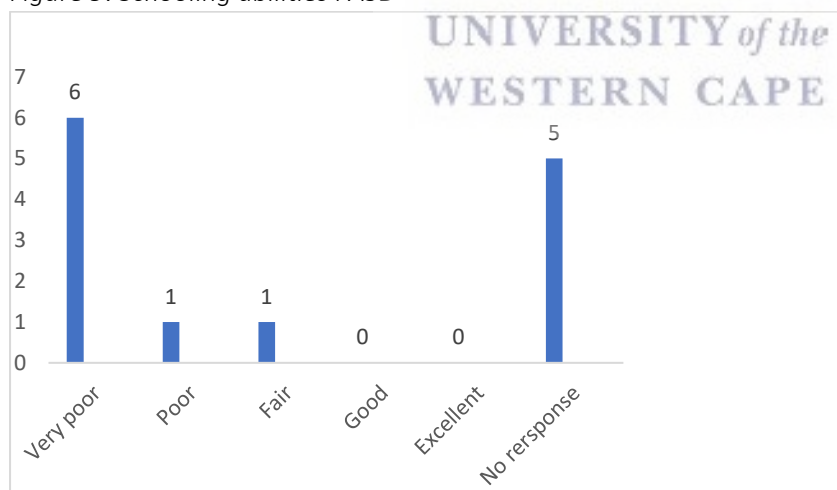


According to respondents in this study, FASD yielded poor academic outcomes in affected children. *“We have learners in our school who are victims of FASD and perform weak as a result”* [T-2]. This was because FASD presented challenges that required special needs, and given that Atlantis was a disadvantaged community with inadequate resources to support FASD-related schooling needs many children were disposed from the education system.

Overall, it was learned that the school was the prime environment where most of the challenges that children go through in their home environments were displayed and detected. Therefore, this study explored perceptions from respondents regarding the extent to which FASD affects the schooling abilities of children. In retrospect to the aforementioned statement Rendall-Mkosi et al’s (2008: ii) writing supported these opinions suggesting that *“the needs of children with FASD are most noticeable in the schools where the teachers are ill-equipped to adapt their teaching and classroom environment to cater for the learning and behaviour difficulties of children with FASD”*. *“The teachers/school play a crucial role because they inform of such issues and stuff”* [HH-3].

Figure 9 presents findings from respondents which indicated that; 6 respondents said that children with FASD performed very poor, 1 respondent said that children performed poor, and another respondent said that children performed fair. No respondents reported FASD children to be performing either good or excellent. 5 respondents did not respond to this theme.

Figure 9: Schooling abilities FASD



Source: Author’s compilation based on field research, 2021

Conclusive findings, based on perspectives shared by respondents suggested that there was limited availability of assistance in the community of Atlantis that sought to mitigate the difficulties experienced by children who had very poor and poor schooling abilities as a result

prenatal alcohol exposure. *“There is no assistance offered-there is some special school where children who struggle with learning abilities are enrolled to”* [HH-5].

Secondly, FASD affected children’s social skills and emotional well-being. Maleki et al (2019: 1) states that “social skills are learned behaviours based on social rules and enable individuals to interact appropriately with others in society”. The development of social skills for children is crucial for them as it enables them to create successful relationships with their surroundings, school preparation, and academic performance (Maleki et al., 2019).

Observations based on respondents suggested that FASD-affected children were susceptible to being bullied by their peers but also at a heightened risk of being gang recruited. *“These children are more vulnerable and susceptible of being recruited by gangs; they are also prone to be bullied by their peer groups”* [SW-1].

The capabilities of children affected by FASD have been explored from a health perspective in this study. This is considering that health is instrumental and a key capability towards achieving other capabilities. The proximity that lies in health deprivation catalyses other deprivations in other dimensions that support life. *“Deprivation in health can potentially cause deprivations in a number of other dimensions, such as education, employment, subjective well-being, and participation in socioeconomic spheres. When people are ill, malnourished, have mental disorders or life-debilitating disabilities, their overall capabilities are greatly reduced”* (Proochista & Naveed, 2009: 239).

Given the key role of health in advancing other capabilities, “the incidence of irreversible health loss may indicate irreversible deprivation in multiple capabilities”. Nussbaum’s fundamental capabilities to which health is interconnected entail; “life, bodily integrity, bodily health, play, affiliation, emotions and senses, imagination and thought” (Proochista & Naveed, 2009: 243). Therefore, various deprivations in key life areas that are catalysed by FASD as a health deprivation are enlisted based on respondents who participated in this study. Such deprivations entail; academic difficulties, physical underdevelopment and disability, compromised cognitive ability and social skills, behavioural problems, and eventually their productivity in society and life outcomes are diminished.

*“They are underdeveloped physically, slow at school and it usually the teacher’s responsibility to pick up such issues and follow up with the parent. They perform poorly compared to those who were not exposed to FAS. Their cognitive ability is*

*compromised, usually they don't reach grade 7 and have to go to special schools for practical school training” [HH-3].*

*“They don't eventually finish school and FAS affects their future along the line. Their learning ability is compromised” [HH-7].*

*“Yes, there are. Some cannot walk or talk when a mother used tik during pregnancy. There is neglect of these children by their parents” [HH-8].*

*“I see these children even their development in their age and their body even though they look healthy you see something has affected them. I do observe the impact of alcohol. Their growth is compromised, development and their appearance. Mentally I am not so sure” [HH-9].*

*“They get involved in gangsterism, are short-tempered and have academic difficulties” [HH-13].*

### **5.6.2. Access to facilities to assist FASD children**

This study evaluated the accessibility of facilities for children and families affected by FASD. According to Credé et al (2011) there is limited use of healthcare facilities by children affected by FAS in South Africa. These services are deemed essential to mitigate mental and developmental dysfunction in affected children and their families (Credé et al., 2011).

Contrary to Creed et al (2011) sentiment, findings from respondents regarding access to facilities to assist FASD children suggested that 8 respondents agreed that there was access to facilities to assist FASD-affected children like Molo Songololo and support groups in the area that come to families and assist with reading. The Department of Social Development was mentioned among facilities where personnel from the department came to families of children affected by FASD. Although one respondent agreed that there was assistance available, she mentioned that there was fear from parents to send a child affected with FASD to school due to bullying by other children. On the other side, 2 respondents said there were no facilities while 3 respondents did not provide a response.

### **5.7. Poverty**

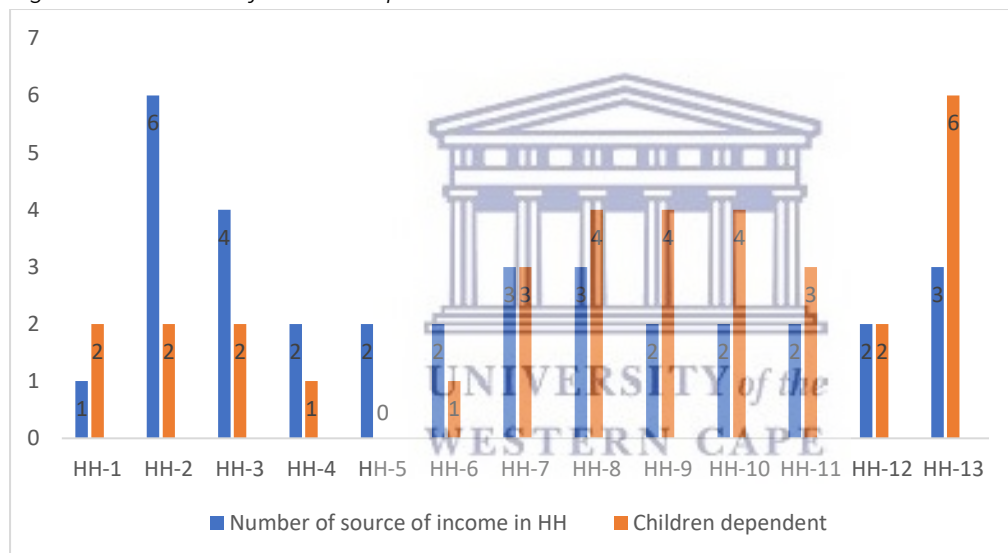
Fundamentally, poverty is a capability deprivation as a result of lack of fulfilment of instrumental and critical capabilities for a person's well-being (Tenai, 2016). This study explored the impact of poverty as a social contributing factor to vulnerability in children. Since South Africa transitioned to democracy, there has been a considerable milestone achieved in reducing poverty. Despite this milestone, there is existing and continuous entrenched poverty

among children. Children are a vulnerable group susceptible to poverty traps, and poverty has long-lasting effects on children, as it impedes future outcomes of children in becoming productive members of society. Hence, children born in poor families are at a heightened risk of sustaining the poverty trap (SAHRC and UNICEF. 2014). This study examined various themes in exploring the impact of poverty on children.

### 5.7.1. Income and household expenditure

According to Stats SA (2018) grants and salaries constitute the most common sources of income for households on a national scale. This study explored the number of individuals per household who were sources of income and compared them to the number of children who were dependent on it. Figure 10 presents findings that indicate that there were more children dependent on the household income than were people who were sources of income in the household.

Figure 10: Number of income dependents

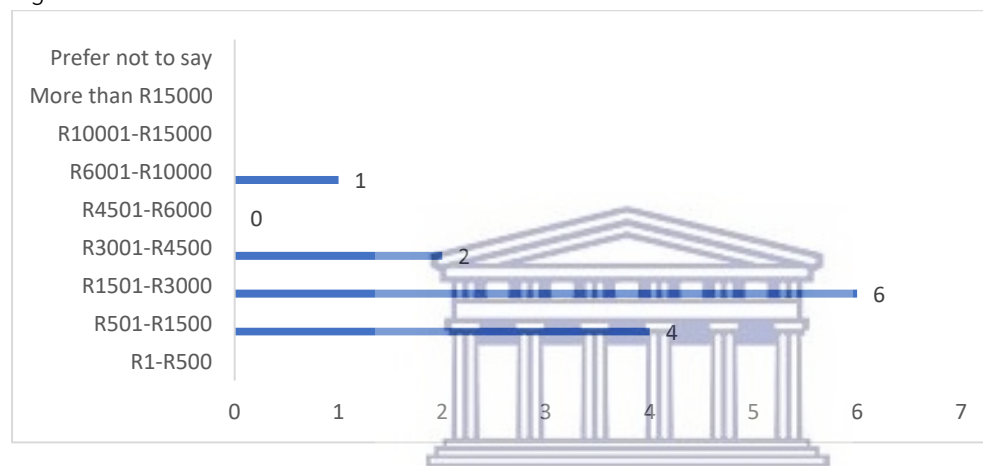


Source: Author’s compilation based on field research, 2021

On the other hand, social grants accounted for a major source of income among the respondents. This is considering that income inequality has increased since South Africa transitioned transition to democracy and there is a significant percentage of 60% of children who continue to “live below the upper-bound poverty line (in households with a per capita income of less than R1, 183.00 per month)” (Lake et al., 2019: 52). Hence, there is a need to generate income from other sources than solely relying on one stream of income (Stats SA, 2018). In retrospect to this aspect, response findings suggested that 10 households did not have other sources of income, and 3 households had other sources of income such as leasing backyard rooms and financial support from family members.

Furthermore, this study gauged an understanding of the income dynamics of the sampled households presented in figure 11. Findings indicate that 6 households had a monthly income between R1,501.00 -R3,000.00, 4 households had a monthly income between R501.00-R1,500.00, 2 households had a monthly income between R3,001.00-R4,500.00 and 1 household had a monthly income between R6.001.00-R10,000.00. There were no household respondents with a monthly income of more than R10, 0001.00 nor below R500.00. Given these income dynamics, the 13 households sampled had a household size of 4-6 members per household, meaning that, the presented incomes positioned many of the household members below the lower-bond poverty line because an individual living in South Africa with less than R890.00 per month was considered poor.

Figure 11: Income distribution

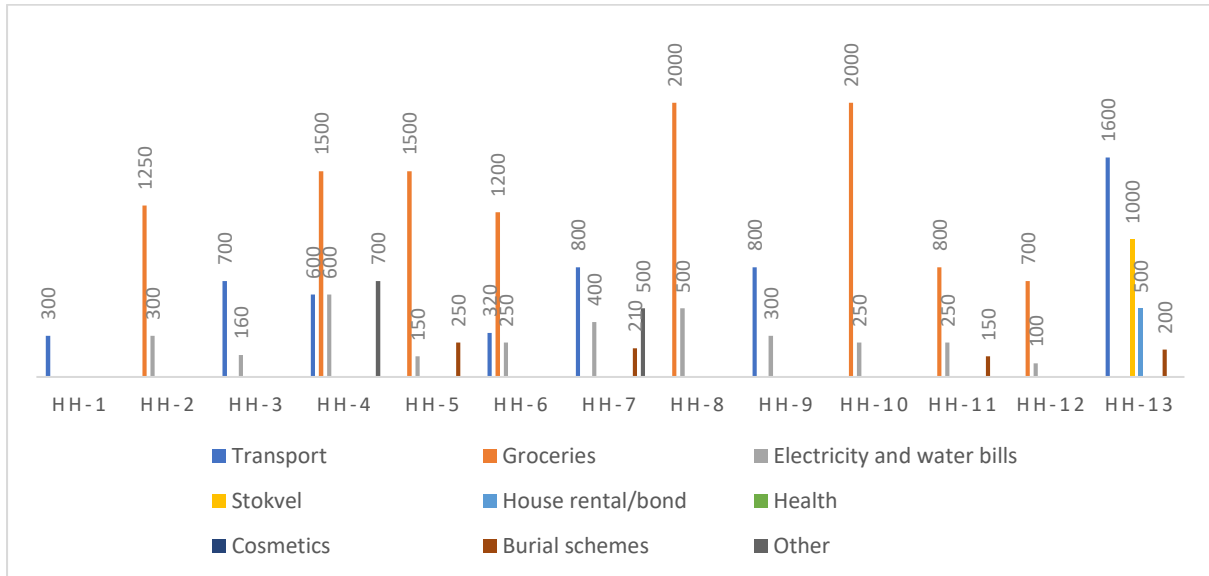


Source: Author's compilation based on field research, 2021

The consumption of households in South Africa depends on household income. High living costs negatively affect many poor households, thus compelling them to spend more on food (Van Wyk & Dlamini, 2018).

Figure 12 presents a breakdown of household expenditure according to monetary terms. Food recorded the highest spending expenses per month. Following food expenditure was transport costs. Electricity and water bills accounted for the third highest monthly spending. Other household services and essentials like health, and house bond were reported to be subsidized by the government. Furthermore, four households contributed monthly to burial scheme payments. One household contributed towards the stokvel scheme. Other household services were not accounted for by the respondents.

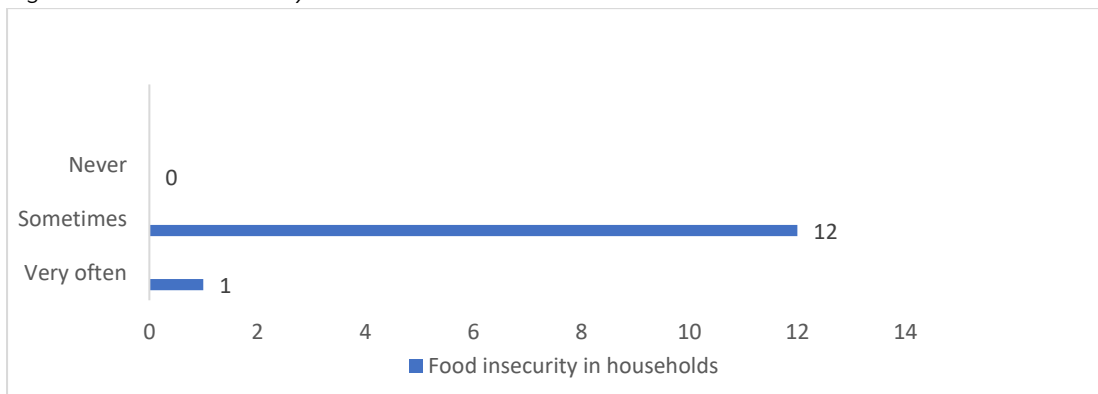
Figure 12: Household expenditure



Source: Author’s compilation based on field research, 2021

Considering the findings presented on the expenditure of sampled households, Engel’s law of family expenditure and significance states that “the poorer a family, the greater the proportion of its total expenditure that must be devoted to the provision of food” Clement (2018: 2). On that account, food insecurity was explored. South Africa’s national level on food security suggests that the country is food secure. However, 28% of South Africa’s population lives in extreme poverty and a large proportion of households are food insecure. Findings from sampled households as presented in figure 13 suggest that 12 households sometimes go without food in a month whereas 1 household suggested that it went without food very often in a month. There were no households that suggested they were not affected by food insecurity.

Figure 13: Food insecurity



Source: Author’s compilation based on field research, 2021

Moreover, household respondents that reported going without food sometimes and very often in a month suggested that they developed strategies to cope with their situation. This was



documented by Barbes et al (2017:8) as they noted that poor people devise measures of curbing the risks they encounter.

Various strategies devised by respondents included reaching out to family members and seeking help from the community. (*"I try to sell to feed my children"* [HH-11]) (*"If we don't have food, the community steps in and our family supports"* [HH-2]). However, some respondents suggested that they endured the circumstances of the situation until they are able to receive income. (*"We just have to tough up and go through the tough time"* [HH-5]).

Furthermore, respondents reported that they had to migrate to other areas as means of devising coping strategies. 2 respondents of the 13 agreed to have migrated to other sub-areas around Cape Town. One of the respondents, [HH-9] said that they moved from kwaLanga to Atlantis with his family, however, there were no changes experienced, and his circumstances remained the same. HH-13, another respondent who had migrated before said that there were also no changes, although he had migrated alone and left his family behind, he instead experienced increased costs of living. *"There were more transport costs that I incurred as a result"* [HH-13].

### **5.7.2. Prevalence of poverty in Atlantis (Kanonkoop)**

Plageron & Mthembu (2019) suggest that poverty in South Africa remains high for an upper middle-income country, with children accounting for a higher proportion of the poor population at 66.8%. According to Ramphoma (2014: 64) "poverty is increased by more unequal distribution of private consumption among the poor. Lack of food and nutritional security, income security, social security, and human security build up the ingredients of poverty". Poverty remains stagnant although efforts to dismantle it have been devised. For instance, findings from Stats SA in 2017 suggest that "in 2015, 55.5% of the South African population could not afford to meet their basic needs -down from 66.6 % in 2006, but up from 53.2% in 2011" (Plageron & Mthembu (2019: 8).

This study explored the prevalence of poverty in the community of Kanonkoop in Atlantis. Findings suggested that one of the factors that contributed to the high levels of poverty in the community was COVID-19. This was a result of job losses and constrained service delivery experienced during the lockdown period. *"We lost work as a result of COVID-19 and poverty increased"* [FG1-R4]. *"COVID-19 has also affected service delivery due to working from home as a result of restrictions"* [FG1-R7].

This study learned that the schools and social protection programmes were prime resources that served base in poverty alleviation. Poor infrastructure that burdened most of the schools, ECDs, and other public facilities like health services in the area counteracted development efforts. *“The public institutions are overburdened, accessing health services and ECD’s is challenged”* [AC]. On the other hand, spatial inequality was another factor that affected development efforts in the community and contributed to poverty. *“The number of poor people is high because they are far from the rest of the society”* [AC].

Considering the impact of poverty on society and families, a particular focus was observed on its impact on children. Children from low socioeconomic backgrounds are affected by poverty in various ways. One of the impacts of poverty on children is revealed in their schooling needs and ability. Repercussions of poverty on children compel them to achieve low education levels and in the worst cases push them at early ages to participate in the labour market further exposing them to risks of sexual and physical violence (Yupita & Dewi, 2020).

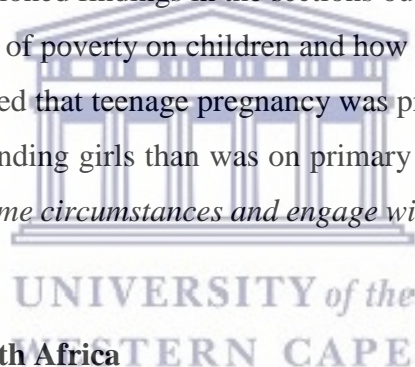
Findings from respondents suggested that 11 households were not affected by financial constraints on their ability to send children to school, 1 household agreed that they were affected by financial constraints on their ability to send children to school, and 1 household did not provide a response on this theme. Moreover, respondents alluded that costs tied to schooling needs such as uniforms, transport, and stationery had a negative impact on the educational attainment of children who came from impoverished households. One household respondent who agreed to financial constraints impacting their ability to send children to school reiterated that the situation was still happening. *“Yes, we would go to the principal and make negotiations and he will understand and children will be allowed to proceed with their studies”* [HH-2].

Furthermore, Barnes et al (2017) state that children affected by poverty experience exclusion through access and risk to their safety in their homes or communities. The role of poverty in the well-being of children was found to lead them to a life of crime and gangs while negatively compromising their development and self-image as a result of exposure to poverty-related stigma and ill-treatment in society. *“However, due to the lack of financial support, our children don’t go to school due to fear of being exposed to other people with lack. Poverty is a contributing factor that affects the child’s image”* [SW-2].

While poverty accounted for children’s involvement in gangs and criminal activities at a younger age, it also contributed to premature death as a result of risks involved in gang groups.

*“In this community young people of the age of 17 and 18 years get shot and mostly gang-related, unfortunately in the gang society, they are not able to exit leading to early death” [SW-1]. Poverty limits a child’s capacity in terms of exercising their full capabilities and sets them to exit the schooling system prematurely. “Poverty limits the child into developing into the best of their capacity” [SW-2].*

Biggeri et al (2010:2) view poverty among children “as a deprivation of basic capabilities and related achieved functioning’s”. Poverty experiences on children results deprivations such as material, and emotional resources among other deprivations which impede their potential of participating in society. For children’s capabilities and freedoms to be achieved, “there are several freedoms that depend on the assistance and actions of others (parents and/or caregivers) and, of course, on the nature of social arrangements. This means that material deprivation of the household is relevant as well” (Biggeri et al., 2010:14). Poverty is a by nature violation of children’s rights, and while it causes suffering it disempowers children as well (Biggeri et al., 2010:14). Empirical views on the impact of deprivations as a result to poverty were noted in this study. Given the aforementioned findings in the sections outlined on poverty, respondents have reinforced the deprivation of poverty on children and how it extends to other dimensions of their lives. This study revealed that teenage pregnancy was prevalent in the community but mostly among high school-attending girls than was on primary school-attending girls. *“Girls often leave their unbearable home circumstances and engage with older men to support them” [HH-1].*



### **5.8. Birth Registration in South Africa**

Birth registration of a child is influenced by various factors such as a mother’s education level and knowledge of how to register, the background of their family, and the type of residential area especially remote areas which draw barriers such as transport costs and access to facilities. Children who come from affluent families are more likely to be registered compared to children from poor families. Hence, poverty has been associated with the drivers of low levels of birth registration. There has been a significant improvement in South Africa in terms of birth registration, however, poor and disadvantaged communities are still afflicted by challenges of realising birth registration (UNICEF, 2013).

This study explored birth registration as a risk factor that exposes children to social vulnerabilities. The importance of an identity document and birth registration has been linked to access to crucial civil services like exercising political rights, while lack of identity restricts

one's access to "social welfare services such as health care, education, pension, and poverty reduction benefits" (Boekle-Giufrida & Harbitz, 2009:17).

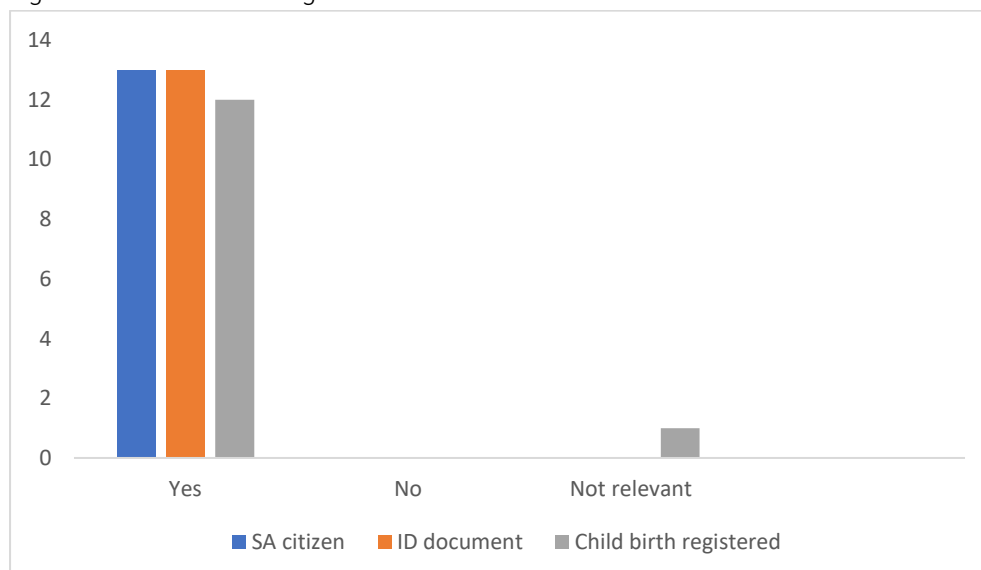
Findings gathered from this study suggested that respondents understand the importance of an identity document. It was noted based on findings in this study that an identity document was important to access health facilities for both adults and children, send children to school and access social grants.

The repercussions of lack of birth registration on children have serious implications. One such is statelessness; being stateless is not being recognized as a citizen by a state, therefore, causing the exclusion of vital state rights leading to vulnerability. Lack of access to education is another impact of lack of birth registration as children cannot enrol in school without required documentation. Children who are not birth registered are not able to access health services which are important for their development. For instance, they may be excluded from health services like immunization, therefore, exposing them to diseases. Furthermore, the lack of birth registration limits services for children in the system of child protection (Cody & Plan-International, 2009).

Findings according to figure 14 of the household respondents sampled suggested that all sampled respondents were all South African Citizens with South African documents. Figure 13 also presented findings that indicated that 13 respondents agreed that their children were birth registered while one respondent suggested that birth registration was not relevant to him. There were no findings from respondents that suggested that there were children without birth certificates.



Figure 14: ID and birth registration



Source: Author's compilation based on field research, 2021

Moreover, the lack of birth registration according to opinions shared in this study was a continuous challenge that overwhelmed the community. Parents' lack of identity documents gives gap to children's lack of birth registration. On the other hand, children who did not live with their parents but with extended family members were at a heightened risk of not being birth registered. Lack of finances to access public facilities like Home Affairs and illiteracy gave impetus to a lag in defaulting birth registration of children. In addition, the excessive consumption of alcohol by parents was another reason that factored into the lack of birth registration. *"Parents abusing alcohol substances and those who abandon children at a young age are those who default from registering their birth certificates. Education and financial resources do have an impact on the parent registering the child"* [SW-1]. Conversely, it was reported in this study that lack of birth registration hindered access to school, social grants, and medical facilities that support the development of a child. *"It badly affects the child to accessibility to school, medical and financial assistance like social grants"* [SW-2].

### **5.9. Violence and Crime**

South Africa ranks among the highest countries globally with crime and violence records. Most incidents of violence are concentrated in Metropolitan cities like Johannesburg and Cape Town. Poverty and unemployment are considered the prime cause that perpetuates crime and violence in poor communities. The background of many people characterised by poverty perpetuates their involvement in crime given the economic benefits associated with it (Jean-Claude, 2014). Within the aforementioned metropolitan cities in South Africa, Cape Town accounts for the highest record of criminal activities, mostly prevalent in poor communities (Jean-Claude, 2014). A news report according to Robin-Lee (2021) suggests that the high prevalence of criminal activities in Atlantis is mostly gang-related violence and murder.

This study explored the prevalence of crime and violence in Atlantis (Kanokop) and the impact it has on the well-being and livelihoods of children. Findings gathered regarding violence and crime in Atlantis suggest that crime and violence was a concerning issue that was motivated by lack of finances and unemployment. *"I had a child involved in gangsterism, it started at the time I got blind and could not look after him. I was in receipt of a Disability Grant"* [FG1-R5].

Furthermore, drug use was explored. Illicit drug use is a scourge that is correlated with lower socioeconomic conditions, low education levels, poverty, and unemployment among other factors that perpetuate it. In addition, poor role modelling and parents who use drugs are less



likely to monitor their children (Isaac, 2019). Based on the information gathered, drugs were a common substance that children were accustomed to in their daily experiences. Drugs in Atlantis were prevalent in certain areas like Saxonsea. *“Drugs are a common substance among our community”* [T-2].

Lastly, from a capability standpoint, violence deprives poor people’s capabilities to sustain crucial functioning, but it also weakens social structures. On the other hand, “exposure to violence leads some young people to become violent by constraining central capabilities of emotions, affiliation, and bodily integrity”. Violence violates bodily integrity and “consequently, living with everyday disadvantage and the risk of violence can severely constrain capabilities even if someone is not directly affected by physical violence” (Piva da Silva et al., 2021: 13-14). Based on the experiences narrated by the respondents in this study, violence was an experience they were exposed to daily in Atlantis. Hence, this could impact their freedoms to exercise certain capabilities. *“Learners are used and accustomed to the high rate of crime and drugs. I have heard stories in my school and other surrounding schools in Atlantis of learners smoking and doing drugs on the school premises”* [T-2]. *“I had a child involved in gangsterism. My child was 13 years when he started”* [FG1-R5].

#### **5.10. COVID-19**

The highly infectious COVID-19 virus has affected and spread across all countries globally. Efforts of mitigating the spread have seen the closure of schools, quarantine, and lockdown among other measures. However, these measures have had an indirect impact on children’s health, poverty levels, nutrition, education, well-being, and protection; adversely compromising their rights (Loperfido & Burgess, 2020).

COVID-19 has exacerbated the risks to children as a result of their vulnerability in society. Such risks encompass an increase in domestic and sexual violence, an inability to access health facilities, and barriers to accessing the education system (Saalim et al., 2021).

This study uncovered the negative impact of COVID-19 from a school standpoint in Atlantis. It came to light that COVID-19 resulted in increased absenteeism and subsequently premature exit of children from the schooling system. Thus, some factors that motivated absenteeism were home circumstances such as the frail health of a family member. These situations deterred children from attending in order to protect the health of ailing family members. *“COVID-19 has played a role in terms of school dropouts. Some parents due to fear did not send their children to school mostly because some parents have underlying health conditions”* [T-2]. On



the other hand, there was a resurgence of education inequality given the availability of resources that privileged children are exposed to compared to the poor conditions of disadvantaged children. *“Inequality has exacerbated for disadvantaged when looking to lack of access to education”* [AE]. *“Our learners had no system to help them study from home for instance ZOOM etc. there is lack of knowledge regarding technology compared to privileged learners”* [T-1].

COVID-19 restrictions resulted in the public and private sectors working remotely during the different lockdown stages, thus leading to a reduction in economic activities and the closure of workplaces (Nkate, 2020). Various risks emerged given the impact of the pandemic on vulnerable households. One of the constraints discovered in this study was a halt in service delivery. Lockdown restrictions meant restricted economic activities and so were services to communities. There were limited programs and resources aimed at addressing poverty and gender-based violence, and as a result, the lockdown period recorded high incidents of poverty and gender-based violence. This has in turn put the safety of children at risk given exposure to family conflict and their perpetrators and poverty-related risks. *“There was an increase in poverty and GBV. COVID-19 did not bring what was not there, but things escalated because people could not access resources. Children were more vulnerable, as there was more exposure to the perpetrator”* [SW-1].

In addition, restrictions in terms of basic services like health and access to institutions such as the Department of Home Affairs for birth registration have potential risks of intensifying poverty and exclusion of children from programs such as social grants. In turn, health effects due to lack of immunization will intensify communicable diseases in children. *“Access to health facilities and social services means that there will be increased children without birth registration and therefore cannot access social assistance grants”* [AE]. *“We are struggling and don’t have my grant, my grant and wife’s lapsed during the COVID-19 period and that has affected us so much”* [HH-2].

Furthermore, marginalized communities have been affected by the COVID-19 pandemic in various ways. The imposed lockdown restrictions have confined many families and people to their homes resulting in psychological impacts such as loneliness, fear, depression, and irritability as a result of quarantine (Dubey et al., 2020).

This study supported the findings by Dubey et al (2020), because the lockdown on families in Atlantis had a psychological impact that came through isolation and restrictions of contact with

family members who were not living together. *“My son is in prison and since the lockdown, I have not been able to see him in prison”* [HH-1]. In addition, there was fear and anxiety of vulnerable groups who for instance had underlying health conditions. *“I cannot go to the shops because of fear for my health- I am a vulnerable group”* [HH-4]. Lockdown also had economic repercussions because people could not look for jobs or run a small business to support their families. *“It affected my family a lot, I cannot find work due to COVID-19”* [HH-12].

#### **5.10.4. Social Protection in response to COVID-19**

A safety net was provided by the South African government in response to shocks and vulnerabilities as a result of COVID-19. The government provided social assistance interventions for the marginalized population through the distribution of food parcels, a special COVID-19 Social Relief of Distress (SRD) grant, and top-up cash transfers to existing social grants. However, these intervention were characterised by poor channelling of distribution, mismanagement, and fraud (Devereux, 2021).

This study evaluated the extent to which COVID-19 assistance was available and effective to communities. Findings indicate that the channelling and distribution of food parcels did not reach the vulnerable people in the community. *“No assistance, there were promises and names taken. We only saw that there was assistance from the media nothing materialized to us”* [HH-3]. On the other hand, the technicality in the SRD grant application process was challenging for most vulnerable people and could not be accessible. *“No, I only received the extra CSG money. I applied for the SRD grant and it indicated that I have been approved in my phone, but when I went to the Post Office, I was informed that I am not in the system”* [HH-11]. Therefore, looking into the COVID-19 social protection response strategies, they were poorly distributed and not accessible to the marginalised population.

## **Chapter six**

### **Summary Findings and Discussions**

#### **6.0. Introduction**

This study explored factors that contribute to social vulnerability in children from disadvantaged communities with Atlantis a case study area. This chapter presents summary findings and discussions of this study. In addition, this chapter will provide a conclusion and relevant recommendations guided by data and findings that were discussed in this study.

#### **6.1. Summary of findings**

Factors that exposed children to vulnerability in Atlantis emanated from a range of challenges that confronted families, the community, and external institutions that seek to support children's wellbeing. This knowledge is drawn from the human development approach by Stewart (2013) who suggest that for a comprehensive set of capabilities to flourish there needs to be a concurrent relationship among components that afford human functioning; that being, individuals, families, society, and social institutions.

The demographic profile of households was studied to ascertain the socioeconomic circumstances of families of Atlantis with regard to how children are affected. Various demographic facets were explored. Findings suggest that household respondents were relatively low-skilled, coupled with unemployment and poor living conditions. Social grants were the prime source of income in most households. Overall, the demographic profile of households indicated that the households were characterised by poor socioeconomic conditions that exposed children to a degree of vulnerability.

The family environment was found to be key to children's ability to generate capabilities. Based on the findings gathered in this study, children are naturally dependent on their environment for survival, and parents or caregivers are crucial in ensuring a child's development. It was found that for children's freedoms and capabilities to be exercised components of material and emotional deprivations in households contributed to fulfilling their capabilities. Hence, these deprivations will determine the extent to which they function as productive members of society.

Moreover, the detriments of deprivations of a parent or caregiver served as risk factors for children. Lack of parenting skills was identified as a risk factor for children because as a result of it, neglect was imminent, thus opening a gap for the removal of children into the foster care

system. The removal of a child away from their home environment was found to compromise the normal development of the child such that issues like trust and identity problems surfaced.

Adult health was key to a parent or caregiver's capacity to exercise capabilities that are instrumental in supporting children's needs. This was explored based on opinions gathered from respondents who were living with HIV/AIDS, but also one who had a disability. Exposure to diseases by caregivers deprived them of opportunities to exercise their capabilities. Frail health of parents or caregivers exposed children to risks and deprivations such as lack of income in the household as a result of compromised parental abilities to search for employment opportunities.

Health issues like HIV/AIDS are stigmatized by society. There were emotional deprivations such as shame and isolation which served as hindrances in terms of building social relations. HIV/AIDS stigma caused strain among families, and infected members usually did not disclose their status. It was discovered that stigma hindered people from going to health facilities, resulting in defaulting treatment and death. Moreover, this study found that it is single-parent-headed households that experienced the most adverse effects of HIV/AIDS due to lack of support.

Poverty is a risk factor that was identified to cause vulnerability among children in Atlantis. The majority of households in this study had an income that ranged between R1, 501.00 to R3, 000.00 and was primarily generated from social grants. Poverty heightened the exposure to many risk factors that affected children's development. SAHRC & UNICEF (2014) substantiated these findings stating that children are a vulnerable group susceptible to poverty traps and these are intensified by poor household conditions.

The conceptualization of poverty from a capability approach point of view as articulated by Hick (2012:3) stated that poverty caused "deprivation of certain basic capabilities". Poverty and unemployment afforded a platform for various constraints to emerge. For instance, food insecurity ensued due to poverty which this study find to affect the majority of households in Atlantis. Consequently, poverty triggered the involvement of children in gangs at a younger age as a result of deprivations and limited a child's capacity from performing at their optimum capacity.

Poverty as a risk factor extended to the schooling system of children, affecting negatively their schooling abilities in the process. For instance, poverty perpetuated the trend of school dropouts

in the schooling system. Teachers noted that, as a result of surrounding social problems, the desired academic outcomes were compromised, thus placing children at a disadvantage.

This study finds it to be true that a disadvantaged background exacerbated the stigmatization of children and this was mainly prevalent in school settings. Children exposed to material deprivation were more susceptible to being disengaged from vital institutions like school because they were more exposed to poor treatment by their peers and members of society. Thus, functionings such as socialising and human capital development were hindered.

Poorer households in Atlantis were at a greater extent of exposure to alcohol outlets in their immediate surroundings. Prenatal alcohol consumption was a habit found common among pregnant women in Atlantis. This study revealed that substance use during pregnancy was susceptible among women who were school dropouts, those without support, and had a history of alcohol abuse. Furthermore, substance use during pregnancy was tied to socioeconomic challenges like poverty and lack of income, intra-family conflict, and gender-based violence. These factors served as underlying factors that aggravated this habit.

Alcohol use by parents exerted effects that extended throughout the children's lives (Choi et al., 2015). FASD was one repercussion on children, because, according to findings gathered in this study it usually was discovered by teachers due to poor academic performance and socialization in the school setting. Children suffering from FASD did not progress further than grade 7, displayed behavioural disorders such as short-temperedness, and were easy targets for being recruited into gangs.

The impact of FASD in this study had debilitating effects on a child's well-being which is primarily tied to health as a key capability. Findings indicated that children exposed to alcohol consumption during pregnancy were underdeveloped at birth and experienced slow physical growth. Furthermore, children's physical, cognitive, and social development were compromised. Consequently, areas such as social interaction, academic competence, and productivity as a human being were highly determined by health outcomes due to FASD.

Another factor that impacted children negatively in Atlantis was the lack of birth registration. This study gathered findings that suggested unregistered children in Atlantis were those who did not live with their parents or had parents with no identity documents. Neglect of parental responsibilities and abandonment of children by their parents, alcohol abuse, lack of education, and financial resources were characteristics associated with parents who failed to register their



children for birth registration. Therefore, lack of birth registration was linked to the negative accessibility of crucial services and basic rights like education, health, and social protection.

On a community level, the status quo of the Atlantis presented opportunities that exposed children to vulnerability. The main social problems in Atlantis were rooted in unemployment and poverty. This was evident from low levels of educational attainments and unemployment that characterised household respondents who participated in this study. Findings informed this study that the geographic location of Atlantis was in isolation and far from economic opportunities, thus serving as a barrier to accessing crucial services and resources. That served as a factor that exposed families, communities, and ultimately children to a degree of disadvantage.

Respondents noted that poverty and unemployment perpetuated violence. Ramos et al (2005: 278), substantiated this notion based on findings that “children exposed to a family environment characterized by conflict, anger, and hostility are at an increased risk for a wide range of adjustment problems such as behavioural disorders and aggression”. Key capabilities explored in this study such as bodily integrity and life were found to be compromised by the impact of violence. For instance, certain functionings such as walking freely to school or accessing services are hindered by violence, thus hampering capabilities. But life’s value is also at risk given exposure to crime and gangs which were examined and found to be high in Atlantis. Overall, violence was a capability deprivation and violation of life.

This study identified COVID-19 as a factor that intensified the social problems in Atlantis. Findings from this study have revealed that COVID-19 has negatively impacted access to education. This is because there is generally limited access to technology in schools situated in disadvantaged communities. COVID-19 exposed a heightened need for technological resources for academic purposes and many schools including those in Atlantis had limited access.

Lockdown regulations impacted the family's well-being such that family members were isolated and deprived of physical contact with each other. On the other hand, there were increased incidents of gender-based violence as a result of perpetrators being confined to the same environment as their victims. Children were reported to be at greater risk in terms of gender-based violence during the lockdown.

Furthermore, COVID-19 regulations affected the ability of people to look for employment therefore exacerbating poverty. COVID-19 regulations affected the ability of people to look



for employment, therefore, exacerbating poverty. And although the government devised measures to protect the vulnerable, most disadvantaged people could not access assistance in the form of food parcels and the special Social Distress Grant.

Finally, this study assessed the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis, this was so to establish whether they were able to respond to the challenges faced by children. Considering the prevalence of alcohol use, the community of Atlantis was reported to have limited facilities, resources, and unsustainable programmes to address FASD.

In addition, the role of government in the manner in which it rendered health-related services in public health facilities was found to be a risk factor as it perpetuated stereotypes among those who were treated for HIV/AIDS. This goes against awareness and education initiatives being progressed in the community.

Overall, the community had limited activities for young people and lack of financial resources to access opportunities outside of the community. In conclusion, this study found that there were challenges in implementing development programmes in impoverished communities. As a result key structures and systems that support the development of a child were compromised by poverty.



## 6.2. Recommendations

This study observed areas that required considerate intervention. However, it remains very limited in scope and only serves as an explorative study. Given the evaluation of factors that were discussed, this study noted aspects that should be considered and further investigated.

- Children's well-being is mirrored and determined by the strength of government institutions and systems. Policies and programmes designed to protect children don't adequately meet the needs of the most vulnerable children in disadvantaged communities, hence, collective action in terms of the availability of resources from all structures of government is required.
- It is also recommendable for the government to sort policy interventions that speak into economic empowerment at all levels of society but also programmes and interventions that will supplement and progress human capabilities for the marginalised groups
- The plight of the HIV/AIDS pandemic continues to undermine the rights of children. It is undeniable that the most deprived and disadvantaged communities continue to live in this scourge. Emanated in this study that default in treatment and lack of progress towards the battle of HIV/AIDS was also a result of how HIV/AIDS treatment including related services were administered in public facilities. There is a need for concerted efforts that will draw a bottom-up approach in terms of addressing HIV/AIDS among infected and affected groups. In addition, interventions should speak to the environment to which people are exposed. It is also noteworthy to strengthen and capacitate family and social systems through human development strategies that draw the capabilities of families and communities at large.
- It is recommended that stakeholders, businesses, and institutions that draw from the skills of disadvantaged and marginalised simultaneously invest in the well-being of these communities. This can be facilitated by sponsoring programmes and initiatives that tackle key issues that are experienced in those particular communities
- There is a need for contemporary efforts and strategies that will progress investment in education. This is considering the educational inequalities of the marginalised population created by the COVID-19 pandemic.

### **6.3. Conclusion**

This study explored factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town. A sample of 30 respondents participated in this study and qualitative narratives were extracted during the data collection phase. Findings from this study affirmed a gap in child protection. Finally, recommendations were put forward to respond to these challenges that emanated from this study.



## References

- Abrahams, K. and Matthews, T. 2011. *Child Rights Manual: Handbook for Parliamentarians*. Cape Town: Parliament of the Republic of South Africa.
- Addison, T, Harper, C, Prowse, M, Shepherd, A, Barrientos, A, Brauholtz-Speight, T, Evans, A, Grant, U, Hickey, S, Hulme, D & Moore, K. 2008, *The Chronic Poverty Report 2008/09: Escaping Poverty Traps*. London: Chronic Poverty Research Centre
- Adebiyi, B.O., Mukumbang, F.C. and Beytell, A.M., 2019. To what extent is Fetal Alcohol Spectrum Disorder considered in policy-related documents in South Africa? A document review. *Health research policy and systems*, 17(1), pp.1-12
- Adebiyi, B.O., Goldschmidt, T., Benjamin, F., Sonn, I.K. and Roman, N.V., 2021. Exploring the Perspectives of South African Parents and Primary Caregivers Living in Low-Income Communities on What Children Need to Thrive within the First 1000 Days of Life. *Children*, 8(6), p.483
- Aderounmu, B., Azuh, D., Onanuga, O., Oluwatomisin, O., Ebenezer, B. and Azuh, A., 2021. Poverty drivers and Nigeria's development: Implications for policy intervention. *Cogent Arts & Humanities*, 8(1), p.1927495. <https://doi.org/10.1080/23311983>
- Akanle, O., Ademuson, A.O. and Shittu, O.S., Scope and Limitation of the Study in Social Research. In Jegede, A.S. and Isiugo-Abanihe, U.C. (eds). *Contemporary Issues in Social Research*. Ibadan: Ibadan University Press. Pp. 105-114.
- Ahn, D.I. and World Health Organization, 2005. *Addressing poverty in TB control: options for national TB control programmes* (No. WHO/HTM/TB/2005.352). Geneva: World Health Organization.
- Akaranga, S.I. and Makau, B.K., 2016. Ethical Considerations and their Applications to Research: A Case of the University of Nairobi. *Journal of educational policy and entrepreneurial research*, 3(12), pp.1-9
- Aliber, M., Kirsten, M., Maharajh, R., Nhlapo-Hlope, J. and Nkoane, O., 2006. *Overcoming underdevelopment in South Africa's second economy*. Development Bank of Southern Africa, Human Sciences Research Council and United Nations Development Programme (DBSA, HSRC and UNDP), 23(01), pp.45-61.
- Al Ubaidi BA (2017) *Cost of Growing up in Dysfunctional Family*, vol 3. ChilMed International Library, Wilmington: USA.

Amoateng, A.Y., Richter, L.M., Makiwane, M. & Rama, S. (2004) Describing the structure and needs of families in South Africa: towards the development of a national policy framework for families. Pretoria: Commissioned by the National Department of Social Development, South Africa.

Armstrong-Mensah, E., Hernandez, P., Huka, M., Suarez, A., Akosile, A., Joseph, A. and Ramsey-White, A., 2019. HIV Stigma among Women and Adolescent Girls in South Africa: Removing barriers to facilitate prevention. *Madridge Journal of AIDS*, 3(1), pp.69-74.

Asenahabi, B.M., 2019. Basics of research design: A guide to selecting appropriate research design. *International Journal of Contemporary Applied Researches*, 6(5), pp.76-89.

Atmore, E., van Niekerk, L.J. and Ashley-Cooper, M., 2012. Challenges Facing the Early Childhood Development Sector in South Africa. *South African Journal of Childhood Education*, 2(1), pp.120-139. University of Johannesburg Institute of Childhood Education (UJICE), South Africa.

Aucoin, C. and Cilliers, J., 2016. Economics, governance and instability in South Africa. *Institute for Security Studies Papers*, 2016(293), pp.1-24.

Babbie, E. (2004). *The practice of social research*. Belmont CA: Wadsworth Publishing Company

Babbie, E. and Mouton, J. (2004) *The Practice of Social Research*. Cape Town: Oxford University Press.

Barnes, H., Hall, K. and Wright, G. (2011) *Review of Research Evidence on Child Poverty in South Africa*. Report for the Monitoring and Learning Facility of the Programme to Support Pro-Poor Policy Development, Office of the Presidency, South Africa.

Barnes, H., Hall, K., Sambu, W., Wright, G., & Zembe-Mkabile, W. (2017). *Review of research evidence on child poverty in South Africa*. Cape Town: SASPRI; Children's Institute-University of Cape Town; PSPPD. [https://www.saspri.org/SASPRI/SASPRI/wp-content/uploads/Docs/Barnes\\_et\\_al\\_2017\\_Child\\_Poverty\\_Review\\_update\\_020617.pdf](https://www.saspri.org/SASPRI/SASPRI/wp-content/uploads/Docs/Barnes_et_al_2017_Child_Poverty_Review_update_020617.pdf)

Barnett, E., 2021. Towards an alternative approach to the implementation of education policy: A capabilities framework. *Issues in Educational Research*, 31(2), pp.387-403. <https://www.ier.org.au/ier31/barnett.pdf>

- Beegle, K., Christiaensen, L., Dabalen, A. and Gaddis, I., 2016. Poverty in a rising Africa. WashingtonDC: The World Bank. <https://openknowledge.worldbank.org/handle/10986/22575>
- Bergstrand, K., Mayer, B., Brumback, B. and Zhang, Y., 2015. Assessing the relationship between social vulnerability and community resilience to hazards. *Social Indicators Research*, vol 122(2), pp.391-409. Springer Netherlands <https://doi.org/10.1007/s11205-014-0698-3>
- Bester, G. and Budhal, R.S., 2001. Social isolation: a learning obstacle in the primary school. *South African journal of education*, vol 21(no. 4), pp.330-335.
- Bhorat, H. and Köhler, T. (2020). Social assistance during South Africa's national lockdown: Examining the COVID-19 grant, changes to the Child Support Grant, and post-October policy options. Development Policy Research Unit Working Paper 202009. DPRU, University of Cape Town
- Bhorat, H., Oosthuizen, M. and Stanwix, B., 2021. Social Assistance Amidst the COVID-19 Epidemic in South Africa: A Policy Assessment. *South African Journal of Economics*, 89(1), pp.63-81. doi: 10.1111/saje.12277
- Biggeri, M., Trani, J.F. and Mauro, V., 2010. The multidimensionality of child poverty: An empirical investigation on children of Afghanistan. <https://www.ophi.org.uk/wp-content/uploads/OPHI-RP-19a.pdf>
- Boekle-Giufrida, B. and Harbitz, M., 2009. Democratic governance, citizenship, and legal identity: linking theoretical discussion and operational reality. Inter-American Development Bank.
- Bonthuys, E., 2006. The best interests of children in the South African Constitution. *International journal of law, policy and the family*, 20(1), pp.23-43
- Boyce, C. and Neale, P., 2006. Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input. *Monitoring and Evaluation – 2. PATHFINDER INTERNATIONAL TOOLS SERIES*.
- Bohlmann, H.R., 2012. Reducing illegal immigration to South Africa: A dynamic CGE analysis. Working Papers 274, Economic Research Southern Africa. (No. 201213).
- Bolderston, A., 2012. Conducting a research interview. *Journal of Medical Imaging and Radiation Sciences*, 43(1), pp.66-76.



Boyce, C. and Neale, P. (2006) *Conducting In-Depth Interview: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input*. Pathfinder International Tool Series, Monitoring and Evaluation-2.

Brayford, S., 2015. "Well-being happens in relationship": The implications for women, children and development practice. DPU WORKING PAPER NO. 173. Special Issue on The Capability Approach in Development Planning and Urban Design. The Bartlett Development Planning Unit.

Brynard, P.A., 2011. Policies and poverty in Southern Africa. Pretoria: Annual SPMA International Conference on Public Administration (4th: 2011).

Burger, R., McAravey, C. and van der Berg, S., 2017. The Capability Threshold: Re-examining the definition of the middle class in an unequal developing country. *Journal of Human Development and Capabilities*, 18(1), pp.89-106.

Burkholder, M. (2019). The Impact of HIV/AIDS on Orphans in a South African Context. (Orphans and Vulnerable Children Student Scholarship, 5). <https://core.ac.uk/download/pdf/229387449.pdf>

Burnard, P., Gill, P., Stewart, K., Treasure, E. and Chadwick, B., 2008. Analysing and presenting qualitative data. *British Dental Journal*, 204(8), p.429-432. Nature Publishing Group.

Chakona, G. and Shackleton, C.M., 2019. Food insecurity in South Africa: To what extent can social grants and consumption of wild foods eradicate hunger? *World Development Perspectives*, 13, pp.87-94. <https://doi.org/10.1016/j.wdp.2019.02.001>

Chiappero-Martinetti, E. and Venkatapuram, S., 2014. The capability approach: a framework for population studies. *African Population Studies* Vol 28, No.2 June 2014, pp.708-720.

Chioda, L., Harborne, B. and Paul, B., 2017. Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank. Washington, DC: World Bank.

Choi, K.W., Watt, M.H., Skinner, D., Kalichman, S.C. and Sikkema, K.J., 2015. "Wine you get every day, but a child you can't replace": The perceived impact of parental drinking on child outcomes in a South African township. *Journal of Child & Adolescent Mental Health*, 27(3), pp.173-187.

City of Cape Town. 2015. 'Atlantis Scoping Study Report', City of Cape Town Safe Cities Programme. Part of the UN Women Safe Cities Free of Violence Against Women and Girls – Global Programme.  
<https://resource.capetown.gov.za/documentcentre/Documents/City%20research%20reports%20and%20review/Final%20Scoping%20Study%20Atlantis%20%20for%20Un%20Women.pdf>

City of Cape Town Strategic Development Information and GIS Department (SDI&GIS), 2013. City of Cape Town – 2011 Census Suburb Atlantis Census. Data supplied by Statistics South Africa.

City of Cape Town Strategic Development Information and GIS Department (SDI&GIS), 2012. City of Cape Town – 2011 Census Trends and Change - 10 years: Census 2001 – Census 2011. Data supplied by Statistics South Africa.

Clements, K.W. and Si, J., 2018. Engel's law, diet diversity, and the quality of food consumption. *American Journal of Agricultural Economics*, 100(1), pp.1-22.

Cody, C. and Plan-International, 2009. Count every child: The right to birth registration. Working, Plan Ltd, UK.

Collins, A., 2013. Violence is not a crime: The impact of 'acceptable' violence on South African society. *South African Crime Quarterly*, volume 2013, Issue 43. p. 29 – 37. Institute for Security Studies. <https://journals.co.za/content/institute-for-security-studies-iss>

Collins, S. E., Clifasefi, S. L., Stanton, J., The LEAP Advisory Board, Straits, K. J. E., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A. V., Andrasik, M. P., Hawes, S. M., Miller, K. A., Nelson, L. A., Orfaly, V. E., Duran, B. M., & Wallerstein, N. (2018, January 22). Community-Based Participatory Research (CBPR): Towards Equitable Involvement of Community in Psychology Research. *American Psychologist*. Advance online publication. <http://dx.doi.org/10.1037/amp0000167>

Cossham, A. and Johanson, G., 2019. The benefits and limitations of using key informants in library and information studies research. *INFORMATION RESEARCH-AN INTERNATIONAL ELECTRONIC JOURNAL*, 24(3).

Credé, S., Sinanovic, E., Adnams, C. and London, L., 2011. The utilization of health care services by children with Foetal Alcohol Syndrome in the Western Cape, South Africa. *Drug and Alcohol Dependence*, 115(3), pp.175-182

Davids, B., 2017. SAHRC to review Birth Certificates. *Cape Argus* 10 April 2017.

Davids A, Peltzer K, Njuho P., 2011. Alcohol use and problem drinking in South Africa: findings from a national population-based survey: original. *African Journal of Psychiatry* 1;14(1):30-7. Department of Social Development (DSD) (2013) 'White Paper of Families in South Africa'.

Pretoria:DSD.[https://www.westerncape.gov.za/assets/departments/socialdevelopment/white\\_paper\\_on\\_families\\_in\\_south\\_africa\\_2013.pdf](https://www.westerncape.gov.za/assets/departments/socialdevelopment/white_paper_on_families_in_south_africa_2013.pdf)

Department of Social Development (DSD). (2020). National Drug Master Plan, 2019-2024: South Africa Free of Substance Abuse. 4th edition. Pretoria, South Africa. Released 26 June 2020. [https://www.gov.za/sites/default/files/gcis\\_document/202006/drug-master-plan.pdf](https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf)

Department of Social Development (2021). Revised White Paper on families in South Africa. Pretoria: Department of Social Development. No. No. 44724. [https://www.gov.za/sites/default/files/gcis\\_document/202106/44724gon540.pdf](https://www.gov.za/sites/default/files/gcis_document/202106/44724gon540.pdf)

DESA, UNCTAD, UNECA, UNECE, UNECLAC, UNESCAP, & UNESCWA, 2022. The World Economic Situation and Prospects 2022/Department of Economic and Social Affairs (UN DESA) & United Nations Conference on Trade and Development (UNCTAD), and the five UN regional commissions (UNECA, UNECE, UNECLAC, UNESCAP & UNESCWA).

Devereux, S., 2021. Social protection responses to COVID-19 in Africa. *Global Social Policy*, p.14680181211021260. <https://doi.org/10.1177/14680181211021260>

De Swardt, C., Puoane, T., Chopra, M. and Du Toit, A., 2005. Urban poverty in Cape Town. *International Institute for Environment and Development*, vol.17, 2: pp. 101-111, Sage Journals.

De Wet, N., Amoo, E.O. and Odimegwu, C.O., 2018. Teenage pregnancy in South Africa: Where are the young men involved? *South African Journal of Child Health*, 2018(1), pp.s44-s50.

Dieltiens, V. and Meny-Gibert, S., 2012. In class? Poverty, social exclusion and school access in South Africa. *Journal of Education*, 55(1), pp.127-144

Dilshad, R.M. and Latif, M.I., 2013. Focus group interview as a tool for qualitative research: An analysis. *Pakistan Journal of Social Sciences (PJSS)*, 33(1).

Dlamini, N.J., 2021. Gender-based violence, twin pandemic to COVID-19. *Sage. Critical Sociology*, 47(4-5), pp.583-590.

Domínguez-Serrano, M., del Moral-Espín, L. and Gálvez Muñoz, L., 2019. A well-being of their own: Children's perspectives of well-being from the capabilities approach. *Childhood*, 26(1), pp.22-38. <https://doi.org/10.1177/0907568218804872>

DSD, SASSA and UNICEF. 2011. *Child Support Grant Evaluation 2010: Qualitative Research Report*. Pretoria: UNICEF South Africa

DSD, SASSA and UNICEF. 2012. *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households*. Pretoria: UNICEF South Africa

DSD, DWCPD and UNICEF. 2012. *Violence Against Children in South Africa*. Pretoria: Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF

Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M.J., Chatterjee, S., Lahiri, D. and Lavie, C.J., 2020. Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), pp.779-788

Enaifoghe, A., Dlelana, M., Abosedo, D.A. and Dlamini, N.P., 2021. The Prevalence of Gender-Based Violence against Women in South Africa: A Call for Action. *African Journal of Gender, Society and Development (formerly Journal of Gender, Information and Development in Africa)*, 10(1), pp.117-146

Ernst & Young LLP., 2019. *Child vulnerability: Can data help to identify "Children at-risk"*. Published in India. [https://www.ey.com/Publication/vwLUAssets/ey-child-vulnerability/\\$File/ey-child-vulnerability.pdf](https://www.ey.com/Publication/vwLUAssets/ey-child-vulnerability/$File/ey-child-vulnerability.pdf)

Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), pp.1-4. doi:10.11648/j.ajtas.20160501.11

Etikan I, Bala K. Sampling and sampling methods. *Biom Biostat Int J*. 2017;5(6):215–217. DOI: 10.15406/bbij.2017.05.00149

Eyisi, D., 2016. The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science education curriculum. *Journal of education and practice*, 7(15), pp.91-100.

Flick, U. ed., 2013. *The SAGE handbook of qualitative data analysis*. Sage.

Garidzirai, R., 2013. Perceived causes of poverty in a South African township (Doctoral dissertation, North-West University).

Gaum & Esterhuizen, 2019. Thousands of 'undocumented' children being deprived of basic right to education For the Documented. City Press 06 February 2019. <https://www.news24.com/citypress/voices/thousands-of-undocumented-children-being-deprived-of-basic-right-to-education-20190206> [Accessed 13 May 2019].

Gibbs, A., Washington, L., Jama Shai, N., Sikweyiya, Y. and Willan, S., 2018. Systematically excluded: Young women's experiences of accessing child support grants in South Africa.

Giese, S., 2007. Setting the scene for social services: The gap between service need and delivery. *South African child gauge*, 2008, pp.17-22.

*Global public health*, 13(12), pp.1820-1830. Taylor and Francis Online. <https://doi.org/10.1080/17441692.2018.1449231>

Granlund, S. and Hochfeld, T., 2020. 'That Child Support Grant Gives Me Powers'—Exploring Social and Relational Aspects of Cash Transfers in South Africa in Times of Livelihood Change. *The Journal of Development Studies*, 56(6), pp.1230-1244.

GreenCape, 2011. MAYCO REPORT Atlantis Revitalisation Framework (City of Cape Town). Greentech Atlantis Special Economic Zone (SEZ). <https://www.greencape.co.za/assets/Atlantis-SEZ-content/Atlantis-Revitalisation-Framework.pdf>

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research* 2(163-194), (pp. 105-117). London: Sage

Gutura, P. and Tanga, P.T., 2014. the intended consequences of the social assistance grants in South Africa. *Mediterranean Journal of Social Sciences*, 5(2), pp.659-669.



Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house”. *Administrative Issues Journal: Education, Practice, and Research*, 4(2), 12–26.

Grobbelaar, J. & Jones, C. 2020. Childhood Vulnerabilities in South Africa: Some Ethical Perspectives. African Sun Media, Stellenbosch. <https://doi.org/10.18820/9781928480952>

Grinspun, A. (2016) ‘No small change: The multiple impacts of the Child Support Grant on child and adolescent well-being’. In A. Delany, S. Jehoma and L. Lake (eds.) *South African Child Gauge 2016*. Cape Town: Children’s Institute, University of Cape Town

Hall, K. and Mokomane, Z., 2018. The shape of children’s families and households: A demographic overview. *Children, families and the state*, p.32. *South African Child Gauge 2018*.

Hamby, S. (2017). On defining violence, and why it matters. *Psychology of Violence*, 7(2), 167–180.

Harper, C. and Marcus, R., 1999. *Child poverty in Sub-Saharan Africa (Background Paper)*. New York: Save the Children Fund and The World Bank.

Harrell, M.C. and Bradley, M.A., 2009. Data collection methods. *Semi-structured interviews and focus groups*. Rand National Defense Research Inst santa monica ca.

Harris, G. and Vermaak, C., 2015. Economic inequality as a source of interpersonal violence: Evidence from sub-Saharan Africa and South Africa. *South African Journal of Economic and Management Sciences*, 18(1), pp.45-57. <http://dx.doi.org/10.17159/2222-3436/2015/v18n1a4>

Hartford., D & Fricker., T. (2020). *How COVID-19 is changing childhood in South Africa, Responding and reimagining for every child*. Pretoria: UNICEF South Africa. <https://www.unicef.org/southafrica/media/4721/file/ZAF-How-COVID-19-is-changing-childhood-in-SA-November-2020.pdf>

Hergüner, B., 2012. In Pursuit of Equity: The Capability Approach and Education. *Public Policy and Administration Research*, 2(5), pp.22-28. <https://core.ac.uk/download/pdf/234668844.pdf>

Hick, R., 2012. The capability approach: insights for a new poverty focus. *Journal of social policy*, 41(2), pp.291-308. Cambridge University Press



Hiropoulos, A., 2017. MIGRATION AND DETENTION IN SOUTH AFRICA. A review of the applicability and impact of the legislative framework on foreign nationals. APCOF Policy Paper No. 18.

Hirsch, D., 2007. Experiences of poverty and educational disadvantage. York: Joseph Rowntree Foundation.

Holborn, L. and Eddy, G., 2011. First steps to healing the South African family. Johannesburg: South African Institute of Race Relations. <https://irr.org.za/reports/occasional-reports/files/first-steps-to-healing-the-south-african-family-final-report-mar-2011>

Hsiao, C., Fry, D., Ward, C.L., Ganz, G., Casey, T., Zheng, X. and Fang, X., 2018. Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ global health*, 3(1), p. e000573. <https://dx.doi.org/10.1136%2Fbmjgh-2017-000573> .

Idris, I. (2021). Increasing birth registration for children from marginalized groups in Pakistan. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2021.102.

Iwelunmor, J., Airhihenbuwa, C.O., Okoror, T.A., Brown, D.C. and BeLue, R., 2008. Family systems and HIV/AIDS in South Africa. *International quarterly of community health education*, 27(4), pp.321-335.

Isaac, R., 2019. Factors associated with illegal drug use in South Africa: A qualitative literature review. Malmö University: Faculty of Health and Society, Department of Criminology, 2019.

Jean-Claude, M., 2014. Townships as crime 'Hot-Spot' Areas in Cape Town: perceived root causes of crime in site B, Khayelitsha. *Mediterranean Journal of Social Sciences*, 5(8), pp.596-596

Johnson, R.B. and Onwuegbuzie, A.J., 2004. Mixed methods research: A research paradigm whose time has come. *Educational researcher*, 33(7), pp.14-26.

Kabir, S.M.S., 2016. *Methods Of Data Collection: Basic Guidelines for Research: An Introductory Approach for All Disciplines*. Edition: First, pp.201-275.

Kannapathi, S.M., 2015. Reconciling child labour practices in South Africa with international standards: prospects and challenges (Doctoral dissertation). University of KwaZulu Natal.

Kim, K.H., 2017. Transformative educational actions for children in poverty: Sen's capability approach into practice in the Korean context. *Education as Change*, 21(1), pp.174-192. University of Johannesburg and Unisa Press.

Kivunja, C. and Kuyini, A.B., 2017. Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*, 6(5), pp.26-41.

Klopper, H., 2008. The qualitative research proposal. *Curationis*, 31(4), pp.62-72. South Africa.

Koetaan, D., Smith, A., Liebenberg, A., Brits, M., Halkas, C., Van Lill, M. and Joubert, G., 2018. The prevalence of underweight in children aged 5 years and younger attending primary health care clinics in the Mangaung area, Free State. *African Journal of Primary Health Care and Family Medicine*, 10(1), pp.1-5. <https://doi.org/10.4102/phcfm.v10i1.1476>

Krishna, B.B., 2014. IS THE HUMAN DEVELOPMENT APPROACH WELL ENOUGH FOR ADDRESSING THE HIV/AIDS? *European Journal of Research in Social Sciences* Vol, 2(2).

Krug, E.G., Mercy, J.A., Dahlberg, L.L. and Zwi, A.B., 2002. The world report on violence and health. *The lancet*, 360(9339), pp.1083-1088. Geneva: World Health Organization.

Krug, E.G., Mercy, J.A., Dahlberg, L.L. and Zwi, A.B., 2002. The world report on violence and health. Chapter1: Violence-a global public health problem. Geneva: World Health Organization.

Kuhumah, S.K., 2018. Amartya's Sen's Capability Approach as theoretical foundation of human development. *Journal of Sociology and development*, 1(1), pp.127-147.

Lake, L., Shung-King, M., Hendricks, M., Heywood, M., Nannan, N., Laubscher, R., Bradshaw, D., Mathews, C., Goga, A., Ramraj, T. and Chirindavi, W., (2019) Prioritising child and adolescent health: A human rights imperative. *Child and adolescent health*, 3, pp.32-53. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) (2019) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town.

Lamb, G. and Warton, G., 2016. WHY IS CRIME IN SOUTH AFRICA SO VIOLENT? Updated Rapid Evidence Assessment on Violent Crime in South Africa. Safety and Violent Initiative. University of Cape Town.

Laborde, D., Martin, W. and Vos, R., 2021. Impacts of COVID-19 on global poverty, food security, and diets: Insights from global model scenario analysis. *Agricultural Economics*.

Lawyers for Human Rights and Institute on Statelessness and Inclusion, 2016. Joint Submission to the Human Rights Council, Republic of South Africa.

Leggett, T. (2004). Still marginal: Crime in the Coloured Community. ISS Monograph, *Crime Quarterly*, no.7. <https://doi.org/10.17159/2413-3108/2004/v0i7a1047>

Leggett, T., van Bronkhorst, B., Demombynes, G. and Morrison, A., 2007. Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean. A Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank, Report No. 37820.

Lesner, R.V., 2018. The long-term effect of childhood poverty. *Journal of Population Economics*, 31(3), pp.969-1004.

Linganiso W. S and Gwegweni J.M.T., 2016. What Perpetuates the Spread of HIV/AIDS in Rural South African Communities? A Closer Look at Social Factors. *Austin J Public Health Epidemiol*. 2016; 3(1): 1031. ISSN: 2381-9014.

Loperfido, L. and Burgess, M. (2020), *The Hidden Impact of COVID-19 on Child Poverty*. London, Save the Children International.

Lopez, V. and Whitehead, D., 2013. Sampling data and data collection in qualitative research. *Nursing & midwifery research: Methods and appraisal for evidence-based practice*, pp.123-140.

Lubbe, M., 2016. The impact of fetal alcohol syndrome on a child's classroom performance: a case study of a rural South African school (Master's thesis, University of Cape Town).

Lubbe, M., Van Walbeek, C. and Vellios, N., 2017. The prevalence of fetal alcohol syndrome and its impact on a child's classroom performance: A case study of a rural South African school. *International journal of environmental research and public health*, 14(8), p.896.

Mack, N., Woodson, C., Macqueen, K.M., and Namey, E., 2005. *Qualitative research methods: A data collector's field guide*. North Carolina: USAID, Family Health International

Makhubele, J.C. and Baloyi, T.V., 2018. Challenges impeding the successful implementation of early childhood development programmes in South Africa: implications for practice. *Gender and Behaviour*, 16(1), pp.10773-10783.

Maleki, M., Mardani, A., Mitra Chehrzad, M., Dianatinasab, M. and Vaismoradi, M., 2019. Social skills in children at home and in preschool. *Behavioral Sciences*, 9(7), p.74.

Marques, E.S., Moraes, C.L.D., Hasselmann, M.H., Deslandes, S.F. and Reichenheim, M.E., 2020. Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures. *Cadernos de saude publica*, 36, p.e00074420

Martin, P., Hall, K. and Lake, L., 2018. Children, Families and the State; Supporting families in South Africa: A policy map. *South African Child Gauge*, University of Cape Town. pp113.

Martin, P., 2015. Analysis of the Children's Sector in South Africa. Pretoria: Save the Children South Africa.

Maskaeva, A. and Msafiri, M., 2021. Youth unemployment hysteresis in South Africa: Macro-micro analysis (No. 2021/20). WIDER Working Paper. <https://doi.org/10.35188/UNU-WIDER/2021/954-9>

Mathews, S., & Gould, C. (2017). Preventing violence: From evidence to implementation. In L. Jamieson, & L. Lake (Eds.), *South African Child Gauge*, 61-67. Cape Town, South Africa: Children's Institute, University of Cape Town Mathews, S. and Benvenuti, P., 2014. Violence against children in South Africa: Developing a prevention agenda. *South African Child Gauge*, 1, pp.26-34.

Mbalo-Brief, 2018. The missing of the puzzle. Statistics South Africa. Pretoria: Statistics South Africa Issue 08/2018.

Mbandlwa, Z. and Dorasamy, N., 2020. The impact of substance abuse in South Africa: a case of informal settlement communities. *Journal of Critical Reviews*; Vol. 7, Issue 19. <https://www.bibliomed.org/mnsfulltext/197/197-1595138335.pdf?1631775195>

McAdams III, C.R., Foster, V.A., Dotson-Blake, K. and Brendel, J.M., 2009. Dysfunctional Family Structures and Aggression in Children: A Case for School-Based, Systemic Approaches with Violent Students. *Journal of School Counseling*, 7(9), p.n9

Mickelson, K.D. and Williams, S.L., 2008. Perceived stigma of poverty and depression: Examination of interpersonal and intrapersonal mediators. *Journal of social and clinical psychology*, 27(9), pp.903-930.

Mlambo, V., 2018. An overview of rural-urban migration in South Africa: its causes and implications. *Archives of Business Research*, 6(4). DOI: 10.14738/abr.64.4407

Moore, E. and Govender, R., 2013. Marriage and cohabitation in South Africa: An enriching explanation? *Journal of Comparative Family Studies*, 44(5), pp.623-639.

Moosa, M. and Patel, J., 2020. South Africans support social grants, but say work at any wage beats unemployment. *Afrobarometer Dispatch No. 364*.

Mthethwa, R. M. (2012). Critical Dimensions for policy implementation. *African Journal of Public Affairs*, Volume 5 Number 2, September

National Planning Commission, 2012. National Development Plan 2030: Our future, make it work. Republic of South Africa,

National Research Council of the National Academies, (2006). *Facing Hazards and Disasters: Understanding Human Dimensions*. Washington, DC: The National Academic Press.

Network, G.G.L., 2014. *Community resilience and vulnerability in South Africa: Perspectives from civil society on local governance in South Africa*. Cape Town: Isandla Institute.

Nkate, J., 2020. The effect of Covid-19 on the work arrangements in the South African public service. *Africa Journal of Public Sector Development and Governance*, 3(1), pp.144-157

Nussbaum, M.C., 2007. Capabilities as fundamental entitlements: Sen and social justice. In *Capabilities Equality* (pp. 54-80). Routledge

Nussbaum, M.C., 2011. *Creating capabilities. The Human Development Approach*. London: Harvard University Press.

OECD (2020), "Combating COVID-19's effect on children", *OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, <https://doi.org/10.1787/2e1f3b2f-en>.

Olusanya, O.A. and Barry, A.E., 2015. Letter to the Editor: Why do pregnant South African women drink alcohol? A call to action for more qualitative investigations. *The International Journal of Alcohol and Drug Research*, 4(2), pp.171-174. <https://ijadr.org/index.php/ijadr/article/view/213/347>.



Onwuegbuchulam, S.P.C., 2018. A Capability Approach assessment of poverty in the sociopolitical history of South Africa/KwaZulu-Natal. *Journal of Poverty*, 22(4), pp.287-309. <https://doi.org/10.1080/10875549.2017.1419529>.

Oosthuizen, M., 2019. Inequality and the generational economy: race-disaggregated national transfer accounts for South Africa, 2015 (No. 2019/24). WIDER Working Paper.

Organization of African Unity (OAU), 1990. African Charter on the Rights and Welfare of the Child. CAB/LEG/24.9/49 (1990), available at: <https://www.refworld.org/docid/3ae6b38c18.html> [accessed 11 October 2019]

Paz, J. & Carla Arévalo, C., 2018. Well-Being and multiple deprivations in childhood and adolescence in Brazil. Brazil. (UNICEF). <https://www.unicef.org/brazil/media/4541/file/Well-being-and-multiple-deprivations-in-childhood-and-adolescence-in-brazil.pdf.pdf>

Peacock, B 2011. Personal finance: If you don't say 'I do', get it in writing. *Sunday Times* 26 March 2011 - 15:26. <https://www.timeslive.co.za/sunday-times/lifestyle/2011-03-26-personal-finance-if-you-dont-say-i-do-get-it-in-writing/>. [Accessed 13 May 2019]

Peltzer, K. and Pengpid, S., 2019. Maternal alcohol use during pregnancy in a general national population in South Africa. *South African Journal of Psychiatry*, 25. <https://doi.org/10.4102/sajpsychiatry.v25i0.1236>

Piva da Silva, M., Fraser, J.A. and Parry, L., 2021. Capability failures and corrosive disadvantage in a violent rainforest metropolis. *Geographical Review*, pp.1-21. <https://doi.org/10.1080/00167428.2021.1890995>

Pretorius, E., 2020. A collaborative partnership between school social workers and educators: a vehicle to address the social contexts of learners and quality of education in South Africa. *Social Work*, 56(2), pp.139-156. <http://www.scielo.org.za/pdf/sw/v56n2/04.pdf>

Proochista, A., & Naveed, A., 2009. Health, 10, pp. 228-245. In: Deneulin, S. and Shahani, L. eds., 2009. An introduction to the human development and capability approach: Freedom and agency. IDRC.

Proudlock P, Dutschke M, Jamieson L, Monson J & Smith C (eds) (2008) *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town.



Proudlock, P., Dutschke, M., Jamieson, L., Monson, J. and Smith, C., 2011. South African Child Gauge 2007/2008: Children's constitutional right to social services. Children's Institute, University of Cape Town.

Proudlock, P. and Martin, P., 2014. Children's rights to birth registration: A review of South Africa's law. South Africa's progress in realising children's rights: A law review. In: Proudlock, P (eds) (2014). South Africa's progress in realising children's rights: A law review. Cape Town: Children's Institute, University of Cape Town & Save the Children South Africa. [http://www.ci.uct.ac.za/sites/default/files/image\\_tool/images/367/publication/2014/Realising\\_childrens\\_rights\\_law\\_review\\_2014.pdf](http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/publication/2014/Realising_childrens_rights_law_review_2014.pdf)

Pyles, L., 2008. The capabilities approach and violence against women: Implications for social development. *International Social Work*, 51(1), pp.25-36.

Rakuba, W.M., 2012. The traumatic effects of rapid urbanization in the new South Africa after the 1994 dispensation, a challenge to pastoral counselling, with particular reference to informal settlements in the Roodepoort area (Doctoral dissertation, University of Pretoria).

Rambe, P. and Mosweunyane, L., 2017. A poverty-reduction oriented perspective to small business development in South Africa: A human capabilities approach. *African Journal of Science, Technology, Innovation and Development*.

Ramphoma, S., 2014. Understanding poverty: causes, effects and characteristics. *Interim: Interdisciplinary Journal*, 13(2), pp.59-72.

Ramos, M.C., Guerin, D.W., Gottfried, A.W., Bathurst, K. and Oliver, P.H., 2005. Family conflict and children's behavior problems: the moderating role of child temperament. *Structural equation modeling*, 12(2), pp.278-298.

Randolph, J.J., 2009. A guide to writing the dissertation literature review. *Practical assessment, research & evaluation*, 14(13), pp.1-13.

Redmond, G. and Skattebol, J., 2019. Material deprivation and capability deprivation in the midst of affluence: the case of young people in Australia. *Children and Youth Services Review*, 97, pp.36-48.

Rendall-Mkosi, K., London, L., Adnams, C., Morojele, N., McLoughlin, J.A. and Goldstone, C., 2008. Fetal alcohol spectrum disorder in South Africa: Situational and gap analysis. Pretoria: UNICEF

Robeyns, I., (2017): Wellbeing, freedom and social justice: The capability approach re-examined, ISBN 978-1-78374-459-6, Open Book Publishers, Cambridge.  
<http://dx.doi.org/10.11647/OBP.0130>

Robin-Lee, F. (2021, May 25) Gang war in Atlantis leaves three dead in 24 hours. CAPEARGUS NEWS African News Agency (ANA).  
<https://www.iol.co.za/capeargus/news/gang-war-in-atlantis-leaves-three-dead-in-24-hours-4da019a8-3cb7-5079-b18d-186bf2a69a71> . 25 May 2021. [Accessed 28 August 2021]

Roopa, S. and Rani, M.S., 2012. Questionnaire designing for a survey. Journal of Indian Orthodontic Society, 46(4\_suppl1), pp.273-277.

Saalim, K., Sakyi, K.S., Morrison, E., Owusu, P., Dalglish, S.L. and Kanyangarara, M., 2021. Reported health and social consequences of the COVID-19 pandemic on vulnerable populations and implemented solutions in six West African countries: A media content analysis. Plos one, 16(6), p.e0252890. <https://doi.org/10.1371/journal>

SAHRC and UNICEF. 2014. Poverty traps and social exclusion among children in South Africa. Pretoria: SAHRC

SAHRC & UNICEF, 2016. Global goals for every child: Progress and disparities among children in South Africa. Pretoria: UNICEF South Africa.

Samuel, K., Alkire, S., Zavaleta, D., Mills, C. and Hammock, J., 2018. Social isolation and its relationship to multidimensional poverty. Oxford Development Studies, 46(1), pp.83-97.  
<https://doi.org/10.1080/13600818.2017.1311852>

Save the Children South Africa. (2015). Every Child Deserves a Chance: Save the Children South Africa vision 2020. Strategy 2015 – 2020. Pretoria, South Africa.  
<https://resourcecentre.savethechildren.net/node/17042/pdf/89cd3f0a-43e0-42aa-876a-a345df7f0f74.pdf>

Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S. and Ratele, K., 2009. Violence and injuries in South Africa: prioritising an agenda for prevention. The Lancet, 374(9694), pp.1011-1022.

Sen, A., 2014. Development as freedom (1999). Roberts, JT, Hite, AB & Chorev, N. The Globalization and Development Reader: Perspectives on Development and Global Change, 2, pp.525-547.

September, R., 2008. A new Children's Act for South Africa: making it work for children and families. *Social Work/Maatskaplike Werk*, 44(2). <http://dx.doi.org/10.15270/44-2-247>

Setlalentoa, M., Ryke, E. and Strydom, H., 2015. Intervention Strategies used to Address Alcohol Abuse in the North West Province, South Africa. *Social Work*51(1):80-100. <https://doi.org/10.15270/51-1-429>

Shalowitz, M.U., Isacco, A., Barquin, N., Clark-Kauffman, E., Delger, P., Nelson, D., Quinn, A. and Wagenaar, K.A., 2009. Community-based participatory research: a review of the literature with strategies for community engagement. *Journal of Developmental & Behavioral Pediatrics*, 30(4), pp.350-361.

Shenton, A.K., 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 22(2), pp.63-75.

Sherr, L., Cluver, L.D., Betancourt, T.S., Kellerman, S.E., Richter, L.M. and Desmond, C., 2014. Evidence of impact: health, psychological and social effects of adult HIV on children. *Aids*, 28, pp. S251-S259.

Sibanda, S. and Lombard, A., 2015. Challenges faced by social workers working in child protection services in implementing the Children's Act 38 of 2005. *Social Work*, 51(3), pp.332-353. <http://socialwork.journals.ac.za/pub>

Sinclair, M., 2007. A guide to understanding theoretical and conceptual frameworks. *Evidence-Based Midwifery*, 5(2), pp.39-40.

Spaull, N., 2013. South Africa's education crisis: The quality of education in South Africa 1994-2011. Johannesburg: Centre for Development and Enterprise, pp.1-65.

Statistics South Africa, 2012. Census 2011 Statistical release-P0301. 4/ Statistics South Africa. Pretoria: Statistics South Africa. <https://www.statssa.gov.za/publications/P03014/P030142011.pdf>

Statistics South Africa, 2013. South Africa's young children: their family and home environment, 2012/Statistics South Africa. Pretoria: Statistics South Africa. <http://www.statssa.gov.za/publications/Report-03-10-07/Report-03-10-072012.pdf>

Statistics South Africa (StatsSA). (2019). General Household Survey 2018. <https://www.statssa.gov.za/publications/P0318/P03182018.pdf>

Statistics South Africa (StatsSA). (2019). General Household Survey 2019. <http://www.statssa.gov.za/publications/P0318/P03182019.pdf>

Statistics South Africa (StatsSA). (2019). STATISTICAL RELEASE P0302 Mid-year population estimates 2019. Statistics South Africa. <https://www.statssa.gov.za/publications/P0302/P03022019.pdf>

Statistics South Africa (StatsSA). 2021. National Poverty Lines (2021). STATISTICAL RELEASE P0310.1. Statistics South Africa. <https://www.statssa.gov.za/publications/P03101/P031012021.pdf>

Statistics South Africa (StatsSA). 2021. Quarterly Labour Force Survey, Quarter 1: 2021. STATISTICAL RELEASE P0211. Statistics South Africa <http://www.statssa.gov.za/publications/P0211/P02111stQuarter2021.pdf>

Stewart, F., 2013. Capabilities and Human Development: Beyond the individual-the critical role of social institutions and social competencies. UNDP-HDRO Occasional Papers, (2013/03). Strydom, M, Spolander, G, Engelbrecht, L & Martin, L 2017, 'South African child and family welfare services: Changing times or business as usual?'. Social Work, 53(2), pp. 145-164. <https://doi.org/10.15270/53-2-563>

Strenio, J., 2020. Time Heals all Wounds? a Capabilities Approach for Analyzing Intimate Partner Violence. Feminist Economics, 26(4), pp.31-55. <https://doi.org/10.1080/13545701.2020.1756375>

Strydom, M., Schiller, U. and Orme, J., 2020. The current landscape of child protection services in South Africa: a systematic review. Social Work, 56(4), pp.383-402

Sulla, V. and Zikhali, P., 2018. Overcoming poverty and inequality in South Africa: An assessment of drivers, constraints and opportunities. Washington, DC: The World Bank Group. Retrieved on July, 25th.

Tebele, M.M., 2016. Problems and challenges related to public policy implementation within the South African democratic dispensation: a theoretical exploration. Doctoral dissertation, North-West University (South Africa), Potchefstroom Campus.

Tenai, N.K., 2016. Is poverty a matter of perspective? Significance of Amartya Sen for the church's response to poverty: A public practical theological reflection. HTS Theologies Studies/Theological Studies, 72(2).

The Presidency (Office of the Rights of the Child) & UNICEF, 2009. Situational Analysis of Children in South Africa. South Africa

Thomas, P.A., Liu, H. and Umberson, D., 2017. Family relationships and well-being. *Innovation in aging*, 1(3), pigx025.

Tonon, G., (2018) Special Issue on Communities and Capabilities. *Journal of Human Development and Capabilities*, 19:2, 121-125, <https://doi.org/10.1080/19452829.2018.1454288>

Trangenstein, P.J., Morojele, N.K., Lombard, C., Jernigan, D.H. and Parry, C.D., 2018. Heavy drinking and contextual risk factors among adults in South Africa: findings from the International Alcohol Control study. *Substance abuse treatment, prevention, and policy*, 13(1), pp.1-11. <https://doi.org/10.1186/s13011-018-0182-1>.

Tremblay, M.C., Martin, D.H., McComber, A.M., McGregor, A. and Macaulay, A.C., 2018. Understanding community-based participatory research through a social movement framework: a case study of the Kahnawake Schools Diabetes Prevention Project. *BMC public Health*, 18(1), pp.1-17. <https://doi.org/10.1186/s12889-018-5412-y>

UN General Assembly, 1989. Convention on the Rights of the Child. United Nations, Treaty Series, vol. 1577. available at: <https://www.refworld.org/docid/3ae6b38f0.html> [accessed 10 October 2019]

UNAIDS, 2016. AIDS DATA. Geneva: Joint United Nations Programme on HIV/AIDS(UNAIDS)

UNAIDS, 2018. UNAIDS DATA 2018. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS), UNAIDS/JC2929E

UNICEF South Africa and the Financial and Fiscal Commission (2010). The impact of the international financial crisis on child poverty in South Africa. Pretoria: UNICEF South Africa

UNICEF, 2016. Biennial Report South Africa 2014 - 2015. Pretoria: UNICEF South Africa

UNICEF, 2016. UNICEF ANNUAL REPORT 2015. New York: UNICEF

United Nations Children's Fund (UNICEF), 2006. Africa's Orphaned and Vulnerable Generations: Children affected by AIDS. UNICEF, UNAIDS and PEPFAR.



United Nations Children's Fund (UNICEF), 2003. Africa's orphaned generations. New York: UNICEF, UNAIDS and the Joint United Nations Programme HIV/AIDS.

UNICEF, 2012. "Access to civil, economic and social rights for children in the context of irregular migration". The rights of all children in the context of international migration. UNICEF written submission 2012 day of general discussion committee on the rights of the child. UNICEF: New York

United Nations Children's Fund (UNICEF), 2013. Every Child's Birth Right: Inequities and trends in Birth Registration. UNICEF, New York.

UNHCR, 2012. A Framework for the Protection of Children. Geneva: United Nations High Commissioner for Refugees.

UN Human Rights Council (UNHRC), 2014. Birth registration and the right of everyone to recognition everywhere as a person before the law. Report of the Office of the United Nations High Commissioner for Human Rights, 17 June 2014, A/HRC/27/22, available at: <https://www.refworld.org/docid/53ff324e4.html> [accessed 11 October 2019]

UN General Assembly, Transforming our world : the 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1, available at: <https://www.refworld.org/docid/57b6e3e44.html> [accessed 13 September 2021]

Van Heerden, A., 2017. The Capability Approach as a foundation for craft self-help enterprises in South Africa. South African Journal of Art History, 32(2), pp.212-223.

Van Wyk, R.B. and Dlamini, C.S., 2018. The impact of food prices on the welfare of households in South Africa. South African Journal of Economic and Management Sciences, 21(1), pp.1-9.

Vellios, N.G. and Van Walbeek, C.P., 2018. Self-reported alcohol use and binge drinking in South Africa: Evidence from the National Income Dynamics Study, 2014-2015. South African Medical Journal, 108(1), pp.33-39

Watkins, K. and Quattri, M., 2016. Child poverty, inequality and demography: Why sub-Saharan Africa matters for the Sustainable Development Goals. London: Overseas Development Institute <https://www.odi.org/sites/odi.org.uk/files/resourcedocuments/10794.pdf>



Whitehead, D. and Whitehead, L., 2016. Sampling data and data collection in qualitative research. *Nursing and Midwifery Research: methods and appraisal for evidence-based practice*. Edition: 5th, Chapter: Elsevier, pp.111-123.

Williams, G., 2016. Slaves, workers, and wine: the 'Dop system' in the history of the Cape Wine industry, 1658–1894. *Journal of Southern African Studies*, 42(5), pp.893-909. <http://dx.doi.org/10.1080/03057070.2016.1234120>

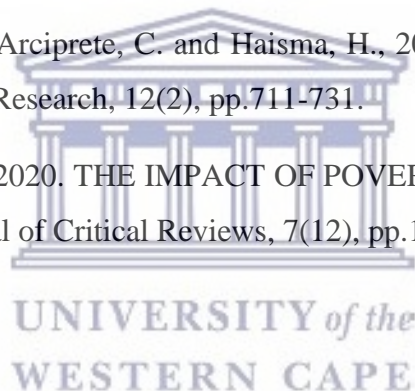
Williams, C. (2007). "Research Methods". *Journal of Business & Economics Research (JBER)*, 5(3). <https://doi.org/10.19030/jber.v5i3.2532>

Xaba, M.B., 2016. A qualitative application of Amartya Sen's 'development as freedom' theory to an understanding of social grants in South Africa. *African Sociological Review*, 20(2), pp.102-121.

Yeasmin, S. and Rahman, K.F., 2012. Triangulation research method as the tool of social science research. *BUP journal*, 1(1), pp.154-163

Yousefzadeh, S., Biggeri, M., Arciprete, C. and Haisma, H., 2019. A capability approach to child growth. *Child Indicators Research*, 12(2), pp.711-731.

Yupita, L. and Dewi, M.H.U., 2020. THE IMPACT OF POVERTY ON THE NEGLECT OF CHILDRENS RIGHTS. *Journal of Critical Reviews*, 7(12), pp.1124-1127



## Annexures

### Annexure A. Information sheet



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#### **INFORMATION SHEET**

**Research Study Topic:** Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town

#### **What is this study about?**

This research study is being conducted by Buhle Sondwana (Miss), a student at the University of the Western Cape. You are invited to participate in this study as you are a member of relevant stakeholder or government department that is concerned in analysing factors that impede with human capabilities in a disadvantaged environment, stagnate child's psychosocial development and their human development.

The purpose of this research is to explore the various risk factors that compromise the child's well-being in disadvantaged communities. This study will assess factors in Atlantis that compromise a child's psychosocial development and their human capital.

It is hoped that the research will shed light on the surrounding factors that contribute a significant role in a child's life. Researchers, politicians, policy makers and academics may make use of this study in proposing relevant recommendations to curb the risk factors surrounding children.

#### **What will I be asked to do if I agree to participate?**

You will be asked to share information, opinions and suggestions on:

- *How a disadvantaged environment is able to stagnate a child's psychosocial development and human capital.*

- *How can the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis be assessed in order to ensure that they respond to the challenges faced by children?*
- *What are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis, Cape Town?*

The focus will be aimed at exploring how a disadvantaged environment is able to stagnate a child's psychosocial development and human capital. The interview will take 30-60 minutes and will be conducted at a relevant venue. The interviews will be conducted on one to one session between the interviewer and the participants.

### **Would my participation in this study be kept confidential?**

Your personal information will be kept private and will remain anonymous if that is your choice. You will be required to sign a consent form to protect your privacy and confidentiality while participating in this study. The identity of the people to be interviewed will be kept confidential and details of identity will only be provided voluntarily or used only with consent. The information collected will be kept safe and used for the purpose for this research project. In this research report, identity of the participants will be protected to the maximum.

### **What are the risks of this research?**

There are no risks involved in participating in this research project. From the beginning, aims and objectives will be clear.

### **What are the benefits of this research?**

This research is not designed to help the participant personally. The findings from this research will however provide recommendations and shed light on the surrounding factors that play a significant role in a child's life.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to participate and to withdraw from participating at any time you want. If you stop or decide not to participate, you will not lose anything.

### **Is any assistance available if I am negatively affected by participating in this study?**

There are no negative effects that could happen from participating in this study.

Life Line as the relevant body contact details will be availed to the participants:

- (021 461 1113/0861 322 322 telephone counselling)
- WhatsApp call counselling line: 063 709 2620

### **What if I have questions?**

This research is being conducted by **Buhle Sondwana**, a student at the University of the Western Cape. Her contact details are; +27 711 178 074 & [3977984@myuwc.ac.za](mailto:3977984@myuwc.ac.za)

If you have any questions about the research study itself, please contact **Professor S. Devereux** at The Institute for Social Development (ISD), University of the Western Cape, his contact details are: [s.devereux@ids.ac.uk](mailto:s.devereux@ids.ac.uk) .

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr. Abdulrazak Karriem  
Director: Institute for Social Development  
School of Government  
University of the Western Cape  
Private Bag X17  
Bellville 7535



HSSREC, Research Development  
Tel: 021 959 4111,  
Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

This research has been approved by the UWC's Humanities and Social Sciences Research Ethics Committee.

**Annexure B. Letter of consent**



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**Letter of Consent**

**Title:** Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town

**Researcher: Sondwana Buhle (Miss)**

I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask any questions about the project

I understand that my participation in this study is voluntary. I am free not to participate and have the right to withdraw from the study at any time, without having to explain myself. I am aware that this interview might result in research which may be published, but my name may be/ not be used.

I understand my response and personal data will kept strictly confidential. I gave permission for members of the research team to have access to my anonymised responses. I understand that the information derived from this research is confidential and treated as such.

I agree that the data collected from me to be used in the future research.

I agree to take part in the above research project

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Name of the participant:.....Signature..... Date .....

If you have any questions about the research study itself, please contact my supervisor Professor S. Devereux at The Institute for Social Development (ISD), University of Western Cape on his email address is: [s.devereux@ids.ac.uk](mailto:s.devereux@ids.ac.uk) .





## Annexure C. Questionnaire for Household Respondents



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### **Questionnaire for Household Respondents**

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**



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**Section A: Sample Demographic**

<b>Household Members</b>	<b>1-3</b>	<b>4-6</b>	<b>7-10</b>	<b>11-14</b>	<b>14 &gt;</b>
--------------------------	------------	------------	-------------	--------------	----------------

<b>Age</b>

<b>Marital status</b>			
<b>Single</b>	<b>Married</b>	<b>Divorced</b>	<b>Widowed</b>

<b>Sex</b>		
<b>Male</b>	<b>Female</b>	<b>Other</b>

<b>Employment Status</b>			
<b>Full time</b>	<b>Part time</b>	<b>Self-employed</b>	<b>Unemployed</b>

<b>Employment Type</b>	
<b>Formal</b>	<b>Informal</b>

<b>Education Status</b>					
<b>No schooling</b>	<b>Some Primary</b>	<b>Completed Primary</b>	<b>Some high school</b>	<b>Completed high school</b>	<b>Tertiary</b>

<b>Do you access to any social grant?</b>	
<b>Yes</b>	<b>No</b>

<b>House type</b>
-------------------

<b>House in separate yard</b>	<b>Flat</b>	<b>Backyard</b>	<b>Informal</b>
-------------------------------	-------------	-----------------	-----------------

<b>Tenure Status</b>				
<b>Own fully paid</b>	<b>Own not paid</b>	<b>Rented</b>	<b>Occupy rent free</b>	<b>Other</b>

**Section B: Family Circumstances**

<b>Type of family</b>
Nuclear family
Single parent headed family
Cohabitation

<b>Do you live with a child or children?</b>	
Yes	No

**Could you describe the relationship among members of a household of a typical family in this community?**



.....

.....

.....

**Do you think children are affected by relationships among members of the household in their families?**

.....

.....

.....

.....

**Do you think your child/ren may be affected by your own intra-family relationships in your household?**

Yes

No

**If yes, what have you observed?**

.....

.....

.....

.....

**Are you able to access facilities to assist yourself and your child/ren if exposed to intra family conflict?**

Yes

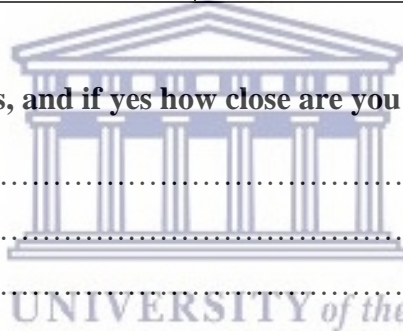
No

**If no what hinders such access, and if yes how close are you to facilities?**

.....

.....

.....



**What compels you to stay in your current relationship if it is affecting your child/children badly?**

Financial dependency to your partner

Religious reasons

Self-identity

Threats and defencelessness

Hopelessness

Not affecting child/children

Other

**What do you think could change your situation?**

.....  
.....  
.....  
.....

**Section C: Alcohol Exposure**

<b>In this community do women drink during pregnancy?</b>	
Yes	No

**If yes, can you narrate your observations of this?**

.....  
.....  
.....  
.....

<b>Do children have any physical or mental challenges that may have occurred as a result to alcohol consumption during pregnancy?</b>		
Yes	No	Not sure

**If yes how do you think children are affected?**

.....  
.....  
.....  
.....

<b>Are the child/children able to access assistance to cope with the challenge they encounter?</b>	
Yes	No

**If yes, what form of assistance do they get?**

.....  
.....

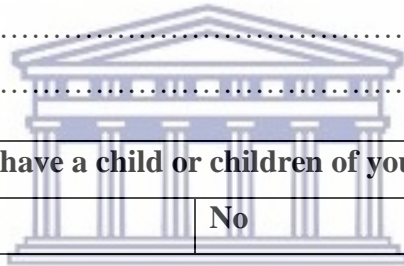
.....  
.....

<b>How are the children's school ability?</b>
Very Poor
Poor
Fair
Good
Excellent

**What assistance is available in this community to support children with poor/very poor schooling abilities as a result of alcohol consumption during pregnancy?**

.....  
.....  
.....

<b>Do you have a child or children of your own</b>	
<b>Yes</b>	<b>No</b>



<b>Do you have a similar situation in your own household?</b>	
<b>Yes</b>	<b>No</b>



**If yes, what have you observed?**

.....  
.....  
.....

<b>How are your child/children's social skills to other peer groups?</b>
Very poor
Poor



Fair
Good

If very poor or poor, is there intervention to address the problem?	
Yes	No

**Can you elaborate on the above question to your answer?**

.....

.....

.....

.....

Are there any financial constraints experienced as a result of the child/children's condition?	
Yes	No

**Do families have access to social workers and child protection services?**

.....

.....

.....

**Section D: Living Expenses**

What is your estimated monthly income?
R1-500
R501-R1500
R1501-3000
R3001-R4500
R4501-R6000
R6001-R10000
R10001-R15000

More than R15000
Prefer not to say

<b>What is your expenditure on the following?</b>
Transport for school
Transport for work
Groceries
Electricity and water bills
Stokvel
House rental/bond
Health
Cosmetics
Burial schemes
Other

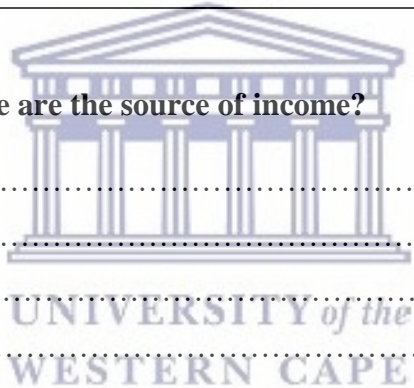
**How many people in the house are the source of income?**

.....

.....

.....

.....



**How many children are dependents to the income?**

.....

.....

.....

.....

<b>Do you have other sources of income?</b>	
Yes	No

**If yes, please specify?**

.....  
.....  
.....  
.....

<b>Have children never gone to school because of financial constraints?</b>	
Yes	No

<b>Is the situation still experienced in your household?</b>	
Yes	No

<b>How often a month do you go without food?</b>
Very often
Sometimes
Never



**If you answered very often or sometimes, what are some measures that you are able to put in place if there are any?**

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.....  
.....  
.....  
.....

<b>Have your children ever suffered from malnutrition?</b>	
Yes	No

<b>Have you ever had to relocate as a result of trying means of living?</b>	
Yes	No

**If yes, what were changes that you experienced as a result to that?**

.....

.....

.....

.....

**Section E: Access to birth registration**

<b>Are you South African Citizen?</b>	
Yes	No

<b>Do you have a South African Identity Document?</b>	
Yes	No

**If no what is the reason for not having an identity document?**

.....

.....

.....

.....

<b>If not South Africa Citizen, do you have legal documents that qualify you to access South African services</b>	
Yes	No

**If no, what is the reason?**

.....

.....

.....

.....

<b>Do you understand the importance of having an identity document?</b>	
Yes	No

**If you have no identity document, what are unable to access as a result of not an identity document?**

.....

.....

.....

.....

<b>Does your child/children have birth certificates?</b>	
Yes	No

<b>If no, do they find difficulty accessing the following services?</b>
SASSA Grants (CSG, FCG, CDG)
Health services
School system
Travelling



**What is challenging your child or children from accessing birth registration?**

.....

.....

.....

.....

**What is the current situation of your child as a result of not being registered?**

.....

.....

.....

.....

**Section F: Other Factors**

**Please specify other factors not mentioned in this study that have put your children at social vulnerability in this community?**

.....  
.....  
.....  
.....

**Does the above relate to your own children, if yes please elaborate?**

.....  
.....  
.....

**How do you think COVID-19 has affected your family?**

.....  
.....  
.....  
.....

**Is there any assistance you have received?**

.....  
.....  
.....  
.....



**Thank you for your time**



## **Annexure D. Focus Group Respondents (Violence and Poverty)**



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### **Focus Group (Violence and Poverty)**

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**



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### **Section A: Background to the Respondent**

1. What does the community of Atlantis understand about child vulnerability?
2. What are some of the issues that you think perpetuate exposure of children to vulnerability in this community?

### **Section B: Violence and Crime**

3. How would you describe violence and crime in this community?
4. How do you think violence and crime affect children?
5. What are some of the stories in this community on the impact of violence and crime you can narrate about on how violence and crime has affected children?
6. Is violence prevalent among families in this community?
7. What do you think causes violence among families?
8. What role has the COVID-19 lockdown played with regard to Gender-Based Violence and how has that affected children?
9. Is there any assistance in supporting victims and children who have been exposed to violence and crime?
10. What do you think needs to be done to address violence and crime in affecting children?



### **Section C: Poverty**

11. How would you describe the prevalence of poverty in this community?
12. How do you think poverty affects the general households in this community?
13. How do you think poverty affects children?
14. Does poverty lead to children dropping out of school and participating in child labour?
15. Do you think poverty enhances girls' participation in early sexual activities or early marriage, what stories can you narrate concerning this?
16. Are there any measures of assistance and protection that are put in place in order to protect those children who are exposed to poverty in this community?
17. What is the level of access to these measures if they are available?
18. What role has COVID-19 played towards poverty?
19. Were you able to access food during the lockdown in terms of food parcels or school meals to support your child/children?
20. Is there any assistance and support that was directed to families and children?

21. How do you think COVID-19 has affected your access to food, and general well being of your family and children?
22. What do you think needs to be done concerning poverty and how it affects families and children and the community at large?



**Annexure E. Focus Group (Impact of Illness: HIV/AIDS)**



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**Focus Group (Impact of Illness: HIV/AIDS)**

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**



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### **Section A: Background to the Respondent**

1. What does the community of Atlantis understand about HIV/AIDS?
2. What thoughts come in mind when the community knows that someone is infected with HIV/AIDS?

### **Section B: Intrafamily Challenges of living with HIV/AIDS**

3. How has HIV/AIDS affected parenting in the community, and in cases when a parent falls ill how do children cope?
4. Do you know of a person who is living with HIV/AIDS and are in an abusive relationship because they need to stay for financial support reasons?
5. Have there been known situations in the community where children engaged in inappropriate sexual conduct or broken law because they had to support their family as a result of ill health?

### **Section C: Social Stigma and discrimination**

6. How does the community respond to stigma and discrimination of people living with HIV/AIDS?
7. Has discrimination and stigma in the community ever extended to children of the infected person?
8. Were there situations in the community where children experienced trauma because of emotional abuse they encounter as a result to stigma and discrimination?
9. Were there any measures of assistance and protection that were put in place in order to protect those children?
10. Does living with HIV/AIDS hold the potential of impacting on a child's future?
11. Were there cases of COVID-19 in this community?
12. How did it affect children and what were some of the stigma's involved?
13. What would you change if you had means and adequate resources and support to those people who have been victims of circumstances as a result of their status including the current COVID-19?
14. Are there some children who have been left orphaned as a result of COVID-19 in this community?
15. What are some of the efforts that have been brought forward to support those children?

16. What are some of the efforts that men responsible for parenting children or partners to HIV/AIDS living people have put in order to protect them?





**Annexure F. Key Informant Interviews (Policy Expert Department of Social Development)**



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**Questions for Key Informant Interviews (Policy Expert Department of Social Development)**

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**



### **Section A: Department/Stakeholder Background**

1. Could you tell me more about your academic background, your position within the department and generally what your position entails?
2. Is it possible for you to give me a brief background of the department and what the objective of the department is?

### **Section B (1): Policy Implementation (Children Act 38 of 2005)**

3. Do you think that the Children's Act 38 of 2005 was developed to address the needs of the most vulnerable child?
4. What have been the challenges in implementing this policy effectively in disadvantaged communities?
5. Reflecting on the Child Care Act 74 of 1983, is it a relevant policy in addressing needs of vulnerable children?
6. Why was there a need for a revision in the Children's Bill policy so there was the Children's Act 38 of 2005; has the Children's Act 38 of 2005 addressed those concerns effectively?
7. Contrasting between policy implementation in advantaged and in disadvantaged communities in which community can you say it is more effective?
8. Given your response, above can you substantiate?

### **Section B (2): Policy Implementation (Child Support Grant and Foster Care Grant)**

9. Is the Child Support Grant and Foster Care Grant able to uplift conditions that constitute vulnerable factors in children from disadvantaged communities?
10. Is the Child Support Grant and Foster Care Grant able to collaborate effectively with other policy instruments in order to address vulnerable children in disadvantaged communities?
11. Reflecting from the time the Child Support Grant was first introduced, one of its mandate was to invest in human capabilities, has it achieved that looking at the first recipients in the past 21 years.
12. What is challenging the Child Support Grant thus far?
13. What is challenging the Foster Care grant thus far?

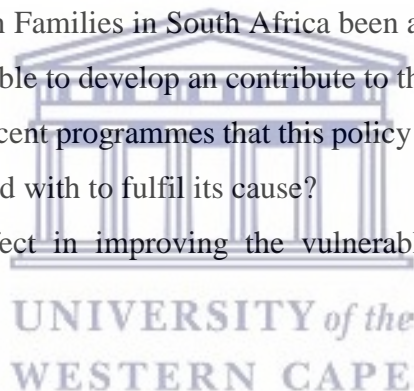
14. Do you think that COVID-19 will impact on the social protection measures to protect children?
15. Are we able to see more children accessing the Foster Care Grant as a result of the impact of COVID-19?

**Section B (3): Policy Implementation (National Development Plan 2030)**

16. The National Development Plan is the fifth national development strategy in the post-apartheid government that aims at deploying an integrated approach in addressing challenges facing the nation, given the progress thus far, is it able to meet its goals of building disadvantaged communities for the benefit of vulnerable children?
17. What are some interventions that this policy has put in place that the previous development plans failed in promoting capabilities and development of children?
18. What is challenging the implementation of the National Development Plan?

**Section B (4): Policy Implementation (The White Paper on Families in South Africa)**

19. Has the White Policy on Families in South Africa been able to support the capabilities of families so they are able to develop and contribute to the economy?
20. What are some of the recent programmes that this policy has implemented in the multi-sectors that it is affiliated with to fulfil its cause?
21. Has there been an effect in improving the vulnerable children in disadvantaged communities?



**Sections C: Programmes and Initiatives**

22. Are there specific programmes and initiatives that have been implemented in Atlantis that aimed at improving the capabilities of families, children and their development?
23. What has been their response in addressing the challenges aimed at?
24. Do you think the COVID-19 impact is able to impede the strategies that the government aims in enhancing the well-being of children?
25. What programmes and policies are there in response of COVID-19 in protecting the wellbeing of children?
26. Is there anything that could be done differently?

## Annexure G. Key Informant (The Councillor)



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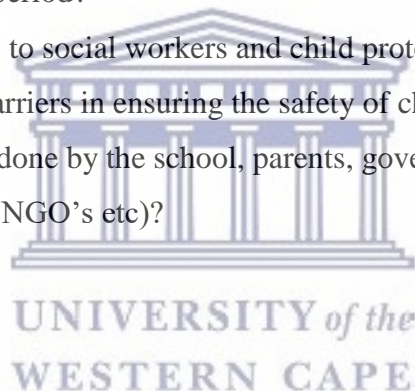
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### Questions for Key Informant (The Councillor)

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**

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1. Could you please tell us about your position within the community and generally what it entails?
2. What are some of the main social challenges that face the community?
3. How is the wellbeing of children affected by these challenges, could you elaborate through stories you may know of (anonymously) on these challenges?
4. Is there a relationship between children affected by the mentioned social challenges and the state of their families, could you elaborate through stories you may know of (anonymously) on these challenges?
5. What are some of the measures that have been put in place to ensure that children are protected?
6. Do you think COVID-19 has played a role on challenges in the community?
7. Could you please elaborate on the impacts that were experienced in this community as a result of COVID-19 and the lockdown?
8. What are some of the measures that have been put in place to protect the community during this COVID-19 period?
9. Do families have access to social workers and child protection services?
10. What are some of the barriers in ensuring the safety of children in the community?
11. What more needs to be done by the school, parents, government and other stakeholders (church or NGO's etc)?



## Annexure H. Key Informant Interviews (Social Worker)



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### Questions for Key Informant Interviews (Social Worker)

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**





1. Could you tell me more about your academic background, your position within the department and generally what your position entails?
2. Is it possible for you to give me a brief background of the department and what the objective of the department is?
3. How long have you been a Social Worker?
4. What was your previous experience as a Social Worker engaging with children in your previous work and present?
5. What are the main social problems that affect children in the community?
6. How do social problems affect the family environment and well-being of children?
7. Are there children that you think are affected by intra-family conflicts, and how does that affect them, could you give stories if possible(anonymously)?
8. What is the role of poverty towards the well-being of children in this community, what stories would you narrate given this issue(anonymously)?
9. What is the role of gangs and drugs in Atlantis and how has this affected children, what stories would you narrate given this issue(anonymously)?
10. Is Gender Based Violence prevalent in this community, what do you think perpetuates it, could you narrate on some stories you have on how this affects the family and children's wellbeing?
11. Could you describe how alcohol affects children in this community?
12. How would you describe the prevalence of foetal alcohol syndrome in this community?
13. How has foetal alcohol syndrome affected children?
14. Which female in this community are most susceptible to being exposed to alcohol consumption during pregnancy?
15. How does HIV/AIDS affect families and children in Atlantis?
16. What are some of the repercussions that manifest as a result of exposure to HIV/AIDS circumstances towards children?
17. How does lack of birth registration affect children in this community, are there examples you may give regarding this?
18. Are there children who are exposed to stigmatization as a result of their family background, situation, circumstances of their parents or their own state within the community, could you give stories if possible(anonymously)?
19. What role does your line of work play in ensuring the safety and wellbeing of children?

20. How has COVID-19 had an impact of the issues discussed that expose children to vulnerability, do you think that will exacerbate vulnerability than before?
21. Could you please elaborate on some of the impacts of COVID-19 with regard to exposing children to vulnerability in this community.
22. Are there any programmes to ensure the well-being of families and children during this COVID-19 period?
23. Are there specific programmes and initiatives that have been implemented in Atlantis are that aimed at improving the capabilities of families, children and their development?
24. What has been their response in addressing the challenges aimed at?
25. Is there anything that could be done differently?



## Annexure I. Key Informant (The Teacher)



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### Questions for Key Informant (The Teacher)

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**



1. Could you tell me more about your academic background, your position within the school and generally what your position entails?
2. Is it possible for you to give a brief background of the school and what you aim to achieve as a school?
3. How long have you been with the school?
4. What was your previous experience as a teacher engaging with children in your previous school and present?
5. What are the main social problems that affect children in this community?
6. How do social problems affect the schooling system of children?
7. Are there children that you think are affected by intra-family conflicts, and how does that affect them academically?
8. What is the prevalence of teenage pregnancy in this community, and how has that affected the schooling progress of young girls?
9. Are there children who are exposed to stigmatization as a result of their family background, situation, circumstances of their parents or their own state within the school?
10. What is the prevalence of drugs and violence in this community?
11. Are there children who are currently encountering difficulty academically due to factors like exposure to drugs and alcohol abuse?
12. How would you describe the role of foetal alcohol syndrome in the school system of a child, could you narrate this with examples(anonymously)?
13. To what extent do you think Gender Based Violence has an impact on the schooling life of a child, do you have examples to narrate on this?
14. Are there any types of stigmas came to your attention because children are exposed to in the school environment?
15. What are some of the reasons that cause some children to drop out of the school system?
16. What some of the challenges that serve as barriers in the education system pertaining to children?
17. What role has COVID-19 played in the issues discussed concerning vulnerability towards children?
18. Have children been affected in terms of accessing education as a result of COVID-19 of the lockdown?

19. What role does the school play in ensuring the safety and wellbeing of children (and that may constitute measures that may have been put in place during this COVID-19 period)?
20. How do you think COVID-19 has impacted on the overall education of children especially those that are vulnerable in this community?
21. Do you think there is sufficient access to social workers and child protection services?
22. What more needs to be done by the school, parents, government and other stakeholders (church or NGO's etc)?



## Annexure J. Key Informant Interviews (Academic Expert in Human Capabilities)



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## Questions for Key Informant Interviews (Academic Expert in Human Capabilities)

**Factors that contribute to social vulnerability in children from disadvantaged communities: a case of Atlantis in Cape Town**





### **Section A: Department/Stakeholder Background**

1. Could you tell me more about your academic background, your position within the department and generally what your position entails?
2. Is it possible for you to give me a brief background of the department and what the objective of the department is?

### **Section B: Human Capabilities and Development in a Disadvantaged Environment**

3. In your area of expertise, what hinders the flourishing of human capabilities in a disadvantaged community?
4. If causes are structural constraints, are solutions only limited in interventions that will first address those constraints for the realization of human capabilities and development in disadvantaged communities?
5. What is the possibility of diminished realization of human development in a disadvantaged community?
6. What are the effects of compromised capabilities and human development from a caregiver or parent on a child who is exposed to that environment?

### **Section C: Psychosocial Development and Human Capital**

7. At what stage of development is a child's psychosocial development and human capital able to be compromised by a disadvantaged environment?
8. Can policy intervention be able to mitigate effectively and still produce capable human capital and psychosocial development in children, despite being still exposed in the same environment?
9. What constitute a healthy development in a child?
10. Has the COVID-19 pandemic impacted on the vulnerability of children (in what way please elaborate)?
11. Looking at the present circumstances and the current pandemic (COVID-19), is the state able to produce a capable generation of children?

## Annexure K. Distribution of sample of respondents

Respondent profile	Method	Instrument	Gender	Affiliation	Reason for Interviewing
HH-1	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-2	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-3	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-4	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-5	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-6	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-7	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-8	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis

HH-9	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-10	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-11	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-12	Semi-structured interview	Questionnaires	Female	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
HH-13	Semi-structured interview	Questionnaires	Male	Community member	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R1	Focus group discussion	Questionnaires	Male	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R2	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R3	Focus group discussion	Questionnaires	Male	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis

FG1-R4	Focus group discussion	Questionnaires	Male	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R5	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R6	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG1-R7	Focus group discussion	Questionnaires	Male	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG2-R1	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG2-R2	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG2-R3	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
FG2-R4	Focus group discussion	Questionnaires	Female	Community members	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
T-1	In-depth interview	Questionnaires	Female	Western Cape Department of Education	To get an understanding of what are the factors that expose children from

					disadvantaged communities to social vulnerability in Atlantis
T-2	In-depth interview	Questionnaires	Male	Western Cape Department of Education	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
AC	In-depth interview	Questionnaires	Male	City of Cape Town Metropolitan Municipality	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis
AE	In-depth interview	Questionnaires	Female	University of Cape Town	To get an understanding on what are some factors that impede with human capabilities in a disadvantaged environment, stagnate a child's psychosocial development and their human capital
SW-1	In-depth interview	Questionnaires	Female	Western Cape Department of Social Development	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis and how can the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis be assessed in order to ensure that they respond to the challenges faced by children
SW-2	In-depth interview	Questionnaires	Female	Western Cape Department of Social Development	To get an understanding of what are the factors that expose children from disadvantaged communities to social vulnerability in Atlantis and how can the effectiveness of initiatives that aim at improving the circumstances of vulnerable children in Atlantis be assessed in order to ensure that they respond to the challenges faced by children

Total	30
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