

**THE IMPACT OF SOUTH AFRICAN SOCIAL WELFARE  
POLICIES ON PENSIONERS RAISING ORPHANED  
GRANDCHILDREN**

by

**SUMIEN NEL**



**Assignment presented in partial fulfilment of the requirements for the  
degree of Master of Philosophy in Political Management at the University  
of Stellenbosch**

**Supervisor: Prof G S Cloete**

**December 2004**

DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

SIGNATURE:

DATE:



## **SUMMARY**

Very little attention has been paid in South Africa to the situations where grandmothers have become surrogate parents to their grandchildren and other vulnerable children who have been left destitute due to the HIV/Aids epidemic. These women, who are in great need of support are not directly factored into Aids-related policy and care strategies, even though they play a vital role in assuming the roles of surrogate parents to their grandchildren. Clearly elderly women are valuable resources and are both crucial and valuable for the role they play in the care of both Aids sufferers and Aids orphans.

Grandmothers who assume such care-giving roles are not receiving specific and targeted support from government structures. Instead they only benefit peripherally from the legislation within the jurisdiction of Department of Social Development and the programs that are established by them. This study determined where government social and welfare policies can improve the quality of life of black female pensioners who are taking care of their orphaned grandchildren and other vulnerable children.

Policy makers need to recognise that grandmothers are increasingly obliged to assume care-giving responsibilities for dying adult children and later for orphans, when their own physical and cognitive abilities may be declining. Instead of using their state pensions to enjoy their old age and spend their money on looking after their health, proper housing etc., black female pensioners are forced to assume additional responsibilities in looking after orphaned grandchildren and other vulnerable children who require food, clothing, proper housing, education etc. Such expenses imply that their pensions are not put to their intended uses. Due to their advanced age they find it increasingly difficult to earn income to support young children. Until now the South African government has done little to support older women who find themselves in such precarious circumstances and to recognise their invaluable contributions. Various recommendations are made in the report to improve this situation.

## OPSOMMING

Baie min aandag is tot dusver nog in Suid-Afrika geskenk aan die omstandighede waar grootmoeders hulself bevind in die posisie van surrogaat ouer vir hul kleinkinders en ander kwesbare kinders wat haweloos gelaat is as gevolg van die HIV/Vigs epidemie. Hierdie vroue wat ondersteuning dringend nodig het, is nie regstreeks in berekening gebring by die verskeie Vigs beleide en ander versorginstrategiee en maatreels nie, al speel hulle 'n beslissende rol as surrogaat ouers vir hulle kleinkinders. Dit is duidelik dat bejaarde vroue 'n waardevolle hulpbron is en 'n onskatbare en onmisbare rol speel by die versorging van sowel Vigs lyers as kinders wat weens Vigs ouerloos is.

Grootmoeders wat hierdie versorgingsrolle aanvaar, ontvang geen spesifieke en doelgerigte ondersteuning van regeringstrukture nie. Insteede daarvan trek hulle net voordeel uit wetgewing binne die jurisdiksie van Department van Openbare Welsyn en die programme wat daaruit mag voortvloei. Hierdie studie het vas gestel hoe die bestaande openbare en welsynsbeleide aangepas kan word om die lewenskwaliteit van swart vroulike pensioenarise wat vir hul ouerlose kleinkinders en ander kwesbare kinders sorg, te verbeter.

Beleidmakers moet beseft dat grootmoeders toenemend verplig word om om te sien na die versorging van hul eie sterwende volwasse kinders en mettertyd die versorging van dieselfde gestorwenes se kinders wat wees agtergelaat word. Hierdie toedrag van sake ontvou in 'n stadium wanneer hierdie vroue se eie fisiese krag en kognitiewe vaardighede waarskynlik reeds aan die afneem is. Insteede daarvan dat hierdie vroue die staatspensioen gebruik om hul oudag te geniet en om te sien na hulle eie gesondheid, behoorlike behuising edm., is swart vroulike pensioenarise verplig om hierdie beperkte fondse aan te wend vir die versorging, voeding, behuising en onderrig van hul ouerlose kleinkinders en ander kwesbare kinders. Sulke onkoste impliseer dat hul pensioen nie aangewend word vir die doel waarvoor dit ingestel is nie. Weens hul hoë ouderdom is dit vir hierdie vroue al hoe moeiliker om 'n inkomste te genereer om vir jong kinders te sorg. Tot nog toe het die Suid-Afrikaanse regering weinig gedoen om ouer vroue wat hulself in hierdie benarde omstandighede bevind, te ondersteun of om hul onskatbare bydrae te erken. Verskeie voorstelle word in hierdie verslag gemaak om die situasie te verbeter.

## **ACKNOWLEDGEMENTS**

I hereby acknowledge the contributions of:

My mother, father, and grandmother for their unfailing love, support and belief in me.

My academic supervisor, Professor Fanie Cloete, for his commitment, patience, guidance, advice and support.

Kathleen Broderick and Mandisa at GAPA (Grandmothers Against Poverty and Aids) for opening their hearts and doors of their organisation.

My fellow student and translator, Eric Boskati, for sacrificing his time to assist me.

The University of Stellenbosch for their financial contribution, without which none of this would have been possible

A special thank you to Shirley Shutler, the Erbe and Wacker families for their unfailing support through the rough patches.

Last, but definitely not least! Meraai and Gutsie, the two most educated cats around.

## CONTENTS

	<b>Page</b>
Declaration	i
Summary	ii
Opsomming	iii
Acknowledgements	iv
List of Figures	viii
 <b>CHAPTER 1: METHODOLOGICAL CLARIFICATIONS</b>	
1.1 Introduction	1
1.2 Motivation for the Research Project	4
1.3 Problem statement and research question	5
1.4 Aims and objectives of the study	5
1.5 Methodology	6
1.6 Conclusion	10
 <b>CHAPTER 2: GENERAL THEORETICAL FRAMEWORK</b>	
2.1 Introduction	12
2.2 Policy Analysis Theory	12
2.2.1 Policy	12
2.2.2 Public Policy	13
2.2.3 Policy Analysis	14
2.2.4 Approaches to Policy Analysis	14
2.2.5 Policy Ideologies	17
2.3 Threats faced by the Aged in Africa	18
2.3.1 Defining old age	19

2.3.2	Rights of older persons	20
2.3.3	Ageing trends	22
2.3.4	Poverty	22
2.3.5	Employment and Income Security	27
2.3.6	Housing and Living Environments	29
2.3.7	Education	31
2.3.8	Health	32
2.4	Elderly Female Headed Households & HIV/Aids	34
2.5	Conclusion	38

### **CHAPTER 3: SOUTH AFRICAN POLICY CONTEXT**

3.1	Introduction	40
3.2	The South African Context	41
3.2.1	Ageing Trends in South Africa	41
3.2.2	Poverty	46
3.2.3	Employment and Security	47
3.2.4	Housing and Living Environment	48
3.2.5	Education	50
3.2.6	Health	50
3.3	The Objectives of South African social welfare policies	53
3.4	South African Social welfare policy and legislation relevant for pensioners raising their orphaned grandchildren	56
3.4.1	Aged Persons Act, 1967 (Act No. 81 of 1967)	58
3.4.2	Child Care Act, 1983 (Act No. 74 of 1983)	59
3.4.3	Social Assistance Act, 1992 (Act No. 59 of 1992)	61
3.4.4	Non-profit Organisations Act, 1997 (Act No. 71 of 1997)	62
3.4.5	National Development Agency Act, 1998 (Act 108 of 1998)	63
3.4.6	Advisory Board on Social Development Act, 2001 (Act No. 3 of 2001)	65
3.5	Government Programmes	67
3.6	Conclusion	71



**CHAPTER 4: CASE STUDIES**

4.1	Introduction	73
4.2	The Case Studies	75
4.3	Assessment of cases	87
4.4	Conclusion	90

**CHAPTER 5: SYNTHESIS, RECOMMENDATIONS AND CONCLUSIONS**

5.1	Introduction	90
5.2	Problem statement and research question	91
5.3	Synthesis	92
5.4	Recommendations based on the research findings	94
5.5	Recommendations for future research	97
5.6	Conclusions	98

<b>Appendix A</b>	<b>99</b>
-------------------	-----------

<b>BIBLIOGRAPHY</b>	<b>102</b>
---------------------	------------

## LIST OF FIGURES

	<b>Page</b>
Figure 1: Yin's Four Design Tests	10
Figure 2: Approaches to Policy Analysis	15
Figure 3: Five Stages of the Policy Cycle and their Relationship to Applied Problem-Solving	16
Figure 4: Percentage Of Population In Older Age Groups: 1997-2025	42
Figure 5: Age Structure Of South African Population By Group: 1997	43
Figure 6: Age Structure Of South African Population By Group: 1997	44
Figure 7: Average Annual Percentage Growth Of Total And Older Population	44
Figure 8: Percentage Of South African Population In Older Age Groups: 1997 To 2025	45
Figure 9: Poverty Rate (%) In South Africa By Age	46
Figure 10: Percentage Widowed At Older Ages: 1991	48

## CHAPTER 1

### METHODOLOGICAL CLARIFICATIONS

#### 1.1 Introduction

Many of South Africa's aged population live in poverty, those residing in the rural areas surviving under more stringent conditions than their counterparts in urban areas. These individuals are almost entirely dependent on their government pensions, which they collect on a monthly basis to cover their living expenses.

The social old-age pension was first paid to poor white citizens in 1928. The benefit was later extended to Indian, coloured and black citizens, albeit at different rates according to apartheid gradations (Sagner, 2000, 1998). In the 1980's, the amounts payable to pensioners of different social categories were brought into greater alignment, and finally reached a state of uniformity in the amount of the pension benefit on the eve of South Africa's first democratic elections in 1993. At that time, black beneficiaries were paid the approximate equivalent of a domestic worker's wage.

The pension is payable to women aged 60 years and over, and to men 65 years and over. Although the grant is paid to individuals it contributes to household income, as pension sharing is common in low-income black households (Møller & Ferreira, 2004: 1). The 2002 report of the Committee of Enquiry into a Comprehensive System of Social Security for South Africa, the so-called Taylor report, states that the old age pension is the largest current social security transfer in the country. It notes that for those persons who receive it, the grant "plays a pivotal poverty alleviation role for the entire household" (Department of Social Development, 2002: 30). A 1993 study conducted in rural areas of South Africa, found that the social old age pension and remittances from wage earnings in urban centres represented major sources of household income (Saldrú, 1994). Subsequent evidence has highlighted the significant contribution of pensions in equalising the household incomes of younger and lower older low-income households (Devey & Møller,



2002; Møller & Devey, 2003). Several South African studies indicate that the pension lifts low-income households out of the lowest income bracket (Ardington & Lund, 1995; Department of Social Development, 2002; Møller & Devey, 2002; Van der Berg, 1998).

Since South Africa's first democratic elections in 1994, its social fabric has come under the severe strain associated with developing countries. South Africa is not only coming to grips with the legacy left by apartheid, but is also attempting to raise living standards amongst all its people by endeavouring to provide employment opportunities, facilitating access to basic amenities, educating its children, and providing health services for all: essentially giving all South Africans equal opportunities. These efforts are, however, being hampered by violence, corruption, and mismanagement. But perhaps the greatest threat posed to South Africa's consolidating democracy is the HIV/Aids pandemic which has become prominent in sub-Saharan Africa. The virus is decimating an entire labour force, the lifeblood of any society, orphaning children and leaving elderly at risk. Depending on their circumstances those children who have suffered the loss of either one or both of their parents are either forced into an overburdened and strained welfare system, or to make their way as best they may on the pavements of our city streets, or they may find succoured by a relative, in most cases their grandparents.

A recent study by the Non-Contributory Pensions and Poverty Study (Møller & Ferreira, 2003: iii) found that other than confirming that older black households are amongst the poorest in South Africa, is that in rural black households pensioners were often the sole income earners, and that the majority of older persons lived with children or grandchildren. The study found that older rural black households were virtually dependent on their social pension income and, to a far lesser degree, on other government transfers. In urban black households on the other hand the old-age pension competes with wage earnings as the most important source of income, both in terms of size and access of the earning. Although the grandchild generation accounted for 39 percent of rural black household members, only 3.5 percent of these

households benefited from a child support grant, whereas in urban black households grandchildren comprised a quarter of household members and 18 percent received the grant. Rural black households were found to be on average the largest households; a quarter comprised of eight or nine persons. Some 15 percent of these households received remittances from persons outside the households; between 18 percent and 21 percent of rural black pensioners received money from children. A large majority of black social pensioners pooled their pension money with other household income. Furthermore, few households were able to save or invest in a small business. Less than 4 percent of older household members were self-employed or employed others. On average, only 2 percent of earners in all households derived income from odd jobs, hawking or other informal sector work; informal work appeared to be non-existent in the rural black households. In rural black households, in particular, pension income was expended on the education of the children in the household.

In meeting the responsibilities associated with running a household and caring for any number of children, this meagre income is not being spent as envisioned by legislators i.e. a retirement relatively free from worry. Not only is the elderly pensioner's vulnerability increased by the added burdens of a larger household, but also that of his/her dependents, for it is this monthly stipend that stands between them and chronic poverty.

The distinguishing feature of chronic poverty is its extended duration (Hulme and Shepherd, 2003: 404-405), and it is further defined as occurring when an individual experiences significant capability deprivations for a period of five years or more. The exact length of time that needs to elapse is arbitrary, however, we are dealing with people who remain poor for much of the course of lives, and who may 'pass on' their poverty to subsequent generations. This problem is compounded when impoverished grandchildren who are unable to contribute in any concrete manner to the financial survival of the household come to knock on the doors of their grandparents. For a common 'cause' of chronic poverty in many parts of the world is when a household's main income earner contracts a chronic or terminal illness. This forces the remaining family

members to sell off natural and physical assets, use any financial savings, incur debt, suspend children's education to send them into the labour market and mobilizing the support of social networks. As the household endeavours to save money by lowering costs, it is unable to offset the rising medical and funeral costs, thus sending the household on a spiral of lowering income and rising expenses, whilst liquidating assets reduces the household to a state of chronic poverty by the time the 'bread winner' dies. In the past diseases such as tuberculosis and cancer typified such ill-health spirals, but today HIV/Aids is increasingly the diagnosis (Hulme & Shepherd, 2003:409). And so elderly pensioners find themselves increasingly responsible once more for the well-being and livelihood of the next generation. The financial strain placed on such households and social networks is severe.

## **1.2 Motivation for the Research Project**

The context for this study will be that of social policy, which may be defined as "policy activities which influence welfare" (Hill, 1997: 1). Social policy is concerned with the alleviation of social ills, its objectives are accepted at face value; and it is analysed in terms of its success in achieving them (Hill, 1997: 8). An understanding of the factors that influence the character of social policy must rest upon several foundations. Some attention must be given to the social and economic conditions that create the need for social policies. One cannot, however, focus on the resulting problems associated with particular social structures and economic situations and analyse policies as responses to those problems, since policies themselves influence the character of the societies in which they are adopted (Hill, 1997: 9). Hence social policy-making must be seen as a political process. It cannot be analysed without reference to the other activities of the state. Policies must be understood as products of politics, and attention must be given to the policy creation roles of politicians, civil servants, pressure groups and the electorate. Policies must also be seen as the products of other policies. There is a cumulative process that needs to be analysed in which policies create needs for other policies, opportunities for other policies, and new social situations for further political responses (Hill, 1997: 9).



The most significant welfare policies prior to South Africa's democratisation were for example the National Welfare Acts of 1965 and No. 100 of 1978, Fund-Raising Act No. 107 of 1978, and the Social Work Act No. 110 of 1978. These Acts, which represented the welfare policy of those times made provision for the creation and functioning of a variety of structures to formulate policy and provide guidance to decision makers at a macro level who represented the interests of the four primary population groups (Weekes, 1997: 1). However, since 1994, a number of Acts have been passed which are in greater alignment with South Africa's new constitution. At the time of their formulation by the Government of National Unity (GNU) they were positively described as "a start towards greatly needed documentation", and negatively as "wish lists", "not implementable", "too all-encompassing" and as "attempts to make everyone happy" (Weekes, 1997: 3).

### **1.3 Problem statement and research question**

This research report investigates the impact of current South African social and welfare policies on the lives of black female pensioners raising orphaned grandchildren and other vulnerable children, (where an orphan is defined by the UN as children under the age of 18 who have lost both their parents). How can policy serve as an intervention measure in the cycle of chronic poverty experienced by these households? If those resources, which could make the greatest difference to these households could be identified, how would greater access to them be facilitated?

Therefore, where can effective policy intervention make a difference in the quality of black female, pensioners raising their orphaned grandchildren?

### **1.4 Aims and objectives of the study**

The aim of this study is to ascertain the impact of current social and welfare policies on the lives of pensioners raising their orphaned grandchildren with the view to formulating possible intervention measures to interrupt the cycle of

generational poverty. To achieve the aim of the study the following objectives were formulated:

- To establish an academic context within which to conduct the study.
- To undertake critical evaluation of current legislation focussing on the aims of these policies, their implementation, their outcomes, their ability to meet the needs of those they intend to serve, and of course the associated problems and failures.
- To establish the needs of these households and whether these needs are being met within the means available.
- To determine how current policies are serving or inhibiting these households.
- To determine where the stumbling blocks are.
- To draft recommendations for possible amendments to existing legislation and alternative intervention strategies.

## **1.5 Methodology**

There are competing approaches to social research based on different philosophical assumptions about the purpose of science and the nature of social reality. Neuman (1999: 85) cites three ideal-type approaches to social science that answer basic questions about research differently i.e. positivism, interpretive social science and critical social science. These three approaches share common six common features (Neuman, 1999: 86):

1. They are all empirical, for they are all based in the observable reality of sights, sounds, behaviours, discussions and actions of people.
2. They are all systematic in that each approach emphasises meticulous and careful work.
3. They are all theoretical, for they all reflect ideas and seeing patterns.
4. They are all public in that they advocate the sharing of new information.
5. They are all self-reflective, for each of the three approaches encourages awareness during the research process.

6. They are all open-ended processes, for this kind of research is constantly evolving and changing.

The research design of this research paper will follow an interpretive approach, however, elements of the other two approaches may also be incorporated to obtain the best research results.

Dunn (1991: 12) is of the opinion that the methodology of policy analysis should provide information that is useful in answering five kinds of questions:

- a) What is the nature of the problem?
- b) What present and past policies have been established to address the problem, and what are their outcomes?
- c) How valuable are these outcomes in solving the problem?
- d) What policy alternatives are available to address the problem, and what are their likely future outcomes?
- e) What alternatives should be acted on to solve the problem?

In order to answer these questions within the parameter of this study an extensive literature review is undertaken. Three themes receive extensive attention: Firstly, attention is given to the theory of policy analysis, followed by the threats faced by older people in Africa (poverty, HIV/Aids, Education etc). Finally, an examination is undertaken of the existing literature dealing with issue of the elderly raising orphaned and vulnerable children.

With the completion of the literature review attention is paid to the South African context i.e. the specific conditions facing the aged in South Africa. This is followed by an examination of the objectives of the Government of South Africa with regards to its social and welfare policies and programmes. After this a critical analysis and assessment of the current social and welfare legislation, as it applies to the research question, in South Africa is made. In addition the programmes empowered by legislation will also be discussed.



An often-neglected part of the study of policy is the examination of its implementation. The actual impact of any policy upon the public will depend on how it is interpreted and put into practice. The implementation process throws light on the strength and weaknesses of a policy, and its consequences at the implementation end (Hill, 1997: 10). In this regard the researcher focuses on the qualitative assessment of a case study, which Dunn defines as “a set of procedures used to identify and analyse factors that account for variations in the adoption and implementation of policies and programs. The case survey method uses case studies and other records of experience” (1991: 396).

Data collection took place on an individual basis. The data about the case studies were collected by way of loosely structured qualitative interviews and observation, which was designed to expose the experiences of those most effected by the current legislation. The table below articulates the exclusion and inclusion criteria that were used to identify the respondents:

<b>Exclusion Criteria</b>	<b>Inclusion Criteria</b>
a) White, coloured, Indian pensioners	a) Black pensioners with little or no other income except the state pension
b) Pensioners with access to alternative or additional financial support.	b) Females because they are, together with young children one of the most vulnerable groups in our society. Also the life expectancy of women is longer than that of their male counterparts.
c) Males	c) Raising more than two grandchildren and/or other vulnerable children as this places a significant financial burden on the household. Children should be under the age of eighteen as South Africa’s constitution defines a child as between 0-18yrs old.
d) Rural dwellers	d) Urban dwellers because they are

e) Non-Xhosa speakers	easily accessible. e) Xhosa speakers because most of those who live in the informal settlements of urban areas are Xhosa speaking.
-----------------------	---

For purposes of conducting the proposed case studies an NGO, GAPA (Grandmothers Against Poverty and Aids), who works with the aged in Khayelitsha, was approached. Their database served as the universe from which the researcher's purposive sampling took place. Five suitable households that met with the inclusion criteria as comprehensively as possible were subjected to simple random sampling. The black females who headed these households were approached to ascertain whether they would be willing to participate in the project. Once they had acquiesced, a suitable appointment to conduct the interviews was made. The interviews took place between the head of the household and the interviewees, with the aid of a translator, Eric Boskati (also see section 4.1). As already stated the interview did not take place in a formal and structured manner. Two aspects determined this. Firstly previous studies (Møller & Ferreira, 2003; conversation with Ms. Ferreira, 2004) have confirmed that structured interviews with the elderly place a great deal of strain on respondents, making them feel pressurised and self-conscious. Secondly, the researcher was interested in the human and emotional experiences of the interviewees, and this necessitated a questionnaire with a number of open-ended questions that would allow for digression.

As can be discerned from the above approach, this study adopted a problem solving focus. The researcher has a strong emotional bias towards the subject matter, holding the belief that legislation and government programmes should show due respect to its elders who suffered the greater part of their lives under difficult conditions, and continue to do so in the current dispensation. As a result of this potential bias, the quality of this research design could have been compromised. To counter this, Yin's (1998: 243) four design tests were applied:



**FIGURE 1: YIN’S FOUR DESIGN TESTS**

Tests	Case Study Tactic	Phase of Research in Which tactic Occurs
Construct validity	• Multiple sources of evidence.	Data collection
	• Establishment of a chain of evidence.	Data collection
	• Participant review of draft case study report.	Composition
Internal validity	• Pattern matching	Data analysis
	• Explanation building	Data analysis
External validity	• Use of rival theories within single cases.	Research design
	• Use of replication logic in multiple-case studies	Research design
Reliability	• Use of case study protocol.	Data collection
	• Development of case study database	Data collection

**1.6 Conclusion**

A society is judged by the manner in which it treats the most vulnerable amongst them. The South African constitution makes ample provision for protection of the vulnerable. If ideals, policies and legislation are not translated into concrete actions, however, they remain merely an idea, and those who are meant to be protected remain vulnerable and exposed to exploitation.

Chapter 2, the theoretical framework, sets out the theory of policy analysis, the context within which this study will occur, before turning to the threats faced by the aged in Africa. The chapter concludes by looking specifically at elderly female-headed households and HIV/Aids.

Chapter 3, the policy framework, will entail a contextual analysis of the South African situation in the light of the issues raised in the previous chapter. This will be followed by the objectives identified by Government, to be executed by the Department of Social Development through its design and implementation of appropriate policies and programmes. The chapter concludes with a content analysis of selected current legislation illustrating how the South African government is attempting to deal with the issues facing the elderly raised in Chapter 2 and specified in the first section of the Chapter 3.

Chapter 4 contains a transcription and a analysis of the data collected by the researcher in conducting qualitative interviews with five relevant participants.

Chapter 5 concludes the study by unifying the findings, and on that basis making immediate recommendations as well as recommendations for future research, before drawing some final conclusions.

## CHAPTER 2

### GENERAL THEORETICAL FRAMEWORK

#### 2.1 Introduction

Since the objectives outlined in Chapter 1 require a general orientation in terms of the theory of policy analysis, poverty and the aged, the focus of this chapter will be on discussing the existing scholarship in these areas. Firstly, attention will be given to the theory of policy analysis, followed by the threats faced by older people in Africa (poverty, HIV/Aids, education etc). Finally, an examination of the existing literature dealing with the issue of the elderly female-headed households and HIV/Aids will be examined. This approach will be used to contextualise and guide the thought-processes and research required for this chapter.

#### 2.2 Policy Analysis Theory

##### 2.2.1 Policy

The concept “*policy*” has various connotations and denotations. These vary from their broadest everyday use, such as its reference to “*a government’s social welfare policy*” to its reference to policy as a “*programme, output, outcome, theory or model*” (Hogwood & Gunn, 1984: 13-24) (John, 1998: 1-2). De Coning (In Cloete & Wissink, 2000: 3) defines policy as “*a statement of intent*”, which specifies the basic principles to be pursued in attaining specific goals, whilst Fox and Meyer (1995: 96) state that policy is “*a guide of action or statement of goals that should be followed in an institution to deal with a particular problem or phenomenon*”. Furthermore, they propose that policy should be regarded as, “*a guide to action ... to provide consistency of decisions*” and as, “*goals and objectives within a given situation and the methods to realise them*”. Koenig (1986: 2) supports this view when he states that policy is, “*... incremental ...*” and “*... a long-term rather than a short-term guide of action*”. Dunn (1994: 33) relates the term “*policy*” to the Middle English word “*policie*”, which referred to, “*the conduct of public affairs or the*

*administration of government*". The definitions cited above illustrate that policy entails a proposed action by an institution such as government, and that such action is aimed at achieving a desired outcome.

## **2.2.2 Public Policy**

Two key concepts are related to policy. One is the social environment in which we live and the other are the problems generated by this environment (Links, 2000: 14). The problems stemming from environmental factors result in a need for policy. Policies thus comprise responses to societal phenomena.

Among the many competing definitions of 'public policy', some are very complex, while others are quite simple. Despite their variations, they all agree on certain key aspects - public policies should be viewed as formal expressions (legislation, executive orders, rules and regulations) of decisions, choices made and actions taken in response to societal phenomena. In support of this view Dunn (1994: 70) defines public policy as a "... *long series of more or less related choices (including decisions not to act) made by government bodies and officials*". Harold Lasswell and Abraham Kaplan (In Dye, 1987: 3) defined it as "*a projected program of goals, values, and practices*". Fox & Meyer (1995: 107) go on to define public policy as, "*authoritative statements made by legitimate public institutions about the way in which they propose to deal with policy problems*". Linked to this is Heinz Eulau and Kenneth Prewitt's definition of public policy: "*Policy is defined as a 'standing decision' characterized by behavioural consistency and repetitiveness on the part of both those who make it and those who abide by it*" (In Dye 1987: 3). Thomas Dye (1987: 3) adds his concise definition, describing public policy as "*Anything a government chooses to do or not to do*". Essentially public policy is a complex phenomenon consisting of numerous decisions made by numerous individuals and organisations. It is often shaped by earlier policies and is frequently linked closely with other seemingly unrelated decisions (Howlett & Ramesh, 1995: 7). It becomes evident that public policies owe their significance to their reference to action, which is taken by some individual, organisation or institution in order to bring



about some change in current circumstance. As we live in an ever changing world it is important to realise that policies require adaptation, because no two environments or sets of circumstances are identical and are in a continual state of flux.

### **2.2.3 Policy Analysis**

There is no single definition that encapsulates the full extent of policy analysis. This becomes evident when one considers the vast number of definitions cited in the literature. Thomas Dye (1987: 2) defines it as *“finding out what governments do, why they do it, and what difference it makes”*. Essentially, Dye sees all definitions as descriptions and explanations for the causes of and consequences of government action. Ham and Hill (1984: 13), however, say, *“actions as well as decisions may therefore be said to be the proper focus of policy analysis”*. Nagel (2002: 133) defines public policy analysis as *“determining which of various alternative public or governmental policies will best achieve a given set of goals in light of the relations between the policies and the goals”*. Dunn, however, puts forth a more comprehensive definition of policy analysis: *“As an applied social science discipline that uses multiple methods of inquiry in contexts of argumentation and public debate, to create, critically assess, and communicate policy-relevant knowledge”* (1994: 84), and accentuates the practical nature of policy analysis as a response to the recurring problems and crisis that confront governments. From the variety of definitions cited above it is evident that no single one could serve to fully encapsulate ‘policy analysis’, and it is in this that the term finds its strength.

### **2.2.4 Approaches to Policy Analysis**

In an attempt to contextualise this research project, it is necessary to review the different approaches to policy analysis in a broad context. In this regard the different approaches to policy analysis will be elucidated by means of a model. What follows is a summary by Wissink (2000: 71) of the different approaches, analytical foci and analytical instruments that may be employed as points of departure in the study of policy analysis. This model has been

included in order to contextualise the various approaches to policy analysis; and secondly to describe and select an appropriate approach, focus and instrument as an analytical basis. The selected approach, focus and instruments will provide the framework within which the theme of this project will be analysed.

**FIGURE 2: APPROACHES TO POLICY ANALYSIS**

<b>ANALYTICAL APPROACH</b>	<b>ANALYTICAL FOCUS</b>	<b>ANALYTICAL INSTRUMENT</b>
<i>Policy content analysis</i>	Interpretation of policy content Comparative policy analysis Policy dynamics <i>Policy pathology</i>	Judicial practice Administrative law Correlation of policy content Indicators of policy change <i>Problems and ailments of the policy process</i>
Policy systems analysis	Policy behavioural studies  Policy institutional studies  Policy process studies	Influence and decisions of shareholders and stakeholders  Role of institutions and related organisations Agenda-setting procedures of policy-making bodies and committees
<i>Policy issue analysis</i>	<i>Policy problem structuring</i>  <i>Policy recommendation (advocacy)</i>	<i>Structure of the nature of policy problems</i> <i>Determining and forecasting policy solutions</i>
<i>Policy outcome analysis</i>	Policy monitoring	The outcome of policy actions
Policy values analysis	Policy impact evaluation Community values and general morality or moral guidelines	The value of policy actions Values and ethical considerations supporting specific policy choices and/or actions

When examining the italicised sections above, it becomes evident the analytical approach to be followed by this research project will be a combination of policy content analysis, policy issue analysis, and policy outcome analysis. The analytical focus serves firstly to analyse the content of South Africa's Social and Welfare policies, and secondly it seeks to determine

the weaknesses of these policies specifically as it relates to elderly grandmothers raising their orphaned grandchildren.

In an effort to simplify public policy making the process has been broken down into a series of discrete stages and sub-stages. The resulting sequence of stages is referred to as the 'policy cycle'. The simplification has its origins in the earliest works on public policy analysis and has received divergent attention from its various authors. The idea of simplifying the complexity of public policy-making was first broached in the early work of Harold Lasswell in 1956, whilst scholars such as Brewer, Jones and Anderson promoted their own versions during the 1970's and 1980's (Howlett & Ramesh, 1995: 9-11). It is, however, the model of Howlett & Ramesh (1995: 11) that will serve the objectives of this research project, one that deals with the five stages of the policy cycle and their relationship to applied problem solving:

**FIGURE 3: FIVE STAGES OF THE POLICY CYCLE AND THEIR RELATIONSHIP TO APPLIED PROBLEM SOLVING**

<b>Phases of Applied Problem-Solving</b>	<b>Stages in the Policy Cycle</b>
1. Problem Recognition	1. Agenda-Setting
2. Proposal of Solution	2. Policy Formulation
3. Choice of Solution	3. Decision-Making
4. Putting Solution into Effect	4. Policy Implementation
5. Monitoring Results	5. Policy Evaluation

The most important advantage of the policy cycle model as set out above is that it facilitates the understanding of public policy-making by breaking the complexity of the process into a limited number of stages and sub-stages, each of which can be investigated alone, or in terms of its relationship to any or all of the other stages in the cycle. This will assist the researcher in the process of theory building and allows for numerous case studies and comparative studies of the different stages to be undertaken. Another advantage of the model is that it permits examination of the role of all the



actors and institutions dealing with a policy, not just those governmental agencies formally charged with the task (Howlett & Ramesh, 1995: 12).

It is the researcher's intent to apply the analytical approaches identified above to the public policy making process identified and clarified by Howlett and Ramesh (1995: 11).

These tools will serve as the magnifying glass under which the policies and actions of the South African government will be placed in addressing the crisis faced by elderly black women raising their orphaned grandchildren.

### **2.2.5 Policy Ideologies**

Using the analytical approaches identified above, the researcher will undertake a thorough investigation of the current legislation now in effect under the administration and jurisdiction of the South African Department of Social Development. A critical analysis will determine the content of the Acts now in effect and elucidate their intended use / outcomes. Once the content has been clarified, the researcher will examine the legislation as it is manifested in the programmes, which bring the legislation to life. The researcher will show both the successes and the failures of some of the most notable programmes.

The most revealing information regarding the effectiveness of the policies currently implemented by the South African government will, however, only be gleaned from those who are currently directly affected and involved with these programmes. To this end, those participating in the case studies will be invaluable, as their experience of 'policy in action' will truly reveal how effective South Africa's current legislation is in meeting the needs of elderly women raising their orphaned grandchildren and other vulnerable children.

In conducting a content analysis of the current legislation whilst also examining the practical implications of these policies, it is the researcher's intent to identify the pathologies lurking within the current legislation and to conducting interviews with those most directly affected. It is the researcher's intent to



recommend where policy can most effectively be amended for the greater good of those it intends to serve.

Theories of policy and policy-making are in their very nature closely associated with political paradigms or ideologies, in which values play an important role. In this regard three theories especially stand out. The first of these is a liberal laissez-faire or classical approach (De Koning & Cloete in Wissink & Cloete, 2000: 26), which determines that the state should concern itself with the maintenance of law and order, the protection of society from attacks from outside, the protection of private property and the establishment of conditions conducive to the promotion of free enterprise, and should only interfere in the lives of the individual on a limited basis. The second is a collectivistic approach i.e. socialism (De Koning & Cloete in Wissink & Cloete, 2000: 26), with its roots in Marxist theory, according to which the state has to control the economy through economic institutions which function as government institutions and which abolish capitalism. In the third instance, welfare statism claims that the promotion of the highest degree of material and spiritual public well-being is the task of the state, which has to provide opportunities for competition so that citizens can obtain the good things in life (De Koning & Cloete in Wissink & Cloete, 2000: 26). The analyses in this and forthcoming chapters will determine the recommended ideological approach to be followed (see chapter 4).

Now that we have clarified and defined the concepts and themes relating to the field of policy analysis, the larger context within which this study is to take place, and chosen those elements most appropriate for this endeavour, attention can now be paid to the threats faced by the elderly in the developing world.

### **2.3 Threats faced by the Aged in Africa**

The literature search for the remainder of the chapter is structured around the problem statement as recommended by Mouton (2001: 91). The information was gathered from books, journals and the Internet. Internet sources are

especially relevant to the study, for though Mouton (2001: 91)) emphasises the use of scientific journals and books, the researcher would like to argue that current websites dealing with the issues of ageing, poverty and female-headed households provide comprehensive and current coverage of the issues. Furthermore the researcher has elected to organise the literature review according to a number of themes (Mouton, 2001: 93). Thus the first theme to be covered will be that of old age, followed by poverty, we then look at the threats faced by the elderly i.e. employment and income security, housing and living environments, education and health. We then turn to the issue of female-headed households and their characteristics.

### **2.3.1 Defining Old Age**

The United Nations defines older persons as those aged 60 years and above. However, in Africa, formal retirement age ranges between 55 and 65 years (HelpAge International, 2000). There is, however, much dissatisfaction with defining old age purely in chronological terms, but as Lloyd-Sherlock says, there appears to be no universal alternative (2000: 2157). He goes on to say that old age is distinguished in a number of different ways, often with important cultural variations. These may refer to biological processes and physical appearance or even the social roles occupied by the elderly. The definition of old age by African communities may also differ from that of the UN, as it may be inappropriate and irrelevant depending on the context. For example in rural situations, where birth registration is poor or even unknown, physical features are commonly used to estimate a person's age. The colour of a person's hair, failing eyesight and diseases such as arthritis are some features used to define an older person. More complex definitions embrace a host of social and cultural issues and may include, for example, the person's seniority status within his/her community and the number of grandchildren, which he/she has (HelpAge International, 2000).

The problem of the definition of old age may seem fairly obvious and unimportant but this is not so. Definition affects older peoples' access to services, and affects policy and resource allocations.

Social attitudes and media imagery rarely reflect the important contributions that are made by older persons. Not only do the majority of older people in Africa work in the informal sector until they are physically unable to continue, but older people support their families financially in cases of pensions, and by caring for children, managing the home and taking part in agricultural work. Older people make valuable contributions to society as guardians of traditions and cultural values, which are passing, from generation to generation.

### **2.3.2 Rights of older persons**

According to the United Nations the rights of older persons includes the following (Age-in-Action, 2004):

#### **Independence**

- Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
- Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to reside at home for as long as possible.

#### **Participation**

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.



- Older persons should be able to form movements or associations of older persons.

### **Care**

- Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
- Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Older persons should have access to social and legal services to enhance their autonomy, protection and care.
- Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

### **Self-Fulfilment**

- Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

### **Dignity**

- Older persons should be able to live in dignity and security and be free from exploitation and physical or mental abuse.

Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

### 2.3.3 Ageing Trends

Demographic ageing defined as “an increase in the percentage of a population aged 65 years old or over” (Lloyd-Sherlock, 2000: 2158). This is now an established trend as the world population aged 60 years and above is increasing rapidly. For example in 1950 it was 200 million, it had increased in 1975 by 75 per cent to 350 million, and in 1999 it had escalated to nearly 600 million (HelpAge International, 2000). It is projected that by 2025, the world population will reach 1.2 billion and by 2050, 2 billion. At that time, it is expected that the world population of older people will for the first time in history be greater than the population of children under 14 years (HelpAge International, 2000). The older population of Africa, currently estimated to be slightly over 38 million, is projected to reach 212 million by 2050.

Although the Aids epidemic is projected to reduce life expectancy in affected countries, the older population of Africa will continue to grow as the number of children born to those younger cohorts fall, whilst significant reductions in adult mortality contribute to extended life expectancy. High rates of mortality from HIV/Aids among younger groups may later cause a sudden surge in demographic ageing (Lloyd-Sherlock, 2000:2158). Despite Aids, the majority of people in Africa will thus grow older and will, in all probability, live longer than previous generations.

### 2.3.4 Poverty

The research on poverty is vast, as are the profuse definitions for the term. The Concise Oxford Dictionary defines poverty as “*indigence, want, scarcity, deficiency (of); inferiority, poorness, meanness*” (1966: 954). For ease of reference and coherence in the assessment of poverty, quantitative measures are used (e.g. one can be said to be living in poverty if one lives in a household whose income is less than 40 percent of the country’s median household income) (Human Rights in Development 2004; Word IQ 2004), or specific indicators relating to certain economic and social factors (e.g. infant mortality rates and literacy rates). A traditional definition reads as follows:

*Poverty: a human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.*

(Human Rights in Development, 2004)

Although economic deprivation is one of the most definitive features in any definition of poverty as can be seen above, it fails to take into account the myriad of social, cultural and political aspects of the phenomenon, for poverty is not only a deprivation of monetary and material resources, but it is a violation of human dignity too. For this reason, this research report chooses an early description of poverty from a human rights perspective, which was proposed by Father Wresinski:

*The lack of basic security connotes the absence of one or more factors enabling individuals and families to assume basic responsibilities and to enjoy fundamental rights. The situation may become widespread and result in more serious and permanent consequences. The lack of basic security leads to chronic poverty when it simultaneously affects several aspects of people's lives, when it is prolonged and when it severely compromises people's chances of regaining their rights and of reassuming their responsibilities in the foreseeable future.*

(Human Rights in Development, 2004)

For the purposes of this research project, the issue of chronic poverty is of particular concern. David Hulme and Andrew Shepherd (2003: 404) say that chronic poverty can be viewed as occurring “*when an individual experiences significant capability deprivations for a period of five years or more*”. Hulme and Shepherd highlight four distinguishing features of chronic poverty. The first is that chronic poverty has an extended duration. They emphasise that one is dealing with people who remain poor for much of their life course, and who may “pass on” their poverty to subsequent generations (2003: 405). In



this regard, Harper, Marcus & Moore (2003: 535-536) emphasise that the ideas of life course and intergenerational transmission of poverty link a set of processes that may result in, or entrench, childhood, adulthood or chronic poverty, rather than outcomes or experiences during a specific period of time. Furthermore, this intergenerational transmission of poverty can involve the 'private' transmission of poverty from older generations of individuals and families to younger generations. As one respondent described the reality of intergenerational poverty: *"poor from the parents down to the grandchildren"* (Barrientos, Gorman & Heslop, 2003: 559). This aspect is of particular importance for this research project, as grandchildren living with their grandmothers are very often solely dependent on the monthly pension, and should the grandparent die unexpectedly such children are left destitute.

Secondly, Hulme and Shepherd (2003: 405) note that an understanding of the multidimensionality of the variables associated with the measurement of poverty assessment, income and consumption are much more likely to fluctuate over short periods of time than are measures such as literacy or tangible assets and thus to present poverty as a transient phenomena. Third, it should, according to Hulme, be remembered that it is individuals who suffer the deprivations of chronic poverty and that this should never be lost sight of in the conduction of studies where household or even community levels of chronic poverty are being measured. Finally, Hulme concludes that the bulk of research knowledge refers to chronic poverty in absolute terms.

In the majority of countries worldwide, but particularly in developing countries, older people are typically the poorest members of society and live far below the poverty line, defined as the level of income below which one cannot afford to purchase all the resources one requires to live. Therefore people who have an income below the poverty line have no discretionary disposable income (Fact Index, 2004). Whilst the chronic cycle of poverty is hard to break for anyone, the challenges are even greater for older people as society ignores their needs and fails to recognise their potential as social attitudes and media imagery label elders as frail, dependent and vulnerable. These circumstances

inhibit the elderly from taking the initiative and altering their circumstances for the better.

In a qualitative survey conducted by Armando Barrientos, Mark Gorman and Amanda Heslop (2003: 559), the researchers found that for older people, poverty is associated with the inability to fulfil social and economic roles and responsibilities, and there is a close relationship between older people's ability to contribute and their ability to access support. Extreme poverty was associated with an absence of income security, inadequate family or social support, and poor health combined with inadequate health care. In ranking exercises the poorest groups were identified as lacking the means to meet basic needs and improve their position. Older people, especially older widowed women, are among the poorest as defined by poor people themselves.

In a summary document on ageing in Africa (2000: 9), HelpAge International states that the condition of poverty itself excludes older people from accessing and exerting some form of control over community assets, and that this increases their marginalisation. Furthermore, some programmes, which are designed to alleviate poverty, actually increase it in those instances where an initial saving or deposit is required. This happens because older people use most of their disposable income for meeting basic needs. In this way their access to some support is further hampered.

In the third world countries of Africa, low incomes do not allow people, or at least make it very difficult for people, to put aside personal savings for their later years. This means that many people enter old age with limited assets at their disposal, and these are quickly exhausted as their earnings are reduced as age and related health issues impede their ability to earn an income. It stands to reason that insufficient income increasingly affect people as they grow older, especially as increasing age reduces one's ability to work, because labour capabilities are necessarily dependent on relatively good health. Such poverty implies that older people living in Africa have to deal with poor health, lack of basic education, the impact of Aids and much more.



Older people have no safety net due to their lack of income security, and this makes older people vulnerable and open to abuse. The South African Aged Persons Act 81 of 1967 (1998: 1) defines abuse as “ ... *maltreatment of an aged person or any other infliction of physical, mental or financial power on an aged person which adversely affects that person.*” They are subjected to various forms of abuse that include physical violence, rape, and denial of basic necessities (food, water, shelter and health care). They are also denied support by their families and communities.

At the national level, older people are denied the opportunity to participate in issues that affect them and they are not adequately considered in national legislation (HelpAge International, 2004:1). If poverty alleviation programmes are to succeed and benefit entire societies it is imperative that all members of those societies be involved, and this is especially the case with older people who more often than not find themselves on the fringes of such poverty alleviation strategies (HelpAge, 2000, 9).

HelpAge believes that policy development must challenge and overcome the invisible barriers of age prejudice that prevent older people from playing a full and valued part in their societies, and that this can be managed by changing whose attitudes which prevent older people from accessing services available to other population groups. Older people should also be included in poverty reduction processes such as the development of Poverty Reduction Strategy Papers and program designed to alleviate poverty, and finally, an exploration should be undertaken as to the most effective means available in supporting family structures.

### 2.3.5 Employment and Income Security

HelpAge International (2000: 6) notes that the processes of industrialisation, urbanisation and westernisation have caused a gradual disintegration of the extended family system rendering it ineffective in its role as a social security institution. The older people now find themselves vulnerable and without any source of social protection.

The elderly are a specific concern in terms of poverty especially if they have to fend for themselves and their dependents. Many elderly who do not have others on whom to rely for support do receive old-age grants and pensions, but as is evidenced by the literature (Roberts, Møller & Ferreira 2003, Lloyd-Sherlock 2000, Barrientos 2003), these grants are in no way sufficient to keep a household out of poverty. Aliber (2003: 481) emphasises that one should not be led to believe that chronically poor households headed by elderly people are non-existent just because they are the recipients of old-age grants. The problem with the concept of chronic poverty is that one does not expect the elderly to improve their circumstances by means of finding gainful employment (Barrientos 2003, Gorman & Henslop 2003; Lloyd-Sherlock 2000: 2160). Thus the extent that poor elderly persons manage to escape their state of poverty, is dependent on another member of the household or the elderly themselves finding gainful employment and so alleviating the financial burden.

Peter Lloyd-Sherlock (2000: 2162) points out that other than pensions, the forms of economic livelihood pursued by poor older people are varied, reflecting their heterogeneity as a group and the contexts in which they live. He proceeds with a number of generalisations in this regard. The first is that older workers in the urban informal and rural sectors are usually engaged in manual activities, and are likely to experience a gradual process of downgrading in their labour status and earnings over time. Where alternative forms of support are not available, they may be obliged to continue with activities, which yield diminishing returns, so long as their health permits. When economic activity involves a family unit, such as on a rural smallholding, it is possible that elders will obtain a position of relative authority in the

workplace. In contexts of rural wage labour or the urban informal sector, no such seniority hierarchy is likely to occur, and so older workers will be particularly vulnerable. Lloyd-Sherlock goes on to say that in the context of poverty and low pension coverage, it is likely that declines in economic participation later in life is a reflection of reduced opportunities for work rather than a desire to disengage from the labour force. In some countries these constraints have increased in recent years, as older people have faced stronger intergenerational competition for a shrinking pool of employment opportunities. He agrees with HelpAge International (2000: 6) that a number of community-based schemes for poor older people have shown that increasing access to credit reinforces existing capabilities and develops new ones, can reduce some of the barriers to economic activity (2000: 2162).

This state of affairs emphasises the fact that older people are dependent on economic relations with other household or family members to augment their pension incomes or as their sole recourse to survival (Sherlock-Lloyd, 2000: 2162). Seen in this light, a lack of employment opportunities for younger relatives will probably have a greater impact on elders than will targeted state interventions, such as low-value pension benefits. Household relations are also not always one-way and may be best understood within a framework of intergenerational exchange. Older people often make important economic contributions, pooling pension income or wages, or performing tasks such as cleaning and childcare, which release other household members for salaried employment. Lloyd-Sherlock concludes that pension policies must be understood within the context of broader livelihood strategies of older people. These include reduced access to and diminishing returns from labour over time, and rising dependence on intergenerational exchange. Particular attention must be paid to the problems of older women, and that policy should build on the contributions already being made by older people and should increase their capacity to engage in successful livelihood strategies (2000: 2163)

The findings cited above are further supported by the issues raised in a recent HelpAge International report (2002: 6) in which they confirm that older people



are often discriminated against and denied employment once they reach the retirement age and thereafter. Forced retirement and discrimination also occur in an effort to create employment opportunities for younger generations, with employers ignoring the fact that they are losing experienced staff.

Furthermore, not all older persons have access to social security systems (unlike South Africa) because in most African countries cover only a small percentage of the population, as most people work in the agricultural, domestic and mining sectors (World Bank. 1994). Not only are pensions stretched to meet the needs of those whom they sustain, but they are also exposed to the erosion of inflation, further increasing the vulnerability of the aged persons. This situation is aggravated when older persons are denied credit to enable them to invest for the future.

To combat these issues, the report sets the challenges for reforming the provision of care and services to older people living in developing countries in combination with a partnership based approach (2000: 6). The report recommends a broadening of policies on social security in order to encompass the formal, traditional, informal and semi-formal employment systems and to adequately ensure that the poor, at whatever stage of development or age are covered. It is also recommended that social security systems should include a safety net for those who have been unsuccessful in finding gainful employment. In addition, better interest rates should be provided to pensioners in order to protect them from inflation, whilst their access to credit facilities should be eased. Finally older peoples work schedules should be changed to suit their age, and discrimination eradicated (2000: 6).

### **2.3.6 Housing & Living Environments**

Since the adoption of the Universal Declaration of Human Rights (UDHR) in 1948, the right to adequate housing has been recognised as an important component of the right to an adequate standard of living. This is essential if the elderly are to maintain their health and continue to fulfill their responsibilities. HelpAge International asserts that the elderly are often



deprived of decent shelter due to poverty, superstition and belief (2000: 14), and those who suffer most are the landless urban dwellers.

Environmental changes and the development of infrastructure do not take into account the needs of older people, i.e. access to transport, hospitals, community centers, CBD's. The majority of older people in Africa live in rural areas and this trend is expected to continue. By 2020 it is projected that 64 percent of people over 60 years will be living in areas defined as rural.

Older people living in urban slums risk eviction because the slums are defined as illegal settlements. The elderly who dwell in the urban areas feel the negative impact of changing family structures most acutely. When the needs of older people are neglected by those responsible for infrastructure design it is the elderly who suffer. Those older people who own the land on which their houses are built, may find themselves living in poor conditions, because they are unable to afford the necessary improvements and continual maintenance. Furthermore, those older people who do own land do so under customary tenure, and without title deeds, due to the patriarchal norms, this leaves them in an extremely vulnerable position.

The provision of adequate housing using locally available materials and a suitable environment for older people requires action not only by governments, but all sectors of the society. HelpAge International (2000: 14) recommends that the following steps be taken:

- The differences regarding access to land and services between land tenure in rural and urban areas must be taken into consideration when drafting policies.
- The needs of older people who may be suffering impaired mobility can be accommodated by implementing United Nations guidelines to enable them access all public utilities.
- The right to adequate housing of the Habitat Agenda could be implemented.

- Older people should be provided with equal access to land as well as to the title deeds for the land.
- Equal access to credit should be facilitated and so enable them to put up decent shelters.
- Older people should be included in the decision-making processes that affect their lives through the creation of consultative mechanisms at all societal levels.

### **2.3.7 Education**

Without education there can be no self-empowerment. This is visible in South Africa, especially with our history of social inequality, which translated into ever declining levels of educational equality (Harper, Marcus & Moore, 2003: 545). A lack of formal education has serious implications for older people. The fact that their access to education earlier in life was limited means that many older people are illiterate, and thus unaware of their rights (HelpAge International, 2000). Furthermore their access to information remains limited and so they are easy targets for exploitation, as they remain unaware of their rights. According to a number of reports by HelpAge International (2000, 2003), even in those cases where the rights of older people are communicated, older people may remain disadvantaged because of language barriers or because of the sophistication of the language used. It is unfortunate that the media's portrayal of older people as frail and burdensome creates prejudicial attitudes towards them that often limits their access to education, and so increases their social and economic vulnerability. In this manner older people continue to be excluded from education, training, skills development programmes, and awareness creation programmes. According to Harper, Marcus & Moore (2003: 545), women's education is particularly important, as it is associated with improved child health and nutrition and children's own educational success.

It is clear that if older black women are in the position of caretakers, that there should be an expansion in the quality of education services available to them.

HelpAge International (2000) proposes that awareness should be created amongst policy makers, the media and the wider community, and that the media should help to advocate the rights of older people, raising awareness of ageing issues and family obligations and change the warped image of older people. Furthermore issues relating to older people such as respect and cultural values should be promoted in school curricula. Older people should also be exposed to situations where they are educated about their rights and how these rights can be addressed. This would necessitate an expansion in adult literacy programmes to include older people, as well as skills development programmes.

### **2.3.8 Health**

Access to public services and programmes is another important dimension of poverty in later life. At an individual level, the capacity to earn a living or participate in family and community life, as well as a sense of personal well-being are all governed by health status (HelpAge International, 2000: 8).

Priorities in service provision and delivery in the developing world often discriminate against older people (Barrientos, Gorman & Helsop, 2003: 564). Health care priorities in developing countries are primarily directed to young children and their mothers, and seldom target the health care needs of older people. Furthermore, existing inequalities in the distribution of public resources between rural and urban areas, or between low and high-income groups also restrict access by older people.

Barrientos, Gorman & Heslop (2003: 564-565) indicate that the restrictions in access to health care experienced by older people often result from policy priorities, which explicitly undervalue the benefits of treating these groups. Lloyd-Sherlock (2000: 2165) recommends that effective health policies for older people must be implemented in an inter-sectoral framework. Health care provision is essential for the livelihoods of older people, particularly those in employment. In return, the economic well-being of older persons influences their nutritional status and accommodation, and hence their exposure to health



risks and general health status. It may also affect the ability of older people to travel to health facilities, both in terms of paying for transportation and of providing a cushion against any loss of income. In South Africa where most poor older people receive non-contributory pensions, we find that family members are more likely to invest in the health of the older person in order to ensure the continuity of the pension income (Lloyd-Sherlock, 2000: 2166).

Essentially poor health precludes older persons from active inclusion in life's activities and makes it difficult for them to assume their familial responsibilities. Poor older people find that their situation worsens because of disabilities incurred due to the effects of long-term diseases that occurred in childhood and in early life (TB, rheumatic fever, and other treatable infectious diseases). Diseases common to the elderly, such as hypertension, strokes, diabetic, heart diseases, trachoma and blindness often lead to complications and permanent incapacity because there is a lack of specialized geriatric services attending to the health needs of older people (HelpAge, 2000: 8). Furthermore the needs of older persons are often ignored when their needs are excluded in the curricula of health training institutions. Older people's access to healthcare is further hampered when they are unable to pay for their transport to healthcare facilities that are not situated in their vicinity, or for the care or the medication they receive. The fact that many older persons remain ignorant of the fact that they are eligible for free healthcare services means that they are often taken advantage of. More often than not older people's health problems only receive the attention they deserve once the family's priorities have been met (HelpAge, 2000: 8).

Access to health services is a human rights issue. Basic needs, which include the right to food, clothing, shelter and health, are human rights. Access to health services is not a benevolent act but is basic human right for any human being regardless of age. In the light of the issues raised above, HelpAge International proposed that the participation of older men and women in health management teams should be encouraged to ensure that the concerns of older people are raised. In addition to this, health care services should be designed to take into account the physical condition of older people, and



legislation should be drafted to enable older people to enjoy the health services at their disposal (2000:8).

## **2.4 Elderly Female-headed Households and HIV/Aids**

The 1999 October Household Survey shows that 42 percent of all African households, i.e. 2.7 million are female-headed. In a third of these households, the household head is the only adult in the house. Around 17 percent are so-called granny households i.e. the female household head is the grandmother rather than the mother of the children in her care (Aliber, 2003: 480).

The emphasis of this research report is on black female pensioners raising their grandchildren, who have been orphaned due to HIV/Aids. The literature on this subject is as yet somewhat sparse, however, that which follows is an overview of what is available on the subject.

HIV/Aids is placing an enormous burden on society worldwide. In sub-Saharan Africa, the combined effects of depleted human capital, low productivity, decreased economic support and increased care-giving responsibilities places new burdens on the family, especially those headed by older women.

The world is experiencing a growing number of orphans resulting from HIV/Aids deaths especially in economically disadvantaged societies where work is scarce, and as HIV/Aids strikes at the heart of the economically active cohort such deaths have dire consequences for their families and dependents. For example, while sub-Saharan Africa makes up only 10 percent of the world's population, 13.7 million of the 16.3 million (84 percent) of the estimated adult and child deaths, caused by the end of 1999, have occurred in the region (Agyarko, Kalache & Kowal, 2000:2).

The legacy of the increasing number of Aids orphans worldwide has far-reaching social, economic and psychological implications to society. The combined effect of increased care-giving responsibilities and decreased economic support due to depleted human capital and low productivity has

created a “new situation” for older persons. No longer can they “retire” in their old age, but are forced into “skip generation parenting” (Agyarko, Kalache & Kowal, 2000:2).

As the HIV/Aids epidemic strikes at the heart of family and community support structures, large numbers of older people are assuming responsibility for bringing up orphans and vulnerable children. Family structures are changing. Often the middle generation – both men and women – is completely absent, leaving the old and young to support each other. This means that families of older carers, orphans and vulnerable children are forced to assume new roles in order to survive (HelpAge, 2003: 4). Current global figures estimate that 16 million children under 15 have already lost either one or both parents to HIV/AIDS (HelpAge, 2003: 4).

Older people make up a significant proportion of the poorest of the poor, and HIV/Aids only serves to exacerbate the extreme poverty faced by older-headed households. This means that they are often unable to offer adequate support to those children in their care, as they face difficulties obtaining sufficient food, clothes and shelter. Furthermore, as discussed above, their access to health care and education services are limited. The financial burden of caring for children means older carers are often forced to sell their assets or borrow money (Aliber 2003, HelpAge International 2003, Ferreira 2001, Agyarko, Kalache & Kowal 2000).

The scarcity of HIV/AIDS information for older people limits their ability to protect themselves, and their families. The trauma resulting from the loss of family members and the stigma of being affected by HIV/AIDS can result in high levels of exclusion, for older people and for orphans and vulnerable children, leaving them feeling ashamed and alone (Aliber 2003, HelpAge International 2003, Ferreira 2001, Agyarko, Kalache & Kowal 2000). Many older people feel they are failing in their role as carers because they are unable to protect their family from social isolation (HelpAge, 2003: 5).

Nevertheless, mutually supportive relationships between older carers and orphans and vulnerable children are being forged as a result of the HIV/Aids epidemic. While difficult economic conditions can undermine these relationships, the advantages of keeping children with their remaining family members, whenever possible, are evident.

With appropriate support, a good relationship between older people, orphans and vulnerable children can overcome some of the challenges posed by the HIV/Aids epidemic and poverty. To this end a report by HelpAge International (2003: 5) proposed that the following actions should be taken:

Firstly the report emphasized that collaborative action is a prerequisite if the intergenerational and socio-economic impacts of HIV/Aids are to be acknowledged and acted upon. There are different, but important, roles for all actors:

- National governments have a key role in prioritising funds for social spending and ensuring there are progressive legislative frameworks in relation to HIV/Aids (in anti-discrimination, inheritance rights and income support). International development institutions, such as the UN and the World Bank, should ensure access to sustainable funds.
- International non-governmental organisations need to develop innovative and community-driven programmes, as well as being key partners for supporting, and advocating for, improved governmental programmes.
- Community-based organisations have a vital role to play in articulating and designing programmes, as well as implementing them.

If international commitments to HIV/Aids and poverty reduction are to be met, the following recommendations need to be implemented at local, national and international levels:

- Provide direct income support to address the financial needs of older carers of orphans and vulnerable children.
- Ensure that policies and programmes designed to meet the health needs of families affected by HIV/Aids include older people, orphans and vulnerable children.
- Ensure access to universal and flexible education services for orphans and vulnerable children that recognise their changing roles, time commitments and financial constraints.
- Provide older people with information and training on HIV/AIDS and the rights of children and older people.
- Develop policies and programmes that address the psychosocial needs of older carers and orphans and vulnerable children.
- Ensure the involvement and participation of older carers and orphans and vulnerable children, in community structures, and in formulating national policy for poverty reduction and supporting families affected by HIV/Aids.
- Undertake research and collect comprehensive age-disaggregated data on the needs and roles of older people and orphans and vulnerable children, to design HIV/Aids interventions that are inclusive of older people.

These recommendations form the basis of a practical agenda for action. There is a 'moral' imperative' for those responsible to care 'for all whose lives have been devastated by HIV/Aids', to ensure that families of older carers and orphans and vulnerable children are not forgotten.



## 2.5 Conclusion

In this chapter a theoretical framework has been outlined which will serve to set the tone for the discussions (the forthcoming chapters) of the issues relating to the effective policy intervention measures to be taken in the case of older female pensioners raising their orphaned grandchildren due to HIV/Aids.

In the first section of this chapter the instruments within the field of policy analysis most suited to this study were selected. It was determined that policies originate in response to societal phenomena, and that public policy itself is a complex phenomenon consisting of numerous decisions made by numerous individuals and organisations. Public policies are especially significant as they relate to the action, which is taken by an individual, organisation or institution in order to bring about some change in current circumstances. A combination of three analytical approaches was decided upon. The first was a policy content analysis approach, focussing on policy pathology; the second was a policy issue analysis, focussing on policy problem structuring and policy advocacy, and the third was an outcomes analysis dealing with the monitoring of policies. As far as policy ideology was concerned, it was decided that for the purposes of this study government institutions should adopt a policy of direct intervention, as the subjects of the study are amongst the most vulnerable citizens in our society, and do not have the necessary means or strength to claim their rights and defend themselves against exploitation.

The second section of this chapter dealt with the threats faced by the aged in Africa. The importance of defining old age was stressed, as it determines older peoples' access to services, and the effect that it has on policy and resource allocations. It was also established that the aged population is expanding significantly due especially to the impact of the HIV/Aids pandemic. Furthermore poverty was defined, and its contribution to aged vulnerability. The extent, to which poor elderly persons are able to escape their state of poverty, is dependent on pensions, another member of the household or the elderly themselves finding gainful employment and so alleviating the financial

burden. Adequate and secure housing was seen to contribute to a general sense of security, and raised the standard of living of aged persons. It was noted that a lack of formal education had serious implications for the aged, in that it restricted their access to information and so made them vulnerable to exploitation. It was also noted that malnourishment due to poverty increased the elderly's susceptibility to disease, and their needs were not necessarily a priority in health care systems.

The final section of this chapter dealt with the devastating effect that the HIV/Aids pandemic is having on family units, leaving millions of Aids orphans to fend for themselves, or perhaps be succoured by a relative such as a grandmother. These families must then survive on limited resources, with limited or restricted access to shelter, health care and education.

In terms of answering the research question posed in Chapter 1 i.e. where effective policy intervention can make a difference in the quality in the lives of black female pensioners raising their orphaned grandchildren and other vulnerable children, this chapter elucidated the instruments to be used from the field of public policy analysis, and focussed broadly on the problems and challenges faced by the aged on the continent of Africa, before focussing specifically on female headed households and HIV/Aids. In the following chapter attention is paid specifically to the South African context in the light of the issues raised in this chapter, before turning to the objectives of the South African government, its legislation and programmes.

## **CHAPTER 3**

### **SOUTH AFRICAN POLICY CONTEXT**

#### **3.1 Introduction**

The chapter that follows deals with the specific South African context and policies adopted by the South African government and the implementation and administration thereof by the Department of Social Development. This chapter will be divided into two sections. The first section will entail a contextual analysis of the South African situation in the light of the issues raised in the previous chapter. The second section will deal with the objectives identified by the South African government, to be executed by the Department of Social Development, by designing and implementing appropriate policies and programmes. A content analysis of the current legislation will show how the South African government is attempting to deal with the issues facing the elderly raised in Chapter 2 and specified in the first section of the current chapter. In this manner it is the researcher's intent to identify the pathologies lurking within the current legislation, resulting in still unsatisfactory outcomes. It is the researcher's aim to recommend where policy can most effectively be amended for the greater good of those it intends to serve.

As has been mentioned in the previous chapters very little attention has been paid in Southern Africa to the situations of older women, or grandmothers who have become surrogate parents to their grandchildren and other vulnerable children who have been left destitute due to the HIV/Aids epidemic. These women, who are in great need of support are not directly factored into Aids-related policy and care strategies, even though they play a vital role in assuming the roles of surrogate parents to their grandchildren (not to mention the nursing of their dying adult children). Clearly elderly women are valuable resources and are both crucial and valuable for the role they play in the care of both Aids sufferers and Aids orphans.

Policy makers need to recognise that grandmothers are increasingly obliged to assume care-giving responsibilities for dying adult children and later for



orphans, when their own physical and cognitive abilities may be declining. Due to their advanced age they find it increasingly difficult to earn income to support young children, not to mention the fact that they may have looked forward to an old age in which they are taken care of by children and grandchildren, and not the other way around. Until now the South African government has done little to support older women who find themselves in such precarious circumstances and to recognise their invaluable contribution.

Grandmothers who assume such care-giving roles are not receiving specific and targeted support from government structures. Instead they may benefit generically from the legislation within the jurisdiction of Department of Social Welfare and the programs that are empowered by them.

### **3.2 The South African Context**

Before we turn to those government policy interventions from which black grandmothers raising their orphaned grandchildren may profit, it is important that the scope and magnitude of the issues that these policies and legislation attempt to address be examined within the South African context.

The threats faced by the elderly in South Africa are very similar to those faced by their contemporaries in the rest of Africa, as discussed in Chapter 2. However, there are some differences.

#### **3.2.1 Ageing Trends in South Africa**

In recent years, greater attention has been paid to population ageing in South Africa, especially the social benefits and problems associated with this process. Awareness has been stimulated largely by community-based ethnographic studies. The scarcity of relevant, reliable national level data has hindered a thorough understanding of the issues concerned. And so in the 1990's, South African researchers (Saldru, 1993; Oosthuizen, 1993; Ferreira *et al*, 1992) began to remedy this shortcoming in using survey instruments and enhanced census design and tabulation.



The U.S. Department of Commerce (Kinsella & Ferreira, 1997: 1), established that the Southern Africa region has the continent's highest percentage of older inhabitants; 6.2 percent of population in 1997 was estimated to be 60 years or older. The 1997 study by Kinsella and Ferreira showed that South Africa itself has the highest proportions of older persons (Figure 4), with more than 1 in 8 persons (5.6 million) aged 50 and over and nearly 7 percent (2.9 million) aged 60 and above.

**FIGURE 4: PERCENTAGE OF POPULATION IN OLDER AGE GROUPS:  
1997-2025**

Region / Country	Year	Age Groups		
		50+	60+	70+
Southern Africa	1997	12.0	6.2	2.5
	2010	14.1	7.5	3.2
	2025	15.5	9.1	4.2
Botswana	1997	9.7	5.4	2.4
	2010	9.8	5.3	2.5
	2025	9.1	5.6	2.8
Lesotho	1997	11.7	6.7	2.8
	2010	12.1	6.5	3.0
	2025	14.1	7.7	3.3
South Africa	1997	13.3	6.8	2.8
	2010	16.2	8.6	3.6
	2025	18.0	10.8	5.1
Zimbabwe	1997	8.5	4.3	1.7
	2010	8.6	4.7	2.2
	2025	8.4	4.9	2.4

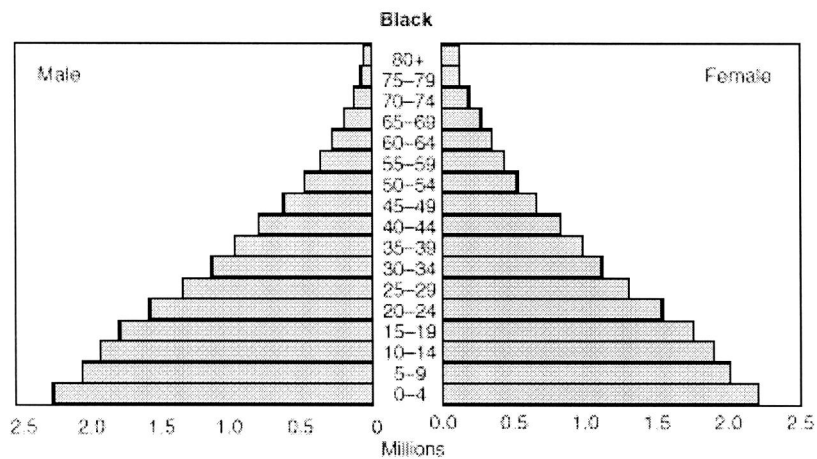
(Kinsella & Ferreira, 1997: 1)

Recent analyses have shown that South Africa's aged population is continuing its rapid expansion, especially in comparison to other African countries (South African Position Paper on Ageing and Poverty in South Africa, 2003: 49). Women tend to be in the majority in the 60 years and older category. The growing proportion of older persons implies an increase in needs that have to be met. This is particularly true when considering that one quarter of all older people (64 years or older) are estimated to be living in "very poor" households (i.e. earning less than R400 per month or about 57\$ per month at an exchange

rate of R7 per 1\$). (South African Position Paper on Ageing and Poverty in South Africa, 2003: 49)

The figures quoted in Figure 4, however, do not reveal the diversity of aging among population groups. Figure 1, below reveals the 1997 population structures by 5-year age groups.

**FIGURE 5: AGE STRUCTURE OF SOUTH AFRICAN POPULATION BY GROUP: 1997**



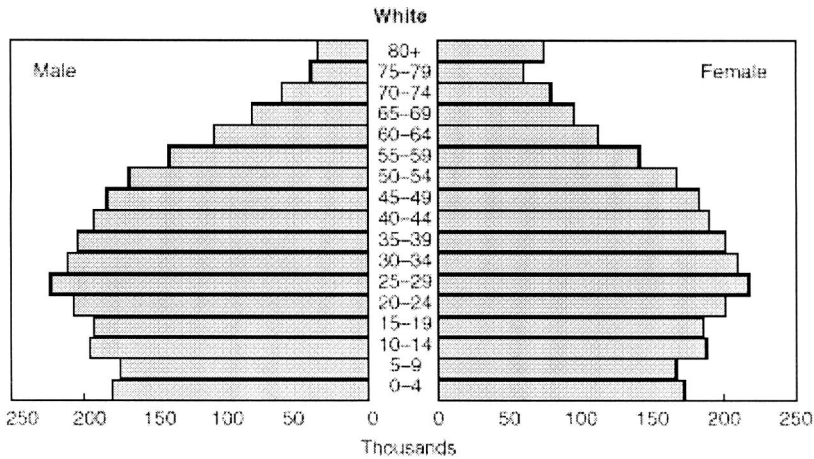
(Kinsella & Ferreira, 1997: 2)

As is evidenced by the pyramidal shape of the black population above, it is similar to that found in other developing countries in the early stages of demographic transition, in that fertility and mortality rates are relatively high, and so their populations are relatively “young.” The broad base of the pyramid is an indication that many children continue to be born each year, so that most of the population has been and still under the age of 20 years. The population of the older age groups, however, remains a small proportion of the total (Kinsella & Ferreira, 1997: 1-2).

Like the more developed countries, the white South African population (Figure 6), exhibit an age structure similar to their own. The last decades have seen a decline in fertility, with 1.7 births per white woman in 1996. The largest 5-year age groups among whites are between 25 and 40, while more than a fourth of

all Whites aged 50 or above. Almost 14 percent fall in the category of 60 years and older (Kinsella & Ferreira, 1997: 2).

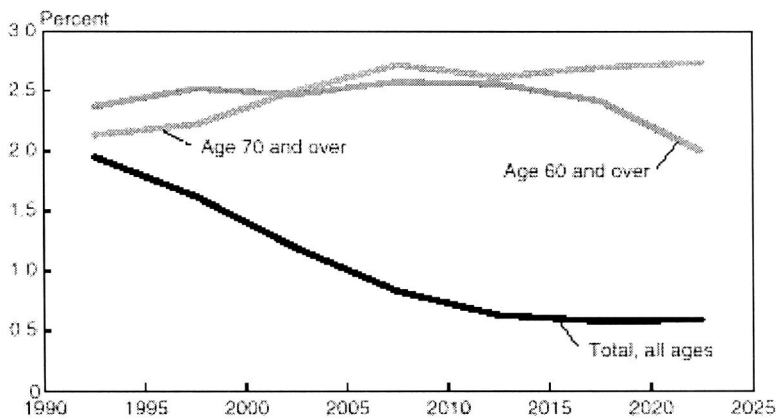
**FIGURE 6: AGE STRUCTURE OF SOUTH AFRICAN POPULATION BY GROUP: 1997**



(Kinsella & Ferreira, 1997: 2)

The total population growth rate in South Africa is falling rapidly as a consequence of declining fertility rates. As more people live to reach older ages, the growth rate of the 60-and-over population has come to exceed that of the total population (Figure 7), and the gap will widen considerably in the future (Kinsella & Ferreira, 1997: 2).

**FIGURE 7: AVERAGE ANNUAL PERCENTAGE GROWTH OF TOTAL AND OLDER POPULATION**



(Kinsella & Ferreira, 1997: 3)

The study conducted by Kinsella and Ferreira (1997:2) predicted that the fastest growing population segment was likely to be persons aged 70 and over from the year 2000. They say (Kinsella & Ferreira, 1997: 2) that while age-group percentages are useful for appreciating the relative weights of different population segments, absolute numbers are more important in terms of national population policy and program development, and this is especially important for this study. Proportions that change only slightly over time may, in fact, deflect attention from rapidly growing numbers of older persons and the service requirements generated by such growth. For example, although the percent-age aged 50 and over for the Black population in Figure 8 changes only modestly from 1997 to 2010, the absolute growth will be in excess of 1 million persons.

**FIGURE 8: PERCENTAGE OF SOUTH AFRICAN POPULATION IN OLDER AGE GROUPS: 1997 TO 2025**

Group	Year	Age Groups		
		50+	60+	70+
Asian	1997	16.1	7.2	2.4
	2010	22.0	11.1	4.0
	2025	29.7	16.4	7.1
Black	1997	11.2	5.6	2.2
	2010	13.4	6.9	2.9
	2025	12.9	8.0	3.8
Coloured	1997	12.3	5.9	2.2
	2010	17.7	8.0	3.0
	2025	27.2	14.0	5.1
White	1997	26.0	14.3	6.7
	2010	32.5	19.0	8.4
	2025	40.4	25.2	12.6

(Kinsella & Ferreira, 1997: 3)



### 3.2.2 Poverty

Chronic, pervasive poverty is the greatest threat posed to the security of the elderly in South Africa. Although different definitions of poverty are used, recent quantitative analyses show that the poverty rate (percentage of individuals classified as poor) in South Africa generally varies between about 40 percent and 50 percent (Poverty and Inequality in South Africa, 1998: 45; May, 2003:12). It is well known that for socio-historical and socio-political reasons, poverty is endemic in contemporary black African urban townships in South Africa (Ferreira, 2001). The poverty is exacerbated by severe backlogs in social development, and gross inadequate social welfare and community health-care service provision (Ferreira, 2001). Poverty is accentuated and perpetuated by joblessness and a lack of income among township residents, resulting in very low or paltry household income.

Based on results of the 1998 and 1999 October Household Surveys of Statistics South Africa and using a poverty line of a monthly expenditure of R800 per household, the South African Position Paper on Ageing and Poverty in South Africa (2003:13), suggested that an estimated 11 658 000 people were living in households earning less than half the poverty line in 1999; 1 347 000 (12 percent) were 50 years or older and 43 000 were 84 years or older. Among all people 50 years or older 25 percent were estimated to be living in households earning less than half the poverty line. May (2003:13) also estimates the proportions in different age groups within various monthly household expenditure categories in South Africa as follows:

**FIGURE 9: POVERTY RATE (%) IN SOUTH AFRICA BY AGE**

<b>Poverty Measure</b>	<b>Not old</b>	<b>50-63 yrs</b>	<b>64-73 yrs</b>	<b>74-83 yrs</b>	<b>84+ yrs</b>	<b>Total</b>
0.5 of poverty line	28.0	25.5	24.8	23.5	25.1	27.6
Poverty line	30.0	27.4	32.4	31.2	29.7	29.9
1.5 of poverty line	14.2	13.7	13.7	14.0	13.4	14.2
Twice the poverty line	7.6	7.7	6.8	7.1	7.7	7.6
More than twice the poverty line	20.1	25.7	22.4	24.1	24.1	20.7

### 3.2.3 Employment and Security

The mid 1980's to early 1990's saw a steady decline in participation in the formal labor market amongst older men, whilst the opposite was true for older women, however, the figures that are available may underestimate the true level of economic activity as the labor activities within the informal sector are not always taken into account.

South Africa, unlike other African countries provides formal economic support for older citizens in its non-contributory pensions. Women aged 60 and over and men aged 65 and over are eligible for a means tested general social pension of R740 per month (White Paper for Social Assistance, 1992: 27). In contrast to past levels that varied by race, persons of all races are now eligible to receive this monthly amount. Nearly 80 percent of those who qualified for the pension within the black population reported receiving a social pension. For many South Africans, the role of the public pension goes beyond mere support of the elderly. The pension is the most important source of income, second only to earnings from paid jobs and informal work (Møller & Ferreira, 2003: 11). Pension sharing, particularly in black households, is often the norm and the only barrier between a household and destitution. Though pensions may enhance the economic self-reliance and self-respect of recipients, pensioners' own needs may be neglected in the interests of family welfare.

The problems that the ANC government are faced with are the result of decades of discrimination and suppression. And it is, as always the most vulnerable within our societies who continue to live in consequences greatly dictated by past actions, whilst trying to grasp the future for the next generation. The aged have been and continue to be adversely affected as far as their health and socio-economic well-being is concerned. The scenario could have been far worse were it not for those family support systems, which do exist and the non-contributory old age pension. The government's efforts to redress the ills of the past through the Reconstruction and Development Program (RDP) seek to redress social inequalities by providing expanded opportunities for education, housing, and employment. Most of these efforts

are geared towards improving the lives of women and children, however, and so the needs of the elderly are of ignored, or put on the back burner. The assault on South Africa's social fabric by the ravages of HIV/Aids epidemic and associated obstacles of a third world countries is forcing government to acknowledge the importance of the pension system as a social safety net. Furthermore the Ministry of Welfare and Social Development is developing new policies and programs regarding community support services for older citizens.

### 3.2.4 Housing & Living Environment

As in other countries around the world, South African women live longer on average than do their male counterparts, and because they tend to marry men older than themselves rates of widowhood increase accordingly. Almost half of all women aged 60 and over are widowed compared with only 12 percent of elderly men (Kinsella & Ferreira, 1997: 4).

**FIGURE 10: PERCENTAGE WIDOWED AT OLDER AGES: 1991**



(Kinsella & Ferreira, 1997: 5)

The absolute number of widows aged 60 and over increased nearly 100,000 between 1985 and 1991 (to a total of 559,000). Møller and Ferreira (2003: 9) confirmed that the majority of urban and rural black households were single. Many of the elderly also find themselves without the family support network that many assume exists in the Southern African region as there is a relatively high percentages of sons 60+ who are never married or divorced (Kinsella & Ferreira, 1997: 5). In South Africa and several other African nations, polygamy



can be an important social factor that typically is not reflected in official data. Survey data for 1990 show that, except among whites, more than half of all elderly live in households with three or more co-resident generations. These figures were confirmed again in 2003, in a study conducted by Møller and Ferreira (8), where they found that older black households are multigenerational. A single person aged 55 years or older headed most households in their study.

Both the studies conducted by Kinsella and Ferreira (1997) and Møller and Ferreira (2003) confirmed that their South African survey respondents owned their own home (or it was owned by their spouse). Nine out of ten rural blacks owned their homes (1997: 5). Access to basic amenities, i.e. piped water, sanitation, electricity, appliances, and means of communication was as low as 47 percent for blacks in the 1997 study (Kinsella & Ferreira: 4), whilst the 2003 study found that most urban households had piped water into their dwellings or site, and about nine out of 10 had access to a flush toilet. This was not the case for the rural households where clean drinking water and sanitation were sorely lacking, forcing inhabitants to drink water from rivers, dams or rainwater (Ferreira & Møller, 2003: 7-8).

The elderly in most countries of the Southern African region are noted to reside predominantly in rural areas. According to research done by Kinsella and Taeuber (1993), this is a more or less global trend, often resulting from the migration of young adults to cities and sometimes from the return migration of older adults from urban areas back to rural homes. This is not the case in South Africa however. Here the reverse has been true; data from the 1991 census indicated that while about 45 percent of the entire population (excluding the former homelands) lived in non-urban areas, only 38 percent of the elderly were in non-urban settings. Since the elimination of the Group Areas Act in 1988, South Africa has seen a massive movement of persons from rural to urban areas and a proliferation of informal settlements on urban fringes. From available data, it is not yet clear if older citizens are being adversely affected by such movement (e.g. being left behind in rural areas to



raise grandchildren), are participating in and benefiting from migration (through better access to health and pension systems), or are adapting in other ways.

### **3.2.5 Education**

The education system during apartheid was a prime example of the disparity that existed amongst the different races. Schools in townships and in the rural areas were under-funded, under-resourced and ill equipped. This resulted in educational levels among the previously disadvantaged groups in South African to be fairly low. It is anticipated that this state of affairs will improve as better-educated cohorts reach old age (Kinsella & Ferreira, 1997: 4). The 1990-91 Multidimensional Survey found that two-thirds of older (60+) blacks and Asians and half of coloureds had less than 5 years of education (Kinsella & Ferreira, 1997: 4). Three-quarters of whites, by contrast, had completed 10 or more years of school. As in most developing countries, older men are *somewhat* more likely than older women to have attended school. A study conducted by the Institute of Ageing in Africa (Ferreira & Brodrick, 2001: 41) established that the elderly black female participants in their study had a low level of education or were illiterate, whilst others had poor numeracy skills. These findings are particularly troubling, especially when considering the levels at which skills training may be offered and assimilated.

### **3.2.6 Health**

The study conducted by Kinsella and Ferreira (1997: 3) estimated the general life expectancy at birth in South Africa during 1997 to have been 54 years for men and 58 years for women. Their study stressed that great disparity is evident amongst the different population groups in this regard. For instance, the life expectancy for white South African women exceeds that of black South African men (1997: 3). Such low life expectancy levels at birth amongst South Africa's black population are the result of the growing impact of HIV/Aids mortality. The long-term consequence of the HIV/Aids epidemic on population ageing remains to be seen. Kinsella and Ferreira believe that urban growth rates could decline. As the epidemic is most evident amongst the

economically active sector of the population there is necessarily a selective impact on young and middle-aged adults who would be potential supporters of and caregivers to the elderly. The impact will not be limited to this age group forever as the epidemic will spread amongst other age groups as well, as infants and children succumb to the ravages of the disease that send their own mothers and fathers to early graves. In the end there are fewer adults who have the potential to bring healthy offspring into the world.

As in many other countries, South African women outlive their male counterparts, regardless of population group. South Africa is in the midst of an epidemiological transition (Kinsella & Ferreira, 1997: 3) from the prominence of infectious diseases to chronic diseases, with different emerging health patterns among population groups. Numerous studies (Ferreira *et al*, 1992, Møller & Ferreira, 2003) have reported that the most prevalent self-reported condition affecting blacks, Asians, and coloureds was high blood pressure, diabetes and asthma. Furthermore most suffered from a chronic illness or ongoing health problems. These studies found that more than half of those participating in their survey reported having a disability, with the most often cited disability being visual impairment (Kinsella & Ferreira, 1997: 4). Other studies (Bradshaw *et al.*, 1995) show that non-Blacks have high mortality risks due to heart disease, whilst lung and breast cancer are responsible for high mortality rates amongst the coloured population. The impact of motor vehicle accidents and violence on the mortality rates of all races and age groups is also an important factor.

The findings of Møller & Ferreira (2003: 20) reported that most ill or injured household members consulted either a public health care facility such as a clinic or hospital or a private doctor, whilst only a small minority of rural black households consulted a traditional healer. At the time of their study the respondents stated that the average cost of a medical consultation, including medicines, was in the region of R100, and that the cost of health care appeared to be higher in urban areas than in rural areas (Møller & Ferreira, 2003: 20). Furthermore, medical insurance has generally, been unavailable to all South Africans. Therefore many, if not the majority of people reach old age

with few, if any benefits. Kinsella and Ferreira (1997: 4) report that in 1990, 95 percent of urban and 99 percent of rural elderly blacks had no medical insurance, whilst 90 percent of each group had annual medical expenses. Where possible, the elderly relied upon help from their children or other relatives to settle the medical costs or incurred debt in order to do so. Amongst Asians and coloureds 96 percent and 92 percent respectively displayed similarly high figures in their deficiency of medical insurance. Such disturbing figures were starkly contrasted with the 65 percent of Whites who did have medical insurance. Amongst this group only 1 percent indicated that they received assistance from family or friends in paying medical expenses (Ferreira et al., 1992).

During the old dispensation, access to health services for the elderly was particularly difficult, especially in rural areas, firstly because of the lack of infrastructure, and secondly because the black elderly population was not a priority to the Apartheid government of the time. Under the leadership of the ANC, government has committed itself to the development of a primary health program, one facet of which is to establish primary care clinics in underserved areas. The elderly, however, continue to experience difficulty accessing these (as well as many urban) services due to a lack of transport (Ferreira, Keikelame & Mosaval, 2001; Kinsella & Ferreira, 1997). And, with the health program's current emphasis strongly on maternal and child care, there is mounting concern that resources are being shifted away from needed geriatric care at a time when growth in the older population is accelerating (Kinsella & Ferreira, 1997: 4.)

In summary then, the aged population in South Africa is growing rapidly as is evidenced elsewhere in the world. Furthermore poverty is endemic contemporary black African urban townships due to South Africa's socio-historical and socio-political background, whilst it is estimated that 25 percent of those people 50 years are living in households earning less than half the poverty line. As far as employment and security is concerned South Africa is unique in its support of older citizens through its state pension system, this is a unique situation in Africa. Most elderly South Africans own the dwellings in



which they reside South Africa with larger numbers of aged persons living in urban areas rather than rural areas, as is the case in other African countries. Levels of education amongst the elderly black population are low, due to years of discrimination, which seriously impacts their access to information. Finally, many of the elderly in South Africa have no medical insurance, whilst struggling to get to the clinics themselves. Their needs are often neglected in favor of the needs of pregnant women and children.

### **3.3 The objectives of South African social welfare policies**

It is the state's duty to try to meet the needs of the people who have placed their trust in its governmental mechanisms. From the afore going discussion it is clear that there are a number of key issues that need to be addressed by South African social welfare policies as regards the aged.

The key objectives of the Department of Social Development, as stated in their annual report of 2002-2003 read as follows:

- Alleviate poverty through a safety net of social grants to most vulnerable groups;
- Mitigate the social and economic impacts of HIV/Aids on poor households and children;
- Reduce poverty through integrated sustainable development;
- Rebuild families and communities through policies and programmes empowering the young, old, disabled people, as well as women;
- Improve quality and equity of service delivery, the capacity, and governance of the social development sector; and
- Transform the structure, systems, human resources and organisational culture to improve service delivery.

(RSA, Department of Social Development, 2003: 17)



On the 29<sup>th</sup> of April 2004 Dr Skwyiya was sworn in for a second term of office as the Minister of Social Development. At this occasion he had the following to say about his Department:

*Now that the people have given their confidence in our leadership and placed their hopes and aspirations in our hands, the challenge will be to ensure that we move quickly and more decisively with the people in consolidating, deepening and even more importantly accelerating social transformation that will enhance social protection, integration and cohesion of the most vulnerable by enhancing their capacity to be self-reliant such that they can engage meaningfully in partnerships to the building of a caring society and a better life for all through sustainable development*

(Ministry of Social Development, 2004)

He said that the key areas on which his department would be focussing in this regard would be the following:

- The speedy completion of the legislative process for a comprehensive Child Care legislation.
- The rapid implementation of the older persons bill.
- The rapid reduction and elimination of fraud and corruption in the grants administration.
- Closer working with the Department of health on the roll out of the Anti-Retrovirals as well as care and support for infected affected.
- Strengthening of social integration and protection to reduce abuse of women and children and to enhance youth development.
- Strengthening civil society within the context of partnerships and cooperative governance.
- Enhancing and strengthening regional cooperation with the various partners internationally.
- The implementation of the extended public works program.

Their mission, he said, was “Care and support under the banner of a people’s contract towards a better life for all, especially the most vulnerable, should be the main basis of our advance forward” (Ministry of Social Development, 2004).

For the purposes of this study i.e. black, elderly female pensioners raising their orphaned grandchildren, the Departments main priorities and areas of focus are on the improvement of service delivery with regard to the provision of social security, which it says, is at the top of its agenda for the coming year. Through the establishment and enactment of the South African Security Agency, which should be fully operational by March 2005, the Department hopes to:

- Improve the effectiveness and efficiency in the management and administration of social grants;
- Reduce the incidences of fraud and corruption in respect of the management and administration of grants;
- Enhance the Batho-Pele principles in the delivery of quality in services to the poorest of the poor.

Furthermore the campaign to register all eligible children under 11 years this year (2004) and under 14 years next year (2005) will ensure that 3.2 million vulnerable children are registered and bring the total number of children receiving grants to over 7 million over the next two years.

Another issue that will be receiving especial attention is the Older Persons Bill, which, when ratified by parliament will enhance the protection of older persons and promote their rights.

### **3.4 South African Social welfare policy and legislation relevant for pensioners raising their orphaned grandchildren**

Apart from reflecting and being integrated with the Government's other policies and strategies (e.g. through the RDP and Constitution), South African policy and strategy regarding older persons in particular can be seen to be premised on the following statement by the South African Minister of Social Development at the United Nations Second World Assembly on Ageing in Madrid (RSA, Department of Social Development, 2003: v):

*Older people are the custodians of our traditions, our heritage and our cultures. They reflect our past and are the mirrors of our future. They have the right to a healthy, productive life, to live in a caring environment and to be treated with respect.*

The South African Cabinet has also approved the ratification of the guiding principles regarding older persons as specified in United Nations Resolution 46/91. Various commissions of inquiry have, furthermore, informed policy and strategy regarding older persons. These include the Inquiry into comprehensive Social Security for South Africa as well as the report of the Ministerial Committee on Abuse, Neglect and Ill-Treatment of Older Persons (RSA, Department of Social Development, 2003: v).

The Department of Social Development's (RSA: 10) mission statement reads as follows:

*To ensure the provision of comprehensive social protection services against vulnerability and poverty within the constitutional and legislative framework, and creating an enabling environment for sustainable development. To deliver integrated, sustainable and quality services in partnership with all those committed to build a caring society.*

In order to achieve these goals, the Department designs and implements appropriate policies and programmes, and focuses on improving the accessibility and efficiency of social security systems, while building organisational capacity, improving corporate governance, and ensuring the appropriate distribution of resources in the social development sector (RSA, Department of Social Development, 2003).

Accordingly the key objectives of the Department of Social Development have been aligned with the priorities outlined by the various Cabinet Clusters (RSA, Department of Social Development, 2003).

- Administration provides for policy formulation by the Minister and top management and the overall management of the Department. In 2002/2003, the funding of the National Development Agency (NDA) was also provided for under this programme.
- Social Security Policy and Planning is responsible for policy, planning and co-ordination in the area of social security (primarily social grants). This includes assessing the social, economic and fiscal impact of social security programmes, and giving advice on inter-governmental fiscal issues.
- Grant Systems and Administration provides administrative and information systems and support for the payment of social assistance grants by the provincial departments; monitors service delivery against norms and standards; manages disaster declarations; and provides administrative support to the various disaster relief boards.
- Welfare Services Transformation deals with policy and programme development and monitoring, to promote and protect the rights of children, youth, women, older people and disabled people.
- Development Implementation Support takes responsibility for the development of poverty reduction/eradication strategies as well as programmes and services to mitigate the impact of HIV/Aids.
- Population and Development provides research, policy and planning advice on population and development issues to all Government



departments and monitors the implementation of the 1998 Population Policy.

(RSA, Department of Social Development, 2003: 17)

What follows is an individual summary and, in some cases, an assessment of each of the following selected laws which are relevant to the study and form part of the legislative mandate of the Department of Social Development as well as the performance of the programmes mandated by the Ministry to achieve its stated objectives. Only those sections, which apply specifically to black female pensioners raising orphaned grandchildren and other vulnerable children will be investigated. Beginning with:

### **3.4.1 Aged Persons Act, 1967 (Act No. 81 of 1967)**

The stated intent of this Act is:

*To provide for the protection and welfare of certain aged and debilitated persons, for the care of their interests, for the establishment and registration of certain institutions, for the accommodation and care of such persons in such institutions, for the payment of old age pensions and certain allowances to or in respect of certain aged persons, and for matters incidental thereto.*

(RSA, Aged Persons Act, 1967: 1)

An important amendment, especially as it relates to the current study is the inclusion in 1998 of the clause relating to the notification of abuse of aged persons. In this regard all registered, medical practitioners who suspect that an aged person has been abused, or suffers from any injury are obliged to immediately notify the director general (13-14). Furthermore, should such medical practitioners fail to report the abuse or suspected abuse of the elderly they shall be guilty of an offence. A further amendment to the Act is the prohibition of abuse of aged persons whereby those who abuse the elderly are deemed guilty of an offence, and be liable on conviction to a fine or imprisonment (14).

This Act together with the Social Assistance Act, 1992 clearly states who is entitled to old age pensions namely citizens of the Republic of South Africa, persons who have entered South Africa from Angola or any other territory or country specified by the Minister, and those persons who comply with such conditions as the Minister may, in consultation with the Minister of Finance determine. The Act also ensures that those persons who are already recipients of a pension or allowances under the Blind Persons Act, 1962 (Act 39 of 1962), the War Veterans' Pensions Act, 1962 (Act 40 of 1962), or the Disability Grants Act, 1962 (Act 41 of 1962) do not receive additional pension grants (16).

Pensioners have further recourse to lodge appeals with the Minister regarding any decisions or actions relating to pensions and allowances (18). Furthermore no pensions or allowances are assignable nor are they liable to attachment or any form of execution under a judgment or order of a court of law. Pensioners are further protected in that if their estate should be sequestered any sum payable to the individual in terms of this Act do not form part of the assets of the insolvent estate.

### **3.4.2 Child Care Act, 1983 (Act No. 74 of 1983)**

The stated intent of this Act is:

*To provide for the establishment of children's courts and the appointment of commissioners of child welfare; for the protection and welfare of certain children; for the adoption of children; for the establishment of certain institutions for the reception of children and for the treatment of children after such reception; and for contribution by certain persons towards the maintenance of certain children; and to provide for incidental matters.*

(RSA, Child Care Act, 1999: 1)

Under Section 28(1) of the South African Constitution Every child has the right (RSA, Act 108 of 1994):

- a. to a name and a nationality from birth;
- b. to family care or parental care, or to appropriate alternative care when removed from the family environment;
- c. to basic nutrition, shelter, basic health care services and social services;
- d. to be protected from maltreatment, neglect, abuse or degradation;
- e. to be protected from exploitative labour practices;
- f. not to be required or permitted to perform work or provide services that
  - i. are inappropriate for a person of that child's age; or
  - ii. place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development;
- g. not to be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12 and 35, the child may be detained only for the shortest appropriate period of time, and has the right to be
  - i. kept separately from detained persons over the age of 18 years; and
  - ii. treated in a manner, and kept in conditions, that take account of the child's age;
- h. to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and
- i. not to be used directly in armed conflict, and to be protected in times of armed conflict.

(2) A child's best interests are of paramount importance in every matter concerning the child.

The focus of this act relates, rather to the protection of children and the adoption of children, and does not relate directly to orphans (or Aids orphans for that matter) other than the maintenance of government run homes for their care and upbringing. Furthermore the rights of the elderly, as sanctioned by the UN, and mentioned in Chapter 2 are missing from the South African constitution.

### **3.4.3 Social Assistance Act, 1992 (Act No. 59 of 1992) and the Welfare Law**

The stated intent of this Act is:

*To provide for the rendering of social assistance to persons, national councils and welfare organisations, and to provide for matters connected therewith.*

(RSA, Social Assistance Act, 1997: 2)

It is through this Act that much of the South African government's relief work is affected. The Act clarifies those persons who are eligible to receive grants from the government, as well as the conditions under which such transfers will take place.

This piece of legislation is of particular importance to the subjects of this research project i.e. orphaned children and their grandparents. The Act makes provision for the payment of pensioners in the amount of R740, 00 per month (RSA, Social Assistance Act, 1997: 27). Furthermore a child-support grant in the amount of R170, 00 per month (RSA, Social Assistance Act, 1997: 27), can be applied for by a primary care-giver of a child who is under the age of seven years or such higher age as the Minister may determine in the *Gazette* (RSA, Social Assistance Act, 1997: 7). Those applying for such a grant must needs satisfy the Director-General that he/she is the primary care-giver of a child and that he/she and the child are resident in the Republic at the time of the application, and are South African Citizens (RSA, Social Assistance Act, 1997: 9).

In those cases where the Director-General determines that the grants are being misspent, such grants are suspended or another person is appointed to receive the grant on behalf of the beneficiary (RSA, Social Assistance Act, 1997: 12). Furthermore, any right to an amount payable in terms of this Act cannot be transferred or ceded or pledged, neither can it be attached in any form of execution under a judgment or order of a court of law, and if a



beneficiary attempts to transfer or cede or pledge such a right, payment of the grant may be withheld (RSA, Social Assistance Act, 1997: 13).

#### **3.4.4 Non-profit Organisations Act, 1997 (Act No. 71 of 1997)**

The stated intent of this Act is:

*To provide for an environment in which non-profit organisations can flourish; to establish an administrative and regulatory framework within which non-profit organisations can conduct their affairs; to repeal certain portions of the Fund-raising Act, 1978; and to provide for matters connected therewith.*

(RSA, 2000: 1)

Civil society is understood to comprise of all organisations and institutions upwards of the family and up to the state (national, provincial and local). Such institutions of civil society tend to be varied and perform a myriad of roles in society. They can range from the local SPCA, book club or a stokvel. It is estimated that there are between 55,000 and 100,000 organisations active within civil society that employ up to 500,000 workers (Govender, 2004). The bulk of these organisations are welfare oriented and are more prevalent in the poorer urban areas.

Many of the pre-1994 organisations have gravitated to a development orientation, focussing on two areas: those that are product and service oriented; and those that undertake lobbying and advocacy functions. The voluntary sector in South Africa, however, is still understood to be very 'thin and frail', yet very much alive in present day South Africa (Govender, 2004).

Most of these organisations originated in the critical period of the liberation struggle and provided services to their constituencies that a discredited and illegitimate state could not do. These services ranged from organisational support to civic or trade union formations, undertaking research to assist their client organisations to better understand the obstacles they were confronting and the options available in negotiating with an intractable state. Furthermore

non-governmental organisations (NGOs) in their early stages attracted to them intellectual resources of a very high calibre as these individuals were unwilling to be associated with an illegitimate state. These organisations sometimes do play and have the potential to play an important role in determining the allocation and utilisation of public resources (Govender, 2004)

The objectives of this Act are to encourage and support non-profit organisations in their contribution to meeting the diverse needs of the people of South Africa by creating an environment in which non-profit organisations can flourish; in establishing an administrative and regulatory framework within which non-profit organisations can conduct their affairs, through the encouragement of non-profit organisations to maintain adequate standards of governance, transparency and accountability and to improve those standards, creating an environment within which the public may have access to information concerning registered non-profit organisations; and promoting a spirit of co-operation and shared responsibility within government, donors and amongst other interested persons in their dealings with non-profit organisations (RSA, Non-profit Organisations Act, 2000: 2-3).

It is the responsibility of the state departments, within the prescribed laws, to determine and co-ordinate the implementation of its policies and measures in a manner designed to promote, support and enhance the capacity of non-profit organisations to perform their functions (RSA, Non-profit Organisations Act, 2000: 3).

#### **3.4.5 National Development Agency Act, 1998**

The stated intent of this Act is:

*To establish a National Development Agency aimed at promoting an appropriate and sustainable partnership between the Government and civil society organisations to eradicate poverty and its causes; to determine the objects and functions of the Agency; to determine the*

*manner in which it is to be managed and governed; to regulate its staff matters and financial affairs; and to provide for connected matters.*

(RSA, National Development Agency Act, 2000: 1)

The NDA conducts its business through a board consisting of six members representing Government who are appointed by the Minister of Finance after he has consulted with key Ministers involved in the social development of the country, whilst nine members represent civil society organisations (RSA, National Development Agency Act, 1998: 4). The members of the board necessarily reflects the broad race, gender and geographic composition of South Africa and meet at least four times a year (National Development Agency Act, 2000: .5-6)

The primary objective of the National Development Board (NDA) is to contribute towards the eradication of poverty and its causes by granting funds to civil society organisations (these refer to trusts, companies or voluntary associations established for a public purpose, but does not include any organs of the State) for the purposes of carrying out projects or programmes aimed at meeting development needs of poor communities (RSA, National Development Agency Act, 2000: 2). Its purpose lies further in strengthening the institutional capacity of other civil society organisations involved in direct service provision to poor communities. Furthermore the objectives of the NDA also include the promotion of consultation, dialogue and sharing of development experience between civil society organisations and relevant organs of state, as well as the promotion of debate on development policy, and to undertake research and publication aimed at providing the basis for the development of policy (RSA, National Development Agency Act, 2000: 2-3).

It is the duty of the NDA to distribute the funding received from the South African Government, foreign governments and other national and international donors for development work to be carried out by civil society organisations. The NDA is also responsible for the development and co-ordination of policy relevant to its activities. Furthermore the NDA contributes toward building the capacity of civil society organisations enabling them to carry out their



developmental work effectively. The creation and maintenance of a database on civil society organisations, including, but not limited to, the scope and subject matter of their work and their geographical distribution, and share the information in that database with relevant organs of state and stakeholders also falls under their auspices (RSA, National Development Agency Act, 2000: 3-4).

The NDA is in the position to grant money from its funds to any civil society organisation for any projector programme that organisation intends to undertake or is undertaking. It may also make recommendations with regard to legislation and policies directly or indirectly constraining effective development in the country.

The NDA compels NGO's and organizations that benefit from their support to submit audited financial statements as well as narrative reports, which analyse every project and programme for which the funds are being used.

### **3.4.6 Advisory Board on Social Development Act, 2001 (Act No. 3 of 2001)**

The stated intent of this Act is:

*To provide for a national advisory structure in the social development sector with the aim of building and consolidating partnership between government and civil society; for that purpose, to establish a body to be known as the Advisory Board on Social Development; to provide for matters connected therewith.*

(RSA, Advisory Board on Social Development Act, 2001: 1)

The board consists of between nine and eleven members who are appointed by the Minister. No more than three members of the board serve as representatives of Minister, the Department itself and the Heads of Social Development; whilst at least eight members of the board must have knowledge or experience in the field of social development as well as being actively



engaged in the social development sector. The Board meets at least three times a year (RSA, Advisory Board on Social Development Act, 2001: 6) and are required to submit a report on the activities of the Board to the Minister at least once a year. The Minister may also require such reports to be tabled in Parliament. Formal reports by the Board are also made available to the public to ensure the commitment of the Board to transparency and accountability (RSA, Advisory Board on Social Development Act, 2001: 3).

The importance of civil society as institutions, organisations and individuals outside of government, including trade unions, consumer organisations, the formal and informal social development sectors, non-governmental organisations, community-based organisations, religious organisations and other organisations delivering social development services is strongly emphasised (RSA, Advisory Board on Social Development Act, 2001: 1). As far as social development is concerned the Act defines this as the process of planned institutional or structural change to maintain a balance between human needs and social policies and programmes including the empowerment of individuals and communities to become self-reliant (RSA, Advisory Board on Social Development Act, 2001: 2).

To these ends the perceived objectives (RSA, Advisory Board on Social Development Act 2001: 2) associated with the establishment of this board would be to advise the Minister on:

- measures to promote the transformation and continuous improvement of social development services;
- measures to promote social development initiatives;
- measures to include local government in the provision of integrated service delivery at local government level;
- proposals for new legislative frameworks for the social development sector and amendments to existing legislation; and
- the introduction of local and international best practices in social development services.

Furthermore, it was foreseen that the board would act as a consultive forum for the Minister to discuss social development matters such as improving the quality of provincial and national social development, the introduction of new policy and successful policy implementation in the government and non-governmental environment, facilitating consultation between stakeholders and government regarding the implementation of social development, ensuring effective review of formulation, implementation and evaluation of social development policies, programmes and legislation, as informed by the needs and priorities of society, and finally the inputs from the social development sector to international forums and protocols (RSA, Advisory Board on Social Development Act, 2001: 2-3).

It is clear from the content analysis of the Acts above that black female pensioners raising orphaned grandchildren and other vulnerable children are not targeted directly in any of these laws. When one considers the responsibility that these aged pensioners assume on behalf of the government this appears to be a gross omission. Aged female pensioners who are raising their grandchildren face different challenges and threats to those pensioners who are solely responsible for their own survival. In light of the South African government's position paper on ageing and poverty in South Africa, which proves that the South African government is well aware of the role played by aged grandmothers in raising Aids orphans this state of affairs raises grave concerns. Furthermore, the Child Care Act makes no mention of Aids orphans- who is to care for them, where they are to go etc. Seeing that this is a serious problem facing government departments, should the issue of Aids orphans not get more attention, or does the government not see them as children, merely dead wood? And, though the Social Assistance Act makes states explicitly who qualifies for social grants, elderly pensioners, who have the additional responsibility of raising children are not mentioned or protected.

### **3.5 Government Programmes**

The Acts discussed above have enabled the Department of Social Development to establish a number of programmes and take actions in line

with their dictates. The Department's annual report states the following results:

Government, through the Department of Social Development has placed its chief emphasis on the continued strengthening of safety nets through social grants to the most vulnerable in South African society, such as pensioners and children. The Department reported a 22.6 percent increase in social grant beneficiaries due to improvements in the administration of social security grants and the collaborative efforts between the Department and civil society. Departmental reports have also cited a 62.25 percent increase in those receiving the Child Support Grant (RSA, Department of Social Development, 2003: 18).

Social grants continue to be the Government's most effective poverty alleviation measure, as was illustrated in the 2002/2003 annual report. During this period Government increased all social grants twice, with each being above the rate of inflation.

New policy initiatives were undertaken by the Department in its endeavour to improve the social security service delivery system. In this regard Cabinet approved the extension of the means-tested Child Support Grant beyond the age of seven to children up to their 14<sup>th</sup> birthday. A new Social Assistance Bill, which aims to align the current provision of social security services with the Constitution, has also been drafted. The other major development was the drafting of the National Social Security Agency Bill, which radically transforms the current service delivery model for social grants by establishing an agency (i.e. a national public entity to administer social grants that are currently administered by provinces) (RSA, Department of Social Development, 2003: 18).

In terms of the Department's strategy against poverty, it acknowledges that integrated sustainable development has to be achieved beyond the provision of social grants. Therefore the Department of Social Development allocated R100 million towards the implementation of its Poverty Relief Programme to



support an additional 416 projects. These projects deliberately target people with disabilities, people infected mainly by HIV/Aids as well as unemployed rural women. The Department of Social Development has undertaken the task of developing social finance capacity to assist these projects (RSA, Department of Social Development, 2003: 18-19).

Poverty relief and development strategies in South Africa have come to function within the context of the effect that the HIV/Aids epidemic is having on society. The Department of Social Development sees its priority as being the mitigation of the social and economic impacts of HIV/Aids on poor households and children (RSA, Department of Social Development, 2003: 19). To properly respond to this challenge, the department is implementing an extensive research and capacity building programme to strengthen the Government's response to HIV/Aids. This included demographic studies, projects based research and monitoring and evaluation studies (RSA, Department of Social Development, 2003: 19; Department of Social Development, 2003). The Electronic Population and Development Information Service distributed information to partners and other stakeholders. Furthermore government continued to implement the Primary HIV/Aids Capacity Building Course for Government Planners in all three spheres of Government (RSA, Department of Social Development, 2003: 19).

The Department of Social Development encourages social integration, another area of prime importance, which will only be achieved by rebuilding families and communities through programmes empowering young, old and disabled people, as well as women (RSA, Department of Social Development, 2003: 19). Child protection was again the focus of advocacy activities, and progress was made with legislation and strategies to protect children against abuse, neglect and exploitation. The Child Protection Register was implemented in all provinces during 2003, and there are currently 3 325 cases registered (RSA, Department of Social Development, 2003: 19). The social integration program was further improved through the launch of new one stop child justice centres, youth development, family preservation, victim empowerment, capacity building and international collaboration (Annual Report, 2003: 19).

The draft Children's Bill, which is expected to be finalised and passed by Parliament during 2004/2005 financial year, focuses comprehensively on the realisation of the rights of children delineated in the South African Constitution.

In order to eliminate the abuse of older persons, and to promote their rights the Ministerial Committee of Inquiry on Ill-treatment, Neglect and Abuse of Older Persons, drafted a policy and developed a Bill on older persons, whilst various stakeholders, including the Port Folio Committee on Social Development and the NCOP Select Committee on Social Development were consulted in the process (RSA, Department of Social Development, 2003: 19-20).

The legislative reforms referred to above also support the goal to improve the quality and equity of service delivery, and the capacity and governance of the sector. In order to support these developments further programmes have been implemented. Many advances are made by maintaining and strengthening international partnerships. Most notably, the Department hosted a Business Summit in October 2002, at which an integrated business, community and business and Government approach to poverty eradication was sought and during which a partnership was formed (RSA, Department of Social Development, 2003: 20). Such relations were also strengthened when a delegation delivered the South African Position Paper in Dar Es Salaam between 29-31 October 2003.

The Department also extended its communication networks, by attempting to reach out to the poorest communities in remote areas as well as the various stakeholders including Faith-based Organisations, the business sector, labour, the media and non governmental organisations (RSA, Department of Social Development, 2003: 20). The Departments' 2002/2003 annual report acknowledges that partnerships with civil society remains integral to the Department's strategy for achieving sustainable social development. Non-profit Organisations (NPO's) were also included in this context as the NPO Act provides the framework for an enabling environment for NPO's. The Department supported registered NPO's with training to enhance efficiency and accountability.

The programmes administered by the Department of Social Development are clearly within the bounds of their mission statement. It is clear, however, that the elderly are not targeted as such, and are seen to benefit on the fringes from the programmes under the Department's jurisdiction. Once again, in the light of the important role that elderly black female pensioners play, this is a gross omission.

### **3.6 Conclusion**

Following on the previous chapter, Chapter 3 became more specific in its focus by paying explicit attention to the South African context in the light of the issues raised in the previous chapter 2. It was observed that the aged population in South Africa is growing rapidly as is evidenced elsewhere in the world, with poverty being endemic to contemporary black African urban as well as outlying rural townships due to South Africa's socio-historical and socio-political background. South Africa was seen to be unique in its support of older citizens through its state pension system, and in the fact that larger numbers of aged persons live in urban areas rather than rural areas. Education levels were seen to be low amongst the elderly black population primarily because of past discrimination. It was also noted that the majority of black elderly persons in South Africa have no medical insurance, and that their medical needs are neglected in favor of other groups, such as pregnant mothers.

This then served as the background against which the South African government's objectives in relations to its welfare and development strategies were set out, before turning to the specific pieces of legislation that were deemed pertinent to this study. It was found that black female pensioners raising orphaned grandchildren and other vulnerable children are not targeted directly in any of these laws. This is a great omission when one considers the burden that elderly black female pensioners shoulder on behalf of the government. The chapter concluded by looking at selected programmes administered by the Department of Social Development, and it was observed



that the elderly are not specifically targeted as beneficiaries of the Department's programmes.

In the following chapter, a number of case studies reveal the personal experiences of five elderly black females looking after their orphaned grandchildren and other vulnerable children as recipients of government's social welfare policies and programmes.

## CHAPTER 4

### CASE STUDIES

#### 4.1 Introduction

On the 10<sup>th</sup> of September 2004, five interviews were conducted at the GAPA (Grandmothers Against Poverty and Aids) Centre, 3 Qubaka Crescent, J Section, Khayelitsha. This NGO was formed as a result of an initiative by the Institute of Aging in Africa at the University of Cape Town to assess the situations of grandmothers who belong to families affected by Aids in Khayelitsha, Cape Town. The project is in partnership with St Luke's Hospice, Wola Nani, Ikamva Labantu, South African Red Cross Society, Western Cape and Neighbourhood Old Age Home and funded by the Bristol-Myers Squibb Foundation (UB Business Association, 2004). As a non profit organisation GAPA offers:

- Educational workshops about AIDS and related problems in geographical areas where grandmothers are affected by the disease
- Skills training in order to alleviate poverty
- Business skills training
- Facilitates the formation of small businesses
- An ever expanding volunteer workforce of trained grandmothers who counter stigmatisation and isolation of affected families in areas where they live (U B Business Association, 2004)

The company I & J donated R600 000 for the organisation to purchase property in Khayalitsha, and to erect a training centre. Earlier this year, the organisation was also informed that the Department of Social Development would be supporting them with a grant of R100 000. As yet these funds have not been transferred. At present the organisation supports one full-time salaried employee.

The interviews were conducted by the researcher Sumien Nel and translated by Eric Boskati. Mr Boskati is a Masters student at the University of

Stellenbosch, where he is completing his Political Management Programme. Mr Boskati is well versed in research methodology and so understood the research context. Mr Boskati was furnished with a copy of the questionnaire (see Appendix A) a week prior to the interviews taking place. Mr Boskati posed the questions translated into Xhosa to the interviewees; he then translated their answers into English, which were then recorded by Ms Nel on individual questionnaires.

The intent with the case studies was to establish the impact of government policies and programmes i.e. an outcomes analysis, on the lives of those directly concerned with this study i.e. black female pensioners raising their orphaned grandchildren. Five interviews were conducted with randomly selected (refer to section 1.5) grandmothers between the ages of 57 and 72 years, who regularly attend group meetings at the GAPA centre. Each interview lasted between 45 minutes and 1 hour. The five interviewees met the inclusion criteria (refer to section 1.5) in that all were black, Xhosa speaking females, raising more than two grandchildren and/or other vulnerable children; they resided in an urban area and had an income of less than R1000 per month.

The questionnaire was qualitative in nature and loosely structured. It was divided into three sections: 1) Questions about the grandmother herself; 2) Questions about raising her grandchildren; 3) Concluding questions. The aim of the questionnaire was to establish:

- Whether they were recipients of the state pension.
- Elderly grandmothers had trouble in accessing their pensions.
- Whether the Department of Social Development is accessible.
- Whether they knew about the services that are available to them and their grandchildren and/or other vulnerable children
- The problems that they experience in raising grandchildren and/or other vulnerable children.
- What they believe the state should be doing.



The grandmothers' period of involvement with GAPA varied from a few years to a few months. In many instances it was very difficult to establish, within the constrained time available, the family relations i.e. whose son or daughter's child(ren) were in her care, and exactly what relationship existed between co-residents of a household. Therefore, it should be noted that the recording of some responses have been generalised. Furthermore, the ages of the grandchildren are not always known. Where possible their ages have been included.

The responses of the interviewees remain anonymous by referring only to their initials. They were explicitly informed that anonymity was guaranteed. The responses of the interviewees are further supplemented by the personal observations by the researcher about their reactions, emotions, body language etc. The researcher considered tabulating her findings because each and every interview is reported in minute detail and becomes repetitive. This idea was however rejected because this is a qualitative study and the researcher was interested in the human experience itself. This chapter is divided into two sections. The first deals with the interviews themselves, the second is a discussion relating to the findings.

## **4.2 The Case Studies**

### **Case Study #1**

Mrs TN, is a 65 year old widow, who has been a recipient of the state pension (R740) since 1997 when it took her eight months to be registered. Since then, however, she has experienced no difficulties in accessing her pension every month. She heard about the pension system from friends, relatives and those around her, she added that it was general knowledge. Other sources of income include the Child Support Grant (R170) and the Foster Care Grant (R530).

These funds are spent primarily on groceries and school fees. Mrs TN is not the owner of the house, and lives in a one-roomed shack, which belonged to

her deceased daughter, whom she came to nurse during the last stages of the Aids virus. She believes that her situation would be much improved were she the owner of her own house or able to build one of her own.

Mrs TN reported that she had not been approached by loan sharks since she had been a recipient of a pension. Though she has never been in any physical danger or suffered similar abuse, she did admit that she was the target of verbal abuse within the home from unemployed co-residents who accuse her of benefiting from the Foster Care Grant:

“This money is not meant for you it’s for the foster kid.”

When asked whether she would approach the police for assistance should she suffer any abuse, Mrs TN responded that as her co-residents had not yet broken the law she had not gone to the police, but should they break the law she would indeed lodge a complaint. She also believed that intervention by the Director General of the Department of Social Development (as stated explicitly in the Aged Persons Act of 1967) would make a difference and that she would contact their offices should the need arise.

Mrs TN admitted that before GAPA’s intervention she did not know about the rights of older persons as protected by the law, but that she now knows what her rights are.

Mrs TN cares for six children, five of which are her grandchildren came to be in her care after her daughter died from HIV/Aids:

“I came to look after my daughter, then she died and I became their ‘foster mother’”

One of the six children in her care is not her grandchild, but the child of a mother who is currently living in Phillipi. Mrs TN is not the sole living relative of the grandchildren as she has another son and daughter. She admitted that

she did not know the identity of her grandchildren's fathers, and that they are not a factor in their lives:

"It makes no difference to ask them for support"

She said that she experienced very few problems in looking after her grandchildren until the recent verbal abuse from a young female, unemployed, co-resident over money. She believes that her situation would be much improved were this individual to move out and find gainful employment and so stop souring the atmosphere.

Mrs TN had heard of the Child Support Grant from others receiving the grant and from GAPA. She said that five of the six children within her care are recipients of the Child Support Grant, whilst one receives a Foster Care Grant as his mother is deceased. She said that she had not experienced any difficulties in applying for these grants.

Mrs TN said that she was not able to make any financial provision for her grandchildren's welfare at the time of her death, as they rely heavily on the income that her pension brings. She hopes that another co-resident, currently suffering from TB would continue to look after them in her stead should she recover from her illness. At the time that the interview was conducted Mrs TN had not contacted the Department of Social Development to assist her in making provision for her grandchildren at the time of her passing. She also acknowledged that she had not had any interaction with social workers from the department as they had ceased to make contact after her daughter had died of HIV/Aids.

Mrs TN admitted that she has suffered from stress due to personality and generational clashes since she has been looking after her grandchildren. She believes that her greatest limitation in her current situation is the lack of family support, "grandchildren pulling in different directions", finances and the stress of unexpected expenses.



She believes that government would support her greatly were they to raise the Child Support and Foster Grants:

“This will make a big difference”

Mrs TN confided that her greatest fear right now was that her co-residents would throw her out on the streets because she does not own her own house.

According to Mrs TN her situation is has become a lot worse over the last three months, due mainly to the dynamics within the household. Mrs TN admitted that she is not enjoying her old age right now and that she would enjoy it more if she had more security. Finally her dearest wish for herself was to get a house of her own.

## **Case Study #2**

Mrs A is a 64 year old widow, who has been the recipient of a state pension since 1999/2000 and of a Disability Grant since 1990. The fact that she was eligible for a state pension was general knowledge to her, whilst a social worker informed her that she was also eligible for a Disability Grant (R740). Thus far she had experienced no problems with accessing her pension and only once was there a problem in accessing her Disability Grant.

Mrs A said that she spends most of her pension income on school fees, groceries and medical expenses. She is able to augment her income through projects directed by GAPA such as sewing clothes and then selling them, and of course her Disability Grant. Mrs A says that if she had any excess income that she would make sure that her grandchildren got the best education for as long as possible.

Mrs A is the owner of her own home. She did admit, however, that the greatest support that could be given to her would be if she could move out of her shack into proper housing. Though Mrs A had not been approached by loan sharks since being a recipient of the state pension she had been the

victim of her son's aggressive and intimidating behaviour to extort money from her. She feels that she is 'being taken advantage of'. Mrs A said that she would approach the police to get an interdict if she were to be physically abused. Mrs A said that the police were 'very helpful'. She also said that she would approach the Director General, but only if she needed to as 'the police have been most helpful so far'.

Mrs A admits that she was ignorant about her rights as an older person until she approached Black Sash to assist her in applying for Child Support Grants. It was through this organisation that she learned about her rights.

Mrs A has six grandchildren in her care, one of which is HIV positive. She has lived in the same house with her grandchildren since their birth, and have been in her care since the death of both their parents earlier this year. Though she is not their sole living relative, she is the only relative that is known to them. As Mrs A does not know the identity of the fathers of her grandchildren she is unable to gain any financial support from them in the form of maintenance.

Some of the difficulties that Mrs A is experiencing in raising her grandchildren are that they do not wish to go to school, and that the peer pressure experienced by her grandchildren to have the latest in fashion and accessories causes great emotional and financial strain within the household. She also says that the psychological trauma that the children are suffering due to the loss of both their parents within one month of each other is very unsettling. She is trying to help the children to adjust and get over the trauma, and often has to go to the school to explain what is going on at home.

Mrs A had heard about the Child Support Grant, and five of her children, except one grandson have been receiving it since 2000. She has found the process of applying for the Child Support Grant to be very difficult and said also that the service that the amount that she had been receiving had been very unreliable. She is still in the process of obtaining the Child Support Grant for her one grandson.

At the time of her death Mrs A hopes that the extended family will take up the remaining grandchildren amongst themselves, but other than that she has made no provision for her grandchildren at the time of her death. As she has found the Department of Social Development very difficult to access she has not approached them for help in this matter.

Mrs A said that she did have regular contact with social workers, specifically in regard to the trauma counselling that the children are receiving from them. Since becoming a grandmother Mrs A has had to bear greater responsibility for her family and 'been fully a grandmother'. She admitted that she suffered from hyper-tension due to the increased stresses placed on her.

The lack of moral and financial support from relatives, the lack of social services and the fact that there is no money to move out of her shack, are, according to Mrs A, her greatest limitations in her current circumstances. Mrs A would like the government to provide proper housing and better access to educational institutions. She would also like to pay less for municipal services.

Mrs A admitted that her greatest fear at present was that 'I do not want to die in my shack', and that her general situation had become worse over the past three months.

When asked whether she was enjoying her old age, Mrs A replied that she was enjoying being a grandmother and that she thanked God for the strength to look after her children's children.

Her greatest wish for herself was to own a proper house.

### **Case Study #3**

Mrs A N is a 66-year-old grandmother, who has been receiving the state pension since 1999, and has never experienced any difficulties in applying for her pension nor in accessing the funds on a monthly basis. She had learned about the state pension from those around her.



Mrs A N is solely dependent on her state pension to buy groceries, clothes and school fees. She admitted that the monthly instalments on a fridge that she used her first pension grant on as a deposit places added financial strain on the household.

Though Mrs A N is the owner of her own house, she said that the one roomed shack was too small for herself, her daughter and her grandson, and that any financial assistance that would enable her to extend it would support her a great deal.

Mrs A N reported that she has never been approached by loan sharks since she has been a recipient of the state pension, nor has she ever been in any physical danger or emotionally abused, unless she said with a laugh “you can call ten grandchildren who come once a month to be spoilt abusers!” As things are now she has no need to contact the police or the Director General.

Until her involvement with GAPA Mrs A N did not know about her rights as an older person. She said that community leaders also address these issues and that they intervene when her daughter goes off the rails. Mrs A N has one grandson and her daughter also lives with her when she is not in the shebeen where she spends the Child Support Grant, which is to be spent on her grandson. Mrs A N confirmed that she is not the sole living relative of her grandson and also that though she knows that the father of grandson lives in Upington, she does not know his identity and so is unable to make any claim on maintenance monies.

The difficulties that Mrs A N experiences in raising her grandson are directly related to his HIV status. All responsibility for his care has come to her as her daughter refuses to have anything to do with her son, as her daughter would rather go out to night clubs and parties with her boyfriend. She believes that extending her house would make the biggest difference to her current situation.

Mrs A N had heard of the Child Support Grant, but because her daughter is abusing the funds she is applying for the R700 Care Dependency Grant. So far she has heard nothing regarding her application. As yet Mrs A N has been unable to make any provision for her grandson at the time of her death, though a nurse has offered to place him in protective care. Mrs A N said that her greatest concern was to get her grandson away from his mother.

Mrs A N has also found that no support has been forthcoming from the Department of Social Development. She said "You don't hear anything that they are doing". She has no trust in social workers and says that she saw more of them in the past than she does now. When she has gone to look for the assistance of social workers she has been ignored because she is old, so she does not even approach them any more. Mrs A N also said that though the Department had been helpful in the past that it was very difficult for grandmothers to get grants on behalf of their grandchildren as they did not always have the necessary documentation when applying for grants.

Mrs A N has found that since looking after her grandson that she has had to shoulder a lot more responsibility and that her freedom of movement has become restricted. She also suffers chronically from an ulcer as well as problems with her legs and ribs due to injuries incurred in a car accident. At present she feels that her greatest limitation is her lack of finances with which she would like to enlarge her house.

Mrs A N believes that the government could assist pensioners looking after their grandchildren by subsidising groceries in addition to their pensions, so that the money could be spent on other necessities for the grandchildren.

For Mrs A N, her greatest fear right now is the HIV/Aids virus "because it has killed so many of my children" (in tears). She also described her circumstances as having worsened over the past three months, and that she had been enjoying her old age very much until her daughter had a child. For Mrs A N's dearest wish right now is for her daughter to change her ways, and

for the youth of today to be more respectful. "If only she would listen and take responsibility!"

#### **Case Study #4**

Mrs E M is a 57 year old widow and grandmother who has been receiving her husband's pension of little over R900 since his death five years ago. She has no additional income to substitute this monthly income, which she spends on groceries, school fees and clothing.

Mrs E M is the owner of her own home and says that she would spend any excess income on the further education of her grandchildren. She believes that in applying for a state pension her burden would be eased a great deal as at present all her funds go to the care of her grandchildren and is spent on medication.

Though Mrs E M has never been approached by loan sharks she has been pressurised into participating in the local 'stokvel' where an additional 30 percent interest on the prescribed monthly amount is demanded on a monthly basis. Since receiving her husband's pension Mrs E M has never found herself in any physical danger for those around her just want to be spoilt when she receives her pension every month. She said, however, that she would contact the police if she were to find herself in a dangerous and threatening situation. Mrs E M expressed complete confidence in the police to deal with the situation appropriately, and that she would contact the Director General of the Department of Social Development if the need arose. Mrs E M confirmed that she was aware that older persons rights were protected by law, and that she had heard of this from the television and radio.

Mrs E M is grandmother to four grandchildren, who were all born whilst her daughter was staying with her, and though she is not their sole living relative, she is the only one who is supporting them. The fathers of the children are either deceased, living elsewhere or living with her. As they are unemployed



they are unable to offer any financial support, though the girlfriend of her co-habiting son does make a contribution.

She said that the main difficulties that she experiences has to do with family dynamics in that her grandchildren are teenagers, and so are rebellious and unwilling to listen to their elders. She believes that her situation would improve a great deal if her own three children, two sons and a daughter, could start working and making some kind of contribution.

Mrs E M had heard of the Child Support Grant and is currently applying for two of her grandchildren. She is also applying for a Foster Care Grant for one of her grandchildren. She said that she had applied for the grants on a previous occasion in 2002, but that the department had turned her away. She says that things are going better the second time round. Unfortunately Mrs E M is unable to make provision for her grandchildren at the time of her death, and has not contacted the department for any assistance in this regard, and said that she has had no contact with social workers in the area.

The biggest impact on her personally has been the stress of the added responsibility, and says that her greatest limitation at the moment is the lack of family support. Furthermore, Mrs E M suffers chronically from arthritis.

She believes that the government could assist her best if they could extend her house, for at present the entire family lives together in one room. Mrs E M said that her greatest fear at the present moment was the drunkenness of her sons, and her greatest fear for the future was that their situation would become hopeless when she is no longer around.

Mrs E M said that her situation had improved over the past three months, due to GAPA's intervention. When asked whether she was enjoying her old age, Mrs E M, responded that she is enjoying being a grandmother. Her dearest wish for herself at that moment was for her children to grow into independent, successful adults.

## Case Study #5

Mrs A F is a 72 year old widow, who has been a recipient of the state pension since 1995, and experienced no difficulties in registering herself. She had come to know of the state pension by word of mouth or from those who were already receiving it. Most of her monthly income every month is spent on groceries, health care and school fees, and has no additional sources of income to offset these expenses. Any excess income, she said, would be used to help with the further education of her grandchildren.

Mrs F A is the owner of her own home, and said that her burden would be greatly eased if her house could be enlarged as the entire family lives in one room where she is also nursing her daughter who is suffering from HIV/Aids. Mrs A F said that she had been approached by loan sharks, and especially by those charging an additional 30 percent interest on stokvel stipends every month.

Since receiving the pension Mrs A F has not been the victim of abuse or been intimidated in any way. If she were to be the victim of such actions she said that she would contact the police and director general. Mrs A F admitted that she was unaware of her rights as an aged person until she became involved with GAPA.

At present Mrs A F is raising three granddaughters, who were all born while they were staying with her, and she became the primary care giver to one of her grandchildren once her son passed away due to HIV/Aids. Mrs A F is not her grandchildren's sole living relative as she has another son who is always willing to come help her when she needs him to. Mrs A F admitted that she did not know where the fathers of her other grandchildren were and so could not approach them for financial assistance.

Though Mrs A F experiences no serious problems in raising her granddaughters, she says that there is a clash of wills as they try and assert themselves, as they are teenagers. She said that extra money would make

the greatest difference to her current situation, as she would be able to extend her house, and be able to provide for her grandchildren's education.

Mrs A F had heard of the child support grant, and one of her three granddaughters was a recipient. Her other two granddaughters are too old, one being 16 years old and the other 18 years old. In the case of her one grandchild for whom she receives a grant the process was so difficult that she almost gave up.

Mrs A F is unable to make provision for her granddaughters at the time of her death, however, she hopes that her son and his wife will be able to take the girls in when the time comes. Mrs A F said that she had had no contact with the Department of Social Development and did not know how to go about contacting them. As a result she does not feel that the Department is able to support her, though she does have regular contact with social workers who come to see her sick daughter.

The impact on Mrs A F has been increased personal responsibility, and less opportunity to spend her money as she chooses. Mrs A F suffers chronically from high blood pressure, arthritis. In addition she is still recovering from wounds that she sustained in a motor vehicle accident.

Mrs A F believes that her greatest limitation lies in her lack of finances, and believes that the government could help most in educating her grandchildren. She says: "Education is like parents". Her greatest fear right now is the threat of her high blood pressure for "Who will look after everybody if I become sick?" Mrs A F believes that her situation has become a lot worse over the last three months especially with rising grocery prices.

Mrs A F said that she is enjoying her old age. Her grandchildren adore her; they look after her, and wash her feet (tears in her eyes). Her dearest wish for herself right now is for her grandchildren to get educated – "That is the only prayer I wish God to hear"



### 4.3 Assessment of Cases

The five grandmothers that were interviewed carried their burden with pride and dignity and were very candid and open in their responses. Each situation was as unique and complex as the individual herself. Their ideas regarding the manner in which government could support them were practical and relevant to their situations.

Four out of the five interviewees were recipients of the state pension about which they had heard by word of mouth, seen others receive or heard about in the media. In general they experienced little difficulty in applying for the grants, though it is clear that there is as yet no consistency and uniformity in the process. It seems, however, that the hitches lie in the application for the grants themselves and not in the monthly access.

In all five instances the interviewees spent their net income on groceries, school fees and medical expenses. Only one of the five grandmothers interviewed had the additional monthly expense of a hire purchase item. Any additional income would be spent either on acquiring property, improving existing property, and/or in the further education of the grandchildren.

None of the five interviewees had suffered any physical abuse, though two of the five had been verbally abused and intimidated. Across the board they showed high levels of trust in the police force and confidence in approaching the Director General of the Department Social Development should circumstances call for such action.

All interviewees were cognisant of their rights as older persons. Unlike the state pension system though, most had come to know of their rights via NGO's like GAPA and the Black Sash Movement, through social workers or else they had heard of them through the media. This information is not yet widely recognised amongst the people themselves.

The grandmothers had between one and six grandchildren or other vulnerable children in their care, and in some instances were nursing their own children who are suffering from HIV/Aids. Some of the households even supported unemployed adults, who make little or no contribution

None of the grandmothers are able to make provision for their grandchildren at the time of their deaths. This is most disconcerting, as there will be an increase in child-headed households and children could become gang members; live on the streets etc. if they are not taken up within the already overburdened state support system. Though none of the grandmothers are their grandchildren's sole living relative, family members are scattered throughout the country and are not in contact with one another. Most notable is that the identity and abode of the fathers is hardly ever known. There is no clarity about who resides where and how to contact them. This adds to the insecurity experienced by grandmothers and of course the children in their care. No wonder then that three out of the five grandmothers interviewed cited lack of family support as the greatest limitation in their current situations. None of them saw any financial or other support forthcoming from that direction.

Difficulties in raising their grandchildren varied. In some cases it was merely a case of teenage temper tantrums and inter-generational differences. In other cases grandchildren don't want to attend school, and the associated peer pressure to have the latest in fashion and accessories causes great emotional and financial strain within the household. Some grandmothers though have to deal with the psychological trauma suffered by recently bereaved grandchildren, whilst dealing with their own pain. There are also the cases of grandmothers nursing children who are infected with the HIV/Aids virus. These situations result in additional responsibility, which in turn results in grandmothers suffering from stress, which aggravates their chronic health conditions, ranging from high blood pressure to arthritis.

Four of the five families are receiving Child Support Grants or Foster Care Grants in addition to their monthly pension. One grandmother was in the process of applying for Child Support Grants and Foster Care Grants at the

time that the interview was conducted. It is difficult for a grandmother to apply for grants on her grandchildren's behalf because she is not necessarily recognised as their guardian, and they do not always have the necessary documentation in their possession when applying for grants. Therefore grandmothers need to be recognised as the official guardians of the children in their care. They should be treated as the birth mother herself.

When the grandmother's own children are alive and abusing Child Support Grants it is very difficult for grandmothers to effectively intervene, because they have no 'right' to intervene. As a result monies are spent in shebeens etc. and not on the child. Grandmothers looking after grandchildren need to be able to intervene on their behalf if parents are abusing funds that are meant to improve the lives of the children.

None of those interviewed had made any contact with the Department of Social Development because accessing them is so unpredictable or difficult that they don't even try. It also appears that there is little awareness of the activities of the Department within their environs other than the presence of social workers who visit with HIV/Aids sufferers on a regular basis. Sometimes social workers continue to visit families after a HIV/Aids sufferer's death and provides counselling and at other times not. Once again there should be uniformity.

Interviewees' greatest fears revolved around the houses in which they live. They either want to own their own home, move out of their shacks or extend their existing homes because of overcrowding. The other great fear was the HIV/Aids virus itself. Interviewees wanted little if anything for themselves. It is clear that their lives revolve around their families. It is for them that they want larger houses and a better education. The grandmothers enjoy their role of grandmothers, but NOT the accompanying stress that comes with the responsibility in caring for all facets of family life.

Grandmothers who have been part of the household since the birth of their grandchildren seem to enjoy a better quality of life. Their grandchildren



respect them and spoil them, and their relationship appears to be close. In contrast those grandmothers who join the family later in life, struggle to adjust and to earn the respect of the grandchildren. They are often only tolerated for the money that they bring in.

The grandmothers are well informed, able and willing to take the initiative in getting the support they need. They suggested that the government could best aid them by improving their houses, raising the grants and pensions, subsidising groceries so that the grant monies could be spent on education, and subsidising the amounts that they spend on municipal services.

#### **4.4 Conclusion**

The research question is where effective policy intervention can make a difference in the quality of life in the lives of black female pensioners raising orphaned grandchildren. The responses of the research subjects revealed those areas where black female pensioners need additional support or even new and targeted support. The subjects themselves made a number of very relevant and practical suggestions, which if implemented, could improve their quality of life greatly.

The following chapter will synthesise the findings of this and the previous chapters, to make a number of recommendations for improvement and draw a number of conclusions about the issue under consideration.

## **CHAPTER 5**

### **SYNTHESIS, RECOMMENDATIONS AND CONCLUSIONS**

#### **5.1 Introduction**

This research report will be concluded with a summary and synthesis of all the issues addressed in the preceding chapters. To accomplish this, the focus of this chapter is to:

- revisit the research question posed in Chapter 1;
- achieve a synthesis of the main themes;
- make recommendations based on the research findings;
- put forward proposals for future research; and to
- draw final conclusions regarding the research.

#### **5.2 Problem statement and research question**

It is the view of the researcher that the methodology (see section 1.5) employed in this research paper has allowed her to draft a number of recommendations and conclusions in answer to the research question posed in Chapter 1, viz.:

*Where can effective policy intervention make a difference in the quality of life in the lives of black female, pensioners raising their orphaned grandchildren?*

To achieve this aim, the study had to satisfy the following objectives:

- To establish an academic context within which to conduct the study.
- To undertake critical evaluation of current legislation focussing on the aims of these policies, their implementation, their outcomes, their ability to meet the needs of those it intends to serve, and of course the associated problems and failures.

- To establish the needs of these households and whether these needs are being met within the means available.
- To determine how current policies are serving or inhibiting these households.
- To determine where the stumbling blocks are.
- To draft recommendations for possible amendments to existing legislation and alternative intervention strategies.

The researcher successfully used the five stages of the policy cycle and their relationship to applied problem solving (see figure 3). The phases that were applied were: problem recognition, proposal of a solution, and the monitoring of results. The stages in the policy cycle that were identified were: policy formulation, policy implementation and policy evaluation. Construct validity was maintained by using multiple sources of data and the establishment of a chain of evidence (see figure 1). Internal validity was achieved through pattern matching and explanation building. Finally, external validity was achieved with replication logic in multiple case studies, and reliability was established by using a case study protocol.

### **5.3 Synthesis**

Chapter 1 provided a general overview of the concepts and explained the research methodology used in the research. A combination of literature surveys, empirical data compilation and analysis, interviews and direct observation generated sufficient information to answer the research question appropriately. The selection of an appropriate theoretical approach to the study was the objective of Chapter 2. A combination of policy content, policy issue and policy outcome approach was found to be the best approach to deal with the research question. The remainder of the chapter comprised a literature review dealing with challenges and obstacles facing the elderly in Africa, before more specific focus was paid to elderly female-headed households and HIV/Aids on the continent. It was found that the definition of old age determined older peoples' access to services, and its effect on policy



and resource allocations. It was found that the aged population is expanding significantly due, especially to, the impact of the HIV/Aids pandemic. Poverty and its contribution to aged vulnerability was examined. Adequate and secure housing was seen to contribute to a general sense of security, and raised the standard of living of aged persons. It was noted that a lack of formal education had serious implications for the aged, in that it restricted their access to information and so made them vulnerable to exploitation. It was also noted that mal-nourishment due to poverty increased the elderly's susceptibility to disease, and their needs were not necessarily a priority in health care systems.

Chapter 3 dealt specifically with the South African context in the light of the issues raised in Chapter 2. It was found that South Africa is unique as far as employment and security is concerned in its support of older citizens through its state pension system. Furthermore most elderly South Africans own the dwellings in which they reside with larger numbers of aged persons living in urban areas rather than rural areas, as is the case in other African countries. Levels of education amongst the elderly black population of South Africa are low, due to years of discrimination, which seriously impacts their access to information. Finally, many of the elderly in South Africa have no medical insurance, whilst struggling to get to the clinics themselves. Their needs are often neglected in favor of the needs of children and pregnant women. The chapter concluded with the objectives identified by the South African government, to be executed by the Department of Social Development, through its design and implementation of appropriate policies and programmes. These are aimed at

- Alleviating poverty through a safety net of social grants to the most vulnerable groups;
- Mitigating the social and economic impact of HIV/Aids on poor households and children;
- Reducing poverty through integrated sustainable development;
- Rebuilding families and communities through policies and programmes that empower the young, the old, the disabled, as well as women;

- Improving the quality and equity of service delivery, the capacity, and governance of the social development sector; and
- Transforming the structure, systems, human resources and organisational culture to improve service delivery.

(RSA, Department of Social Development, 2003: 17)

Through five interviews conducted by the researcher, Chapter 4 furnished the researcher with experiential data directly related to the issues covered in the preceding chapters. The researcher was able to assess how well government policies were translated in reality. The research findings proved that black female pensioners raising their orphaned grandchildren and other vulnerable children are not putting their pensions to their intended use. They were spending their pension incomes on maintaining a larger household with all its incumbent responsibilities. The greater portion of their monthly income was spent on groceries, school fees and medical expenses. The grandmothers exhibited high levels of stress due to the increased responsibility that they had to shoulder, and this stress had a negative impact on their health. The grandmothers found the Department of Social Development unapproachable and difficult to contact. Family dynamics were found to be complex. Housing and education for the grandchildren were the chief concerns of the grandmothers interviewed. They said that they were enjoying being grandmothers, but not the added responsibilities.

It is the contention of this researcher that all the abovementioned research objectives have been achieved satisfactorily. Based on these findings the following recommendations are put forward.

#### **5.4 Recommendations based on the research findings**

The persisting problems of black female pensioners raising their orphaned grandchildren and other vulnerable children that were highlighted in this research report can be alleviated in the following ways:

- The ideological approach (see section 2.2.5) suggested for the purposes of this study is that government institutions adopt a policy of direct intervention as we are dealing with some of the most vulnerable citizens in our society who do not have the necessary means or strength to stand up for their rights and defend themselves. This duty falls to the state. In this instance the state should adopt a parental role. Once the immediate threats have been mitigated programmes could be instituted and strengthened by a process of public participation, which would indicate how those concerned might mobilize themselves and gain greater financial independence.
- Black female pensioners raising orphaned grandchildren and other vulnerable children should be more explicitly targeted and specifically included in government legislation and programmes. Legislation that deals with them specifically should be considered, by expanding the scope of the laws to provide for better and more comprehensive support services.
- A clear and focussed plan of action should be formulated that provides for the care of Aids orphans once their grandmothers / grandparents have passed away.
- Government should offer greater support in establishing NGOs who are headquartered or have satellite facilities within informal settlement areas such as Khayelitsha.
- International non-governmental organisations need to develop innovative and community-driven programmes, as used as key partners for supporting, and advocating improved governmental programmes.
- Proper housing for these grandmothers should be made a top priority.



- The differences regarding access to land and services between land tenure in rural and urban areas must be taken into consideration when drafting policies
- The right to adequate housing of the Habitat Agenda of should be implemented.
- Older people should be provided with equal access to land as well as to the title deeds for the land.
- Equal access to credit should be facilitated to enable them to put up decent shelters.
- Direct income support should be provided to address the financial needs of older carers of orphans and vulnerable children.
- Groceries could be subsidised in the form of vouchers or coupons, so that the grant monies could be spent on education.
- The amounts that they spend on municipal services could be subsidised.
- Information centres could be established where grandmothers can ascertain what services are available to them from the Department of Social Development e.g. what arrangements can be made for the welfare of the children once their grandmother has passed away or where to take bereaved children for psychological counselling when their parents and family have passed away.
- Policies and programmes could be designed to meet the health needs of families affected by HIV/Aids include older people, orphans and vulnerable children.

- Access to universal and flexible education services should be ensured for orphans and vulnerable children that recognise their changing roles, time commitments and financial constraints.
- Information and training on HIV/Aids and the rights of children and older people should be provided for older people.
- Policies and programmes should be developed that address the psychosocial needs of older carers, orphans and vulnerable children.
- Participation of older carers, orphans and vulnerable children, should be ensured in community structures, and in formulating national policy for poverty reduction and supporting families affected by HIV/Aids.
- Issues relating to older people such as respect and cultural values should be promoted in school curricula. Older people should also be exposed to situations where they are educated about their rights and how these rights can be addressed.

## **5.5 Recommendations for future research**

Owing to the limited scope of and time for this research project, certain issues could not be addressed. In this regard, the following recommendations are made that aim to augment the content of this report.

- Undertake research and collect comprehensive age-disaggregated data on the needs and roles of older people and orphans and vulnerable children, to design HIV/Aids interventions that are inclusive of older people.
- A study of the Department of Social Development. Why are they so inaccessible? Why do they stop their visits as soon as an Aids patient

has died? What are their procedures in dealing with Aids orphans? Do they have any?

- Undertake research to establish what is to be done with children whose parents and eventually grandparents have died. Does the Department have a comprehensive plan for them? How do they learn about such plans if they do exist?
- Research on the distribution of relevant and practical information to elderly people, with the information that most concerns them.

## **5.6 Conclusions**

Clearly, black grandmothers raising their orphaned grandchildren play a vital role in keeping family units together. They take on their own shoulders the burden of caring for their own children as they lie dying from the HIV/Aids virus, and then continue caring for their grandchildren. These children are utterly dependent on their grandmothers for their survival. It is their grandmothers who feed them, clothe them, pay for their education and nurse them when they are ill. For these priceless services the grandmothers ask nothing for themselves. Their main concern is the well-being and further education of their grandchildren.

The research has shown that the elderly in South Africa face many of the same challenges and problems as their other African counterparts. A number of key issues- poverty, employment and income security, housing and living environments, education and health need to be addressed if grandmothers are to continue their roles as surrogate mothers effectively.

The elderly have much life experience and dedicate themselves selflessly to the well-being of their families. Advanced age makes them vulnerable to the threats dealt with in this study. It is therefore imperative that government policies and programmes function effectively to protect them, especially in the light of the valuable role that they play to society in this day and age.



## APPENDIX A QUESTIONNAIRE

**“The impact of current social and welfare policies on the lives of pensioners raising orphaned grandchildren”**

**DATE:** Friday, 10 September 2004  
**TIME:**  
**VENUE:** GAPA (Grandmothers Against Poverty and Aids) Centre, 3 Qubaka Crescent, J Section, Khayelitsha.  
**INTERVIEWER:** Sumien Nel  
**TRANSLATOR:** Eric Boskati  
**NAME OF INTERVIEWEE:** #

---

---

- 1) **About the grandmother herself:**
  - 1.1) How old are you?
  - 1.2) How long have you been receiving a pension?
  - 1.3) How did you learn about the pension?
  - 1.4) Do you experience any difficulties in getting your pension every month?
  - 1.5) What do you spend your pension on?
  - 1.6) Do you own your own home?
  - 1.7) Do you have any other sources of income? If yes, what?
  - 1.8) If you had excess income what would you do with it?
  - 1.9) What kind of support would ease your burden?
  - 1.10) Have you been approached by loan sharks?
  - 1.11) Since receiving the pension have you been in any physical danger / abused / hurt (give examples if respondent does not understand the question: e.g. intimidated, physically attacked)?

- 1.12) Would you contact the police or doctor if you were abused? If no, why not?
- 1.13) Would you contact the Director General of the Department of Social Development to intervene on your behalf if you were being abused? Do you think it would make a difference?
- 1.14) Do they know that as older persons they have rights which are protected by law?

**2) About raising her grandchildren:**

- 2.1) How many grandchildren do you have in your care?
- 2.2) How did your grandchildren come to be in your care?
- 2.3) Are you the sole living relative of your grandchildren?
- 2.4) If the answer is no, and the respondent replies that the father of the children is still alive ask the following:  
Did you know that the father of the children is obliged to pay maintenance for his children, regardless whether he was married to their mother or not? Did you know that you can take him to maintenance court if he fails to pay maintenance?
- 2.5) What difficulties do you experience in taking care of your grandchildren?
- 2.6) What would make a difference to your situation?
- 2.7) Have you heard about the child support grant?
- 2.8) Do you receive the child support grant?
- 2.9) Have you applied for the child support grant?
- 2.10) If so, how difficult was the process?
- 2.11) Were you successful?
- 2.12) Are you able to make any provision for grandchildren at the time of your death?
- 2.13) If yes, what does this entail?
- 2.14) Have you contacted the Department of Social Development for support in providing for your grandchildren at the time of your death?

- 2.15) If yes, was the Department easily accessible and were they able to give you the help and support you needed?
- 2.16) Do you have any interaction with social workers?
- 2.17) What has the impact been on you, personally, since you have been taking care of your grandchildren and a larger household?
- 2.18) Do you suffer from any chronic health problems?
- 2.19) If so, what are they?
- 2.20) What do you perceive to be your greatest limitation in your current situation Lack of finances, institutional support, family support, local support?

### **3) In conclusion**

- 3.1) What do you think the government should do to support you in raising your grandchildren?
- 3.2) What is your greatest fear right now?
- 3.3) What is your greatest fear for the future?
- 3.4) Thinking back over the past three months, would you say that your situation is “better”, “worse”, or “about the same” (unchanged)?
- 3.5) Are you enjoying your old age?
- 3.6) What is your dearest wish for yourself at this time?
- 3.7) Would you like to add anything to what you have said / told me already?

## BIBLIOGRAPHY

Age-in-Action, 2004. *Rights of the Elderly*. Available at: <http://www.age-in-action.co.za>, accessed on 11 October 2004

Agyarko R. D, Kalache A & Kowal P, 2000. *Older People, Children and the HIV/Aids Nexus: The African Situation*. World Health Organization-Geneva, Health Promotion/NCD Prevention and Surveillance Department: Paper presented at the XIII International AIDS conference in Durban: 9-14 July 2000.

Aliber M, 2003. Chronic Poverty in South Africa: Incidence, Causes and Policies. In *World Development*. 31(3), pp 473-490.

Ardington E & Lund F, 1995. Pensions and development: the social security system as a complementary track to programmes of reconstruction and development. *Development Southern Africa*, 12(4): 557-577.

Barrientos A, Gorman M & Heslop A, 2003. Old Age Poverty in Developing Countries: Contributions and Dependence in Later Life. In *World Development*. 31(3), pp 555-570.

Bradshaw, D.*et al*, 1995. Mortality Patterns of Chronic Diseases of Lifestyle in South Africa. In Jean Fourie and Krisela Steyn (Eds), *Chronic Diseases of Lifestyle in South Africa*. Medical Research Council Technical Report: Cape Town.

Cloete & Wissink, 2000. *Improving Public Policy*. Van Schaik: Pretoria.

Department of Social Development, 2003. *Annual Report 2002/2003*. Government Printers: Cape Town.



Department of Social Development. 2002. Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa: *Transforming the present – protecting the future (consolidation report)*. Pretoria: Government Printer.

Devey R & Møller V, 2002. Closing the gap between rich and poor in South Africa: trends in objective and subjective indicators of quality of life in the October Household Survey. In: Glatzer W (ed) *Rich and poor: disparities, perceptions, concomitants*. Dordrecht: Kluwer Academic Publishers, pp. 105-122.

Dunn W N, 1994. *Public Policy Analysis: An Introduction*. Prentice Hall: New Jersey.

Dye T, 1987. *Understanding Public Policy* (Sixth Edition). New Jersey: Prentice Hall

Ferreira M & Brodrick, 2001. *Untitled*. Institute of Ageing in Africa: Cape Town.

Ferreira M, Keikelame M J & Mosaval Y, 2001. *Older women as carers to children and grandchildren affected by AIDS: a study towards supporting the carers*. University of Cape Town: Institute of Ageing in Africa.

Ferreira, M *et al.*, 1992. *Multidimensional Survey of Elderly South Africans, 1990-91: Key Findings*, In Monograph No. 1, SRC/UCT Centre for Gerontology, University of CapeTown.

Fowler H W & Fowler F G (Eds), 1964. *The Concise Oxford Dictionary*. Oxford: Clarendon Press.

Fox W & Meyer I H, 1995. *Public Administration Dictionary*. Epping: Juta & Co.

Govender C, 2004. *Trends in Civil Society in South Africa today*. Available at <http://www.anc.org.za/ancdocs/pubs/umrabulo/umrabulo13m.html>, accessed on 23 August 2004.

Ham C & Hill M J, 1984. *The Policy Process in the Modern Capitalist State*. Sussex: Wheatsheaf.

Harper C, Marcus R & Moore K, 2003. Enduring Poverty and the Conditions of Childhood: Lifecourse and Intergenerational Poverty Transmissions. In *World Development*. 31(3), pp. 535-554.

HelpAge International, 2004. *Addressing Older People's Rights in Africa: Good Practice Guidelines*. London: HelpAge International.

HelpAge International, 2000. *Ageing Issues in Africa: A Summary*. London: HelpAge International.

HelpAge International, 2003. *Forgotten Families: Older People as carers of Orphaned and Vulnerable Children*. London: HelpAge International.

Hill M, 1997. *Understanding Social Policy*. Blackwell Publishers: Oxford.

Hogwood B W & Gunn L A, 1984. *Policy Analysis for the Real World*. Oxford: Oxford University Press.

Howlett M & Ramesh M, 1995. *Studying Public Policy: Policy Cycles and Policy Subsystems*. Toronto: Oxford University Press.

Hulme D & Shepherd A, 2003. Conceptualizing Chronic Poverty. In *World Development*, 31(3), pp. 403-423.

John P, 1998. *Analysing Public Policy*. London: Pinter.

Kinsella K & Ferreira M, 1997. *Ageing Trends: South Africa*. U.S. Department of Commerce Economics and Statistics Administration, Bureau Of The Census. Washington, DC.

Kinsella K & Taeuber C 1993. *An Aging World II*. U.S. Bureau of the Census International Population Report, Washington, DC.

Koenig L W, 1986. *An Introduction to Public Policy*. New Jersey: Prentice Hall.

Links S B, 2000. *Peacekeeping or Peace Enforcement? A Proposed Model for Intervention in Sub-Saharan Africa*. Stellenbosch: Stellenbosch University Press.

Lloyd-Sherlock P, 2000. Old Age and Poverty in Developing Countries: New Policy Challenges. In *World Development*. 28(12), pp 2157-2168.

May, J. 2003. *Chronic poverty and older people in South Africa*. University of Natal, South Africa: School of Development Studies.

Ministry of Social Development Press Release, 2004. *Key Challenges: Consolidate, Deepen and Accelerate Social Transformation to Enhance Social Integration and Protection of the most Vulnerable and Build a Caring Society through Sustainable Development*. Available at <http://www.socdev.gov.za/Statements/2004/April/pol.htm>, accessed on 29 July 2004.

Møller V & Ferreira M, 2003. *Getting by ... Benefits of Non-Contributory Pension Income for older South African Households..* Institute of Ageing in Africa: University of Cape Town.

Møller V & Devey R, 2003. Trends in living conditions and satisfaction among poorer older South Africans. *Development South Africa*.

Mouton J, 2001. *How to Succeed in you Master's & Doctoral Studies: A South African Guide and Resource Book*. Pretoria: Van Schaik Publishers.

Nagel S S (Ed.), 2002. *Handbook of Public Policy Evaluation*. Thousand Oaks: Sage Publications.

Neuman, W L. 1999. *Social Research Methods - Qualitative & Quantitative Approaches* (4th Edition). Allyn & Bacon: Boston.

Oosthuizen, J.S., 1993. *Patterns of Migration in Southern Africa with Special Reference to South Africa*, University of Pretoria: Pretoria.

*Poverty and Inequality in South Africa*. 1998. Durban: Praxis Publishing.

RSA, *Constitution of South Africa, Act 108 of 1994, Chapter 2: Bill of Rights*. Available at <http://www.concourt.gov.za/constitution/const02.html#7>, accessed on 23 August 2004.

RSA, 2001. *White Paper for the Advisory Board on Social Development*. Pretoria: Government Printers.

RSA, 2000. *White Paper for Non-profit Organisations*. Pretoria: Government Printers.

RSA, 2000. *White Paper for National Development Agency*. Pretoria: Government Printers.

RSA, 1999. *White Paper for Child Care*. Pretoria: Government Printers.

RSA, 1998. *White Paper for Aged Persons*. Pretoria: Government Printers.

RSA, 1997. *White Paper for Social Assistance*. Pretoria: Government Printers.



Sagner A, 2000. Ageing and social policy in South Africa: historical perspectives with particular reference to the Eastern Cape. *Journal of Southern African Studies*, 26(3): 523-553.

South Africa Labour and Development (SALDRU), 1994. *South Africans Rich and Poor: Baseline Household Statistics*. University of Cape Town Project for Living Standards and Development, Cape Town.

Synergos Institute, 2004. *Secure the Future - Building Capacity from the Ground Up in Africa*. Available at <http://www.synergos.org/globalgivingmatters/features/0311stf.htm>, accessed on 14 September 2004.

UB Business Association, 2004. *Grandmothers Against poverty and Aids*. Available at <http://www.bwasa.co.za/content/Default.aspx?Node=5.96>, accessed on 14 September 2004

United Nations 2004. *Human Rights in Development: Poverty*. Available at <http://www.unhchr.ch/development/poverty-02.html>, accessed on 6 May 2004.

Van den Berg S, 1998. Ageing, public finance and social security in South Africa, *Southern African Journal of Gerontology*, 7(1): 3-9.

Van der Berg S, 1994. *Issues in South African Social Security*. World Bank Background Paper, Washington, DC.

Weekes M S, 1997. *Social Planning and the Formulation of Social Welfare Policies at Macro, Meso and Micro Levels*. Stellenbosch University Press: Stellenbosch.

Wikimedia Foundation, *Fact Index*. Available at [http://www.fact-index.com/p/po/poverty\\_line.html](http://www.fact-index.com/p/po/poverty_line.html), accessed on As on 26 May 2004.

Wikipedia, 2004. *Word iQ: ... where words have meaning*. Available at <http://www.wordiq.com/dictionary/poverty.html>, accessed on 6 May 2004.

World Bank, 1994. *Averting the Old Age Crisis*.