



DVS 804: Mini Thesis

TITLE: CAREGIVERS' PERCEPTIONS ABOUT THE PURPOSES, USES AND ADEQUACIES OF THE CHILD SUPPORT GRANT IN MFULENI WESTERN CAPE, SOUTH AFRICA: IMPLICATIONS FOR SOCIAL POLICY

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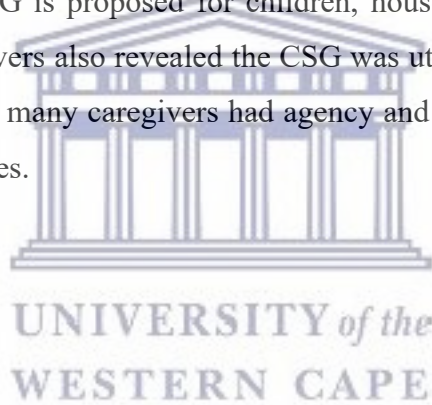
KEYWORDS

Child Support Grant, Caregivers, Social Protection, Adequacy, Mfuleni, Western Cape



ABSTRACT

This study investigates caregiver's perceptions of the purposes, uses and adequacies of the Child Support Grant (CSG) in Mfuleni (Cape Town, South Africa). Moreover, the research was underpinned by the following research questions: What is the CSG intended for in South Africa? To what extent does the CSG enable caregivers to use it? What is the perception of caregivers with regards to the uses and purposes of the CSG in Mfuleni? What is the perception of caregivers regarding their power and agency to influence policy in terms of how the CSG should be structured (both in terms of benefit level and how it is administered)? A model by DFID (2011) focusing on the causal pathway for cash transfers was used as the conceptual framework for the study. Qualitative research methods were utilized to achieve the aims of the study. Ten interviews and a focus group discussion comprising six caregivers were conducted. Thematic analysis was used to analyse the data. The study revealed that caregivers understood the CSG is proposed for children, households and being a source of income for caregivers. Caregivers also revealed the CSG was utilized towards the basic needs of children. Through the CSG many caregivers had agency and power in their household and could establish small businesses.



DECLARATION

I hereby proclaim that the mini-thesis **Caregivers' perceptions about the purposes, uses and adequacies of the Child Support Grant in Mfuleni, Western Cape, South Africa: Implications for Social Policy** is my original work. It has never been submitted, examined or published in any institution of higher education before and all sources utilized have been acknowledged.

Thuliswa Julia Mazikwana

Date: February 2020

Signature:



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I would like to start by thanking God for giving patience and perseverance. Faith encouraged me in spite of the temptation to give up.

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ABBREVIATION AND ACRONYMS

CSG	CHILD SUPPORT GRANT
HIV	HUMAN IMMUNE DEFICIENCY VIRUS
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT
SAP	STRUCTURAL ADJUSTMENT PROGRAMS
SP	SOCIAL PROTECTION
WB	WORLD BANK
IMF	INTERNATIONAL MONETARY FUND
GEAR	GROWTH EMPLOYMENT AND REDISTRIBUTION PROGRAM
ASGISA AFRICA	ACCELERATED AND SHARED GROWTH INITIATIVE FOR SOUTH AFRICA
BBBEE	BROAD BASED BLACK ECONOMIC EMPOWERMENT
ANC	AFRICAN NATIONAL CONGRESS
STASSA	STATISTIC SOUTH AFRICA
LEAP	LIVELIHOOD EMPOWERMENT AGAINST POVERTY
SCTS	SOCIAL CASH TRANSFER SCHEME
EPWP	EXTENDED PUBLIC WORKS PROGRAM
SMG	STATE MAINTENANCE GRANT
SASSA	SOUTH AFRICAN SOCIAL SECURITY

1. CHAPTER ONE: INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Despite developmental strategies combating poverty, social economic challenges are continuously noticeable across the globe. The reduction of poverty still remains a major challenge confronting many countries even in the twenty-first century. Additionally, 3.6 billion people who are considered poor in the world are said to be becoming poorer. Africa stands out with 383 million people who are living in extreme poverty. Meanwhile, in Asia 327 million people are living in extreme poverty, 19 million in South Africa, 13 million in North America, 2.5 million in Oceania and 0.7 million people are currently living in extreme poverty (Roser and Ortiz-Ospina, 2017). According to the World Bank (WB) low and middle-income countries tend to display widespread inequality within a country, as compared to high-income countries. For example, Latin America, the Caribbean, and Sub-Saharan Africa inequality prevalence stand out. South Africa and Haiti are two of the most highly unequal countries worldwide (World Bank, 2015: 10-11).

Needless to say, in low and middle-income countries efforts have been made by governments to do away with the continuous occurrence of poverty through Social Protection (SP), guided by social policy. GTZ (2005) adds that the 1990s are considered the period whereby social cash transfers became prevalent in many parts of the world. However, the implementation of SP is often a consequence of continuous and complex political activities such as lobbying (Fiszbien et al., 2009). SP is targeted at the extremely poor and vulnerable members within a society (Dinbabo, 2011; Samson, 2009; Britto, 2006). It has enabled investment in human capital, disrupted chronic poverty and poverty perpetuation across generations (Grosh, et al., 2008).

In the case of South Africa, the provision of SP is realized through social grants. Social grants have become popular because of their flexibility. This includes the fact that they are responding to vulnerable groups in society (Hotchfeld, 2011). SP seeks to not just target those poor and vulnerable through cash transfers but empower and alleviate citizens from extreme poverty in the process (Callistus, 2013: 12). The availability of social grants in South Africa has played a significant role in the occurrence of poverty and HIV across rural and urban families. Currently, in South Africa, seven types of social grants are available for qualifying

citizens. Equally to other middle-income countries, social grants expansion adheres to section 27 of the Constitution of South Africa which advocates for SP access (Edward, 2015: 12).

The Child Support Grant (CSG), Care Dependency Grant, Foster Care Grant are grants available to children in South Africa (Proudlock, 2014). The CSG is one of the biggest grants in terms of taking up and monetary value. It was introduced in 1998 substituting the State Maintenance Grant. It demonstrated the post-apartheid government's objective to assist poor children and household who reside in rural and urban areas (Pauw and Mncube, 2007: 16). At present, the CSG is administered by the South African Social Security Agency (SASSA). This study will concentrate on CSG in South Africa. This is an unconditional cash transfer from the state given to primary caregivers. The grant is valued at R400 as of April 2018 and become R410 in October 2018. The purpose of the research paper was to investigate; caregiver's perceptions about the purposes, uses and adequacies of the Child Support Grant in Mfuleni, Western Cape, South Africa: implications for social policy. The chapter will discuss below the background, conceptualisation and provide a more detailed illustration of the aims, objectives and research questions guiding the study.

Background and Conceptualization

Holmann (2001: 533) defines Social Protection (SP) as the measures that governments take in response to vulnerability, deprivation, and risks, which exist within a society, and which are considered publically unacceptable. Barrientos and Santibanez (2006: 2) argue that there are three components found within SP; social assistance, social insurance, and labour market regulations. Although SP has spread to both the low and middle-income countries, there are distinctions, even as there are similarities particularly in its implementation. For example, whilst in general, SP is aimed at reducing poverty and providing care to the poor members of low-income countries, in the middle and high-income countries SP is designed to assist citizens to maintain income and protect a livelihood standard (Norton, Conway and Foster, 2001: 24).

Avato et al. (2009) add that SP is aimed at improving the social status of citizens and upholding the rights of those who are poor or marginalized in society. In poor settings, SP needs to be accompanied by various government interventions to support individuals, households, and communities to overcome poverty. Over the years, SP as a concept has been modified from the traditional definition, which overstates the role of the public sector, to conceptualizations that emphasize social risk management. In these new definitions, SP is

conceptualized as a mechanism that ought to allow the poor to escape rather than merely manage poverty (Hickey, 2007: 5). Holmann (2001: 533) point out that SP is a form of investment positioned to assist the poor, and in the process escape social exclusion. The provision of SP is not only the government's responsibility but can be provided by private, public and voluntary organizations with a common purpose (Makhema, 2009: 4).

In line of the above, Hotchfeld (2011) argues that SP must take into consideration that men and women experience poverty and helplessness differently. It is suggested that SP should replicate poverty's understanding that is holistic. This includes SP moving towards eliminating discrimination, unsatisfactory delivery of resources, and power in the household and simply concentrate on income. Devereux (2004) proposes that SP should be transformative. Transformation can be achieved by tackling the challenges of vulnerability and the policies which speak to power imbalance within societies which reassures vulnerability must become balanced. In so doing, SP should not leave women in defenceless situations but incorporate policies advocating for equality for every person benefiting in a society. This includes the marginalized asserting their rights Devereux (2004:15).

What is notable about SP is that it is context driven and has a gender dynamic. The strategies and policies of countries differ from country to country. For instance, in the context of South Africa SP has the following four features: SP is led by the government and has relatively minimal donors funding including the strategy of social grants. Secondly, the expansion of SP was driven by citizens and civil societies who had actively mobilized their rights. Thirdly, SP is strengthened by a social contract between the citizens and the government. Lastly, SP active steps have been taken to ensure better use of social grants (Devereux, 2010:12).

1.2.1 The creation of Africa's specific kind of SP

There are several historical and present-day factors that are advanced as the reasons for Sub-Saharan Africa's specific type of SP. Among these are Structural Adjustment Programs (SAPs). According to Kentikelenis et al. (2015), SAPs were programs designed by financial institutions such as the International Monetary Fund (IMF) and the World Bank (WB). SAPs refer to a consistent set of macro and microeconomic policy reforms in the countries where they were implemented (Kentikelenis et al., 2005:169). Summers and Pritchett (1993) add that SAPs were focused on liberalization, privatization, deregulation, and stabilization in the countries where they were implemented. Mainly, the IMF introduced SAPs to protect worldwide financial stability and purportedly to reduce poverty. The role of the IMF was to

act as a lender to countries in need of financial assistance. The World Bank supported countries on condition they implemented certain policy reforms. The reasoning behind was that SAPs could assist in decreasing account deficit of countries to be manageable and bring about sustainable growth and development amongst the countries where they were introduced (Easterly, 2005: 2).

Seekings and Nattrass (2005: 14) argue that the experience of SAPs was mixed and contributed to economic hardship in many countries. For example, Chile and Vietnam had episodes of reform without adjustments. Adjustment lending seemed to be more successful in the middle rather than low-income countries. In middle-income countries growth was enhanced from 2.1 per cent to 4.8 per cent; whereas in low income countries growth was 1.2 to 3.6 per cent annually. This was a clear indication of a lack of progress in low-income countries despite implementing SAPs. In Mexico inequality increased whereas in Latin America inequality declined. Importantly, the need for SP was reinforced by the introduction of SAPs, especially in low-income countries where they had devastating effects during the 1980s (Zawalinska, 2004). Financial assistance was granted to low income countries and countries that were already doing well. Middle-income countries also did not struggle to attract finance from abroad and infrequently implemented SAPs in their country. SAPs have been criticized for being a one size fits all approach, too ideological and mechanical (Abbott et al., 2010: 18).

Despite many countries being the recipient of the loans, in many low-income countries SAPs did not have many success stories, this includes African countries. It is estimated that nearly one-half of the programs were a failure. In addition, lending and the adjustments accompanying them were not decided by the recipient countries (Dollar and Svensson, 2000). Though there were success stories in countries such as Uganda, Ghana, and Mozambique (Adesina, 2011: 8). SAPs and liberalization failed to assist many poor countries. In Latin America, Central Asia and in Sub-Saharan Africa poverty and poor growth remained high (Birdsdall, 2004: 5). Majority of African countries rarely achieved high economic growth after implementing SAPs. To make matters worse, trade liberalization did not favour low-income countries as high prices were attached. The aftermath of SAPs was that many countries become poorer than before and vulnerability escalated (Zawalinska, 2004: 9). For example, a loan that was \$84 billion, in 1992 rose to 150 billion and by 1996 was 227 billion (Adesina, 2004). Poverty increased as workers were retrenchment and wages being frozen became a daily reality. Emphasis was placed on recipient countries to reduce their social

service spending. Not only did this decision have a negative impact on the economy, but many suffered, especially the poor and vulnerable (Herbst, 1990). For example, in relation to income, working conditions, and food insecurity, women who are often household managers, were severely affected by the reduction on food subsidies and the amendments attached to the provision of basic goods (Bond, 1993).

Various sectors such as education had to reduce the national budget and the distribution of education interventions (Adesina, 2004 and Zawalinska, 2004). Thus, the reduction in the education budget had a negative effect on the education enrolment at the primary and secondary level. At the primary school level, enrolment decreased from 14 % to 4%. Subsequently, countries with SAPs had a lower Gross National Product growth as compared to countries without SAPs. Clearly, these outcomes went against the purpose of the establishment of SAPs to improve economies in Sub-Saharan Africa and elsewhere. It can be argued that SAPs are a clear indication that neo-liberal development has not favoured Africa and that it conveys ideas of self-interest with its market-driven design that its agencies such as the IMF and the World Bank emphasize (Adesina, 2004: 19).

Politically, SAPs left countries without political will in their own countries and resulted in greater indebtedness (Adesina, 2011). Herbst (1990: 952) adds that SAPs had a significant political shock consequence. Not only did the SAPs result in job losses, but the interests of constituencies were neglected. Yet the interests of the WB and IMF were first and foremost upheld. In the countries where SAPs were implemented, governments' ability to care for their constituencies was significantly compromised. This includes the ability to establish mechanisms for job creation and the provision of basic goods. This put a strain on the relationship between the government and its constituencies (Herbst, 1990). Thus adjustments were accompanied by intimidation, repression of the market and countries having to surrender their powers to the WB and the IMF (Herbst, 1990: 952).

In the health sector, the effect occurred directly and indirectly. SAPs reshaped the health sector, enhanced the role of the private sector and introduced a cost-sharing approach to utilize healthcare provision (Herbst, 1990). Bryceson (2002: 728-730) argues that SAPs also had an impact on agriculture in Nigeria, Malawi, and Tanzania. The agricultural subsidy cutbacks had a ripple effect on these countries. The implementation of SAPs meant dismantling of African markets, controlled prices and single challenged marketing. Farmers were subjected to increasing farm input prices (Bryceson, 2002: 728).

To emphasize the devastating effect of SAPs, Adesina (2011) explains that what is often being sold to African countries differs from what is provided in the high-income countries in terms of social policy. In his argument, Adesina (2011) points out that in African countries social policies pushed by agencies such as the WB, hardly make any linkages between the social and economic aspects of living. They merely seek to manage poverty and vulnerability, rather than support African people to thrive. Therefore the challenge is that social policy is designed in such a way that it speaks to a specific target group and the type of SP is devoted to maintaining neo-liberal transactional logic.

Adesina (2007) and Mkhawire (2007) suggest that social policy should be a holistic process. This means going beyond poverty and vulnerability, unemployment, old age pension, social insurance, and instead guarantee access to employment, improved healthcare, and education and guarantee food security in households. The irony many African countries encounter is that donors limit the independence of policymakers both at the local and national levels. In Mozambique, donors utilized the budget towards donor co-ordination. Moreover, there is inconsistency in the provision of social policy instruments in these countries. For example between 1981 and 2005, many people in sub-Saharan Africa were trapped in poverty as a result of social policies pushed by the WB. Adesina (2011: 457) adds that the root of the problem lies in the understanding of poverty. Poverty is often understood in relation to vulnerability and chronic poverty while neglecting inequality. The real problem is not necessarily the lack of policies but the failure to address inequalities to enable nation building for social policies to be successful. Further, Adesina (2011) argues that social policies implemented in Africa via donors and international actors such as the WB, tend to lack elements of equality and solidarity in their design and implementation.

Social policies in Africa have been constructed in such a way that they enable dependency on aid whilst eroding economic growth (Adesina, 2011: 464). This approach of social policy in Africa is mainly associated with concerns of affordability, whilst the reduction of poverty and meaningful redistribution remain secondary. Many African countries have had to stabilize prices, implement market instruments in the implementation of social policies. In addition, in the African context aid is often accompanied by various conditions than in high-income countries. For example, in Malawi, the IMF forced the Malawian government to sell their grain reserve as a precondition to access aid (Adesina, 2011: 464). The devastating results were the drought crisis and increased vulnerability amongst the Malawians because of policy failure. Furthermore, the majority of SP interventions in the African context have been

criticized for not bringing about poverty reduction or its eradication (Korpi and Palme, 1998). Majority of social policy have had zero results (Adesina, 2011). Yet social policies implemented in Europe incorporate economic, production, and protective elements. This reinforces the prevailing concern that what is being sold as social policy in African countries is different from what is designed and implemented in high-income countries and is severely lacking. In Africa, it is more of a transactional relationship involving donors, international organizations, and contractors claiming to be compelled by social justice norms to undertake the role of public assistance (Adesina, 2011: 464). Many of these social policy interventions are actually rejected in the countries of these external players, and yet they push them as the solution for Africa's dire need for redistribution (Adesina, 2011: 465). These social policies often do not speak to the particular social context of the countries where they are dumped and this has contributed to unsuccessful outcomes. Nowhere is this more evident than in South Africa; poverty and inequality persist, and various social ills have increased such as unemployment, illiteracy, skills mismatch, crime, corruption (Seekings and Natrass, 2005).

Another phenomenon that has been advanced for the inadequate SP system that prevails in Africa is globalization. The introduction of globalization has had a two-sided effect; on the one hand, the process has provided a positive impetus for the promotion of SP, on the other hand, it has had some negative spin-offs (Lee and Vivarelli, 2006: 3). Income inequality, social exclusion, and marginalization have been encouraged by globalization. As a result, a large number of people have been left vulnerable, while other governments have had a reduction in their capacity to fund SP programs (Holzmann and Jørgensen, 2001: 533). South Africa's, textile and clothing industry has felt the effects of globalization. Previously, this sector could employ 127 000 people directly but, when South Africa became integrated into the world economy, a process that was marked by trade liberalization, the local industry all but folded due to an influx of Chinese textiles (Roberts and Thoburn, 2004: 131). The local textile sector simply could not compete with imports from China. In addition, the introduction of better technology led to the retrenchment of workers and small medium enterprises suffered (Green, 2009: 6).

1.3 South Africa's Social Protection history

In the case of South Africa Tanzi (2002), posits that SP has always been seen as central to the development of the country, although initially its provision was racialized. SP can be interpreted as the state not just being sympathetic towards those less fortunate; but the

expansion of SP illustrates the intentions of the government's efforts to decrease inequality and social exclusion within a society (Ferguson, 2015: 3). At the same time, SP should be understood as a form of redistribution (Ferguson, 2015: 3). Therefore, it can be argued that South Africa's SP seeks to cater for the inequality caused by the legacy of apartheid. Despite many policies, reformed post-apartheid transformative redistribution has been rather slow. For example, those who were previously on top in terms of the economic hierarchy have remained there, yet the majority of citizens are still at the bottom (Seekings and Natrass, 2005: 341). This is what former president Thabo Mbeki famously expressed as two nations existing in South Africa (Seekings and Natrass, 2005). White South Africans are prosperous and have access to economic opportunities, while a large majority of black South Africans have not escaped their poor circumstances. Clearly, in South Africa redistribution is rather a complex problem. This has been worsened by various failed social policies. For example, the neo-liberal policy known as Growth, Employment and Redistribution Program (GEAR) that was introduced in 1996 is well known to have been a failure. So is the Black Economic Empowerment of 2003, and the Accelerated and Shared Growth Initiative for South Africa (ASGISA) of the same year (Weeks, 1996: 802; Mabugu and Chitiga, 2006:4; Tshetu, 2014: 23). The above-mentioned policies have failed to address redistribution or do away with poverty and inequality. Instead, the policies have widened marginalization, increased poverty, unemployment, benefited the private sector, enriched a selected few, and established a small and negligible black middle class in the process (Tshetu, 2014). Redistribution of land, on the other hand, has been rather slow and the dismal opportunities of the poor have not been altered post-apartheid. In the education sector, there have been minor amendments. For instance, children of the poor benefit from non-paying fee schools and public health. However the quality public schools and health care services is another challenge despite being redistributive (Weeks, 1996: 80; Seekings and Natrass, 356; Streak, 2004: 278).

The lack of meaningful redistribution can be interpreted as the ANC neglecting the promises of the Freedom Charter, (Seekings and Natrass 2005: 346). Bond (2014: 9) reinforces the above by explaining that the poor have to continuously expand the little they have, even as they remain trapped in poverty. For example, social services have a price attached including those that are supposed to be free. For example, water and electricity services have a price attached. Though the tariffs are differentiated by location to ensure people who reside in poor communities pay less. Affordability becomes central this has been evident in rural areas where the supply of water has been unsustainable because of affordability constraints. Indeed,

South Africa still has a long way to go in terms of redistribution. The Treatment Action Campaign (TAC) demonstrated despite having to go through court battles that redistribution is possible and is a need judging by the number of public protests yearly in South Africa (Bond, 2014).

Many citizens do not own any means of production, land or have assets to display since the country became liberated. Employment opportunities over the years have become scarce and economic policies in the country have failed to benefit all South African citizens (Ferguson, 2015: 4). According to Statistics South Africa (2014/2015), the South African government spent nearly R121 billion on different social grant programs. It is important to highlight that not everyone is eligible for SP. SP is beneficial for the poor, as it is not just an additional income but in some households, it is the only source of income (Pauw and Mncube, 2007: 15).

In the context of South Africa, it can be argued that SP was not inclusive at first and broadened social exclusion. Initially, the majority of beneficiaries were people who were formally employed, to the exclusion of the unemployed or those in the informal sector. The provision of SP was mostly contributory social insurance than non-contributory social assistance to citizens. It was only at the beginning of the 1980s where a new radical viewpoint towards SP emerged. This change was accompanied by new ways of looking at the notion of development. Consequently, the 1980s economic crisis prompted policymakers to focus on restructuring social insurance, specifically pension funds (Barrientos and Santibanez, 2009). There was a drastic increase of vulnerability and poverty which led to the expansion of health insurance in Latin America (Barrientos and Santibanez, 2009:12). Anxieties about illiteracy and unemployment in high, middle and low-income countries during the 1960s and 1980s were amongst the factors that encouraged SP. This motivated many governments to increase public spending to safeguard the state against numerous risks, including public riots (Tanzi, 2002: 119).

1.3.1 Social Protection in South Africa

The release of Nelson Mandela, in 1990 marked a new dawn in the South African history. This period was marked by promises of transformation. The new government inherited a well-established social protection system from the apartheid government. The next task was to construct social policies that were pro-poor and this included amending some of the

existing ones. In line with the above mentioned, the social grants as a form of SP becoming inclusive post-1994. Sprinker (2013: 8) adds the approach which was considered appropriate for the South African context was addressing high economic inequalities created by the legacy of apartheid. Redistribution thus was a central part of the post-apartheid government. In South Africa, democracy has been accompanied by increasing unemployment and continuous poverty. Only a minority of Black South Africans have managed to escape poverty, but the majority have either continued being poor or become poorer. Majority of Black South Africans have not been integrated into the formal economy and entrepreneurial opportunities have become scarce over the years (Bahre, 2011: 373). In analyzing poverty further, it can be assumed that it has a correlation with race. In South Africa, it is estimated nearly 29 million Black South African are poor. Majority of people work in the informal economy which does not yield an income that is sufficient even to meet the minimum food line (Writer, 2017).

The expansion of SP was designed to fill the gap created by unemployment, inequality, and poverty. According to Hotchfeld (2011), social grants have become a popular form of SP in South Africa. Social grants protect vulnerable groups from extreme poverty. In the context of South Africa, SP is comprised of seven social grants namely: the Old Age Pension, War Veterans Grant, Disability Grant, Grant-In-Aid and for children the Care Dependency Grant, Foster Care Grant, and the Child Support Grant (Armstrong Burger, 2009: 2; Matuku, 2015: 23). Five of the unconditional cash transfers are means tested with the purpose of targeting vulnerable groups, children, and persons with disability and older person. One in three South Africans received either one or more social grants from the state (Williams, 2007) Statistics SA (2012) highlights that in poor household social grants contribute 42% of their income.

The focus of this study is the CSG as previously highlighted. Devereux (2010) also adds that countries such as Lesotho, Kenya, and Zambia have cash transfer programs in place which have been specifically designed for children. The CSG in South Africa was a grant established for the well-being of children. Pauw and Mncube (2007) also state the CSG was introduced in 1998 with the aim of providing SP to children who need it. In this regard Zembe-Mkabile et al. (2014) state that the CSG is not only the largest cash transfer program in South Africa but in Africa in general. This grant was designed to target children from poor households from birth to 18 years. Goldblatt (2005: 5) postulates the CSG is given to primary caregivers every month. "Caregivers claim it, collect it and are awaited by the state to turn into the shelter, education, clothing and the general maintenance of the child". Wright et al.

(2015: 8) highlight through the CSG-recipients are able to provide the basic needs of their children. The objectives of the CSG include; ensuring a large number of poor children are integrated into SP, and equability in the CSG to those who are in need irrespective of family structure, race, and tradition. It is also to ensure that children do not remain in statutory substitute care and are off the street (Matuku, 2015: 31).

Despite, the clear objectives of the CSG, and how the CSG should be utilized. In South Africa, child poverty still remains a serious challenge confronting many South African communities. This study intends to explore caregiver's perceptions of the uses, purposes, and adequacies of the Child Support Grant in Mfuleni (Cape Town). The outcome of this research will shed some light on Social Policy.

1.4 Problem statement, Research questions, Aims, and Objectives

1.4.1 Problem Statement

The Child Support Grant has been applauded for being a critical source of income for many households that do not have anything in South Africa and also considered an effective instrument against child poverty (Zembe-Mkabile et al., 2015). Scholars have highlighted that the number of social grant recipients in South Africa has increased significantly since 1994; from 4 million recipients to nearly 16.9 million by 2016 (Ferreira, 2017: 1). Ferreira (2017: 1) noted as of February 2017, it was estimated 17 191 121 citizens were recipients of a social grant in South Africa. However recent evidence by Devereux (2017: 12) indicates that although coverage of the CSG might be high. It appears has not been eliminating the problem of malnutrition and food insecurity in South Africa. The CSG is unable to change socio-economic challenges confronting children in the country. Partly, this is because the grant is not only spent on the index child in receipt of it but amongst many members of the household (Devereux, 2017: 27).

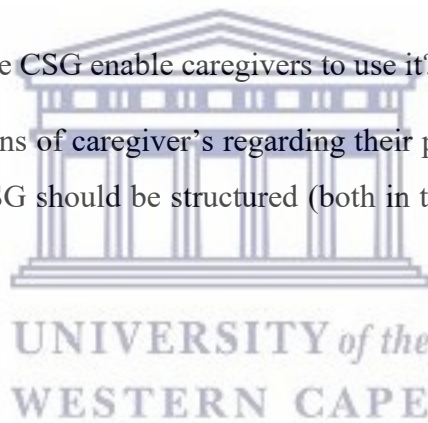
This has raised an important question towards the beneficiaries. The CSG is given to caregivers on the assumption that it will be utilized positively. Despite the CSG being adjusted yearly, and the majority of children in South Africa being recipients of the grant, there is substantial evidence which suggests the CSG might not be fulfilling its purpose. This has caused countless anxieties about the CSG (Surrender, 2010). The purpose of the CSG is to be a poverty alleviation tool but the pattern of dependency has emerged and poverty still persists amongst children (Surrender, 2010: 204). There is another school of thought which highlight that the CSG fails to alleviate poverty or fulfil its objectives as outlined.

The researcher intends to explore the uses of the CSG and what it enables caregivers who receive it on behalf of eligible children to do. The researcher also planned to explore caregiver's perceptions about the purpose of the CSG, and their power to influence policymakers. Gathering this type of evidence will add important knowledge to our understanding of what the CSG is contributing to poverty and inequality. It will also provide an impetus for the development of on-going monitoring and evaluation of the uses of the grant in the ever-changing and presently unstable economic environment of South Africa.

1.4.2 Research questions

Research questions include:

- What is the CSG intended for in South Africa?
- What are the perceptions of the caregivers with regards to the uses, and purposes of the CSG in Mfuleni?
- To what extent does the CSG enable caregivers to use it?
- What are the perceptions of caregiver's regarding their power and agency to influence policy in terms of how the CSG should be structured (both in terms of benefit level and how it is administered)?



1.4.3 Aims of the study

This study intends to explore caregiver's perceptions of the uses, purposes and adequacies of the Child Support Grant in Mfuleni (Cape Town). In addition, the broad research objectives are underpinned by the following specific objectives:

- To understand the knowledge of caregivers about the purpose of the CSG
- To explore what caregivers who receive the child support grant on behalf of the children in their care spend it on.
- To understand caregivers experiences of using the child support grant and what it enables them to achieve.
- To explore caregivers perceptions about the power and agency that they have to

Influence policy, implementation, and administration of the CSG.

1.5 Structure of the thesis

This research project is separated into five chapters with each chapter having subcategories.

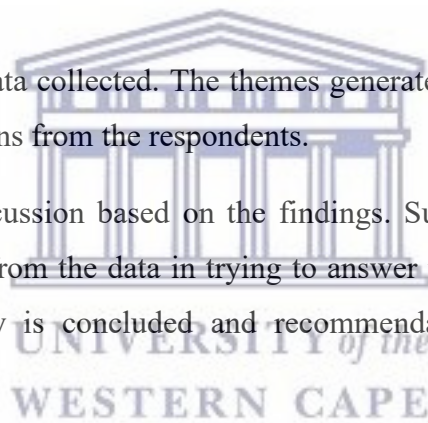
Chapter one: contains the introduction. It outlines the background and contextualization. The rationale substantiating the research project, aims, and objectives of the study.

Chapter two: converses literature reviewed internationally, in Sub-Saharan Africa and South Africa. The researcher demonstrated literature that specifically focused on SP and the CSG. A model by DFID (2011) for the causal pathway for cash transfers which underpins this study will also be discussed in this chapter.

Chapter three: discusses the research design, instruments selected, and obtaining participants. It discusses data collection, analysis, reflexivity, ethical procedures and the limitations of the study.

Chapter four: presents the data collected. The themes generated from the data are presented and supplemented by quotations from the respondents.

Chapter five: presents a discussion based on the findings. Summarizes the entire research and reiterates what emerged from the data in trying to answer the research questions. It is in this chapter where the study is concluded and recommendation for future research are outlined.



2 CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the research done broadly relating to the CSG, it is divided into two main sections. The first part of the research sketches SP internationally, in African and within the South African context. The second section will provide a historical overview of the CSG, challenges of the CSG, the utilization and the legislative framework guiding the CSG.

2.2.1 Social Protection in the Global Context

According to Palacios and Sluchynsky (2006), SP has been in existence in Europe and the Americas since 1800. Initially, they provided economic assurance, during illness or when a country was going through difficulties such as depression. During this period, the provision of SP could either be a non-contributory pension scheme or as cash transfer (Osei, 2011: 3). At present, cash transfers are more dominant in middle-income countries, than in low-income countries. For instance, the Bolsa Escola Program in Brazil provides cash transfers to households and the beneficiaries are carefully selected by the Brazil federal government. The cash transfer is granted on condition children attend school. This has had a positive impact on poverty levels, child labour decreasing, and educational attainment has increased as a result of this grant (Glewwe and Ana, 2012: 510). Mexico the Oportunidades program assists poor families situated in both urban and rural areas by investing in their human capital and improves the nutrition of children. As a result, poverty has been reduced through families getting cash transfers (World Bank, 2009: 3). Spicker (2013) adds that Canada's SP has various SP programs distributed by the national government, for unemployed and poor households (Spicker, 2013). In Peru, the Juntos exists, while in Nicaragua their program is called Red de Protection Social Program. Comparable to the above mentioned, even conditional cash transfer hopes to reduce poverty and has had a positive impact. Colombia, Familias en Accion program, has had less impact in comparison to the previously mentioned programs. Enrolment at the primary level was rather low but it was higher at high school level (Perova and Vakis, 2012).

Osei (2011) highlights in Ghana the Livelihood Empowerment Against Poverty (LEAP) program began in 2008. The money a household receives depends on the number of beneficiaries there are in the household. To be a beneficiary you must come from extremely poor households. The Social Cash Transfer Scheme in Zambia has enabled many children to enrol in schools and complete their schooling. As a result, enrolment for girls has increased greatly. In addition, the health status of the beneficiaries of Zambia's SCTS program drastically improved including the occurrence of illnesses (Wietler, 2007: 18). While Malawi in Machine district the Social Cash Transfer was launched in 2006. The social cash transfer program has increased the number of learners who are enrolled by, double what it was before. The Malawian recipients of cash transfers include receiving a new dietary plan, and eating was healthier than before.

Other authors such as Nino-Zarazua et al. (2012: 3) state that in Ethiopia, the Productive Safety Net Program the transfer is granted in exchange for work and in the process improve infrastructure. In Kenya, the Orphans and Vulnerable Children Program constitute a form of SP. The program in Kenya assists the household who experience extreme poverty with schooling and health needs. It is noticeable that the SP programs differ from country to country, including its duration and delivery method. In countries such as Malawi, Tanzania, Liberia, and Nigeria, it was first piloted before its implementation and also the target in these countries differs depending on the program.

2.2.2 Social Protection in the South African case

According to Ferguson (2007: 7), the year 1920 is noted as the early traces of SP provision in South Africa for whites only. Gradually transformation occurred as of 1944, SP began including black South Africans. The Old Age Pension Act was specifically for whites and coloured beneficiaries. It was only in 1944 when the old age pension grants were extended to Africans and Indians. The societal structure at the time was founded on segregation. Black South Africans had to rely on kinship for the provision of SP. Though there were minor changes, by 1947 SP was still unequal. For example, the pension for white South African was five times higher than that of the African and Indians (Bhorat, 1995).

Although SP is no longer discriminatory in South Africa as before the ANC government inherited a powerful welfare system in the country. With the advent of democracy, many sectors were transformed including the provision of SP. As previously mentioned, currently

in South Africa, there are seven types of social grants, namely: the Old Age Pension, War Veterans Grant, Disability Grant, Grant-In-Aid and for children the Care Dependency Grant, Foster Care Grant, and the Child Support Grant exist (Armstrong and Burger, 2009: 2). In 2017, approximately 17 million people were recipients of a social grant. This is six times the number of people who received grants in 1998. In addition, between the 2017/18 fiscal year, it is estimated the South African government will spend nearly 150 billion on social grants (Rossouw, 2017). Majority of the beneficiaries either receive CSG, OAP, and the DG. According to Rossouw (2017) social grants in South Africa, are significant as they maintain 33% of citizens.

Lekezwa (2011: 69) states that CSG only support an individual until 18 years, and the OAP supports an individual at the age of 60 for women and 65 for men. This raises the question, what happens when an individual does not find employment and is above 18 years? To answer the above-mentioned concern, the Expanded Public Works Program (EPWP) was introduced in 2004 constituting another form of SP in South Africa. According to Woolard and Harttgen (2010: 6) the idea of EPWP exists in numerous countries such, Ethiopia, Bangladesh, Zimbabwe, India, Ghana, Tanzania, Kenya. The aim of the EPWP is to create employment for the unemployed poor. In its establishment in South Africa, the EPWP took into consideration the high unemployment rate in the country. The challenge with employment created by EPWP program is that it is trivial. Another objective of the EPWP program is to improve the infrastructure of South Africa. At present, there is little evidence which confirms the improvement of the infrastructure because of the EPWP. The EPWP has had a significant impact in reducing poverty, but the employment created is only two to four months (Devereux, 2010: 9; Woolard, 2011 :8). Currently, in South Africa, the majority of citizens between 18 and 49 are unemployed. Unfortunately, unemployment is most severe amongst black South African youth with more than 5 million unemployed. The demographic dividend of South Africa also revealed that the population comprised of 57 million in 2017 and a large number of productive youth who is supposed to be working does not work. This puts South Africa at a disadvantage as a country. This is contradictory to economically active youth in other countries. The social context in South Africa is different and economic opportunities have been scarce for many unemployed (STATSSA, 2017).

2.2.3 The Child Support Grant

Makiwane (2010) postulates that before 1998 SP for children was provided through the State Maintenance Grant (SMG). However, there were many challenges encountered with the SMG including the conditions attached. For example, one of the caregivers had to be dead or the maintenance must be appealed in court. As a consequence of the above condition, the majority of children who were in dire need did not qualify. What was written about the SMG was a complete opposite during implementation. For instance, in the paper, all racial groups were entitled to the grant but the majority of the beneficiaries were Coloureds and White children, who were raised by single parents. Majority of Black South Africans did not qualify due to poor implementation in the rural areas. These imbalances meant a few beneficiaries (Makiwane, 2010: 2; McEwen, Kannemeyer and Woolard, 2009: 3). The SMG was envisioned for caregivers who reside with the children below 18 years. Both the guardian and caregivers must have parted or be abandoned by their spouses. The spouse had to be coming from prison or be in a drug treatment institution for a period of six months. Applicants had to provide evidence of having applied for private maintenance and their efforts proved unsuccessful. SMG did not cater for those who were not biological parents or children born outside marriage. This included children not from married parents; as a consequence of such hindrances an insufficient number of African children benefited (McEwen, Kannemeyer and Woolard, 2009: 9; Woolard, Harttgen and Klasen 2012: 3).

As a result of the above challenges, the SMG did not benefit all those who were in need. For many reasons, the grant had to be amended. With a newly democratically elected government in place, this would be possible. This was reinforced by the slogan of the African National Congress (ANC) towards election which promised “A Better Life for all”. In contrast to the apartheid government, the ANC government was interested in an inclusive SP. Devereux (2010: 22) concurs that SMG was correct for nuclear family structures, where the father is employed and is the breadwinner and the caregiver’s who needed the grant most were single parents. In response to the above-mentioned challenges, the new government saw it as a priority to establish the Lund Committee in 1995, led by Francis Lund. The Lund Committee comprised of various experts in finance, social security sector, trade unions and ANC members. The Lund committee was appointed by the Minister of Social Development with

the purpose of providing the post-apartheid government with inexpensive and effective social protection for children. The committee was given the mandate to assess the SMG and in the process come up with an alternative policy directed at both families and children. This resulted, in the suggestion of a new approach towards SP for children. This new approach had to be specifically linked to the children and the fiscal value must be low compared to the SMG and target a broader number of beneficiaries (McEwen, Kannemeyer and Woolard, 2009: 9).

The SMG came to an end as part of the government's reforms (Kruger, 1998: 3). It was replaced by the Child Support Grant (CSG) in April 1998. When comparing SMG against the CSG. The CSG would be more flexible. The intention was to ensure more access to those who qualified in relation to a broader guide. In its introductory phase, the value of the CSG was R100 monthly (McEwen, Kannemeyer and Woolard, 2009: 3). It can be argued that the CSG demonstrates government's commitment to the provision of SP to South Africans. Although the CSG does not correlate with inflation, as of 2017 the caregivers were able to receive R380 monthly in 2017 and R400 in April 2018, depending on the number of children one has. The primary caregiver of the child is the one who collects the CSG on behalf of the children. Patel (2011) explains that a caregiver can be the parent, relatives, grandparents or non-related person to the child. Nonetheless, 96% of CSG-recipient is women, largely black with less educational attainment, admission to employment and income. Majority of recipients are biological mothers. According to Patel and Hotchfeld (2011: 4) a possible reason behind this is that the bulk of women tend to provide primary care towards children. Most importantly, the CSG wanted to break away from the male breadwinner model previous SP policies.

Unlike the SMG the CSG targets young children. When it was first introduced, it was targeting children who were seven years of age. As time progressed, age eligibility was stretched to nine years in April 2003. Again in 2004, the age was moved to eleven years. For the fourth time, in April 2005 the age became fourteen. Currently, the CSG-recipient age is set at eighteen years (McEwen, Kannemeyer and Woolard, 2009: 3). Unlike the SMG, the CSG is accessible to by the poorest children, who go through a compulsory means test. Today, it is one of the largest cash transfers in South Africa; in terms of both expenditure and number of beneficiaries (Coetzee, 2013: 3). Subsequently, in 2018 it was estimated R150.8 billion would be spent towards the different grants. The CSG is allocated to children under 18 years of age. Caregivers who have in their care a child are eligible to receive the CSG of

R400 as of April 2018 monthly. Social grants fall under the Department of Social Development, and the service provider being the South African Social Security Agency (SASSA) (Madisa, 2018).

A report by SASSA (2009) highlights the criteria which determine who is eligible for the CSG as follows: firstly, the child must be residing within the borders of South Africa. Secondly, the child has to be born of South African parents or migrant parents who have acquired permanent residence status. Thirdly, in situations where the caregiver is not the biological parent, proof of custody or guardianship must be provided. For instance, proof can be an official document such as an affidavit or a school letter from the local school principal or a social workers report. The child must have been born after the 31st of January 1993. In order to qualify for a grant, a caregiver is means-tested. Lastly, the maximum number of children a single parent can apply for is six children. The last requirement noted above is where the challenge lies as poverty and large families seem to go together (SASSA, 2009). Hence, the maximum number of six as a requirement discriminates against caregivers who may have more children.

When specifically looking at the CSG-recipients by province as of February 2018, it is estimated Kwa-Zulu Natal has (2 789 699), Eastern Cape (1 893 719), Gauteng Province (1 830 579), Limpopo Province (1 809 393), Mpumalanga Province (1 084 508), Western Cape Province (1 003 529), North West (842 529), Free State (685 157), Northern Cape (308 452) recipients (SASSA, 2018). In this regard, Dieden and Gustafsson (2003: 326) argue that children constitute a significant proportion of the poor and hence a large number of children are supported by the state. In its establishment, it was designed to target the food needs of the child. Even though the CSG does play a critical role in assisting caregivers, there are challenges which have been associated with the Grant.

2.3. Challenges of the Child Support Grant

According to Madisa (2018) despite South Africa being praised for having an exceptional SP, several studies pertaining to the CSG impact have revealed mixed evidence with regards to the impact of the grant. The CSG does not adequately meet the nutritional needs of children. The CSG is normally adjusted by R10 or R20 yearly regardless of inflation rates. For instance, in 2018 it has increased by R20 from R380 in 2017 to R400 as of 1st April 2018, and again on the 1st of October 2018 another increase by a further R10 to R410 as announced by the

former Minister of Finance Malusi Gigaba. Williams (2010) states that although, it is increased annually, yet it is still not enough to take care of a child. Majority of the CSG-recipients are poor citizens who live in marginalized communities. Amongst other challenges encountered by caregivers when reporting their experiences of accessing the grant, is the difficult application process (Edward, 2015: 36-39). In some regions, SASSA officials have made caregivers feel unworthy to apply for the CSG or have made them feel they are at the mercy of the officials. Safety concerns are a barrier as caregivers can be targeted by criminals. Both new and old applicants have to wake up before dawn as an attempt to ensure the application is processed the same day. There is a lack of adequate clarity on the criteria and essential documentation required (Edward, 2015). This has resulted in many occasions new CSG applicants being turned away (Williams, 2010).

Amongst other limitations of the CSG noted by Zembe-Mkabile (2014) is the evidence that the means-test can lead to the exclusion of eligible children. Another weakness of the grant includes administration challenges. The long lines for new applicants have limited the take up on CSG. Despite new applicants who have produced the required documents in order to apply for the CSG. Others have not been able to produce the birth certificate or their identity document. The strict nature of the requirements prohibits many eligible caregivers from applying. There is a poor working relationship between SASSA and Department of Home Affairs although these are crucial institutions for the grant success. Zembe-Mkabile (2015: 1) and Woolard, Harttgen, and Klasen (2011: 8) further argue that the CSG is too little to make an extensive difference in the lives of poor children. The social context of the CSG is a barrier on its own as broadcast by the media. This includes stories about mothers spending the CSG on things which are not related to the child. CSG-recipients claim that as caregiver's they have the right to use the grant as they please according to Zembe-Mkabile (2015).

2.4. Uses of the CSG

According to Bonilla et al. (2016) literature pertaining to the CSG demonstrates it has multiple uses in the South African context. One of the usages of the CSG, as reported by caregivers, includes saving a portion of their cash transfer, despite it not fulfilling all the household's needs. Most importantly, the CSG enables caregiver's to regulate and distribute resources for the household. This is regardless of the gender relations within the household. Additionally, Devereux (2010: 6) noted the CSG cash transfer is associated with having a positive social impact for women. For example, through the CSG the status of many

caregiver's has changed within the family, from being dependent to contributing to the household's resources. The recipients are able to have bargaining power and become empowered socially and economically. Author's scholars such as Pahl (1995:34) and Duflo (2003:1) highlight the increasing literature that suggests that women are more family orientated as compared to men with money. For instance when the earnings of women increases, it has a positive impact on the household. Not only would the money be directed towards food and various household expenses. Authors such as Pahl (1995:34) and Duflo (2003) add that women in general, tend to prefer to spend their income on their family. An increase in a women's income is considered to have health benefits for her children. This included improvements in a child's health and, spending on nutritious products that would have been in the hands of a man. Such evidence can also be misleading, as the issue of spending habits is more complex. We have to also take into consideration the different family structures and decision-making power which differs (Duflo, 2003). Nkosi (2011) is of the opinion that the CSG enables caregivers to pay for the children's transport and school requirements.

Banerjee and Duflo (2007) add that the CSG is directed towards, school lunches, uniforms, food. Despite many caregivers highlighting they spend the CSG on food, poor families tend to purchase food that is cheaper which contains more starch and fewer vegetables, protein or fruit. The poor families often access food that is bad for them. Zembe-Mkabile et al. (2014) observed that children who had received the CSG immediately after birth have better growth and nutrition as compared to those who received it later. The impact of the CSG is limited because it is designed for the individual child instead of the entire household. Not only does the CSG have "multiple uses and multiple users" this reduces the impact it can have on the envisioned beneficiary, the child (Devereux, 2010). The CSG enables the poor household to send their children to crèche, and enrol in school. This clearly demonstrates there is a positive correlation between Early Childhood Development and schooling enrolment (Wright et al., 2015: 8)

In contrast to the above, another body of evidence highlights the misuse of CSG by caregivers. Williams (2007: 14) argues that CSG assists caregiver's when looking for jobs. Khona (2017) correspond by saying that, the recipients of CSG are more likely to find employment than non-recipient through the CSG. Khosa (2017) posits that CSG-recipients spend a large portion of the CSG towards burial societies. While in some cases caregivers have reported utilizing the CSG with their partners or boyfriend (Mutshaeni, 2009). In some

households, the CSG is not beneficial to the child but the caregivers. Caregivers have also reported leaving their SASSA card with the loan sharks. This usually occurs when caregivers had borrowed money from the loan sharks and are unable to pay back the money. As assurance, the loan shark usually resorts to confiscating their SASSA cards until their money has been paid by the caregivers with interest. In most cases, the children are the ones most affected. According to Department of Social Development, SASSA, UNICEF, 2011 and Mokoma (2008: 15) the CSG is also utilized towards obtaining alcohol, hair, cell phones, purchasing clothes or fast-foods for the caregivers. Further, the caregiver's utilized the CSG towards their upkeep of gambling and for physical looks such as purchasing lipsticks.

Case (2003) considers previous research to suggest that the CSG is mainly spent on food; this means the CSG has a positive impact on food insecurity. In many poor households, it is the only source of income, while in some households it supplements the existing source of income (Patel, 2005). In the case of South Africa, for example, the CSG has combated various social ills particularly for struggling single parents, as this has become a norm in many households. Currently, it is estimated almost half of the children in South Africa are growing up without fathers regardless of being alive. This phenomenon is applicable to women of all races (Madisa, 2018).

Matuku (2015) noted that policymakers have continuously preferred targeting women as SP recipients, including the CSG. The government gives the CSG to caregivers hoping it will benefit the child. May and Timaeus (2014:771) have pointed out that stunting amongst children has decreased since the introduction of the CSG. While Hendriks (2014: 8) disagrees by arguing the opposite, that child stunting has increased and child nutrition has deteriorated. In households confronted by unemployment, the whole family tends to rely on the CSG. This distracts the CSG from benefiting the intended beneficiaries because the unemployed individuals strategy is staying longer with their parents in order to benefit from the household's resources. For instance, instead of educating a child, feeding the whole family becomes a priority. Noble and Ntshongwana (2008) highlight there is an assumption that the CSG has increased teenage pregnancy although unfounded. Little is known about young women misusing the CSG, leaving children with grandparents or relatives, drinking alcohol, going shopping or gambling with the money, although there are suspicions (Devereux, 2010: 7; Ferguson, 2015: 29; Potts, 2011: 80). Based on the above, achieving the objectives of the CSG may not be as simple given the complexity of household environments children and their caregivers may find themselves. On the one hand, it is inadequate, while misused

towards numerous purposes other than the child benefiting. Other caregivers have become innovative. There are many noticeable gaps pertaining to the CSG literature. Previous studies on the CSG adopted the mixed methods and some are comparative studies. This study will be a purely qualitative study. In addition, there is relatively little scholarly information written about Mfuleni that exists.

2.5. Instruments underpinning the CSG

The Child Support Grant of South Africa is endorsed by international, regional and local instruments focusing on children. The instruments as follows, they give emphasis to SP in relation to children.

2.5.1 Global level

Convention on the Rights of the child: gives right to children as confirmed by the General Assembly of 1989. This includes the Universal Declaration of Human Right of 1948. The basic principle of this convention states that children (below 18 years are born with essential freedoms, essential rights for all humanity and social security. Article 26 of the CRC, further state it is essential for children to benefit from these rights as protected by international law. It is also the duty of the government to ensure essential measures are taken and states abide by this law. In-line with the above mentioned, the provision of social grants in South Africa particularly the CSG is a crucial instrument in realizing the rights as stipulated international law (International Labour Organisation, 2011: 7; Dinbabo 2011).

2.5.2 Regional

The African charter focusing on welfare for children provides another instrument for children. Article 23 of the charter safeguards refugee children's rights. The charter highlights that states have an obligation to provide refugee children with suitable humanitarian assistance and security (Organization for African Unity (OAU) (1999). Article 14 of the charter adds children have rights to relish mental, physical, spiritual care and the provision of nourishment (OAU, 1999). Similarly, as previously highlighted in the reviewed literature, the CSG criteria recognize refugee children residing within the borders of South Africa as eligible for the CSG on condition they meet the requirement. Additionally, the parents of the children must have acquired permanent residence status. South Africa as a member of the OAU complies with the above mentioned.

2.5.3 South Africa

Specifically looking at South Africa, there are various legislative frameworks in place which are interlinked to SP instruments. To highlight the frameworks that speak specifically to the provision of SP, the following instruments will be discussed: the Constitution of the Republic of South Africa (1996), the White Paper for Social Welfare (1997), South African Social Security Agency of 2004, Social Assistance Act of 2004, Children's Act of 2005 (Dinbabo, 2011), Callistus (2013), Republic of South Africa Constitution 1996).

2.5.4 Constitution of the Republic of South Africa 1996

The Constitution of the Republic of South Africa which is also the supreme law recognizes the significance of SP and protection of children. Dinbabo (2011: 62) adds that the South African constitution is also recognized for being the most progressive constitution in the world. Section 28 of chapter 2 specifically focuses on children; "every child has a right to a name, nationality, family or parent care, or alternative care should a child be removed from their family environment; the basic nutrition, shelter, basic health care services, and social services to be protected from maltreatment, neglect, abuse or degradation, to be protected from exploitation labour practice; not to be required or permitted to perform work or provide services that are inappropriate for a person of that child's age or place at risk the child's well-being, education, physical or mental health or spiritual moral or social development; not to be detained except as a measure of last resort; to have a legal practitioner assigned to the child by the state and at state expense, a child's interest is of paramount importance in every matter concerning the child (Republic of South Africa Constitution, 1996: 13-14). In this regard, children are of utmost importance and safeguarded by the constitution of South Africa.

2.5.5 White Paper for Social Welfare 1997

The White Paper for Social Welfare (1997), promotes comprehensive and inclusive welfare in South Africa. Chapter 7 of the White Paper pays attention to the principals, strategies and recommendations suggested for welfare in South Africa. It is stated in the White Paper that South Africa desires welfare which is efficient. The paper also concentrates on public and private measures which provide cash, in kind or both where individuals are affected by poverty, and cases where child maintenance is required. The White Paper notes poverty prevention and easing is one of the crucial fundamentals of social welfare in South Africa provided in the form of social grants (Republic of South Africa Constitution, 1996).

2.5.6 South African Social Security Agency Act of 2004

The South African Social Security Agency Act 9 of 2004 is interconnected with the Social Assistance Act. This agency was established intentionally to administer, issue payments for the various social grants and provide comparative services (Government Gazette, 2004).

2.5.7 Social Assistance Act of 2004

According to Matuku (2015: 21) the Social Assistance Act 13 of 2014 reinforces SP, instituting instruments for SP and allows for the inspectorate for SP. The objectives of the Social Assistance Act 13 includes: making arrangements for administration and payment for social grants including the provision of the CSG (Government Gazette, 2004). Establishing requirements for the provision of SP. Makes sure that minimum norms or standards are approved for distributing SP. The South African Social Security Agency (SASSA) must employ an investigator looking at the abuse of social grants. Lastly have social grants inspected (Government Gazette, 2004: 8). The South African SP in the form of social grants adheres to the Social Assistance Act 13 of 2004 including the objectives highlighted. Thus caregivers who misuse the CSG grant can be inspected or reported to the Department of Social Development.

2.5.8 Children's Act of 2005

The Child Act 38 of 2005 although later amended in 2007, this is one of many significant legislations post-1994. This Act advocates for an all-inclusive and co-ordinated approach to deal with present-day social difficulties and enable a positive future for South African children. In 2010 this Act came into action (Budlender and Proudlock, 2010). Through the Children's Act, children have particular rights as enshrined in the Republic of South Africa's constitution. This includes establishing principals to care for children, outline parental obligations and rights; setting up children's courts, make provision for early childhood development, issuing of court orders, children must have alternative care, foster care, make provision for child and youth Centre's and drop-in Centre's; make alternative provision to adopt children. Additionally, the Act seeks to be responsible for inter-country adoption, to forbid child abduction and provide for the Hague Convention on International Child Abduction. To arrange for surrogate motherhood, and construction of new offenses concerning children in general (Edward, 2015: 14).

2.6 Conclusion

The chapter began with outlining the general literature review pertaining to SP. This was followed by the researcher providing a historical overview of SP internationally, in Africa and within South Africa. SP and the different schemes that exist were discussed in general before attempting discussing the CSG specifically in the context of South Africa. Lastly, the researcher outlined the different legislative frameworks which underpin the CSG. The next chapter will discuss the conceptual framework adopted and how it will be applied to the study.



2.8. CONCEPTUAL FRAMEWORK

2.8.1 DEFINING A CONCEPTUAL FRAMEWORK

According to Miles and Huberman (1994: 440) a conceptual framework arranges crucial factors, concepts or variables and assumes the relationship between them. In this regard, Guba and Lincoln (1994) interpret a conceptual framework as a network or concepts that are intertwined to provide a complete understanding for a particular phenomenon. The concepts support each other, they express their respective understanding and establishes a framework based on philosophy (Jabareen, 2009: 51). The subsequent section will present a DFID (2011) model for cash transfers as the conceptual framework considered appropriate for this study.

2.8.2 Causal Pathway for Cash Transfers

A model by DFID (2011) will form the basis of this research project. This model was put forward by the Department for International Development (DFID, 2011); it studies the effects or causal pathways by which social cash transfers are able to improve the lives of a household. This conceptual framework, argues that a caregiver should be both trusted and permitted to use the resources available to them to improve their livelihood (DFID, 2011: 5). For the case of this study, the CSG caregivers have the ability to increase a child's.

According to DFID (2011), this framework seeks to conceptualize the role of cash transfers. The following are postulated as the elements that are affected by cash transfers: education, health, nutrition and food security, empowerment, financial inclusion and access to credit, labour markets, nation building, and social cohesion. Similarly, the CSG has multiple impacts on the society and in other sectors beyond the child.

Causal pathways by which cash transfers can improve household welfare

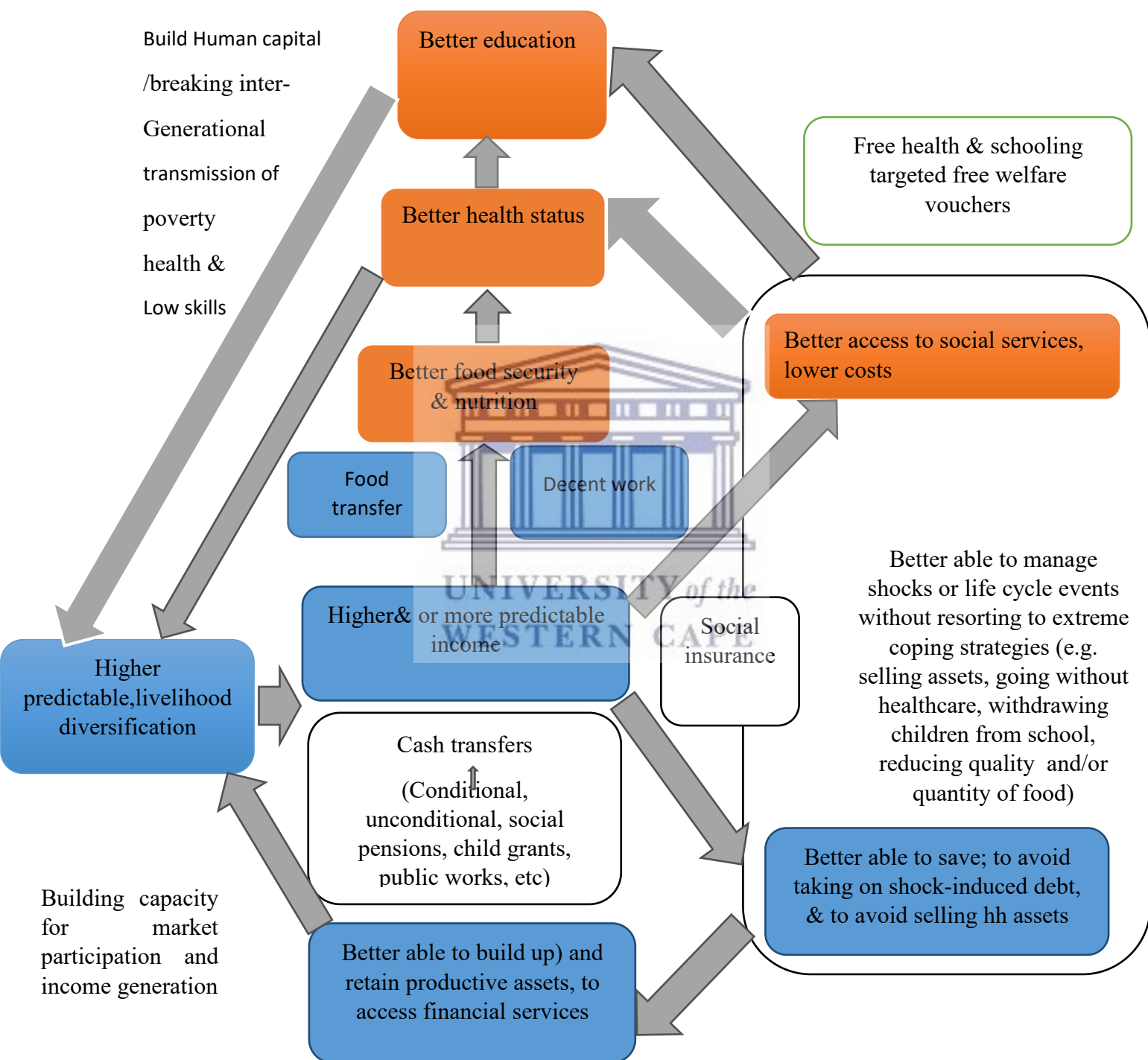


Figure 1: Source (DFID, 2011: 5)

As evidently demonstrated in the above diagram social cash transfers can have a significant impact in breaking the inter-generational cycle of poverty, and in the process improve the welfare of households.

2.8.3.1 Education

Apart from cash transfers being a conditional or unconditional transfer in the education sector, there is extensive evidence that suggests that cash transfers have had a positive impact on education (DFID, 2011: 23). Cash transfers have enhanced school enrolment and the attendance of learners. Thus, cash transfers have a correlation with investment in education. The continuous cash transfer income has a significant impact on assisting various households to pay for their children's school necessities. This can be in the form of school fees, books, uniforms and other costs attached to schooling. Therefore the cost burden associated with school enrolment gets reduced through cash transfers. In some context, cash transfers have enabled girl children to finish their schooling and postpone marriage or contributing to the income of the family (DFID, 2011: 25). Not only have cash transfers improved school enrolment and attendance, but the nutrition of children improves. This benefits children by enabling them to concentrate and stay in school (DFID, 2011). The above mentioned has been confirmed by various authors such as (Das, Do and Ozler, 2005; Bourguignon et al., 2002; Cordoso and Souza, 2003; Banerjee and Duflo, 2007; Devereux, 2010; Wright et al., 2015; Nkosi, 2011; Glewwe and Ana, 2012; Perov and Vakis, 2012).

2.8.3.2 Health care

According to DFID (2011), cash transfers accelerate the declines in sickness and mortality. Cash transfers assist poor and vulnerable children to overcome access to health facilities and allow them to make use of health services. There is also substantial evidence that cash transfers have a positive impact on health (DFID, 2011). In addition, spending on health services has increased because of cash transfers, this includes accessing medication. The recipients of cash transfers can overcome the indirect costs which are a barrier to accessing healthcare services. Cash transfers have had an influence on increasing the use of public health care services and preventative health service. The use of preventative health care service has been seen to be higher for children. This is common when children have to go for

growth, development, immunization, antenatal and postnatal check-ups (DFID, 2011: 29; Wietler, 2007; Barrientos and Holmes, 2006).

2.8.3.3 Food security

The DFID (2011) framework suggests that cash transfers contribute to the reduction of hunger and food insecurity. Irrespective of the procedure of transfers, households who obtain cash transfers have considerably higher spending power on food consumption. The impact of cash transfers is therefore noticeable in households confronted by severe poverty. In addition, it is estimated that nearly half of the cash transfer is directed towards food. This constitutes one-third of household expenses and the remaining money is spent on health, education, and investment. In many parts of the world, cash transfers are primarily utilized to purchase food. South Africa is no exception as the CSG has contributed to increasing the height for age of children (Aguero, Carter and 2006). Therefore cash transfers have had a positive impact on nutrition. There is important evidence which highlights that cash transfers go further and generate a positive impact on the supply of food and strengthened the demand for food. However, in a context where the supply low and the demand is great, food prices tend to increase (DFID, 2011: 20).

2.8.3.4 Empowerment

Cash transfer empowers the recipients. For example, recipients can make their own decisions to improve their lives. Women's bargaining power within the household has increased; including the allocation of resources. In this context, empowerment can be in the form of promoting education for girls or allowing the recipients to have access to basic services. According to DFID (2011: 40), the majority of cash transfers have intentionally targeted women. This constitutes a form of empowerment. At the household level, recipients no longer have to resort to negative coping mechanisms. Furthermore, cash transfers have not only encouraged empowerment but have improved the self-esteem and status of the vulnerable groups in society. In the process, women have become actively involved in their household or communities. Neves et al, (2009: 26) add that there is substantial evidence connecting empowerment with cash transfers, despite this phenomenon being under-researched in South Africa. People who were previously excluded because of gender, education, and locality have been empowered through cash transfers. The researcher will further investigate whether the Child Support Grant empowers the recipient to challenge the government in the process.

2.8.3.5 Financial inclusion and access to credit

Figure 1 illustrates that cash transfers enable access to credit and financial inclusion. Poor communities in most cases do not have any collateral. Being a recipient of a cash transfer has allowed beneficiaries to access credit on better terms. This phenomenon is also made possible by technological advancement, payment options at banks and post offices. Despite the linkage of cash transfers and financial inclusion being a new concept, it is an idea that is evolving (DFID, 2011: 36). Depending on the cash transfer payment method and design, the poor can be assisted to access financial services through the existence of cash transfer (DFID, 2011: 37).

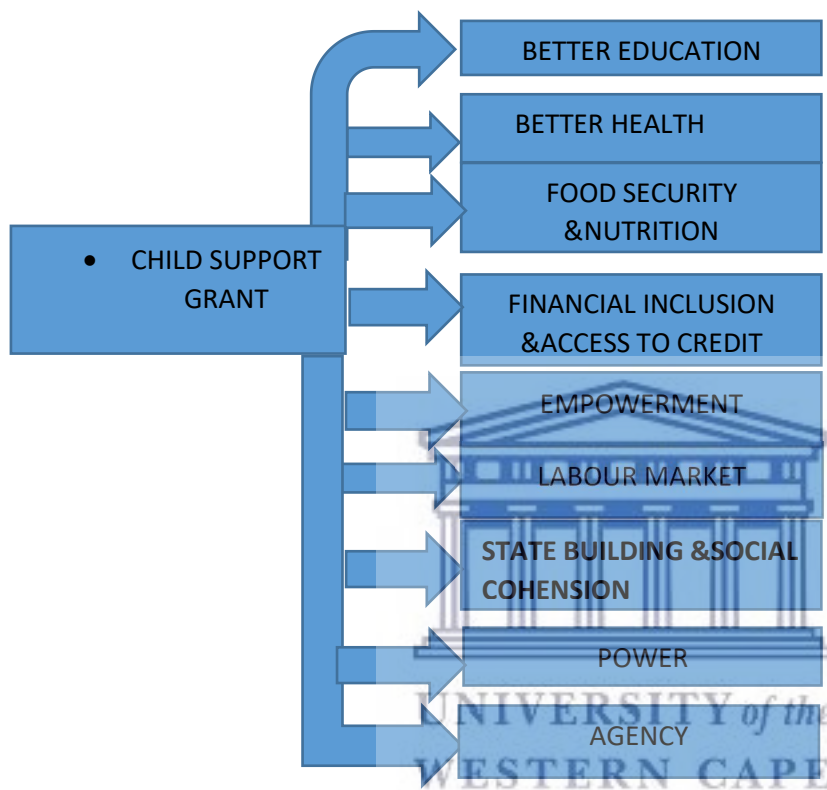
2.8.3.6 Labour markets

Figure 1 demonstrates that cash transfers can increase labour market participation in a poor household. Promote employment and minimize the burden of childcare responsibility. The recipient of cash transfers can engage in job-seeking activities. When analyzing the impact of cash transfers, it is further clear that it has had a positive impact on the reduction of child labour. For example, Cambodia, the results from the Cambodian Education Sector Support Project show that the cash transfer has led to a decrease in child labour by 11 per cent. While in Brazil child labour has been decreased by 26 per cent. The same can be applied in Ethiopia and Colombia (DFID, 2011: 38).

2.8.3.7 State Building and Social Cohesion

Apart from cash transfers being a poverty alleviation tool, cash transfers build and strengthen the contract between the state and citizens (DFID, 2011: 36). This is significant in post-conflict countries or societies. In other countries cash transfers have played a significant role in promoting peace, prevent conflict and enabling inclusion of social groups. Cash transfers have contributed to the process of integration, human rights obligation, and accountability. In many sectors, the impact of cash transfer is visible socially, culturally, politically, economically, and in relation to civil rights (DFID, 2011: 36). Molyneux, Jones, and Samuels (2016: 7) concurs that cash transfers enable those weak and stigmatized individuals to participate in society. For instance, continuous cash transfers permit people to partake in

family events or traditional rituals. This can be in the form of paying for gifts, outfits, transport costs, etc.



2.9 Figure 2 : DFID (2011) Amendments

As previously highlighted, the CSG which is the focus of this research project will be analyzed by adopting the elements of the DFID model for a causal pathway for cash transfers. In addition to the original logic of the cash transfer model, the researcher adds two very relevant concepts for the purpose of his study and they include; power and agency.

2.9.1 Power

The literature consulted demonstrates that the majority of the challenges encountered in relation to the CSG are interlinked with power and agency. In line with the above Dahl (1957) highlights the concept of power is often understood in relation to people's interactions. For example, certain individuals within a society tend to possess more power compared to others.

Furthermore, the element of power can be found not just with individuals but in nation states, government, offices, groups, actors and any human aggregates (Berndtson, 1970). Power is ubiquitous and has the potential of influencing or controlling human beings. Goldhamer and Shils (1939) argue that a person is said to be powerful to the extent of influencing the behaviors of individuals to suit themselves. In general, three different types of power exist that can be utilized. Firstly, power can be exercised through utilizing force in relation as an attempt to influence an individual's behaviour (Goldhamer and Shils, 1939). Secondly, power can be in the form of domination. This refers to when power is used to influence the behaviour of others to be what is desired by the individual who holds power. Thirdly, power can be manipulative. This is when the power comes in the form of symbols or certain acts. In this regard, Kessler (2010: 531) disagrees with the above mentioned and states that power does not necessarily have to be a good or bad thing. Power is capable of moving reality; power enables individuals to do certain things and power can be held by a powerful person Kessler (2010). In the context of this research, power relates to SASSA officials having power over CSG-recipients including the new applicants. On many occasions, officials portray themselves as power. This has been demonstrated by the literature in relation to administration, corruption, money shortage, unfriendly treatment towards the caregivers. In many instances, power over the caregivers is demonstrated by the official's treatment towards the caregivers. The researcher will look at whether caregivers have power and if they do use their power towards transforming the Child Support Grant.

2.9.2 Agency and the CSG

According to Emibayer and Mische (1998: 964) the definition of agency can be traced back to the era of enlightenment. In this era, agency was translated as an accurate expression of individual freedom. Every human being is considered to be a free agent that is able to make an accurate choice either for themselves or for the entire society. Agency implanted in human beings means having the capacity to shape one's circumstances. Sen (1985, 203) concurs that agency refers to what an individual is able to do and accomplish in reaching their goals, beliefs and whatever a person regards significant. This means individuals are responsible for bringing about transformation in order to achieve agency. Sen (1992) further argues a person must become successful in attaining the anticipated goals which are either linked to the well-being of an individual. Agency in this context implies CSG-recipients possess agency. Caregivers are supposed to voice their challenges and complaints in relation to the CSG. Therefore this research will reveal whether caregivers do have power or agency to challenge

the Department of Social Development and SASSA to improve their service. Additionally, the agency is central to the CSG and towards overcoming the challenges.

2.10 Conclusion

In this section, the researcher defined the concept of a conceptual framework. This was followed by what the DFID (2011) causal pathway framework shows in relation to cash transfers, including the different elements which make up the conceptual framework. Then the researcher highlighted the two concepts (power and agency) which have been adopted for this study and to answer the research questions. The next section will provide a discussion of the research methodology of this study.



CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter provides a summary of the research methodology adopted for the study. This includes outlining the research design, study area, population, sampling procedure, research instruments, data collection, and data analysis. The chapter also took into consideration the ethical issues that guided the study, give an overview of reflexivity and limitations will be conversed.

3.2 Research Design

A research design is a complete outline of the steps that must be followed to implement a research project (Durrheid, 1999: 29; Bergman, 2009; Creswell, 2017). Creswell (2009) posits that research design is perceived as a diagram. This diagram incorporates philosophy, provides a detailed technique of how data will be collected, interpreted and analyzed. Most importantly, a research design must be appropriate and sufficiently answer the research questions. In line of the above, the research design for this study followed an in-depth, interpretive, qualitative research approach. For this study, data was collected from CSG-recipients. Data collection occurred in Mfuleni community. The qualitative approach anchored on caregivers' perceptions about the purpose, uses and adequacies of the CSG in Mfuleni, Western Cape, South Africa, considering implications for social policy. Caregiver's who are the recipient of the CSG were considered significant and appropriate for the research particularly the responding to the research questions. In addition, the research took into consideration that the grant is collected by caregivers and utilized behalf of the children. It is for these reasons the researcher considers caregivers to be significant for this study.

3.3 Choice and rationale of research design

Commonly, in the social science discipline, there exists two types of research tradition; quantitative and qualitative research approach (Richards and Munsters, 2010; Denzin and Lincoln, 2011). Quantitative research approach gives emphasis to numerical data, and qualitative approach concentrates on the viewpoints of a particular phenomenon that exists in society (Babbie and Moutin, 2001; Shkedi, 2005). William (2007: 67), Shkedi (2005), and

Babbie and Mouton (2001) concur that qualitative research includes making discoveries and enable the provision of detailed data collection. Researchers who utilize qualitative approach are able to obtain in-depth explanations on the particular phenomenon under study (Mack et al., 2005: 13; Blackstock et al., 2006). The qualitative approach often makes use of these three approaches; focus group discussion, direct observations, and interviews when conducting research. For the purpose of this research, a qualitative research approach was employed. In so doing, the researcher conducted ten in-depth interviews and one focus group discussion comprising of six caregivers with the intention of gaining a better understanding of the perceptions about the purposes, uses and adequacies of the Child Support Grant and triangulating to confirm/disprove claims made in the interviews.

Moreover, qualitative research is underpinned by three research paradigms: positivist, social construction, and interpretive paradigm. The positivist approach assumes science is the way to go to uncover the truth and understand reality. Reality is viewed through one way and the aim of a positivist approach is to explain what will occur in the world through causal relationship and looking at regularities fundamental elements (Krauss, 2005: 6). Fossey et al. (2002: 719) talk about a social/critical constructionist approach which is interested in language and how it shapes social reality. At the same time, this approach seeks to understand how the different versions of reality derived from a language. The social/critical approach also seeks to differentiate myths, truth, empower people and transform social realities. Lastly, the researcher will adopt the interpretive approach in support of this study. The interpretive approach asserts that reality is multidimensional and difficult. This approach believes that the general public constructs their social reality. In this regard, the people are significant and the social world is studied through their eyes without the interference of the researcher (Dammak, 2015). For the purpose of this study, the interpretive approach was adopted to understand the experiences of CSG-recipients and make sense of their realities of the world and the meaning they attach. Meaning can be created through interactions (Fossey et al., 2002: 719). Investigating the perceptions about the purposes, uses and adequacies of the Child Support Grant in Mfuleni, Western Cape, South Africa is an attempt to understand the different realities of caregivers' based on their experiences.

3.4 Study Area: Mfuleni (Cape Town, South Africa)

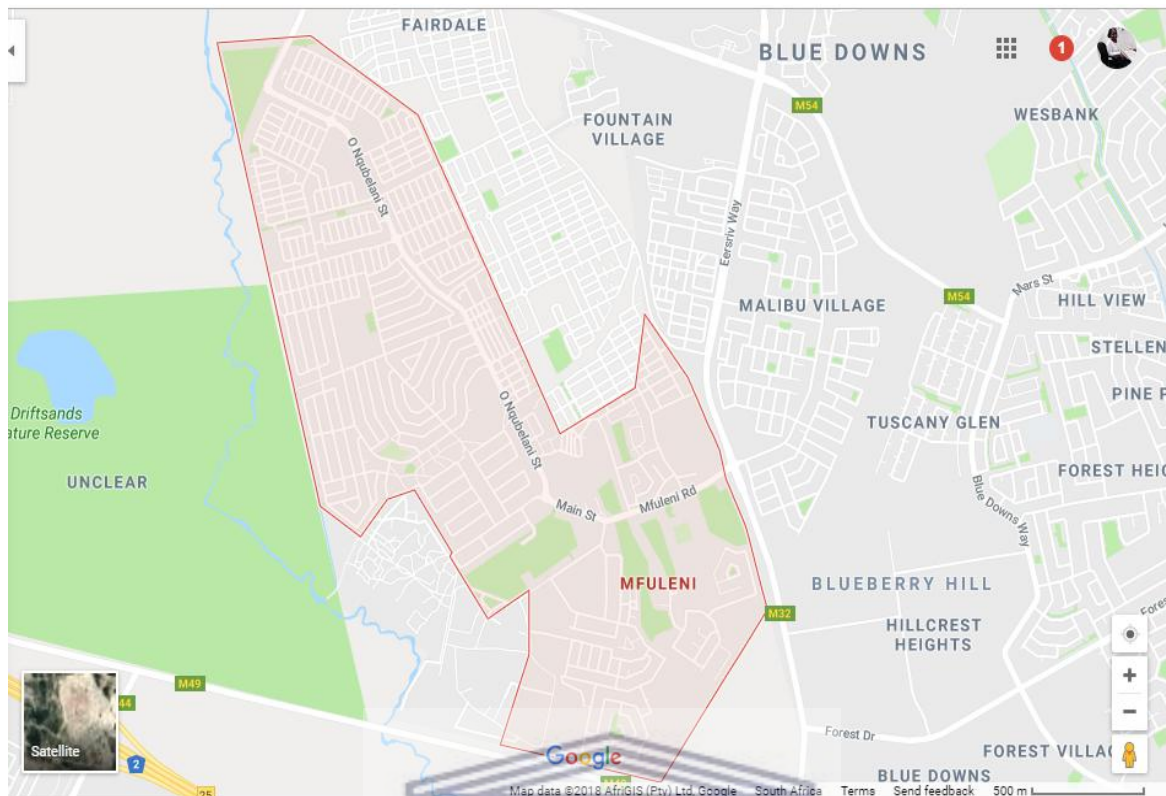


Figure 3: Study Area

This research was initiated in Mfuleni a township within Cape Town Metropolitan, in the Western Cape Province, South Africa. The name Mfuleni means the people who reside by the river in isiXhosa. The population of Mfuleni is 52, 274; younger than 14 years of age make up 30.4%. The elderly people between 65 and above make up 46.1% of the population. The population of Mfuleni that have electricity is approximately 82.9% of the houses, and 86.2 % of the people have a flushing toilet. Additionally, the 37, 2 % of the houses are female-headed households. Moreover, 62.5% are formal dwellings, and the houses owned by residents, are 30.3 %. The people who have obtained higher education aged 20 and above are 3.9% and those with matric who are 20 and above are 9.3% (STATSSA, 2011: 1).

3.5 Sample size

In this regard, McMillian and Schumacher (2001: 175) highlight the size of a sample is a significant component of data collection and must be taken into consideration prior to selecting the specific elements from the target population which will be representative and informative of the study. This study mainly targeted CSG-recipients households in Mfuleni community. Conversely, the household that participated in the study were carefully selected

and must have a child or children who were a recipient of the CSG. A total of 10 caregivers were approached. The above mentioned was influenced by time constraints, inadequate resources available, accuracy as a prerequisite and the costs associated with this study. This number of caregivers was also selected by the researcher for error control (Du-Plooy-Colleir et al., 2014: 144).

3.6 Sampling procedure

According to Latham (2007) sampling is a subgroup of a population selected based on their representation of the population. The sub-group selected must possess characteristics of the entire population. The researcher can either utilize probability or non-probability sampling technique. In this study non probability technique which involved purposive and snowball sampling was also employed in the study to obtain participants. As Du-Plooy-Cilleir et al. (2014: 136) point out non-probability sampling is generally used in qualitative research studies. This decision was based on the fact that it was difficult to differentiate from the population of Mfuleni who is a CSG-recipient caregiver. In line with the above mentioned the researcher cautiously selected 10 caregivers in Mfuleni who were a recipient of the CSG to partake in the study and constituted the sample. Despite obtaining 10 caregivers to participate was challenging. This was made easier by the assistance of recommendations from CSG-recipients. The above was expected since the nature of the topic was sensitive; it was difficult to determine who are the CSG-recipients from the entire population of Mfuleni.

To develop the preferred sample method, various authors such as Teddie and Fen Yu (2007) and Du-Plooy-Cilleir et al. (2014: 138) add that a researcher has to decide which sample method they consider suitable for their research. From that, the researcher has to select a sampling method considered most appropriate.

For the purpose of this study snowball sampling and purposive sampling technique was used. According to Patton (2014) snowball, sampling or chain referral method involve participants referring to each other to participate in a study. Having taken into consideration the sensitive nature of the topic under study, purposive sampling and snowball sampling technique were considered appropriate. Purposive sampling involves selecting participants according to pre-set criteria for particular research questions (Mack et al., 2005: 5).

During data collection, initially, it was difficult to pinpoint CSG-recipients and being an insider from the community of Mfuleni become useful in this sense. This refers to obtaining caregivers from the areas for the interviews, the focus group discussion, and the researcher to

acquire in-depth data about CSG-recipient. Caregivers who were the recipient of the CSG were useful and were the most informative in many aspects of data collection. However, it was not all caregivers from the area that partook in the study including those that were automatically referred by others CSG-recipient from Mfuleni. The researcher was guided by the research questions and looked for specific characteristics from the population and neglected caregiver who were not recipients of the CSG. This included those who recently became recipients might fabricate information or not provide in-depth data. Snowball made obtaining participants easier as participants already knew each other and suggested others who could be a potential participant in the study. Both Snowball and purposive sampling are methods which were frequently utilized in this study. The advantage of utilizing these methods was that the elements fit with the populace parameter of a study.

3.7 Data Collection instruments / methods

Data collection for this study was conducted during November 2018 in Mfuleni community. In fulfilling the objectives and attempting to answer the research questions for this paper, the researcher primarily utilized and collected primary data. According to Hox and Boeije (2005), primary data is data collection with the intention of uncovering a particular problem using research methods. More so, it improves existing knowledge previously written by other researchers. For the purpose of this study, a focus group discussion and open-ended in-depth individual interviews were employed.

3.7.1 In-depth interviews

According to Gill et al. (2008) fundamentally, there are three types of qualitative research interviews: structured interviews, in-depth interviews, semi-structured interviews. Structured interviews involve asking participants the same set of questions. Thus the questions are created before the interview begins. The questions are standardized with no variation and are quick to administer. In contrast to the above mentioned, in-depth interviews do not adhere to any predetermined questions. Lastly, the in-depth interviews technique was adopted for this study. However, this technique comprises numerous questions and is time-consuming. This method was selected because of its flexibility and allows the researcher the opportunity to probe or ask participants to elaborate on what they have said (Babbie, 2010: 318; Rubin and Rubin as cited in Babbie and Mouton, 2008: 289). Rubin and Rubin as cited in Babbie and Mouton (2008, 1995: 43) and Mack et al., (2005) points out that, qualitative research interviews are one to one discussions that are structured, with the purpose of obtaining

descriptions of the world and its meaning. Similarly, the researcher conducted in-depth interviews and interacted with caregivers about the CSG. In-depth interviews assisted the researcher to learn more about the CSG phenomenon and understand it better. In total, 10 caregivers were interviewed from Mfuleni using open-ended questions. Each interview was approximately 25 to 30 minutes. The researcher selected 10 caregivers because the purpose of this research was for a master's degree and the duration is given to complete the master's program is limited. Additionally, the study is not a comparative study, or broad in terms of scope and sample size. Therefore the researcher assumed 10 caregivers were appropriate for the outlined scope of this research project. In addition, qualitative research, in general, does not put emphasis on sample size but on obtaining enough participants to reach data saturation but be representative of the population. In line with the above mention, ten caregivers enabled the researcher to reach saturation (Morse, 2000; Du-Plooy-Cilleir et al., 2014: 136). The researcher also took notes and recorded all the interviews conducted.

3.7.2 Focus group discussion

According to Lichtman (2010) focus group discussions allows a researcher to get a detailed understanding of the topic being investigated. Babbie and Mouton (2008: 292) add, focus group discussions include people who are diversely engaging in a conversation. The participants for any focus group must be selected based on their significant contribution to a study (Mack et al., 2011: 16). Importantly every participant must be given an equal opportunity to talk and contribute to the data collection process. This enables a researcher to not only get a better understanding but in the process explore the norms, the culture of the group in the process and the various issues of distress (Mack et al., 2005: 13). For the purpose of this study, a total of 6 caregivers who were recipients of the CSG were selected. One focus group was held in one of the caregiver's households with caregivers of various age categories. Before commencing, the focus group informed consent was obtained individually. Additionally, ground rules were set by the caregivers. For example, all cell phones were switched off by all caregivers. The purpose was to create order and capture everyone's viewpoint uninterrupted. The researcher utilized open-ended questions and allowed caregivers to share and reflect on their different and similar views associated with the CSG. The above mentioned benefited the research by obtaining in-depth information, verified on-time by the different participants which might not be captured by the interviews questions. Audio recording and notes were taken by the researcher while conducting the focus group discussion.

3.8 Literature Review

Numerous secondary data sources that were considered relevant for this study were employed. This involved utilizing various literature sources such as books, journals, internet sources, articles, working papers, discussion papers and documentation produced by institutions, globally and in South Africa and Social Development reports.

3.9 Data Analysis

The purpose of data analysis is to enable the data collected to have direction and reduces the size of the data collected to be controllable (Kultar, 2007; Majesky, 2008). In light of the above, the data collected was analyzed qualitatively. This is applicable to in-depth interviews and the focus group conducted as previously mentioned. Thematic analysis was utilized for data the analysis process. Braun and Clarke (2006) highlight thematic approach is recognized for its flexibility. The thematic approach also offers detailed and rich data. Braun and Clarke (2006: 79) add that the thematic analysis involves searching for common trends during the interview process and it uncovers relevant issues through research.

Thematic analysis was assumed to be appropriate for identification, reporting and analyzing patterns from data collected for this study. The researcher's understanding was compared to that of the CSG-recipients in this context. Further, the data acquired from both in-depth interviews and focus group followed these steps. The researcher transcribed all the interviews and made sense of all the transcriptions. This was followed by the researcher engaging with the data made sense of everything. In so doing, various themes emerge that were useful during data analysis and constituted the actual findings of the study (Polit and Beck, 2003; Loffe and Yardley, 2004). All the participants were given a number from one until 10 to avoid using their real names. Below is an outline of the thematic analysis procedure that was followed:

Familiarizing of data: According to Braun and Clarke (2006: 87-88) acquainting yourself with the data is the first step of data analysis. This was achieved by the researcher reading and rereading the data to make sense of the research instruments employed to establish patterns. The researcher played all the audio recordings including the individual interviews

and the focus group discussion that was recorded. This included the notes taken when the researcher was collecting the data.

Coding: Coding is the next stage that follows once the researcher has been able to make sense of the phenomenon under study. The codes emerge from the data collected. In this study, this process was aided by Open-Code 4.03 software and uploaded the transcriptions to assist the researcher to make sense of all the data. The researcher was able to differentiate what could be classified as a code from the entire data. In order to code, the researcher utilized a combination of data-driven and theory driven techniques. This meant that the researcher used the data to establish the codes and the conceptual framework proposed earlier (Braun and Clarke, 2006: 88; Fereday, 2006: 82-90; Burnard, 2008: 429).

Reviewing the themes: In this stage, the researcher generated the sub-themes. The themes were firstly separated to know which one would fit where. Once the researcher had established all the themes the different themes were combined in line with the research objectives (Braun and Clarke, 2006: 91).

Identifying of themes: The researcher transferred all the sub-themes under one main theme according to objectives. In so doing the researcher was able to logically arrange the data under the respective themes to answer the research questions.

Reporting: All the data collected by a researcher must be analyzed. This includes the researcher providing evidence of the descriptive data (Braun and Clarke, 2006: 93). In light of the above the researcher had to separate chapters that focused on the findings of the research and also use quotations to better illustrate the arguments made by the participants (see chapter 4). This was followed by a discussion of the findings in chapter 5. In this chapter, the researcher attempted to critically analyse the data in line with the literature consulted and the DFID 2011 cash transfer model.

3.10 Reflexivity Section

According to Horsburgh (2003: 308) and Dowling (2012) reflexivity involves a researcher recognizing that they have an impact on meanings and the situation being researched. As a result, a researcher's activity and decisions become an essential fragment of the world being studied. In addition, establishing neutrality or detachment pertaining to data collection and the analysis becomes impossible for qualitative researchers. Dowling (2008) further adds that

reflexivity has played a significant role in feminist research, ethnography, participatory research, hermeneutic and post structural approaches. In this regard, Finlay (2014) states that reflexivity influences can be assessed through five lenses. The five lenses are as follows: strategic reflexivity, contextual reflexivity, embodied reflexivity, relational reflexivity, and ethical reflexivity. In the subsequent section, the researcher will provide reflexivity in line with the above-mentioned lenses in so doing the experience of the researcher and caregivers will be acknowledged.

3.10.1 Strategic Reflexivity

Strategic reflexivity concentrates on the methodological features of a study. In this study, the researcher was guided by the research questions and objectives. This involved the in-depth interviews and focus group discussion constructed to answer the research questions and the DFID conceptual framework for cash transfers. The researcher realized that asking the question in deep isiXhosa had its disadvantages. This is because isiXhosa is diverse and because the study was conducted in an urban area the researcher had to switch to utilizing informal isiXhosa that was most appropriate for a township setting. For example, the English question posed was as follows:

What do you take into consideration before utilizing the Child Support Grant?

This question was translated into simple urban isiXhosa as follows:

Yintoni oqale uyicinge phambi kokuba usisenbenzise isibonelelo sabantwana?

When translated utilizing deep isiXhosa the question was as follows:

Phambi kokuba usebenzise isibonelelo sikarhulumente sabantwana zintoni othi uzithathele engqalekweni ?

The researcher also realized using isiXhosa alone was problematic. Therefore the researcher made a decision of asking caregiver's beforehand which language they preferred being interviewed after realizing some caregiver's preferred English. For the elderly who were mostly uneducated, they preferred isiXhosa while caregiver's with English proficiency were asked in English as their preference. This included some of the young mothers.

Translating the questions into another language like isiXhosa can result in the meaning being altered. Therefore, the researcher tried to translate the questions close to what was initially asked in English.

3.10.2 Context Reflexivity

According to Finlay (2014), context reflexivity studies the situation and cross-cultural prerequisites when conducting a research study. Despite the researcher residing in the community, being a student in a tertiary institution was accompanied by trials. Firstly, the caregivers immediately after the researcher mentioning that she was from a tertiary institution their attitudes changed. This to some extent had a negative impact on the answers provided. Some of the caregivers gave simple sentences; others were shy while some doubted their answers were correct. In response to some of the questions, caregivers would redirect the questions to the researcher to examine what had been said previously and jokingly stated the research would be assessed therefore the researcher ought to know what to say on their behalf. The researcher would deflect the questions and explained to the caregivers that their responses are very important and therefore should share as much as they can. In addition, the researcher informed the caregiver's about not being allowed to influence their answers; she clarified her role is to report on what was said.

Speaking to the caregivers in their home language and assuring caregivers that there is no right or wrong answers boosted their confidence. This allowed the researcher to probe and listen to the caregivers. Emphasizing to caregivers that the researcher needed to obtain information motivated them and enabled the researcher to gather detailed experiences. The researcher proposed to caregivers to feel free to stop the researcher at any time to repeat questions or clarify the meaning.

3.10.3 Embodied Reflexivity

Embodied reflexivity is interested in non-verbal statements between the researcher and participants. In line with Finlay's (2014) position on the importance of non-verbal communication, non-verbal communication was very significant throughout the data collection process. This assisted the researcher to respect the norms and principles of the community of Mfuleni. For instance, there is a particular manner in which to address elders,

great and respond to elders as a form of respect. As previously indicated the researcher was from the areas and therefore, was able to adhere to the cultural norms and standards.

When conducting the interviews, the researcher shook the hands of all caregivers. The researcher further greeted caregivers in a polite manner by using mama (mother), makhulu (grandmother) and sisi (sister), if the father was present the researcher used tata (father). The researcher throughout data collection wore skirts which are clothes worn by females, avoided looking at elders in eyes while speaking and waited for them to be done speaking and then continued according to cultural norms and standards.

3.10.4 Relational Reflexivity

According to Finlay (2014) this form of reflexivity refers to caregivers or the researcher's relation contributing to certain kind of answers. Taking into consideration that the researcher is from the community, relationships were established. This assisted the researcher to establish relationships with caregivers and helped establish the negatives and positives associated with the grant. Further, the researcher looked beyond the household structure, levels of formal education and treated the women with respect and did not wear extravagant outfits.

3.10.5 Ethical Reflexivity

Ethical reflexivity is concerned with ethical challenges within a specific context in the progression of a research project. To obtain the consent form from caregivers was not without challenges. This was applicable to all caregivers. Many caregivers gave their consent verbally but were cautious of signing the consent form. Explaining the purpose of the consent form did not make much difference. As a result, some of the consent was captured on the audio device and the research indicated on a particular respondent or caregivers would be a consent form that it is on the audio at this number of minutes (audio running time). The majority of illiterate and sceptical preferred this option. In this regard, consent was read aloud by the researcher and consented; another group of caregivers gave consent to participate in written form. This prevented caregivers from feeling forced considering that they were uncomfortable signing due to concerns of their grant being terminated.

Taking into consideration that the nature of this study was sensitive and there exists a stigma about caregivers who were recipients of the grant. The researcher was concerned about how s(he) will obtain caregivers to partake in the study. This process was made easier through the

use of purposive, snowball sampling. Caregivers in this regard were crucial as they practically went with the researcher door to door suggesting caregivers whom they knew would provide in-depth information. Caregivers assisted the researcher by referring fellow caregivers to the researcher. However, not all caregivers referred to as it was not compulsory. Conducting interviews with caregivers provided them a platform to express themselves; however, the danger was that SASSA was not included to obtain balanced perspectives.

3.11 Limitations of the Study

The CSG-recipients were extremely helpful in this study. This was evident in the collection of data and having referred to other caregivers. However, the caregivers expressed their concerns about the type of questions being asked by the researcher. The researcher prior to signing the consent forms, explained everything again when doubts emerged. There were challenges encountered in this study, particularly in answering the questions about power and agency. Caregivers might have not answered the questions as honest as they should. The answers provided to the researcher could be answers caregivers assumed the researcher wanted to hear especially since the researcher is pursuing a Master's degree. This might have impacted on answers. In addition, there was still a lingering fear that maybe their grant can be discontinued by the state. The researcher noted that this lingering fear was linked to the nature of the topic and question posed to caregivers. Another limitation was that it was challenging to arrange an interview time with the caregivers. Despite snowball and purposive sampling was utilized and referral by caregivers. The researcher would arrive in a particular household whilst the caregivers were busy with their daily activities and had to respect that, in most cases rescheduled for an appropriate time. In some households, the researcher continuously pause the recorder because of frequent interruptions. When the researcher was conducting the focus group discussions it was challenging to gather all the participants, at the desired time by the researcher.

3.12 Ethical considerations

This research was conducted immediately after the researcher had been granted approval by the University of the Western Cape, Senate Research Committee. The researcher conducted an ethical study. The researcher ensured that all caregivers who participated in the study were treated in an ethical manner. As indicated above, the researcher did seek informed consent. In this study, the researcher obtained an informed written and verbal consent prior to conducting

the in-depth interviews and focus group discussion in Mfuleni. The researcher ensured that the consent was informed by providing information pertaining to the caregivers in the language of caregivers, in this study this was achieved in isiXhosa. The researcher explained what the research entailed to all caregivers to ensure beforehand that they understood what the research entailed and if they wanted to continue and participate. This was achieved by having a written information sheet in the language of the participants, isiXhosa. The information sheet detailed what the study enquire. This included the aims of the study, what is the role of the caregivers in the study. The length of the interviews and the focus group discussion was highlighted (see Appendix 2 and Appendix 3).

The researcher emphasized confidentiality and stipulated what were the benefits of the study, and discussed the possible risks of the research and how the risks would be minimized. The voluntary nature of participants in the study would have no consequence to the caregivers. The information sheet provided to caregivers mentioned who was the rightful person to contact should the caregivers have any questions. The study was anonymous and the caregivers were not asked to share their personal identities. Anonymity and confidentiality were guaranteed using pseudo names instead of real names of participants. Thus the specific data collection area in Mfuleni, was not mentioned anywhere in the study. Participants were partaking in the research did so voluntarily. The safety of participants was guaranteed by conducting interviews inside the caregiver's households and the focus group discussion was held in the library discussion room. The researcher ensured that the information gathered the data collection process was used for the proposed purpose of the study only and kept confidential.

Lastly, for this study the sample comprised of 10 CSG-recipient to be representative of the entire population. The selected sample size was quite small therefore it was hard to make generalizations. Despite the researcher residing in the area, language was the biggest barrier. The researcher did her best to translate in isiXhosa since it is her mother tongue. This was very time consuming and the original meaning could be lost when translated in English. To respond to concerns of meaning being lost the information sheet and question were proofread for a second opinion by a Xhosa teacher from the community.

3.13 Conclusion

In this chapter, the researcher outlined the research methodology that was utilized. The research design was discussed which was purely qualitative, the study area, sampling procedure, research instruments, data collection techniques and how data would be analyzed was discussed. This included highlighting the ethical issues that were taken into consideration. The challenges that were encountered in the study were discussed. In the following chapter, the researcher will provide a discussion on the findings of the study.



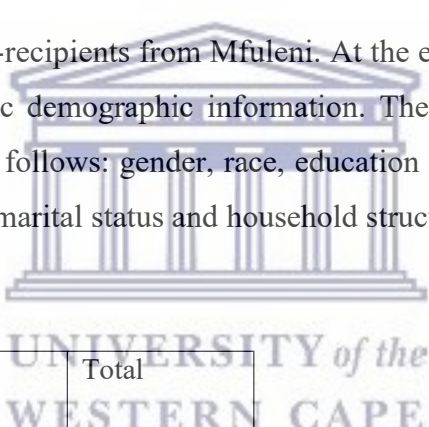
4 CHAPTER FOUR: FINDINGS, ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

In the preceding chapter, the researcher highlighted the methodology and instruments employed. This chapter will present the findings that emanated from the analysis of the data. The researcher will commence by providing demographic information of the participants in a table. This will be followed by a discussion guided by each objective as outlined in chapter one. The different themes which emerged from data analysis will be discussed in this chapter. In the discussion, findings will be interpreted by situating them in the broader body of knowledge concerning the CSG in South Africa, and by considering the theoretical framework outlined in chapter 2.

4.2 Demographic information

This study comprised 10 CSG-recipients from Mfuleni. At the end of each in-depth interview, caregivers provided their basic demographic information. The demographic information of the caregivers was outlined as follows: gender, race, education level, employment status, age category, number of children, marital status and household structure.



Demographic Information	N	%	Total
Educational Level			
Primary	2	20 %	20 %
Secondary	8	80 %	80 %
Employment Status			
Occasionally Employed	3	30 %	30 %
Unemployed	3	30 %	30 %
Self employed	4	40 %	40 %
Age category			

15-18	1	10 %	10 %
19-21	1	10 %	10 %
22-30	4	40 %	40 %
31 above	4	40 %	40 %
Number of children			
1-2	4	40 %	40 %
3-4	5	50 %	50 %
5-6	1	10 %	10 %
Marital Status			
Widow	1	10 %	10 %
Divorced	1	10 %	10 %
Married	4	40 %	40 %
Single	2	20 %	20 %
Cohabiting	2	20 %	20 %
Household Structure			
RDP House	5	50 %	50 %
Shack	3	30 %	30 %
Brick house	2	20 %	20 %

Table 1: Demographic Information

Females constituted 100 % of the caregivers that were sampled for this study. This is because only female caregivers could be found when the researcher was looking for participants to enrol in the study. This is not surprising, given that current evidence shows that children in many communities are cared for by females (Edward, 2015:36). All participants were primary caregivers and Black South Africans. Approximately 80% of caregivers had obtained a secondary education. Twenty per cent (20%) of caregivers attained primary education and none had entered tertiary education.

The study revealed 40% of caregivers were self-employed, 30 % were occasionally employed and another 30% were unemployed. Similar findings were discovered by the International Labour Organisation (2011:378), stating that beneficiaries of the CSG were unemployed or engaging in paid work. Most caregivers' ages ranged between 22- 30 (40%) and 31 and above (40%). It was only a few caregivers who were aged between 15-18 (10%) or 19-21(10%). The youngest caregiver was 16 years old and the oldest 55 years old. Fifty per cent of caregivers (50%) had 3-4 children, 40% 1-2 children and 10 % had 5 children. This finding is in line with SASSA (2009) which states the number of children the grant can support is a maximum of six. Just about 40% of caregivers were married; 20% were single or cohabiting caregivers. It was only a few caregivers who were divorced (10%) and widowed (10%).

4.3 Outline of the findings

4.4 Caregivers understanding of the purpose of the CSG

In this study, the majority of caregivers had their own interpretation of the grant including its purpose. Caregivers had contradictory views regarding their understanding about the purpose of the grant, particularly whom it is meant to benefit. The majority of the caregivers' interpretations were in line with the government's objective of the CSG. It was only a few whose interpretation was somewhat different. These caregivers said the grant should be solely for children, whilst some caregivers saw the grant as their source of income. This was dominant in a household with unemployed caregivers. The caregivers' understanding of the purpose of the grant was either to solely meet their children's needs, or to benefit the entire household, or intended to be the income of unemployed caregivers.

4.4.1 The CSG as a grant to meet children's needs

Numerous caregivers reported that they utilized the CSG towards their children. For example, some said that the CSG contributes to the well-being or general upkeep of children, especially towards their children's basic needs. It was a general perspective among the respondents that all caregivers who are eligible to receive the grant on behalf of their children ought to do so. Their argument was that the government's aim for establishing the grant was to support caregivers in taking care of their children.

“.....In my view, the grant is meant to be for my children only although I receive it on behalf of the child. It could be that the government realized that our children are suffering that is why the grant was established to assist poor caregivers to raise their children. Plus to

raise a child is not easy and it is expensive from when they are a new-born up until they reach adolescence. So it is for the children only and not for something else....” (FGD, Respondent 6).

It was only a few caregivers who did not hold this view of the grant being only for their children. Given the high rates of unemployment in the country, it is no surprise that some caregivers saw the CSG as set out to benefit them, and in fact this view was also found in Surrender et al’s study (2010), which found that unemployment has contributed to increasing dependency on social grants in South Africa.

4.4.2 The CSG as a benefit of the household

Some of the caregivers who had large households perceived the CSG as existing to help them look after the entire household. This seemed to do with the fact that the majority of the household members were not working, and so their understanding was that the purpose of the CSG was to benefit the entire household. The majority of these caregivers interpreted the grant as contributing to food security. This understanding was not only applicable to the CSG but included any other social grants received inside the household. Some of the household members were unemployed and purposely stayed longer at their parent’s household until they had secured a job. One of the caregivers narrated that:

“.....The grant in my household benefits all the members of the household. By this I mean it is not children alone who benefit. You have to also understand that even the children whom I no longer get money from the state for were once a recipient. His money would also contribute to the household and fed everyone. Children also do not live in isolation, I mean I am also not employed and I cannot prepare food and eat it alone.....” (Individual Interview, Respondent 1).

The CSG has been seen supporting many poor households. In households where children experience extreme poverty, caregivers are now able to have financial assistance across different racial groups or gender. The CSG is also structured to enable male caregivers to be beneficiaries, however, they must meet the requirements (Hunter and Adato,2007:18). Although the immediate beneficiary are children, the CSG is also an add-on household needs and the circumstances improves for everyone. This finding coincide with Devereux who states that the CSG has many users and uses (Devereux,2017: 29).

4.4.3 The CSG as an income of the unemployed

The CSG was described by many caregivers as their source of income. This source of income was reliable, and guaranteed every month. As a source of income, the grant enabled caregivers to meet innumerable needs as compared to caregivers who were not working. Financially most caregivers could plan, live on a budget and as the grant was broken down to meet various necessities, it allowed caregivers to do all they intended, similarly to someone with a salary. Most of the caregivers who had mentioned that the grant was their only hope of an income were unemployed. Furthermore, some caregivers suggested that receiving the grant on behalf of their children had the unintended consequence of making them appear self-sufficient in the eyes of their husbands, resulting in inconsistent and sometimes lack of financial support from them.

“.....my husband does not give me money all the time. The grant is the only thing which I consider to be my only source of income. Although I have a husband he does give me though but not consistently. For most men, it is as if the government gives us quite a large amount and we can do almost everything....” (Interview Respondent, 7)

Among the caregivers who were working, very few said that the grant supplemented their low wages. In such households the grant was said to be utilized solely for their children's needs. Without this income, many caregivers would not be able to meet the basic needs of a child.

It is evident that perceptions of the grant and its purpose differed from caregiver to caregiver. This was influenced by a household's size, how many children a caregiver had, caregiver's employment status and type of employment.

4.5 Caregiver's utilization of the CSG

Most caregivers utilized the grant in a similar fashion; only a few utilized it differently. Caregiver's utilization of the grant entailed using it to meet the following needs; food, transport, healthcare, and clothing.

4.5.1 Food

Food was established to be essential among many caregivers. It is through the grant that many caregivers were able to have food in their households. To have food within a household meant children were assured of having something to eat at school and at home. Most of the food was to be purchased in large quantities and considered unhealthy. The food purchased

was reported to last close to the last week of the month depending on the household size and whether supplementary sources of income existed. In some households, the food was depleted in the first or second week of the month. The caregivers found that the money was insufficient to purchase nutritious food. However, some of the caregivers indicated that being a recipient of the grant enabled them to buy the food they would not eat in the middle of the month. Few caregivers detailed utilizing the grant towards purchasing once off luxury food for their children, for example, purchasing KFC, fish and chips. One caregiver informed that:

“....I now eat unlike before. The children know that even when they come back from school they would have food. In addition, the children know that even if they do not eat meat on a daily basis but they know that on the 1st of each month the meal they would eat will be different....”(Interview Respondent, 9).

Although the above findings are within a South African context, Aguero, Carter and Woolard (2006) made similar observations in many parts of the world. Cash transfers are primarily utilized to purchase food. Moreover, these findings are in line with the theoretical framework used in this study, which states that cash transfers are associated with hunger reduction and food insecurity. In addition, cash transfer theory states that most of the money from cash transfers is spent on food, especially in poverty stricken households. Furthermore, cash transfers have become even more significant in strengthening the demand for food (DFID, 2011:20).

4.5.2 Transportation

In this study, many caregivers reported that they used the CSG to pay for transportation. The majority of caregivers were utilizing the grant towards their children's daily transport fees for crèche, primary and secondary school and even at the tertiary level. Some of the caregivers used the grant for their trips to purchase food, clothing and for their annual trips to the Eastern Cape province, the original home for most Black South Africans who reside in Cape Town. Notably, the grant enabled children to partake in their school's outing. Caregivers who were embarking on job search activities or visiting their family members were assisted by the grant.

“.....when my eldest child was in university he completed his studies at CPUT through using the grant for transportation. He was using his little brother's grant to travel to the university on a daily basis throughout [his studies]...” (Number, 5).

4.5.3 Healthcare

Apart from utilizing the grant towards food and transportation, caregivers also utilized the grant towards healthcare. In both employed and unemployed caregiver's households, the grant was most instrumental in meeting healthcare needs. Most caregivers noted that the grant was utilized when they went to clinics for check-ups. The grant was also helpful when an unforeseen sickness emerged or the child was injured. Caregivers indicated that they were able to send the child to the doctor instead of the clinic or hire a car to the nearest health facility. Few caregivers indicated that they would rather go to a clinic than a private doctor, even in cases where the sickness was severe, because clinics were thought to provide inadequate care. Some of the caregivers sacrificed an entire cash transfer for their sickly child to get proper medical attention from a doctor.

“...My children can go to the doctor. For example, my eldest daughter had developed sores which were passed on when playing with other children. At first I sent her to the clinic and the medication did not work instead the sores were spreading. Then I decided to use the grant and go to the doctor where she got an injection and immediately she was fine...” (FGD, Respondent 6).

These findings are in line with the contention of this study's theoretical framework that there is substantial evidence that cash transfers have a positive impact on health services (DFID, 2011). In addition, the evidence is also that cash transfers increase spending on healthcare, as more and more people are able to access medical care. In other studies, the beneficiaries of cash transfers have also been seen accessing both public and health services, and prevention care (Matuku, 2015).

4.5.4 Clothing

A number of the caregivers emphasized that they utilized the grant towards purchasing clothes for their children. The majority of them used lay byes for the children. A lay bye is another option of purchasing clothes and individuals would pay for the clothes in installment. It is only once the total has been fully paid a caregiver would be given their clothes. All children would have something new for the new or different season, an important day such as Christmas and school uniforms when schools open. Additionally, a selected few caregivers believed it was better to purchase second-hand clothes for their children because this enabled

them to save the rest of the money and their children would be clothed. This was illustrated by a caregiver who responded by saying that:

“..... during the different seasons I can do lay-byes. When it is back to school time the grant can assist me to pay for some of their things which the school requires. My children take turns one by one so that when a new season comes for all the children to have something new....” (Interview respondent, 1).

4.5.5 Education

Most of the recipients of the grant indicated that they utilized the grant toward their children’s education. The majority of children had gone through early childhood development funded by the grant. Some caregiver’s solely depended on the grant for the completion of primary, secondary phases and tertiary. The grant had assisted caregivers to purchase school requirements such as stationary, uniforms, shoes, outings and fund-raising activities. A large portion of caregivers envisioned a brighter future for their children and through the grant, they valued education.

“...at the beginning of the year I often purchase what do you call stationary with the grant. I take from the money to purchase whatever I consider my child to need so that she can go to school....” (Interview respondent , 2).

In relation to the theory adopted, cash transfers have were found having a positive impact on education. The theory, states that cash transfers enhance school enrolment and attendance. Thus, cash transfers have a correlation with human capital (DFID, 2011: 23). Similarly, numerous authors such as, Devereux, 2010; Wright et al., 2015; Glewwe and Ana, 2012; Perov and Vakis, 2012) have reiterated the above relating to education.

From this analysis, it is evident that most of the caregivers had multiple uses for the grant including food, transportation, health-care, clothing, and education. Having access to some social services was improved by the CSG. The CSG was able to fund many of the above-mentioned social services. In addition, the utilization of the grant was further influenced by many factors such as a caregiver’s financial status, marital status and the arrangement of their household whether the husband was supportive financially. Some widows were left with the financial burden of raising children alone because their husband had not left them financial savings. This left caregivers struggling financially and relying fully on the grant.

4.6 Caregiver's opportunities from the CSG

The purpose of the grant was to assist in raising children, however other unplanned purposes emerged. For many caregivers the grant created different opportunities for being and doing, for example, attending a birthday celebration and contributing towards a family gathering. As a result, the caregivers were able to partake in communal and family functions. The opportunities were created by the fact that the caregivers had additional income to assist them. In this way, various needs and wants of both the recipient child and their caregivers could be achieved. These findings bring to mind Sen's Capabilities Approach, which contends that development interventions must create new freedoms for the poor (Sen, 2001) and Syned, 2014). Clearly, despite its limited reach, and its low threshold, these findings suggest that the CSG in its limited way does realize various kinds of opportunities and perhaps freedoms for its beneficiaries, beyond affording them basic subsistence.

Other opportunities that respondents in this study indicated as enabled by the CSG included the ability to access informal credit, search for work, and engage in micro-entrepreneurship.

4.6.1 Access to informal credit

Most caregivers revealed that they were not able to use the grant to access loans at formal financial institutions. This is because they did not possess any collateral to indicate they would be capable of paying back the loans. As a result most considered informal credit facilities known as loan sharks to be the only viable option. Unlike the bank, a loan shark has no prerequisites in place, except leaving the CSG card and identification documents at their disposal until the loan is fully paid up. Most caregivers who seized this option were obliged to adhere to the above mentioned conditions to secure a loan. The majority of caregivers indicated that getting a loan from a loan shark was easy and approval was granted within minutes. It was only a few who thought it wrong to utilize the grant to access loans from loan sharks. Those who disapproved argued that loans kept caregivers indebted and their children suffered as a consequence. Some of those who disapproved of using the grant to access credit from loan sharks nevertheless engaged in this practice for lack of viable alternatives:

"..... I can say it is going to the loan shark with the CSG card. I am aware that is not right but I feel like at times it is the only option. The CSG is really small and I cannot do everything with it and the loan shark whenever I am constrained I do go to them. I do try to not make a habit of this because their interests are ridiculous as if we work for them...." (Interview Respondent, 4).

The excerpt above indicates that the use of loan sharks to access credit reinforced the inadequacy of the grant amount. Further in this study it was shown that factors such as a high number of dependents, unemployment, being a single parent or unforeseen problems drove caregivers to resort to this undesirable option.

These findings further cement the earlier analysis that the CSG creates otherwise inaccessible opportunities for recipients, in this case the opportunity to access credit. A population otherwise dismissed as not credit worthy, is able to use the grant as collateral to access credit in informal settings. Zembe-Mkabile et al. (2015:10)'s findings confirmed the same; in her study she found that through the grant, many caregivers became creditworthy in their respective communities because the CSG card served as a guarantee that creditors would be paid. In the theoretical framework used for this study, cash transfers are acknowledged for their ability to enable beneficiaries access to credit and financial inclusion (DFID, 2011: 36 - 37). However, for all the credit opportunities created by access to the CSG, this of course also has the undesirable consequence of opening up the already vulnerable population of beneficiaries to predation by unscrupulous loan sharks. Devereux (2017:19) made similar conclusions from his research, highlighting that caregivers of CSG recipients borrow money from loan sharks who often charge unreasonable interest leaving the poor even more indebted. For this reason, many caregivers avoid using the grant to access this kind of opportunity.

4.6.2 Entrepreneurship

The study shows that caregivers used the grant to engage in various activities to supplement it, and these activities mainly constituted establishing small businesses. The businesses that caregivers established were informal, including selling fat cakes, looking after their neighbour's children, being a street vendor and selling meat. The CSG was reportedly used to provide the start-up capital that was needed to establish these small enterprises. This finding suggests that caregivers go to great lengths to stretch the grant so that it can do more for their children.



Figure 4: Sheep's feet seller



Figure 5: Meat seller

caregivers to save money. The majority of caregivers indicated various strategies to expand the grant. These included being selective in terms of where they shopped using the grant, and comparing prices in order to afford most of their groceries. This was achieved by opting to purchase in bulk, with only a few products bought separately. Due to the limited amount provided caregivers were not loyal to any particular food brand. Often, to stretch the grant, caregivers had to forego other important needs for their children such as participating in early childhood development education:

“.....I have taken a decision to not have my child going to crèche to save up that money and to use it for something else he might need or run out off. Also, if my child was going to crèche, I would have to prepare different things for him to carry which would reveal the type of home he is coming from. At the crèches children eat what has been prepared by their parents....” (Individual Interview, Respondent 4).

A few caregivers indicated that the grant was adequate and these were caregivers with husbands who were working or who had another source of income. Participating in various stokvels and buying food vouchers was one of the many strategies that caregivers employed to stretch their grants. Importantly, the caregivers who believed the grant was adequate were the ones who believed that they did not work for the money and therefore it should be enough (in other words it was free money from the government and therefore it was enough, however small it was).

Given that inadequacy is not an element that is considered by the theoretical used in this study, the researcher strongly suggests that the DFID cash transfer theory incorporate this element. This will enable a stronger and more complete analysis of the strengths and weakness of the CSG, and in the process speak to the needs of recipients.

4.7.2 Challenges of accessing the grant

Many caregivers found the application process and general administration of the grant to be exhausting. The caregivers were discouraged by it. Most caregivers explained that there was no consistency in the information, documents required and when caregivers would be eligible. Some caregivers revealed incidents of bribery, system shutdown, and money shortage and corruption. For example, a person can be a recipient of a grant for a non-existing child. The caregivers indicated that although they were in need of the grant they are often risking their

lives. They would pass robbers roaming the streets at midnight and could be targeted. On a daily basis, new applicants endured this and there is a limited number served per day. By the time they were assisted the caregivers had lost hope. This was continuously occurring despite the amendments introduced. Few caregivers stated that their experiences were somewhat different. These caregivers highlighted that services varied depending on where you applied initially and the individual who served you. This resulted in caregivers complaining amongst themselves than officials. This point was demonstrated by one caregiver stating that:

“....I would go there many times and still be sent back because I did not make it for the number limit. There is a real struggle I got the grant after I had lost all hope. I did mine in the old hall. You have to also wake up very early like for example three or four in the morning. Some people would even go to the extent of sleeping at the venue or note whom they were after and come back later.....”(Interview respondent, 9).

Zembe-Mkabile (2015), made similar observations in her study on the CSG. Her study found that the process of accessing the grant was laden with bureaucracy and requests for documents, the lack of which disqualified applicants from receiving it. A recent study by Gibbs et al (2018), found that the bureaucracy-laden process of accessing the grant enables further exclusion and alienation of already marginalized and vulnerable population, whose existence and citizenship is invalidated whenever their applications are denied on the basis that they lack an official identity document. Zembe-Mkabile (2015) advocated for the simplification of the grant application process, as well as the establishment of alternative eligibility criteria in cases where applicants are not able to access the required documentation.

4.7.3

In spite of the grant considered to be inadequate or associated with various challenges, the CSG appeared to have an element of power attached to it. This transpired in the caregivers' explanations that the grant enabled them to accomplish some goals that they had and created opportunities for them that were otherwise unavailable, such as the opportunity to access credit. The majority of caregivers noted that the fact that they were able to raise a toddler up until adolescence was considered a form of power by caregivers. Most caregivers claimed this would not have been possible without the grant. The majority also felt that their power had constraints; for instance their complaints about the administration of the grant never led to changes. , the ability to exercise this power is often challenged by various following factors such as: illiteracy, age, merely being a recipient off the CSG, and SASSA officials to

mention a few. In this regard, SASSA officials often make caregivers feel as if they are at their mercy. This illustrates that power dynamics is a hindrance for caregivers.

There was a group of caregivers who felt that they did not have any kind of power. Their argument was that they were not properly provided a platform to complain. The only option for proposing anything was in the suggestion box which did not provide any feedback or engage about the annual increase. Some caregivers felt they had to be grateful, because after all the money was given for free to assist them. Such thinking prevented some caregivers from exercising their power to complain and was worsened by the lack of formal education and felt inferior. One of the caregivers confirmed as follows:

“You see my child, a person like me cannot complain. Firstly because I do not know English that on its own is a hinder as I do not want to embarrass myself and my poor English. The officials would laugh at me or cause a scene and I would be the centre of attention” (Interview respondent 10).

The above finding corresponds with Wright et al (2015:16) who states that a number of caregivers felt that they were unable to protect themselves against those administering their application or disrespect. Whilst Dahl (1957) and (Berndtson, 1970) highlighted that the concept of power is often understood in relation to people's interactions. And certain individuals within a society tend to possess more power compared to others and power itself is ambiguous. And, it should be not surprising when some caregivers expressed ill treatment from SASSA officials. In the context of this research, power is subjective either to SASSA officials or CSG-recipients. It is worth noting that our relevant theory incorporates power as an element of cash transfers. Ultimately, caregivers should be educated about their rights and be allowed to exercise their power without fear of prejudice or feel inferior.

4.8 The CSG as an avenue for women's agency and empowerment

Most caregivers considered themselves to have agency over some areas of their lives and connected this agency to their receipt of the CSG. Sen (1985: 203) explains that agency relates to what individuals are able to do and accomplish in reaching their goals, beliefs and whatever a person regards significant. Caregivers in this study demonstrated that the CSG does open up opportunity for this kind of personal agency. Through the CSG caregivers could exercise certain choices, fulfil some desires, make decisions and act on them. These ranged

from being able to use the grant to attend a funeral in their home province, to being able to contribute towards a family cause and pay for their children to participate in their school's outings.

“....I often take money from the grant when I need to go to a funeral in the Eastern Cape and that for me is a reflection of the agency as well as visiting my family members around Cape Town...” (Interview Respondent, 8).

Caregivers professed to have been unable to engage in these decisions and make these kinds of choices prior to receiving the grant. Indeed, most poor, unemployed Black people who live in the city, away from their homes of origins, are often not able to attend the funerals of their relatives due to the costs associated with such trips. They are often unable to participate in household causes that require individual members of the family to contribute towards a particular goal or function. Such inabilities create feelings of exclusion and alienation. Importantly, Emibayer and Mische (1998: 964) linked the ability to act towards the fulfillment of one's needs or desires to the accurate expression of individual freedom.

Importantly, to some caregivers revealed that there were certain forms of agency that remained unlocked despite access to the CSG. These included not being given a meaningful platform to voice their challenges and complaints in relation to the CSG. Caregivers did not perceive themselves as having the power and agency to change how the government implemented the country's social protection programs. They did not feel that they had any power to change how they were treated by SASSA officials when presenting at their offices nor did they feel they could do anything to change how the CSG was administered, including the bureaucratic issues that made it difficult to access it.

4.8 Conclusion

In this chapter, the study objectives were unpacked according to the main themes that emerged from the data collected. The study shows that the caregivers' understanding of the purpose of that grant was determined by factors such as household size, number of children a caregiver had, their employment status and the perception that it was given freely by the government. This indicates that future policies should take into consideration the above mentioned. In this study, it was also revealed that the grant had various uses. This included created access to social services, and meeting the basic needs of children despite most caregivers reporting the grant to be inadequate. Through the grant caregivers could pay for transport, medication, clothing and the school requirements.

Caregivers also narrated opportunities that emerged or were established through the grant. These opportunities were interconnected to supplementing the grant. Some of the caregivers were engaged in job hunting, self-employed and were occasional workers. The challenges were highlighted by caregivers. The subsequent chapter will discuss the conclusion, limitations, and recommendations.



5 CHAPTER FIVE: CONCLUSION, LIMITATION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will present the following: conclusion, limitation, and recommendations for this research and future studies.

5.1.1 Conclusion

This study was about the Child Support Grant and the researcher investigated caregivers' perceptions about the purposes, uses and adequacies of the Child Support Grant in Mfuleni Western Cape, South Africa, and the resultant implications for social policy. A model by the Department for International Development (2011) formed the theoretical basis of the research project. This model highlighted the causal pathways for cash transfers.

In this study, the researcher found that the understanding of caregivers regarding the purpose of cash transfers differed from caregiver to caregiver. Thus some caregivers perceived the CSG as being solely for their children's needs, others as existing to meet the needs of the entire household, and others as being their source of personal income. It was further found that among the caregivers the grant was utilized towards food, transport, health care facilities, clothes, and education. To stretch the grant to meet their multiple needs, caregivers reported strategies such as purchasing food in large quantities, often foregoing quality due to the small amount provided and increasing food prices, engaging in small business activities, and using it to participate in savings clubs. Overall, the large majority of caregivers found the grant to be inadequate, which is a finding echoed by other studies that have been conducted on the subject in South Africa. Despite its inadequacy, the findings of this study echo those made by others, which show that it remains a critical resource amongst the poor, due to the opportunities it creates for beneficiaries to realize other possibilities, exercise agency and make decisions concerning their lives they would otherwise be constrained to make. Thus caregivers talked about the grant enabling them to access informal credit, participate in family fund-raising causes, attend funerals and other social engagements that enhanced their sense of belonging and inclusion. The findings also showed that access to the grant can also expose poor, vulnerable caregivers to exploitation by micro-credit lenders known as loan sharks.

Altogether, the study confirms what other studies have shown, that the CSG though limited, is an important resource that closes important socio-economic gaps amongst the poor. It is playing a significant role in alleviating poverty and improving the well-being of children in South Africa.

5.1.2. Limitations of the study

First of all, the study was dominated by female caregivers which created a gender imbalance, especially since males are eligible to be caregivers, however, none were available for this study. This points to the unfortunate reality that childcare work remains the exclusive responsibility of women in most parts of the world. It would have been quite interesting to obtain data from both genders.

In addition to men, numerous significant institutions and key informants were also excluded from the research. These institutions include SASSA, children, and other household members, shop owners who sell to caregivers of CSG recipients, loan sharks, and the Department of Social Development. The researcher believes this would have provided inclusive or fair information and not generalization with a small sample, however it was not possible to include these other key informants due to the limited scope of the Masters thesis, the lack of funding and time for such a big study.

Another notable limitation was the difficulty in gathering caregivers in a common place to conduct the focus group discussion. This was due to the inconvenience it posed to caregivers to all be available at the same time, given that they had differing priorities and time schedules. However, the researcher managed to organize a focus group discussion that was well attended.

5.1.3. Recommendations

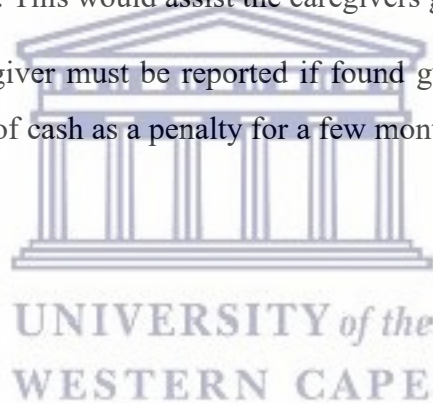
In line with the discussion and conclusions of the thesis, the following recommendations are proposed:

- The cash transfer amount should be re-examined and take into consideration value added tax and inflation, especially food inflation.
- The general public should be empowered, and educated about their rights through community meetings in the local language of the residents and be informed about where to launch grievances related to the CSG.

- The SASSA officials should be trained on people management and workshops on the code of conduct must be prioritized.
- The Department of Social Development should establish an internal and external monitoring and evaluation officer per region directed toward caregivers and SASSA officials.
- The equipment utilized by SASSA staff has to be continuously upgraded to avoid system shutdown or have an alternative tool should the network be problematic.
- The Department of Social Development and SASSA should negotiate with various stores to set aside two tills monthly as a form of corporate social investment initiative. This would provide caregivers with various options to receive their money.
- The government should issue clothing vouchers at a minimum of R500 for each child for a new season.

The CSG must not be stopped. This would assist the caregivers greatly.

- To reduce misuse a caregiver must be reported if found guilty. Alternatively, a food parcel must be issued instead of cash as a penalty for a few months to the guilty individual.



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7. APPENDICES

7.1 APPENDIX: Demographic Information



Private Bag X17, Bellville 7535, Cape Town, South Africa

Telephone : (021) 959 3858/9 Fax: (021) 959 3849

E-mail: pkippie@uwc.ac.za

Demographic Information: Interview / Focus Group Discussion

Caregivers Number:

Gender	Male	Female
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Race	B	I	W	C	Other
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Education Level	Primary	Secondary	Tertiary
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Employment Status	Employed	Unemployed	Self-employed
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Age Category	15-18	19-21	22-30	31+
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No. of Children	1 - 2	3 – 4	5 - 6	7+
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Marital Status	Widow	Divorced	Married	Single	Cohabiting
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Household Structure	RDP house	Renting Brick House	Shack dwelling
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7.2 APPENDIX 2: INDIVIDUAL INTERVIEW DISCUSSION GUIDE



Private Bag X17, Bellville 7535, Cape Town, South Africa

Telephone : (021) 959 3858/9 Fax: (021) 959 3849

E-mail: pkippie@uwc.ac.za

INDIVIDUAL INTERVIEW DISCUSSION GUIDE

Study topic: Caregivers' perceptions of the purposes, uses and adequacies of the Child Support Grant Mfuleni, Western Cape, South Africa: Implications for Social Policy

Instructions for conducting the in-depth individual interview

- **Introduction of the study to the interviewee:** Thank you for agreeing to participate in this study. This research project is being conducted as part of my course requirements for the completion of a Master's degree in Development Studies. This research intends to investigate caregivers' perceptions of the purposes, uses and adequacies of the Child Support Grant in Mfuleni. This research intends to interview caregivers and the interview shall take between 30 to 45 minutes.
- **Interviewee Consent:** The interviewee will be provided with a copy of the information sheet on the study. The researcher will go through and explain to the interviewee all the items on the information sheet and the informed consent form in the native language. For the purpose of this case this will be achieved in isiXhosa. The interviewee will be asked to sign a consent form to participate in the interview. One copy of the informed consent form will be given to interviewee and a second copy will be kept by the researcher. Permission will

be sought prior from the interviewee to audio-tape the interview; only if the interviewee grants permission will the interview be audio-taped.

- **Demographic data:** Anonymous demographic data from the interviewee shall be collected. The interviewee shall be asked to complete a brief demographic questions prepared for this purpose. If the interviewee is unable to read and write, the researcher shall assist her in filling in the demographic data form.

- Rules:
- There are no right or wrong answers
- Feel free to ask me a question to clarify anything that you do not understand

Discussion guide

Theme One: Understanding of the Child Support Grant

- How has the Child Support Grant assisted your household to raise your child/children?
- What kind of challenges have you experienced in the course of your application for the Child Support Grant?
- When a caregiver applies for the first time approximately, how long does it take to know if your application has been successful from?
- Tell me more about your child / children how many are recipient of the Child Support Grant? of those not receiving what was the given the reason behind the application?
- What do you think you are able to do now that you were not abled before you had the grant?
- Considering the fact that you are a recipient of the Child Support Grant; has it ever been stopped and what was the reason given?
- What kind of opportunities and possibilities have opened up since you became a recipient?

- How has the Child Support Grant changed your livelihood and that of the child and family as a caregiver?

- Tell me about your household who benefits from the Child Support Grant?

Are you of the opinion that the Child Support Grant empower caregivers, and how?

Theme Two: Utilization of Child Support Grant by caregivers

- As a caregiver; tell me where do you spend the Child Support Grant and how long does the products you purchase last in a month?

- What do you take into consideration before utilizing the Child Support Grant ?

- Apart from the Child is there anything else that you utilize the grant for for instance would you consider the most important thing that you purchase every month?

- Tell me what kind of activities as a caregiver do you engage in to ensure the grant last for instance any survival strategies do you have in your household?

Theme Three: Perception of Child Support Grant

- Are you of the opinion that the Child Support grant is adequate please explain?

3.1. If the Child Support Grant was to be increase what do you think you would be able to purchase that you are not able to now?

3.2. Please mention any positives and negatives of the Child support grant that you have seen relating to the Child Support Grant?

3.3. If the Child Support Grant impact would be given as food instead parcel instead of a cash transfer do you thing think that would be a good thing and why?

3.4. Considering the fact that the Child Support Grant has a criteria, mean-tested and is the largest social grant. Would you say all those who are recipients are considered poor and vulnerable please explain your answer?

3.5. In the design of the Child Support Grant it is meant to eradicate poverty and child poverty. Do you think this is possible and why not please explain your answer?

Theme Four: Power and Agency

- In relation to the Child Support Grant who do you consider to possessing power (SASSA or a caregiver) please example?

4.1. How has the Child Support Grant given power you caregivers please elaborate?

4.2. In which way have you ever exercised your power towards SASSA and Social Development give example?

4.3. In terms of what you purchase as a caregiver how is your child /children involved in the decision making for the grants utilization?

4.4. What have you done about the challenges you encounter pertaining to Child Support Grant

(Administratively, money shortage, service delivered, inadequacy, misuse etc)?

4.5. As a caregiver do you know who you can complain to, have you ever complained and what was the outcome?

4.6. In your opinion what can be done to ensure caregivers utilize their agency or power towards to benefit social policy amendment?

Closing questions:

- When was the last time you went through the mean—test to apply for the grant for a child?
- Have you ever encountered your money having a shortage and what was the amount that you received and how did you deal with that situation?
- To what extent are your feelings of empowerment shaped by the grant?
- What do you think can be done by government to improve access to the grant

Thank you for participating. This has been a very successful discussion

- I hope you have found the discussion interesting
- If there is anything you are unhappy with or wish to complain about, please speak to me later or contact my supervisor (contact provided on information sheet)

- I would like to remind you that any comments featuring in this research will be anonymous



7.3 APPENDIX 3: FOCUS GROUP DISCUSSION GUIDE



Private Bag X17, Bellville 7535, Cape Town, South Africa

Telephone : (021) 959 3858/9 Fax: (021) 959 3849

E-mail: pkippie@uwc.ac.za

FOCUS GROUP DISCUSSION GUIDE

Study Topic: Caregivers' perceptions of the purposes, uses and adequacies of the Child Support Grant Mfuleni, Western Cape, South Africa: Implications for Social Policy

- **Demographic data:** Anonymous demographic data from focus group participants shall be collected. Simple interview questions will be prepared for this purpose will be handed out and then collected at the end of the focus group discussion. For participants who are unable to read and write, the researcher shall assist them in filling in the demographic data.

Discussion guide

Warm up question

- First, I'd like everyone to introduce themselves. Can you tell us your name and one interesting thing about yourself?

Brief guide:

What is it like to be a parent/caregiver of a child in this community?

What is it like to raise children for parents and caregivers like you?

- What is most challenging about raising a children?
- What kind of support do you need?
- What are your source of support and help?

What do parents and caregivers here understand to be the purpose of the Child Support Grant?

- Who is supposed to be benefitting from the grant?
- What is the grant meant to do for children?
- How far does the grant go in achieving what it is set out to do?

What are your experiences of receiving the Child Support Grant for your children/in your care?

- How do most parents/caregivers find the experience of trying to access the grant?
- Once a parent /caregiver is deemed eligible and starts receiving the grant ,what difference does that make in their lives and those of their children?
- What challenges do you as a Child Support Grant recipient encounter?
- To what extent has the government and community members addressed the challenges pertaining to the Child Support Grant in this community?
- What changes are caregivers most likely to experience in terms of their personal life, in their household and in the community once they become Child Support Grant-recipient?
- How do they feel about the amount of the Child Support Grant? Why?
- What are Child Support Grant recipient able to do now that they were not able to do previously? Why?
- How are they treated by their family members (husband/boyfriend/partner, parents, siblings, children?

- What new possibilities and opportunities open up for them once they caregivers become recipient of the Child Support Grant? Why
- Please comment about your perception of the Child Support Grant;
- What is the meaning of the Child Support Grant to you?
- When is the Child Support Grant to be of greatest benefit to the child? Have you observed any misuse of the Child Support Grant?
- What would you like to suggest in terms of the processes of how caregivers utilize the Child Support Grant and caregivers access the grant?

Conclusion

- Thank you for participating. This has been a very successful discussion
- Your opinions will be a valuable asset to the study
- I hope you have found the discussion interesting
- If there is anything you are unhappy with or wish to complain about, please speak to me later or contact my supervisor (contact provided on information sheet)
- I would like to remind you that any comments featuring in this study will be anonymous
- Before you leave, please hand in your completed personal details questionnaire

7.4. APPENDIX: CONSENT FORM



Private Bag X17, Bellville 7535, Cape Town, South Africa

Telephone : (021) 959 3858/6 Fax: (021) 959 3865

E-mail: pkippie@uwc.ac.za

Letter of Consent for Individual Interviews / Focus Group Discussion

I....., have had the opportunity to ask any questions related to this study, and received satisfactory answers to my questions, and any additional details I wanted.

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 several steps will be taken to protect my anonymity and identity.

I understand that my signature on this form indicates that I understand the information on the information sheet regarding my participation as a research participant and interviewee.

I have read the information regarding this research study on the Child Support Grant.

I agree to answer the questions to the best of my ability or may also refuse to answer any questions.

I understand that if I don't want my name to be used that this will be ensured by the researcher.

I understand that the researcher will safeguard the confidential information obtained in the course of the study.

I understand that there are no material benefits for the interviewee.

I understand that there are no risks involved in participating in the research.

By signing this letter, I give free and informed consent to participate in this research study.

Date:
.....

Participant Name:.....

Participant

Signature.....

Interviewer name: Thuliswa Mazikwana.....

Interviewer

Signature:.....



7.5. APPENDIX 5 : ISIXHOSA INFORMATION SHEET TRANSLATION



UDLIWANO NDLEBE LOMNTU NGAMNYE

Isihloko:Indlela onomakhaya basibona ngaso isibonelelo sabantwana, ukusetyenziswa nokwanela kwaso isibonelelo sabantwana, nokwaneliseka kwesibonelelo, eNtshona Nkoloni, eMzantsi Afrika:

Imiyalelo yokwenza oludliwano ndlebe

- **Intshayelelo yodliwayo ndlebe:**

Enkosi ngokuba yinxalenye yalemfundiso. Oludliwano ndlebe luququzelelwa ndim nje ngenye lecando lemfundo. Oluphando lusisikhokhelo kwibakala lemfundo endiyenzayo. Olu phando lunqwenela ukuphanda Indlela onomakhaya basibona ngaso isibonelelo sabantwana, ukusetyenziswa nokwanela kwaso isibonelelo sabantwana, nokwaneliseka kwesibonelelo, eNtshona Nkoloni, eMzantsi Afrika. Oluphando luzokuthatha imizuzi engama amashumi amathathu ukuya kumashumi amane anesihlanu

- **Imvume:** Umntu ngamunye ozokuba yinxalenye yoluphando uzonikelwa inkcukacha zoluphando. Umphandi yena uzodlala indima yokucacisa ngolwimi lwesiXhosa yonke into edibene noluphando. Yonke into icaphazelweyo izokwenziwa ngelwini lwesixhosa. Umbuzwa uzakucelwa ukuba atyikitye imvume yakhe phambi kokuba aphantwe. Elinye icwecwe lizakunikwa umbuzwa kwaye elinye lizokushiyeke nombuzi. Phambi kokuba oluphando kuqhubeke imvume yokugcina amazwi abethetwa izakucelwa phambi koba aqale umbuzi.

- **Inkcukacha** : Ulwazi eludibene noluphando luzakubuzwa kwakunye ngendlela ephucukileyo. Umntu ngamyeo uzakucelwa ukuba anikeze ngencukacha ezimayelana nolu phando. Ababuzwa abangakwaziyo ukuzibhalela umbuzo uzodlala indima yomncedisi.

- Umgaqo:
- Akukho mpendulo ingeyiyo
- Zive ukhululeka ukundibuza nawuphi na umbuzo ofuna ukuwubuzwa ukuze ucacelwe

Inqubo yenxoxo

Isihloko Sokuqala: Ulwazi ngesibonelelo sabantwana sikarhulumente

- Ingabe isibonelelo sikarhulumente sabantwana silinceda njani ikhaya lakho kwa kukunye nasekukhuliseni abatwatwana bakho?

1.1 Ingabe zeziphi ingxaki owakhe wadibana nazo malunga nesisibonelelo sabantwana

Xa unomakhaya eqala ukwenza isibonelelo sabantwana ingabe ithatha ixesha elingakanani ukuze siphumelele isicelo?

- Ndicela undicacisele ngomtwana okanye abantwana bakho;ingabe bangaphi abaxhamulayo kwisibonelelo sabantwana? Abangaxhamiliyo bona bangaphi kwaye ingabe isizathu sithini?

- Xa ucinga yintoni okwazi ukuyenza ngoku wawukade ungafikeleli kuyo ngokuya wawungeka xhamuli kwisibonelelo sabantwana?

- Njengonomakhaya oxhamulayo kwisibonelelo sabantwana likhona na ixesha sake isibonelelo sakho sapheliswa? kwaye kwakuphantsi kweziphi izizathu ezabikwayo?

- Ngawaphi amathuba okanye izinto ezithe zavuleka kuwe kwakunye nekhaya lakho oko wathi wasifumana isibonelelo?

1.6 Isibonelelo sikarhulumente sabantwana ingabe siyitshintshe njani indlela ophila ngayo wena kwakunye nekhaya lakho?

1.7 Ndicela undicacisele ngekhaya lakho ngubani oxhamulana kwisibonelelo sabantwana? Kwaye zeziphi indlela isibonelelo sabantwana ezikhuthaza ngayo? Ingabe leliphi ihlobo isibonelele singakuncedi ngayo yintoni ongakwazi ukufikelela kuyo?

Isihloko sesibini: Ukusetyenziswa kwesibonelelo sabantwana

- Njengonomakhaya, ndicela undixelele ukuba isibonelelo sakho sicitha entweni kwaye ihlala ixesha elingakanani enyangeni?
- Yintoni othi uqale uyicinge phambi kokuba uyisebenzise imali yesibonelelo sabantwana bakho, yintoni enye oyisebenzisela yona imali yesibonelelo sikarhulumente?
- Ngaphandle koba isibonelelo sabantwana usisebenzise kwizidingo zomtwana okanye abantwana bakho, yintoni enye osisebenzisela sona?
- Sesiphi esona sidingo othi ufikelele kuso ngemali yesibonelelo sabantwana sikarhulumente?
- Zintoni ozenzayo ezingumcelimngeni ukuze isibonelelo sikarhulumente sifikelele kwizidingo zomtwana wakho kwakunye nezekhaya lakho?

Isihloko sesithathu: Indlela ekucingwangayo ngesibonelelo sabantwana

3. Isibonelelo sabantwana ingabe sanele?

3.1. Ukuba isibonelelo sabantwana singanyuswa yinto ocinga ungakwazi ukuyenza ongakwazi ukufikelela kuyo ngoku?

3.2. Ndicela undicacisele ngazo zonke izinto ezintle kwakunye nezimbi ezidibanisa nesibonelelo sabantwana?

3.3. Ucinga ntoni ngalembono yokuba isibonelelo sabantwana sitshintshwe endaweni yobayimali oonomakhaya banikwe ukutya? Ingakucaphazela njani wena lonto kwakunye nekhaya lakho ekufikeleleni kwizidingo zomtwana wakho kwakunye nekhaya lakho?

3.4. Isibonelelo sabantwana sisekelwe ekubeni siphelise indlala kwakunye nendlala yabantwana. Ingabe isibonelelo sabantwana sinxayiphi ekwenyiseni lento yayisekelweyona ukuphelisa indlala nendlala yabantwana?

Isiloko sesine: Amandla nokwenza

4.1. Isibonelelo sabantwana sikunika njani amandla okwenza into wawukade ungenako ?

4.2. Zeziphi indlela owazizamayo kwaSASSA okanye kwaSocial Development ezinokwenza ngcono ukukhutshwa kwesibonelelo sabantwana ngurhulumente?

4.3. Kwizinto othi uzithenge ngesibonelelo sabantwana njengamzali, womtwana okanye abantwana bakhe bakho uyambandakanya kwisigqibo?

4.4. Seke wenza ntoni ngemicelimngeni owake wahlangana nayo ngesibonelelo sabantwana?

(, ukungapheleli kwemali, isiphatho, ukungoneli, nokungasetyenziswa kakuhle etc)?

4.5. Nje ngonomakhaya uyayazi na ukuba kukhalazwa kubani malunga nezikhalazo onazo ezidinene nesibonelelo sabantwana esivela kurhulumente? Wake wakhala na nesiphumo esesikhalazo saphela sisithini ?

4.6. Ngowakho umbono ungacabisa kwenziwe ntoni ukuze abazali bawasebenzise amandla abo ekudaleni nasekwenzeni utshintsho kwindlela isibonelelo sabantwana sikhutshwa ngayo?

Imibuzo yovala:

- Ugqibele nini ukuya kwaSASSA uyokwenza isibonelelo sabantwana?
- Seke wadibana nengxaki yoba imali yakho ingapheleli kwaye yaba yimalini wenza ntoni ngesisiganeko ?
- Zeziphi izinto oncedakala kuzo ngesibonelelo sabantwana?
- Yintoni ocinga ingenziwa ngurhulumente ekuphuculeni isibonelelo babantwana?

Enkosi ngoba yinxenye yoluphando. Oluphando lubeyimpumelelo

- Ndiyathemba ukuba oluphando belikwenze umdla
- Ukuba ikhona into engakuvuyisanga ngoluphando okanye into ethe yakwenza awonwaba okanye isikhalazo onaso ungathetha nam xa sigqibile okanye unxibelelane nomphathi wam (inkcukacha nizozinikwa)
- Zonke izimvo zakho kwakunye nemibone izofihlwa.

7.6. APPENDIX 6: ISIXHOSA FOCUS GROUP DISCUSSION TRANSLATION



UDLIWANO NDLEBE LWESININZI

Isihloko: Indlela onomakhaya basibona ngaso isibonelelo sabantwana, ukusetyenziswa nokwanela kwaso isibonelelo sabantwana, nokwaneliseka kwesibonelelo, eNtshona Nkoloni, eMzantsi Afrika

Imiyalelo yokwenza oludliwano ndlebe

- Intshayelelo yodliwayo ndlebe:

Enkosi ngokuba yinxalenye yalemfundiso. Oludliwano ndlebe luququzelelwa ndim nje ngenye lecando lemfundo. Oluphando lususikhokhelo kwibakala lemfundo endiyenzayo. Olu phando lunqwenela ukuphanda Indlela onomakhaya basibona ngaso isibonelelo sabantwana, ukusetyenziswa nokwanela kwaso isibonelelo sabantwana, nokwaneliseka kwesibonelelo, eNtshona Nkoloni, eMzantsi Afrika. Oluphando luzokuthatha imizuzi engama amashumi amathathu ukuya kumashumi amane anesihlanu

- Invume: Umntu ngamunye ozokuba yinxalenye yoluphando uzonikelwa inkcukacha zoluphando. Umphandi yena uzodlala indima yokucacisa ngolwimi lwesiXhosa yonke into edibene noluphando. Yonke into icaphazelweyo izokwenziwa ngelwini lwesixhosa. Umbuzwa uzakucelwa ukuba atyikitye invume yakhe phambi kokuba aphantwe. Elinye icwecwe lizakunikwa umbuzwa kwaye elinye lizokushiyeke nombuzi. Phambi kokuba oluphando kuqhubeke invume yokugcina amazwi abethetwa izakucelwa phambi koba aqale umbuzi.

- **Inkcukacha** : Ulwazi eludibene noluphando luzakubuzwa kwakunye ngendlela ephucukileyo. Umntu ngamyeo uzakucelwa ukuba anikeze ngencukacha ezimayelana nolu phando. Ababuzwa abangakwaziyo ukuzibhalela umbuzo uzodlala indima yomncedisi.

- Umgaqo:
- Akukho mpendulo ingeyiyo
- Zive ukhululeka ukundibuza nawuphi na umbuzo ofuna ukuwubuza ukuze ucacelwe
- Kubalulekile ukuba umntu ngamye anikwe ithuba lokuthetha.
- Akunyanzelekanga ukuba nivumelane ngamava kodwa kubalulekile ukuba ninikane ithuba lokuphendula.

Intshayelelyo yophando

- Phambi kokuba siqale ndingathanda ukuba wonke umntu azazise. Ungaqala ngegama lakho kwaye yintoni enikisa umdla ngawe

Kunjani ukuba ngumzali/ unomakhaya kwesisixeko salapha eMfuleni?

Kunjani ukukhulisa umntwana nje ngomzali okanye ungunomakhaya nje ngawe?

- Zeziphi izinto ezingumcelimngeni kubomi bakho ekukhuliseni umntwana?
- Yeyiphi ingxaki ongathanda uncediswe ngayo?
- Leliphi iziko loncedo othi ufumane kulo uncedo?

Xa ungumzali okanye ungunomakhaya ungathi bayazi injongo ka rhululemnte yesisibonelelo sabantwana?

- Ngubani ofanele ukuxhamla kwisibonelelo sabantwana ?
- Isibonelelo sifanele ukuba senza ntoni ebantwaneni ?
- Isiko lihlangabezana njani nalento ekufana ukuba iyayenza ?

Ngawaphi amava onawo mayela nokufumana imali yesibonelelo sabantwana bakho okanye abantwana abaphantsi kwakho?

- Abazali okanye onomkhaya bayibona njani indlela yokufumana isibonelelo sikarhulumente sabantwana ?
- Xa umzali othe waselungelweni lokuxhamula kwisiboneleleo, ngowuphi umahluko othi abekho ebomini bakho kwakunye nakubantana bakhe?
- Ingabe zeziphi ingxaki bake bathi abazali okanye onomakhaya badibane nazo?
- Ngawaphi amaqaba urhulumente kwakunye nabahlali baseMfuleni bathe bawenza bezamela ukuxoxa ngegxa ezidibene nesibonelelo sabantwana zesisixeko?
- Zeziphi izinto ezithe zazisa inguquko ebomini babo, kumakhaya nasekuhlaleni njengoba befunamana isibonelelo sabantwana?
- Uziva njani ngobungakanani bemali yesibonelelo sikarhulumente?isizathu sithini?
- Zeziphi izinto okwazi ukufikelela kuzo wawukade ungakwazi ukufukela kuzo kuqala? izizathu zithini?
- Uphatwa njani ngumlingani wakho,umntu oncuma naye, abazali, abantu ozalwa nabo kwakunye nangabantwana bakho?
- Zeziphi izinto benzingenokwenzeka okanye amathuba amatsha athe avuleleka kususela waxhamula kwisibonelelo sabantwana? sithini isizathu?
- Ndicela uhlomle ngendlela osibona ngaso isibonelelo sabantwana;
- Ndicela ukuba undicacisele ukuba ingaba isibonelelo sabantwana sithetha ntoni kuwe?
- Kuxa kunini umtwana axhamula kakhulu kwisiboneleleo sabantwana? Sele waqaphele isibonelelo sabantwana singasetyenziwa ngendlela eyiyo?
- Ungacebisa uthini konomakhaya malunga ngendlela abasichitha ngaso isibonelelo sabantwana nangendlela onomakhaya basifumana ngaso esisibonelelo?

- Isiphelo
- **Enkosi ngokuba yinxalenye yoluphando. Kwaye lubeyimpumele**
- Yonke imbono zakho zibalulekile kolubakala lemfundo yam
- Ukuba ikhona into engakuvuyisanga ngoluphando okanye into ethe yakwenza awonwaba okanye isikhalazo onaso ungathetha nam xa sigqibile okanye unxibelelane nomphathi wam (inkcukacha nizozinikwa)
- Zonke izimvo zakho kwakunye nemibone izofihlwa.
- I would like to remind you that any comments featuring in this study will be anonymous.

