

INDICATORS OF POVERTY AND SOCIAL
EXCLUSION PROJECT

**Findings from the Indicators of
Poverty and Social Exclusion Project:
Children**

Helen Barnes, Lucie Cluver and Gemma Wright

Key Report 5

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Indicators of Poverty and Social Exclusion Project

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Social Policy Analysis Programme**

Findings from the Indicators of Poverty and Social Exclusion Project: Children

**By Helen Barnes, Lucie Cluver and Gemma Wright at the
Centre for the Analysis of South African Social Policy,
University of Oxford**

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1. Introduction

This project is being carried out by the Centre for the Analysis of South African Social Policy, which is based in the Department of Social Policy and Social Work at the University of Oxford. The project is part of the South African Department of Social Development's Social Policy Analysis Programme which is itself part of a wider programme sponsored by the Department for International Development Southern Africa – 'Strengthening Analytical Capacity for Evidence-Based Decision-Making'.

Poverty research in developing countries has traditionally focused narrowly on income, and often on subsistence income. This conventional approach which is based on money-metric definitions and measurement of poverty, whilst relevant, does not capture the multi-dimensional nature of poverty. Research in developed countries had a similar focus until the 1970s when a paradigm shift occurred towards concepts such as multiple deprivation and, later, social exclusion. Policy makers in South Africa, a country categorised as a middle income developing country and still suffering from deep poverty and inequality resulting from the legacy of apartheid, still tend to define poverty in narrow income terms. The wider goal of this project is to build a strong conceptual and evidence base upon which a more complete understanding of the nature of poverty and deprivation in South Africa can be built.

The Indicators of Poverty and Social Exclusion (IPSE) project addresses the following issues:

- What definitions of poverty and social exclusion are appropriate in contemporary South Africa?
- How can such definitions be operationalised so as to create measures and indicators that will usefully inform policy-making?
- What is the extent of poverty and social exclusion in South Africa using a consensual definition?
- What does a consensual definition of poverty/social exclusion imply for policies to alleviate poverty and generate a more inclusive society?
- How does a consensual definition of poverty/social exclusion relate to subsistence-based income poverty lines?

The IPSE project has three broad stages. These are:

Qualitative Stage: A detailed description of the qualitative stage of this project is available in Ratcliffe et al. (2005). In brief, though, 48 focus groups were conducted as part of the IPSE project. They were held in nine of South Africa's eleven official languages; six of the nine provinces; with groups covering a range of incomes; and each of the black African, coloured, Indian and white population groups. A full list of places where the focus groups took place is included in **Appendix 1**. Participants discussed what they considered essential or necessities that everyone in South Africa should have, be able to do or have access to; what they thought about exclusion for certain spheres of

society, and who, if anyone, was excluded; their views on poverty and the poor in South Africa; and their aspirations for the future. The question schedule for the focus groups is contained in Ratcliffe et al. (2005). The aim of the qualitative phase of the project was, first, to inform the survey stage and second, to provide a valuable data set in its own right for analysis of people's views about necessities.

Survey Stage: Building on the insights coming out of the qualitative stage of the project a module was designed and incorporated into the 2005 South African Social Attitudes Survey (SASAS) – a nationally representative sample survey. The module was devised primarily to define poverty and social exclusion democratically. Questions included in SASAS have been used to generate a list of 'socially perceived necessities' (Mack and Lansley, 1985) which are the basis for a set of poverty/social exclusion indicators. Survey questions were then incorporated into SASAS 2006 to repeat the definition stage that had been included in SASAS 2005, and additionally to measure the extent of poverty and social exclusion in terms of this set of democratically defined indicators.

The IPSE module in SASAS 2006 comprised 50 questions: 33 about possessions, 4 about activities, 8 about the neighbourhood and 5 about relationships with friends and family. People were asked to say whether they think each item or activity *is essential for everyone to have in order to enjoy an acceptable standard of living in South Africa today*. They were given four options as responses: 'essential' if they regarded the item or activity as essential in this way; 'desirable' if they regarded the item or activity as desirable but not essential; and 'neither' if they regarded the item or activity as neither essential nor desirable. A fourth and final category was 'don't know'. The first two of the four possible responses enable the respondents to distinguish between items that they think everyone should have, and those which they think it would be merely nice (but not essential) for everyone to have. The third category 'neither' allows respondents to state that the item or activity falls into neither of these categories (i.e. it is neither essential nor desirable).

The items in the IPSE component of the module were specifically selected to relate to a range of different standards of living. So, for example, some items were included that, though not essential for survival, might be seen by some groups as essential 'badges of inclusion'. For practical reasons, the list of 50 items was shorter than it could have been and the findings are therefore indicative rather than exhaustive. Thus for example a flush toilet was included, as was a bath and shower, but piped water to the dwelling was not included as this would be covered by default by the other two items. A list of the responses to the 50 items is shown in **Appendix 2**.

Analysis Stage: The data generated by the SASAS modules are being analysed to provide a detailed, multidimensional picture of poverty and social exclusion in South Africa. This stage of the project is ongoing.

Aim of this report

The aim of this report is to outline some findings in relation to children emerging from the qualitative phase of the IPSE project, supplementing this information with quantitative material from SASAS where this is available.

This report begins with a brief overview of relevant evidence regarding children in South Africa. Subsequent sections are devoted to the analysis of findings from the focus groups and the module in SASAS 2006, specifically on children and related issues in South Africa. The focus groups and SASAS module elicit the views of adults about essentials for children. Children's views on what is essential will be obtained through focus groups with children as part of a new Department of Social Development funded project, to estimate the cost of a child in South Africa.

2. Children in South Africa

In 2005, there were almost 18.1 million children¹ living in South Africa. This is just over one third of the country's population (Meintjes et al., 2006). In terms of population groups², the majority (84%) are black African, 8% are coloured, 6% white and 2% Indian. The greatest proportion of children live in KwaZulu-Natal (21%), followed by the Eastern Cape (17%), Gauteng (15%) and Limpopo (14%). The proportion of girls is slightly higher than boys (52% compared to 48%). One third of children are aged 0-5 years, almost 40% are aged 6-12 years and less than 30% are aged 13-17 years (Meintjes et al., 2006).

The South African Constitution identifies a range of basic rights for every child. These include the right to family care or parental care, or to appropriate alternative care when removed from the family environment; to basic nutrition, shelter, basic health care services and social services; and to be protected from maltreatment, neglect, abuse, or degradation (Republic of South Africa, 1996: Article 28). These are in addition to the rights to which all South Africans are entitled. South Africa also ratified the Convention on the Rights of the Child in 1995 (United Nations, 1990), and the African Charter on the Rights and Welfare of the Child in 2000 (Organisation of African Unity, 1999). It is also a signatory to Convention 138 and 182 of the International Labour Organisation regarding child labour. New legislation, the Children's Act, although not yet in force, further supplements these rights (Republic of South Africa, 2005), and adds new rights around areas such as HIV testing, surrogate parenthood and adoption.

Although these rights are guaranteed by the Constitution, in practice, the social and economic situation of children in South Africa today suggests that these rights are not always realised (Monson et al., 2006).

In 2005, the Children's Institute launched a project called *Children Count - Abantwana Babalulekile* (isiXhosa for 'children are important'). This project presents data on a number of important areas relating to children's socio-economic rights, in order to monitor the situation of children in South Africa and the realisation of their rights (see Children's Institute, 2007; Monson et al., 2006). Combined with data from other sources, this provides a useful overview of the situation with regard to the circumstances of children in South Africa, in order to understand and contextualise the views expressed and held by participants in the focus groups.

The discussion in this chapter and the analysis of focus group and SASAS 2006 data is structured around the dimensions (or domains) included in the child-focused and multidimensional model of child poverty developed by Noble et al. (2006).

¹ Defined here as a person under the age of 18 years.

² The standard racial classification used in South Africa (Statistics South Africa, 2001).

At the 'core' of the model is an absolute, multidimensional conceptualisation of child poverty that takes into account the fact that there are large numbers of children who are living below subsistence levels. The model also has a relative multidimensional component which is based on the ability to participate fully as a child in South African society. The indicators in the core are 'a narrower, inevitably more basic, set that will not be determined by reference to an inclusion agenda' (Noble et al., 2006: 45).



A multi-dimensional and child-focused model of child poverty in South Africa (Noble et al., 2006)

The same domains run through both the absolute core and the relative component, and access to good quality services is relevant to all domains in both the absolute and relative spheres. The domains cover many of the socio-economic rights for children enshrined in the Constitution. The domains are:

- material deprivation - indicators relating to material possessions and financial resources;
- human capital deprivation - indicators relating to education (as a determinant of a child's prospects);
- social capital deprivation - indicators relating to support networks that prevent social exclusion. The South African principle of Ubuntu reflects the kind of social cohesion that is an important part of social capital;
- living environment deprivation - indicators relating to adequate shelter and features of the neighbourhood such as air pollution, noise pollution and prevalence of crime;
- adequate care deprivation - indicators relating to loss of caregivers, supervision, neglect (both intentional and due to poverty) and exploitation;
- abuse - indicators relating to physical, emotional or sexual abuse, and intentional or unintentional neglect. These can occur, at home, school or in the neighbourhood;
- physical safety deprivation (mainly absolute core) - indicators relating to crimes against children, accidental injury and death; and
- health deprivation (mainly absolute core) - indicators relating to physical and mental health.

Human capital deprivation is an important domain. In South Africa, rights relating to education have a long history: the Freedom Charter adopted at the Congress of the People, 1955 states: 'Education shall be free, compulsory, universal and equal for all children' (African National Congress, 1955). This is further reinforced in the Constitution where the Bill of Rights states that everyone has the right to a basic education (Republic of South Africa, 1996: Article 29, 1a). The need for and right to education was discussed in detail in many of the focus groups. Because of its importance and wide scope, education will be explored in a separate report (forthcoming in 2007). Therefore the following discussion on the situation with regard to children in South Africa, and the analysis in the next chapter, will not address human capital and education related aspects that may fall under other domains, for example, capacity to pay school fees (material domain) and space at home to do homework (living environment domain).

2.1 Material goods

Financial resources are needed to access a range of goods and services. Income poverty is often closely related to other forms of deprivation, such as poor health and reduced access to education and therefore worse educational outcomes (Gershoff et al., 2002).

Income

According to estimates by Budlender using the General Household Survey (GHS) 2005 (Meintjes et al., 2006), levels of child poverty in South Africa are very high. Two thirds (11.9 million) of children lived in households that had an income (all sources of income, including social grants) of R1,200 per month or less. Limpopo had the highest rate of child poverty (83%), followed closely by the Eastern Cape (80%) (Meintjes et al., 2006). Due to the legacy of apartheid and continuing structural inequalities, poverty is also closely linked to population group: 95% of poor children are black African (Children's Institute, 2007).

Social grants form a large part of the South African government's poverty alleviation programme. There are three grants for children: the Child Support Grant (CSG), the Foster Care Grant and the Care Dependency Grant. The CSG is the government's main mechanism for the alleviation of child poverty. The CSG has a value of R200 per child per month (for children aged 0-14), and eligibility for this grant is determined by a means test on the caregiver's income (variable by urban/rural area and formal/informal dwelling).

Eligibility for CSG can be considered one proxy for a measure of poverty. In January 2005, 7.39 million children under 11³ had caregivers who were eligible to receive CSG (i.e. their income fell below the threshold). There were 11 million children under 11 in South Africa in total and therefore the caregivers of 67% of children were potentially eligible to receive CSG. This means that 67% of children were living in poor households

³ At that time point, only the caregivers of children under 11 were potentially eligible to receive CSG.

(Noble et al., 2005). At a provincial level, eligibility ranged from 41% in the Western Cape to 79% in the Eastern Cape and Limpopo (Noble et al., 2005). This closely matches the GHS analysis conducted by Budlender.

Take up⁴ of the CSG in January 2005 was estimated to be 71%, an increase of seven percentage points from January 2004 when take up was estimated to be 63% (Noble et al., 2005). Despite this increase, approximately three in ten children were not receiving the grant even though they were eligible. In numerical terms, this means that the caregivers of approximately 2.16 million children were not claiming CSG, and such families were therefore experiencing levels of hardship unnecessarily (Noble et al., 2005). There is variation in take up rate by province, for example, 84% in the Western Cape, but only 63% in the Northern Cape, and also within provinces, with some municipalities achieving a higher take up rate than others (Noble et al., 2005).

Material goods

Analysis of the 10% sample of the 2001 Census reveals that, in their household, 73% of children aged 0-17 had a radio; 54% had a television; 51% had a fridge; 29% had a cell phone; 20% had a landline telephone; and just 6% had a computer (own analysis).

2.2 Social capital

The family - whether nuclear or extended - is generally regarded as a major social institution which plays a key role in socialisation, ensuring that each new generation knows and adheres to the cultural norms and values of society (Amoateng and Richter, 2003; Amoateng et al., 2004; Ziehl, 2003). The family therefore can contribute to the smooth functioning and development of society and thus to social cohesion. The idea of community - an interpersonal network of relationships - is central to traditional African thinking about humanity. According to Shutte (2001: 12), 'it is summed up in the expression *umuntu ngumuntu ngabantu*, a person is a person through persons. This means that a person depends on personal relations with others to exercise, develop and fulfil those capacities that make one a person'.

It is difficult to find good data on aspects of social capital such as community cohesion, social networks and family support. It is possible, however, to look at children who are likely to be without networks and support, such as street children. South Africa has approximately 10,000-12,000 homeless children, the majority of whom live on the streets of major cities (Berry and Guthrie, 2003), although these figures are contested. South Africa now has the fastest increase of HIV infection in Africa. The likelihood of the increasing number of children being orphaned because of AIDS could result in a higher number of children ending up on the streets (Street-Wise Durban, 2007). Research has found that AIDS orphaned street children have greater post traumatic stress disorder, anxiety, delinquency and conduct problems (Cluver et al., forthcoming).

⁴ The proportion of the eligible population who actually receive the grant.

See **Section 2.4** below for more details about the family.

2.3 Living environment

A crucial aspect of the living environment domain is adequate shelter. In South Africa, the right to have access to adequate housing - included in the Bill of Rights in the Constitution - is based on the right to housing in Article 11 of the International Covenant on Economic, Social and Cultural Rights. This provides that the State has a duty to recognise the right of everyone to adequate housing (Children's Institute, 2007). The Committee on Economic, Social and Cultural Rights has issued a general definition of adequate housing. Seven key elements need to be assessed to measure whether housing is adequate: security of tenure; availability of services; affordability; habitability; accessibility; location; and cultural adequacy (Committee on Economic, Social and Cultural Rights, 1991). Three of these are discussed below.

Availability of services

Access to basic services such as electricity, water and sanitation is important for all people, but especially children.

Where there is no electricity, fuels are often used for heating and cooking, and these pose health hazards, for example chest infections from wood or dung fires, and burns from open fires (Berry and Guthrie, 2003; Leatt and Berry, 2006). It is also important that the home should have the capacity for food to be prepared and stored safely (i.e. cookers and refrigerators). A lack of adequate water supply can also pose serious health risks, such as diarrhoea and cholera, and is also closely related to poor sanitation and hygiene. Children may also be responsible for fetching and carrying water to their homes from communal taps, or rivers and streams, as well as wood and other fuels (Leatt and Berry, 2006).

In 2005, 76% of children in South Africa lived in households that were connected to electricity (Leatt and Berry, 2006). In most of the provinces, 60% or more of the children did have access to electricity in their dwellings. There were some provinces, however, where large numbers of children did not have access. In KwaZulu-Natal, 1.5 million children (40%) did not have electricity connections in their dwellings and in the Eastern Cape 1.2 million children (38%) were without electricity (Leatt and Berry, 2006). According to the Children's Institute (2007), there may be many more children without real access to electricity, even if connected to the mains supply, because their families are unable to afford it, or because they do not have the money to buy and maintain electrical appliances. There are also many households which use electricity through illegal connections. These often consist of long extensions which run along the ground and can be dangerous for children.

There were 7.5 million children (42%) whose families had to rely on unsafe or distant sources of drinking water in 2005; 99% of these were black African (Leatt and Berry, 2006). Ninety percent or more of the child populations in Free State, Gauteng, the

Northern Cape and the Western Cape were able to access drinking water at their dwelling. However, for some other provinces, more than half of the children had poor drinking water sources. For example, over two million children (68%) in the Eastern Cape, more than 1.7 million (68%) in Limpopo and over two million (53%) in KwaZulu-Natal were living without drinking water at their dwelling (Leatt and Berry, 2006). These figures do not give any indication of how many caregivers have broken facilities, are unable to pay for water, or have had their water cut off for non-payment (Children's Institute, 2007).

Large numbers of children lack access to basic sanitation. In 2005, just over half of South Africa's children had access to adequate toilet facilities, while the rest were using inadequate facilities, including unventilated pit toilets, the bucket system or open fields (Leatt and Berry, 2006). Using public toilets and open bush can be dangerous because of crime and the use of buckets and open fields is also likely to impact on water quality in the area, and can lead to the spread of disease (Leatt and Berry, 2006). In the Eastern Cape, just over one third of children had access to basic sanitation, whereas in Limpopo, a little less than one quarter of children could access adequate sanitation facilities. More than half of all black African children were using inadequate sanitation facilities; this constitutes 99% of all children with poor sanitation (Leatt and Berry, 2006).

Habitability

Habitable dwellings are those providing 'inhabitants with adequate space and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards and disease vectors' (Committee on Economic, Social and Cultural Rights, 1991).

Overcrowding is a problem because it can undermine children's other needs and rights. Children in crowded households may be without space for their own activities or unable to wash or change in private. The spread of communicable diseases such as respiratory infections (including tuberculosis) and diarrhoea is more frequent in overcrowded conditions, and children are at greater risk of sexual abuse, especially where children share beds with other children or adults (Hall and Berry, 2006).

Over 4.8 million children in South Africa – more than a quarter of all children – lived in overcrowded households (more than two people per room, excluding bathrooms but including kitchens and living rooms) in 2005 (Hall and Berry, 2006). Over 90% of all children living in overcrowded households were black African, and less than 1% were white (Children's Institute, 2007). The average household size has gradually decreased from 4.5 in 1996 to 3.8 in 2004, indicating a trend towards smaller households (Children's Institute, 2007).

Children living in formal areas are more likely than those living in informal and traditional dwellings to have services on site. They are also likely to be closer to facilities like schools, libraries, clinics and hospitals than those living in informal settlements or rural areas (Children's Institute, 2007).

In 2005, nearly 2.7 million children (15%) lived in backyard dwellings or shacks in informal settlements, neither of which can be considered habitable as defined above (Hall and Berry, 2006). The greatest proportions of children in inadequate housing were in the provinces with large metropolitan centres, as these areas have experienced rapid urbanisation and the growth of informal settlements. About a third of all children living in informal housing were resident in Gauteng (Hall and Berry, 2006). The Eastern Cape (53%) and KwaZulu-Natal (37%) had the largest proportions of children living in traditional dwellings (Hall and Berry, 2006). Almost all white children lived in formal housing, while 60% of black African children lived in formal housing (Children's Institute, 2007).

Location

In South Africa, service provision to rural areas is still far behind that in urban areas, and so children and their families often live a distance from work opportunities, clinics, police stations, schools and child care facilities (Children's Institute, 2007).

The GHS 2004 shows that more than half of South Africa's children (54%) lived in rural areas (Hall and Berry, 2006). The distribution of cities in South Africa, and the creation of 'homelands' during apartheid, has resulted in provincial differences in the rural and urban distribution of the population (Children's Institute, 2007). The Eastern Cape, KwaZulu-Natal and Limpopo contained about three quarters of all rural children in South Africa. Gauteng children were mostly (96%) urban based, as were the majority (87%) of children in the Western Cape (Hall and Berry, 2006).

2.4 Adequate care

In South Africa it is often the case that children do not live consistently in the same dwelling as their biological parents. This can be as a result of poverty, labour migration, educational opportunities, or cultural practice (Children's Institute, 2007; Young and Ansell, 2003). It is common for relatives to play an important role in child-rearing. Children often have a number of different caregivers, and many children are brought up without paternal figures, or live in different households to their biological siblings (Children's Institute, 2007). Some of the children living without one or both biological parents are orphans (maternal, paternal or double). These care arrangements may not always be satisfactory or stable for some children, and may put them at risk of inadequate care. Others may be well looked after by relatives or friends however. Some children do not have an adult to care for them and can be found living on the streets or in child-headed households.

Biological parents

In 2005, 35% of children were resident with both their biological parents, while 22% were resident with neither biological parent. Of the remaining children, almost all were living in a household with their mothers but in which their fathers were not resident. Very

few children (3%) live in households in which their fathers are present and their mothers are not (Children's Institute, 2007). In both the Western Cape and Gauteng, more than half of the children were resident with both parents (55% and 54% respectively). Similarly, the number of children living with neither parent was low (10% and 12% respectively). In comparison, the proportion of children in Limpopo living with both their parents was 24% (Children's Institute, 2007). Less than one third of black African children were living with both their parents in July 2005, yet the majority of Indian (77%) and white (84%) children were resident with both biological parents. Ninety-five percent of those children that were living with neither parent were black African, one quarter of all black African children (Children's Institute, 2007).

Orphans

The proportion of maternal orphans increased from approximately 3% in 2001 to just over 5% in 2005 (children 0-14 years). The proportion of double orphans also increased over that time period from 1.2 to 2.7%. The proportion of paternal orphans has remained fairly consistent, however, and in 2005 was estimated to be 13.5% (Anderson and Phillips, 2006). Approximately half of all South Africa's orphans were resident in KwaZulu-Natal and the Eastern Cape in 2005 (Meintjes et al., 2006). Over two thirds of all orphans were eight years old and above (Children's Institute, 2007). In a national survey of 15 to 24 year old South Africans, it was found that people who experienced parental death were disproportionately black African; lived in the Eastern Cape, Free State and KwaZulu-Natal; lived in rural informal areas; lived in poor quality houses lacking basic amenities; lived without an adult guardian; and had not completed compulsory education (Operario et al., 2007).

Child-headed households

According to the GHS, in 2005 there were approximately 118,600 children living in a total of 66,600 child-headed households across South Africa at the time of the survey. This is equal to roughly 0.7% of all children (Meintjes et al., 2006). A little over two thirds of children living in child-headed households were 12 years and older, and only 5% were 5 years old or younger (Children's Institute, 2007). Three quarters of all children living in child-headed households were located in only three provinces: Limpopo (39%), the Eastern Cape (23%), and KwaZulu-Natal (13%) (Meintjes et al., 2006). Limpopo has only half the number of orphans of either the Eastern Cape or KwaZulu-Natal (Children's Institute, 2007). It has been estimated by different researchers that between 0.6% and 3% of households in South Africa are headed by a child (e.g. Brookes et al., 2004; Shisana and Simbayi, 2002; Shisana et al., 2005; Vermaak et al., 2004).

2.5 Abuse

Child abuse - physical, emotional, sexual or intentional and unintentional neglect - can take place within the home, at school or within the neighbourhood. There is much research evidence showing the negative outcomes of child abuse in areas such as education and mental health, both in childhood and in later life (Noble et al., 2006).

In 2000, the second most common type of crime committed against children was of a sexual nature (rape, sodomy, indecent assault and sexual offences), and the number of reported sexual crimes against children amounted to over 25,000 (Berry and Guthrie, 2003). This inevitably represents a small proportion of actual offences. Some argue that child abuse statistics indicate an increase in the occurrence of abuse (or at least an increase in reporting). Dawes (2006), for example reports that rape and child prostitution appear to be rising in South Africa although the data is unreliable and incomplete. South African Police Service data on neglect and ill-treatment of children in the RSA show an 82% increase between 2001/2002 and 2005/2006. However, the rate per 100,000 of the population has decreased every year since 2003/2004, with a 13% decrease between 2004/2005 and 2005/2006 (South African Police Service, 2007).

Research has found high levels of corporal punishment and abuse within schools (Giese et al., 2001; Dawes, 2002). Rape and sexual abuse, particularly of girls, within schools have been reported, and perpetrators include both students and teachers (Human Rights Watch, 2001). Child abduction, trafficking and prostitution have all been found to occur, carried out by parents, gangs, teachers and police officers (Molo Songololo, 2000).

2.6 Physical safety

Between September 2004 and September 2005, 42% of South African youth aged between 12 and 22 years were victims of crime or violence, including assault, sexual assault/rape, theft and robbery. Young people in South Africa are twice as likely as adults to be victims of at least one crime (Burton, 2006).

Crimes against children are significantly higher in poorer areas (Dawes, 2002). The existence of gangs in urban areas can lead to injuries and deaths due to being caught in gang crossfire. For 15-19 year olds, firearm injuries were the leading cause of non-natural death between 2000 and 2001 (Prinsloo, 2001).

Over one quarter of young people cite murder as the one thing they are most scared of, while over one fifth cite rape or sexual assault. These fears reflect those of the adult population revealed by victims of crime surveys (Burton, 2006). In some areas, schools have become places associated with harm and fear, with 16% of youths reporting that they had been threatened with harm, scared or hurt while at school (Burton, 2006).

Natural causes account for the majority of causes of death in the 0-4 age group (96% in 2004), while non-natural causes are more frequent as children become older (Statistics South Africa, 2006). In 2001, road traffic injuries featured in the top three external causes of non natural death for children of all ages (Prinsloo, 2001). More recently it has been reported that in 2004 the leading cause of non natural death in the 0-14 age group was transport related (Matzopoulos, 2005). For children aged 1-4, burns, drowning and ingestion of poisonous substances are the leading non natural causes, and drowning and burning also feature in the leading causes for 5-9 year olds (Prinsloo, 2001).

2.7 Health

Nutrition

Children's access to nutritious food is a major factor influencing their health status. Many children worldwide fail to reach their potential in cognitive and socio-emotional development because of malnutrition that leads to stunting, iodine and iron deficiency⁵. Any one of these deficiencies leads to a serious effect on childhood development, and some can cause illness and death (Grantham-McGregor et al., 2007; Walker et al., 2007). Due to the high levels of poverty in South Africa, children often do not have access to adequate and nutritious food.

No recent primary data exists on the nutritional status of South African children; the latest available data is from 1999 where it was found that nationally, 10% of children aged 1-9 years were found to be underweight, while 1.4% of children were severely underweight (Abrahams et al., 2006). The youngest age group (1-3 years) had the highest proportion of children who were underweight. The Northern Cape had the highest proportion of children who were underweight (24%) and severely underweight (9%). Gauteng and Mpumalanga had the lowest proportion of children who were underweight and severely underweight respectively (Abrahams et al., 2006). Stunting in children is considered a consequence of long-term under-nutrition. Nationally, approximately 7% of children show signs of severe stunting (Children's Institute, 2007). In the Northern Cape, Free State, Mpumalanga, and Limpopo provinces, the rates of severe stunting vary from 7% to 14%. Again, the youngest age group is most affected (Children's Institute, 2007). More recently, a report has highlighted the extent to which South African children suffer from nutritional deficiency due to poor eating habits (Steyn, 2006).

In 2005, there were 3.9 million children (22%) living in households across South Africa who sometimes, often or always went hungry because there was not enough food (Children's Institute, 2007). The province with the highest rate of reported child hunger (sometimes, often or always going hungry because there was not enough food) is the Eastern Cape (30%). There are four provinces in South Africa where 80% of children or more did not experience hunger (never or seldom going hungry because there was not enough food): Gauteng, the Northern Cape, Limpopo and the Western Cape (Children's

⁵ Grantham-McGregor et al. (2007) also include inadequate stimulation in the first 5 years of a child's life as a deficiency which can have a serious effect on childhood development.

Institute, 2007). Hunger is more likely to be found among black African children than children of other population groups. In 2005, 3.7 million black African children experienced hunger, which is 25% of the total number of black African children. In comparison, only 12% of coloured children, 9% of white children and 1% of Indian children experienced hunger (Children's Institute, 2007).

Iodine deficiency is mainly an environmental problem and is common in areas that do not have iodine in their soil and water supplies. In South Africa, clinical iodine deficiency is not common, but may be present in specific areas in the country (Children's Institute, 2007). In South Africa, 10% of children in the 6-71 months age group were iron deficient in 1995 (no recent data exists). Children aged 6-23 months were most affected by iron deficiency. Provincial rates ranged from 5% in the Eastern Cape to 16% in the Western Cape (Children's Institute, 2007).

HIV/AIDS

South Africa is experiencing a serious HIV pandemic. Many children are infected with HIV or have become ill and died due to AIDS. The majority of children are infected perinatally and some later on through breastfeeding. Children may also become infected through being sexually abused by an HIV-positive person or through sexual intercourse (Shung-King et al., 2006). Further risks for children living in high-HIV prevalence areas or families include increased exposure to opportunistic infections such as TB.

The most recent estimates from a model developed by the Actuarial Society of South Africa suggest a doubling in overall HIV prevalence for children under the age of 18 years between 2000 and 2006, from 1.2% in 2000 to 2.1% in 2006 (Shung-King et al., 2006). The prevalence rates differ across age groups, with younger children most at risk of infection. The rate in the 0-5 age group is almost double the overall rate for all children. The HIV-prevalence rate in the 0-5 age group increased from 2.2% in 2000 to 3.6% in 2006. For children in the 6-12 years age group, the prevalence increased from 0.1% to 1.0% during the same time period. The prevalence rate for the 13-17-year age group stayed almost the same at approximately 1% (Shung-King et al., 2006). HIV-prevalence rates across provinces vary, with KwaZulu-Natal having the highest rates (Shung-King et al., 2006).

Foetal alcohol syndrome

South Africa has the highest reported frequency of foetal alcohol syndrome (FAS) in the world. Rates among developed countries in the world are approximately one per 1,000 live births whereas the figure among grade one children in some communities in South Africa varies between 46 and 103 per 1,000 (Viljoen, 2005). It has been estimated that 20 out of 1,000 births in South Africa per year are affected by FAS.

Mortality

Mortality, and in particular premature mortality, is a good indicator of the overall health (and socio-economic) status of a population. The infant mortality rate (IMR) and under

five mortality rate (U5MR) are useful indicators of the availability, utilisation and effectiveness of health care in general. In the context of the HIV/AIDS pandemic, these indicators provide information on both the numbers of young children who die from HIV/AIDS as a result of vertical transmission of the disease (infection occurring during pregnancy, the birth process, or through breastfeeding) and the provision of healthcare services such as Anti-Retrovirals to HIV-positive children.

In 2000, the national IMR was 59 per 1,000 live births (Children's Institute, 2007). The Western Cape (32 per 1,000 live births) and Gauteng (44) provinces had lower rates than the Eastern Cape (71) and KwaZulu-Natal (68). This can mainly be attributed to the differing HIV prevalence and infrastructure across the provinces (Children's Institute, 2007). The U5MR also varies considerably between provinces. The Western Cape had the lowest rate of 46 per 1,000 live births, compared to the Eastern Cape which had a rate of 105 per 1,000 live births. The Western Cape, Gauteng and the Northern Cape were therefore the only provinces that met the World Health Organisation target for under-five mortality (for the year 2000) of 80 per 1,000 live births (Children's Institute, 2007).

In 2003 and 2004, the leading cause of natural death for children under one year was respiratory and cardiovascular disorders (32% of all natural deaths). For children aged 1-4 years, intestinal infectious diseases were the main cause (23%) and for young people aged 15-24 years, tuberculosis was the main cause (15%) (Statistics South Africa, 2006).

Mental health

Until recently, there have not been any national prevalence figures for child mental health. However, Flisher (forthcoming) states that studies in South Africa and internationally have found that the prevalence rate of mental disorders or psychopathology in children and adolescents is roughly 20%. Evidence suggests that particular groups of children may experience high levels of emotional and behavioural problems, including children orphaned by HIV/AIDS (Cluver and Gardner, 2006; Cluver and Gardner, 2007; Cluver et al., forthcoming) and children exposed to high levels of community violence (Seedat et al., 2004).

3. Project findings in relation to children

3.1 The scope of this report and analysis

In this chapter the focus group and SASAS 2006 data on adult perceptions of necessities for children are analysed. In order to define child poverty, the Noble et al. (2006) model determines necessities for children from three key sources: first, indicators of relative poverty defined by children; second, indicators defined by adults; and third, normative judgements of professionals, based on the best current research evidence. The IPSE work falls under the second of these three sources.

Both the focus groups and surveys asked adults for their views on items that are essential for children in order to enjoy an acceptable standard of living (in South Africa at that point in time). This relates to the relative multidimensional component of the Noble et al. (2006) model.

3.2 Presentation of participants' comments and SASAS results

The first part of the focus groups asked participants about essentials for adults, and very often they suggested children's essentials at this point. Having discussed the essentials for adults, participants were asked to name essentials that applied specifically to children. Although essentials that applied to both adults and children were not supposed to be repeated, often the same items were mentioned again and justified with reference to children.

'Well something that is not really there but it is obvious, it is the basic things such as shelter, housing, food, access to basic sanitation such as water, lights so that people can live decently. I know it is basic but it is so that parents can give these things to children. If the parents are on the streets or unemployed then they can't give their children the basic for their upbringing.' (Gauteng, white, low income, urban, formal, Afrikaans, male)

The rest of this chapter looks at the wide variety of essentials discussed by focus group participants, grouping them together under the child poverty model domains. The focus group material is supplemented by results from the 2006 SASAS. Only five child-specific questions were asked in the survey and so sometimes results from more general questions are presented.

3.2.1 Material goods

Clothing

Adequate clothing was seen as very important for children for two main reasons: protection from the elements and for social acceptability.

Facilitator: Why are clothes important?

B: To be warm and to look presentable and decent.

(Gauteng, white, middle income, urban, formal, Afrikaans, male)

Participants considered that it was essential to have clothing suitable for all types of weather:

'Clothes. Many clothes for all types of weather.' (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

'When it's hot a child must wear cool clothes and when it is cold warm clothes.' (KwaZulu-Natal, African, low income, rural, Zulu, female)

'Clothes. Warm clothes when it's cold and light ones for hot days.' (Gauteng, African, middle income, urban, formal, Sesotho, male)

This is reflected in the SASAS where 89% of respondents regarded 'clothing sufficient to keep warm and dry' as essential (the question was not asked specifically for children).

In addition to the clothes required for different weather conditions, it was also recognised that various sets of clothes are needed for different activities.

[Following a discussion on school uniforms]

V: Children need a tracksuit too. I will call this play clothing. Children can't play with their Sunday clothes.

Facilitator: Do you then say that children need all sorts of clothing for play, for school and for Sunday?

V: Yes. Children also need takkies⁶. It is not nice to see them walk bare feet. They need a lot of that.

(Western Cape, coloured, high income, urban, formal, Afrikaans, male)

'Try to dress your child appropriate for all facets of his/her life.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

Clothes were seen as necessary in order to appear decent, respectable and presentable within one's community, and particularly for children, they are important for status among peers and a sense of belonging.

⁶ The South African word for trainers.

K: Your children must be healthy and look decent.

R: I agree. That is the only way you can see you are going somewhere in this world.
(Gauteng, African, low income, urban, formal, Sesotho male)

Facilitator: Can you explain decent clothing to me? What do you mean by that?

C: It must be clean and warm and not torn. The parents must see to it that the child does not wear old clothes.

M: The parent must be there to see that there are no holes for example in the child's socks and the child gets embarrassed due to that.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

Facilitator: You've mentioned nicely dressed, well-groomed, an example?

S: In my area, I live in a well-groomed area. I will dress my child according to the weather, for example if it is cold, a warm jersey, socks, and warm shoes so that a neighbour cannot say, 'the mother is looking like that, but just look at the child'. Children might say, 'look at their clothes, but they are living in a rich area'.

Facilitator: More examples?

M: Today's world is a fashion statement for the children. Some children feel that if they do not dress accordingly, they don't belong in a group. You do get parents who can or cannot afford it, but their child is also nicely and decently dressed. This is the biggest problem in schools, for example special days at school.

R: I don't think it would be a problem if you dress your child from a small age decently and not necessarily brand name clothing. The problem arises when the child goes to secondary school and when parents can't afford to buy brand names any more. In a sense parents can emotionally break the child by doing this, or by applying this 'model' image while the child is still young.

(Western Cape, coloured, high income, urban, formal, Afrikaans, female)

Clothes were seen as important for giving children self-confidence, for helping children feel good about themselves and for motivating children.

P: Clothes motivate children, they give them encouragement.

W: Yes, for an example is a child is always bare-foot he/she can even becomes a truant.

(Gauteng, African, low income, urban, informal, Sepedi, male)

'If a child is not properly dressed other children laugh at her and the child never feels free.' (KwaZulu-Natal, African, plantation workers, low income, rural, Zulu, female)

Related to the social status requirement for clothing were discussions on new and second hand clothing. There was some disagreement in and between focus groups over whether second hand or handed down clothes were acceptable.

F: Today's children want clothes with names, like Levis.

Facilitator: Is that important?

F: I think so and parents do that for their children.

**All other participants disagree.*

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

Facilitator: Is it essential for children to have new clothes rather than ones handed down?

S: Most of the kids these days need new clothes, certain types of clothes.

Facilitator: So is there pressure from the children to have particular clothes?

S: Yes.

(KwaZulu-Natal, Indian, low income, urban, formal, English, male)

Facilitator: Is it essential to have some new clothes, or can they all be handed down?

L: In my family we hand down clothes as well as toys.

R: Not everyone can have new clothes.

C: Children might get new clothes on special occasions, like for Christmas.

Facilitator: Say the children need to go to a wedding for example, can they wear smart second hand clothes or do the clothes need to be new?

L: It depends. If the clothes are in good condition then I say it is fine to use them.

Facilitator: So it's more about what the clothes look like than whether they are new?

L: Yes.

(KwaZulu-Natal, Indian, low income, urban, formal, English, female)

The SASAS results reflect the conflicting views which were apparent in the focus groups. In the survey, just over half (55%) of respondents felt that it was essential to have 'some new (not second-hand or handed-down) clothes'; 38% felt that new clothes were desirable, but not essential (the question was not asked specifically for children).

Some focus group participants also had clear ideas about the exact amount of clothing needed.

F: What do you see as an essential amount of clothing?

N: If a child goes to school he must be properly clothed, must be clean and neat.

F: What will you then say is the minimum or maximum clothing that a child need?

S: Two pants, two shirts, two pairs of shoes, a schoolbag and a lunchbox.

(Western Cape, coloured, farm workers, low income, Afrikaans male)

F: Regarding clothing. How much clothing do children need?...

E: Three pairs of everything.

(Western Cape, coloured, high income, urban, formal, Afrikaans, male)

Toys

Toys were the major child-specific possession mentioned in the focus groups.

'I think toys is [sic] important. Even if it is only wooden blocks. But it is something to stimulate them with.' (Gauteng, white, high income, urban, formal, Afrikaans, male)

Most participants considered it essential that every child has toys to play with, although there was some disagreement in one focus group: while play was felt to be important for children, toys were not seen as an essential mechanism for this to take place.

L: Toys are not essential, because what is a toy? If I buy them a toy I promise you they'll be bored within an hour.

G: Maybe educational toys.

L: Toys mean nothing.

Facilitator: But do you think it's a necessity for children to be able to play?

All: Yes.

L: Children don't need toys to play, if you're a child you'll find something or invent something.

N: I think play is a necessity as a prerequisite to learning.

(KwaZulu-Natal, Indian, middle income, urban, formal, English, male)

Educational toys were given particular prominence, but in general any toy was considered important.

T: Children must have toys because they are educative. Toys broaden their minds.

G: It teaches them mathematics as well as to write and read.

I: Toys increase our children thinking capacity. They are enabled to be independent and make decisions on their own.

(North West, African, low income, rural, former homeland, Tswana, male)

Facilitator: What about toys? Why do our children need toys?

K: All children need toys to play. When children have enough toys, they are kept busy during the day hence they do not roam around the streets.

D: Toys relaxes children especially after studying.

M: Toys keep children busy especially when parents are not there.

(North West, African, low income, rural, former homeland, Tswana, female)

Interestingly, while the focus groups were generally in agreement that toys are an essential item for children, this was not reinforced by the survey: 39% of survey respondents felt that it was essential 'for parents or other carers to be able to afford toys for children to play with', while a higher proportion, 45%, felt that it was only desirable. Toys were the only child specific item not considered to be essential by a majority (50%) of the survey respondents.

Leisure activities

Related to toys and play are the facilities where children can spend their leisure time. Playgrounds and sports facilities were often mentioned as essential services for children:

'Playgrounds with nice grass like in the white areas.' (Gauteng, African, low income, urban, formal, Sesotho, female)

'First it must be a big area where they can swim and play. They must also have toys (equipment) for playing.' (Eastern Cape, African, low income, urban, informal, Xhosa, male)

'Each and every unit should have its own playground. There is also a need for each and every unit to have its own community hall.' (Eastern Cape, African, low income, urban, formal, Xhosa, male)

A range of leisure activities were listed as important for children. These included: art; drama; swimming; sports; walking tours; hiking; visits to museums; bus tours; picnics; music (singing and dance); parties; and scouts. Sport and exercise were regarded as particularly important.

A widely held view on why these activities were important was as a means to prevent children from becoming involved in crime and to keep them away from alcohol and drugs. The following quotes illustrate these concerns:

N: There should be systems in place to identify children with talents such as talents in sports, and to develop such talents.

Facilitator: Why is it essential for children to be involved in sports?

N: To keep children away from getting involved in crimes such as rape, robbery and going to taverns.

(Eastern Cape, African, low income, urban, informal, Xhosa, female)

'We have child-related problems here. Children should be involved in recreational activities on weekends. Here in Mdantsane there are no swimming pools or recreational facilities for school children. There is nothing to interest them which leads to crime. There are bad habits whose origin we don't know... One is able to see on TV that other townships like Orlando (Johannesburg) enjoy these activities on weekends. If these activities can exist here children can develop and crime would decrease.' (Eastern Cape, African, low income, urban, formal, Xhosa, male)

'Extra mural activities. Things that help them not to think about crime. Activities that occupy their minds away from the wrong things.' (Western Cape, coloured, high income, urban, formal, Afrikaans, male)

S: In South Africa there are few relaxation facilities for children between 8 and 17 years old. The most that you get is clubs that provide wine for people older than 18. Parents experience problems due to this because automatically the child will go to these clubs. At these clubs are drugs and alcohol. I can raise my child so good but there is no guarantee that the child would not get involved with this. So if they can just have facilities for children, for example to drink milkshakes here there is no adult supervision needed...

R: We have community centres that provide these types of activities for children. Sometimes you need to go out of the area, also depends on the parent, but children between 8 and 17 do have relaxation facilities.

S: In the area where I am staying, we are against this, that our children need to go out of the area for relaxation. You as a parent feel satisfied/relieved if you know that your child is in the area. Why should we go from Parrow to Sunset Beach. In each area there should be a club or relaxation activities for our children.

(Western Cape, coloured, high income, urban, formal, Afrikaans, female)

Pocket money

Pocket money was mentioned as a necessity in a number of focus groups. Even low income groups who would perhaps not have the disposable income needed to provide pocket money saw it as an important item for children to have. The reasons given were mainly to do with learning how to use money, budgeting and saving. There was also some concern that children would spend pocket money on the wrong things, for example drugs.

M: Pocket money. Every child needs pocket money.

Facilitator: To do what with M?

M: To learn how to work with money from when you are a child. It does not help someone at the age of 18, and he has his money for the first time, and does not know what to do with it.

(Gauteng, white, high income, urban, formal, Afrikaans, male)

[Essential things that we think children must have access to] *'Bank account: I want my child to learn to save money and be rich like Lukas Radebe.'*

(Gauteng, African, low income, urban, informal, Sepedi, female)

C: Children must have the right to pocket money and you must organize for them to learn about money management.

Facilitator: How much pocket money must children have?

C: Depending on what suits your pocket.

F: Children will then get more independent.

C: A child must learn to budget.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

Some felt that the child should help out in return for pocket money (in fact the need for children to do household chores was mentioned repeatedly in the focus groups):

T: A child must contribute towards his pocket money.

Facilitator: What do you mean?

T: Many times the child would need something, but he or she does not want to work or prove that he deserves the money.

Facilitator: How should the child prove to the parent that he deserves the money?

T: By for example, doing an odd job for a neighbour like gardening.

I: Or to assist with tasks in the house.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, male)

The closest question in the survey was ‘a small amount of money to spend on yourself not on your family each week’ (the question was not asked specifically for children). A slightly higher proportion responded ‘desirable’ (45%) than ‘essential’ (42%).

Other items mentioned less frequently were a phone (to know where children are, to contact children and for children to be able to contact their parents in emergencies, to speak to friends) and a TV (to learn English, for educational programs, to keep up with current affairs, to keep children occupied and safe at home).

‘Parents must be able to communicate with their children in case they experience some difficulties.’ (Eastern Cape, African, low income, urban, informal, Xhosa, male)

Ch: To a telephone, not necessarily a cell phone.

Ca: Yes, like a phone at home.

Facilitator: Why is that necessary?

Ca: To be able to phone a friend and for emergencies.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

‘TV is important for children, we get the news and the weather’ (KwaZulu-Natal, African, middle income, urban, formal, Zulu, male)

‘It is important that in a house there is a TV set and videocassette recorder, so that children can stay home and not get hurt outside’ (Eastern Cape, African, low income, urban, informal, Xhosa, male)

‘TV is also good for kids as they get to know issues which can be very informative and educational.’ (Limpopo, African, middle income, urban, former homeland, Venda, female)

3.2.2 Social capital

In the model of child poverty, social capital refers to support networks that prevent social exclusion. Many focus group participants showed a strong sense of the importance of the family and community to provide financial and emotional support and love and care. It was recognised in discussions on the included and excluded that certain groups of people, for example orphans and street children, are without these vital networks.

‘Every person must have their family living with them we must not have this situation where you live in Johannesburg and your children are far away in the rural areas. Your children must grow up right in front of you.’ (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

A: Love, support and proper care from the parents.

S: Support and care from the community as well.

R: Children must have their parents and the parents must look after the kids.

(Gauteng, African, middle income, urban, formal, Sesotho, male)

B: Family and friends. They are grouped like blood family, or whoever gives you support in economic, emotional terms they will group together...

Facilitator: Who does not have the above or who is excluded from the above?

B: Orphans or adopted children from divorced families.

(Gauteng, white, middle income, urban, formal, Afrikaans, male)

Several items in the SASAS module are related to social capital: ‘someone to look after you if you are very ill’, ‘someone to lend you money in an emergency’, ‘someone to transport you in a vehicle if you needed to travel in an emergency’ and ‘someone to talk to if you are feeling upset or depressed (none of the questions were asked specifically for children). For all, over 65% responded ‘essential’ and for ‘someone to look after you if you are very ill’, 91% gave ‘essential’ as their answer.

Friends, at school and at home, were considered essential by some focus group participants. Friends could exchange ideas, knowledge and advice, play together and study together.

Religion

In some focus groups, participants felt that attendance at a place of worship was essential for children, as these quotes illustrate:

Facilitator: Should all children go to church and Sunday school?

All: Yes, all children. (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

A: It is essential to have a church or a mosque... things like that.

Facilitator: So you think everyone should be able to go to worship?

A: Yes. For all religions.

(KwaZulu-Natal, Indian, low income, urban, formal, English, male)

This is reinforced by the quantitative findings. A very high proportion (87%) of respondents answered ‘essential’ to ‘a place of worship (church/mosque/synagogue) in the local area’ (the question was not asked specifically for children).

3.2.3 Living environment

Housing

Issues relating to housing were raised in the focus groups in the first section, as well as in later sections. Having established that housing was essential for adults, it was implicitly assumed that it was also essential for children, although in a few focus groups this point was reiterated:

'All children must have a home and not be found loitering in the streets.' (Gauteng, African, low income, urban, formal, Sesotho, female)

Participants generally had a very clear idea of what constitutes an acceptable house. With regard to children, the most important thing was the number of rooms in the house. Most focus groups considered it essential for children to have their own bedrooms (meaning a designated room for sleeping in the house, rather than sleeping in the kitchen or outside).

'Must not be like for instance where people have children and half of them are sleeping outside.' (Western Cape, coloured, high income, urban, formal, Afrikaans, male)

'There must be enough bedrooms in the house for children to have their own bedrooms and not sleep on the floor' (Gauteng, African, low income, urban, formal, Sesotho, female)

In most focus groups it was concluded, sometimes after lengthy discussion, that it was essential for adults and children to have separate rooms.

'Home is where you can live healthily, where you don't have to have the parents and the children all living in the same room.' (KwaZulu-Natal, Indian, high income, urban, formal, English, female)

'Big houses to have enough space and a bedroom for everyone in the family.' (Gauteng, African, low income, urban, informal, Sepedi, female)

Facilitator: [Is it essential to have] Enough bedrooms for every child over 10 of different sex to have his/her own bedroom?

S: They have this place to go so that whatever happens in the day they can go there.

G: It's their own place as well.

L: At the end of the day obviously they're your kids so brothers and sisters sleeping in the same room is not a problem but as they get older obviously they want their space.

N: If circumstances permit then obviously you want to do it.

L: They want their space, so what do you do, you have to give them their space.

N: If you're asking whether its essential, at what point is it essential? When they are toddlers?

F: The question was over 10, would you agree with that?

N: I'd say it's essential because as we grew up most of our community's houses had 2 bedrooms so you put all the kids in one room. And we lived like that until we grew up. As teenagers and everything and there were no problems. But, my kids, if I can and I am able to, I want to do it.

Facilitator: What age would you say...

G: For kids, as you say, under 10, its ok but now today I think as they grow up, today, they need their own rooms.

(KwaZulu-Natal, Indian, middle income, urban, formal, English, male)

This is reflected in the SASAS module: 82% responded that ‘separate bedrooms for adults and children’ were essential, while 16% considered them to be desirable but not essential. The latter seems to echo sentiments expressed in the long exchange above: ‘*If circumstances permit then obviously you want to do it*’ and ‘*But, my kids, if I can and I am able to, I want to do it*’.

Privacy was often given as a reason for adults and children to have separate rooms:

I: Privacy.

F: Are you referring to house setting, how would you accomplish this?

I: A child should have his or her own room.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, male)

Although discussions on essential characteristics for a house did not really occur in the section on children, occasionally they were mentioned with a specific reference to children. For example:

‘inside toilet...So that children cannot be hurt outside especially at night.’ (Eastern Cape, African, low income, urban, informal, Xhosa, male)

Local area

Many focus group participants mentioned issues relating to their local area. Regular rubbish collection was considered essential because of the health risk of unattended rubbish dumps, and well lit streets were felt to be important for the safety of children.

‘To have our dirt/rubbish removed...To protect our children from germs, because children play in the rubbish, they put it into their mouths and this causes illness.’ (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

‘I have tried to get the municipality to clear the dumping site for 3 months. This dumping site poses a serious health risk to children playing there. They play with used syringes, using these as toy-guns.’ (Eastern Cape, African, low income, urban, formal, Xhosa, male)

A clean environment in general was raised as an issue in a number of focus groups.

In the SASAS module, 75% considered it essential to have ‘a neighbourhood without rubbish in the streets’ (the question was not asked specifically for children).

‘Lights are important to have, especially where we stay, if the children disappear you don’t know where to run to or search for them because it’s too dark, you can’t look for them, there are no lights.’ (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

A little over 85% of survey respondents felt that street lighting was an essential (the question was not asked specifically for children).

Safe play areas

As we have seen, a widely held view among focus group participants was the importance of play and facilities to enable this. In particular, participants emphasised the need for play areas to be safe.

'Safe places for children to play at like parks with swings, slides.' (Gauteng, African, low income, urban, formal, Sesotho, male)

'Child must play and feel safe, he must not fear a bullet or a car that might drive him over.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

N: Security

Facilitator: Explain

N: For example in white areas there are security guards in areas where bicycles are parked and where children play, but none in the townships

(Western Cape, African, low income, urban, formal, Xhosa, female)

Of those surveyed in the SASAS, 72% identified 'somewhere for children to play safely outside of the house' as an essential.

Crime and drugs

A particular concern was that children should have an environment which is free of crime and drugs.

Facilitator: Do you think discipline is important?

S: It all depends how you bring your children up. If you give them money to spend so they can go and buy drugs... There is too much drugs.

Facilitator: As a parent what can you do to ensure that doesn't happen, that they don't get involved in drugs?

S: I won't give them money and I will watch the friends that they have so I can see who they are with.

(KwaZulu-Natal, Indian, low income, urban, formal, English, female)

N: A child should have a safe playground. Here in our parks the guys are sitting and smoking drugs

Facilitator: Who are the guys?

N: Gangsters

P: I think the child would need bigger space with fencing around so that these gangsters cannot enter the premises

B: Only the children should have access to those playgrounds

N: There should be security to secure and supervise the children

(Western Cape, coloured, low income, urban, formal, Afrikaans, male)

3.2.4 Adequate care

When asked about essentials for children, one participant (African, middle income, urban) answered ‘*Care, guidance, support and counselling*’. This sentiment perfectly depicts the nature of the adequate care domain.

Family

The importance of having a family, ‘a stable family life’, was discussed in most focus groups. Sometimes it was stated that a child needed both a mother and father (sometimes referred to as biological parents, but sometimes just parents) at home to care for them, but sometimes it was recognised that this was not feasible and that care by any adult was acceptable. The following quotes illustrate this point:

‘Children must have both parents who love them and provide them with all their needs.’ (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

‘A child has safety and security when they grow up in a family.’ (KwaZulu-Natal, African, low income, rural, Zulu, male)

A: Look the ideal is a biological mother and father. But unfortunately it is not always how it works. It does not always work that way.

Facilitator: To have somebody to make you feel secure. Because you can have a mother and father that does not always...

M: An adult guardian. I will say an adult guardian.

(Gauteng, white, middle income, urban, formal, Afrikaans, male)

‘Grandparents are important for children because they tell them stories when parents are busy or away from work.’ (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

These qualitative findings are supported by the quantitative results: ‘having an adult from the household at home at all times when children under ten from the household are at home’ was considered to be essential by 81% of survey respondents.

Love and attention

The need for children to be loved and cared for was mentioned in many groups.

‘I think love and caring for the child is most important even if you do not have the money to buy for the child all the things she needs.’ (Gauteng, African, low income, urban, formal, Sesotho female)

D: Attention and quality time spent with children.

C: I take it from myself. If I spend time with my children and we talk maybe about what happened that day. They will ask a question. If you cannot answer the question,

you must think something out. That is quality time spent with your child. You will also then determine what your child needs from you as a parent.

F: You get quality time, fun time and you can also relax.

C: Like games, but it depends on your children's age groups. We watch television.

D: A child needs to speak out about what happened at school or whatever.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

Discipline and guidance

Respect, discipline and manners were viewed as critical by many focus group participants. The need for adults to impart these values was seen as very important.

'Not only to respect their parents but other people in the community.' (Eastern Cape, African, low income, urban, informal, Xhosa, male)

'They need discipline. I personally think that you need to get it from your parents. Parents need to start doing it again. I don't mean hitting your kids or whatever but teaching them values.' (KwaZulu-Natal, Indian, high income, urban, formal, English, female)

'A stable environment also means that a child would be disciplined. A child needs discipline, either from an older person, parent or a teacher.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

Many participants considered that it was important for adults (parents) to be available for children to discuss problems and experiences, and to provide guidance to their children.

'Parents must be able to sit with their children and discuss things about life with them. There are too many problems these days...AIDS, drugs, pregnancies by 16 year olds, dropping out of school, crime, they are so many.' (Gauteng, African, middle income, urban, formal, Sesotho, male)

'Free access to their parents, in terms of problems that they might experience and want to discuss with parents.' (Western Cape, coloured, middle income, urban, formal, Afrikaans, male)

'Family should teach their children how to handle peer pressure, because when they are pressurized they do wrong things.' (Western Cape, coloured, high income, urban, formal, Afrikaans, male)

In the survey, 76% of respondents felt it was essential to have 'someone to talk to if you are feeling upset or depressed' (the question was not asked specifically for children).

Right to be a child

As has already been mentioned, play was considered very important, and related to this is the need for a child to be treated as a child and allowed to play and not have to adopt the role of an adult, caring for other family members and working to earn a living.

'And another thing is where children now are forced to play mum and dad because mum and dad aren't there.' (KwaZulu-Natal, Indian, high income, urban, formal, English, female)

B: And to be a child one can say.

A: Yes that is the most important thing hey? No seriously, that is the most important thing.

(Gauteng, white, middle income, urban, formal, Afrikaans, male)

'I feel that today's children are so overwhelmed with school activities that there is no actual time to play. I feel that parents should accumulate more time for their children to play, for example from 3-4, a child can do what he wants to, may it be TV games, playing outside or inside. A child has a lot of energy and it cannot just be put into school activities.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

3.2.4 Abuse

As we have seen, the safety of children was a concern for many focus group participants. The fear of child abuse and child rape was often raised in the groups.

'When kids are alone and playing in the parks, they are raped and killed' (Eastern Cape, African, low income, urban, informal, Xhosa, female)

'It is important for a child to have a minder because there are child-rape cases that are perpetuated by their own fathers.' (Eastern Cape, African, low income, urban, formal, Xhosa, male)

Services

When asked about the services to which children should have access, participants often brought up services that related to situations where a child had suffered abuse in some form.

'The justice system and the courts environments must be friendly and conducive for the children, with professionals who understand children, the adequate facilities should be available not only to the urban but the rural areas as well.' (Eastern Cape, African, middle income, urban, formal, Xhosa, mixed gender)

'If a child is raped they must have access to assistance and services.' (Western Cape, coloured, high income, urban, formal, Afrikaans, male)

'Access to a supportive structure. If a child has been raped or abused, this is very evident especially in our coloured areas. A supportive structure should be within the community and a person should have access to a telephone.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

Awareness

It was felt that making children aware of the dangers and what to do if they experience abuse was very important.

'Children must be aware of their rights and existing laws that protects them from example abuse and know what to do when experiencing such abuse. Must be taught the toll free numbers.' (Eastern Cape, African, middle income, urban, formal, Xhosa, mixed gender)

'They [crèches] teach children to respect adults and to protect themselves. Children who attend crèches are not easily stolen. They are taught to say no to strangers.' (North West, African, low income, rural, former homeland, Tswana, male)

'In the police there is a child protection unit, rape crisis and the centre is there, but the child should be made aware about this. Like the child should know the telephone number of the centres if the need arise for help. This exists in all communities.' (Western Cape, coloured, high income, urban, formal, Afrikaans, female)

'Knowledge about children's rights and what to do when rights are violated' (Western Cape, African, low income, urban, formal, Xhosa, female)

3.2.5 Physical safety

The physical safety of children is partly covered in the living environment and abuse domains. In the model, this domain covers indicators relating to crimes against children, accidental injury and death. Accidents, or the potential for accidents, were discussed in many of the focus groups, as were possible measures to prevent crimes against children, injury and death.

Facilitator: Why is a flush toilet essential?

L: Children fall into pit latrines.

(Gauteng, African, domestic workers, urban, informal, Sesotho, female)

78% of SASAS respondents felt that it was essential to have 'a flush toilet in the house' (the question was not asked specifically for children). It is not possible to tell whether this was for safety or other reasons.

'We live in informal settlements where you may find fuel like paraffin. A child may drink paraffin or even get burnt from the stove.' (Eastern Cape, African, low income, urban, formal, Xhosa, male)

'For example, a dam in our village is not well looked after, hence it is dangerous for our children.' (North West, African, low income, rural, former homeland, Tswana, male)

A particular concern of the focus group participants was road safety and the high number of car accidents. Various safety measures were proposed to solve the problems.

'Pavement/scholar patrols and humps to control fast running cars in the townships.' (Western Cape, African, low income, urban, informal, Xhosa, female)

'Safety on the roads especially when children leave school. There must be a road safety marshals at schools.' (KwaZulu-Natal, African, plantation workers, low income, rural, Zulu, male)

'People who stand on the streets who help children cross the roads, I think we need more of those people.' (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

'More robots at four way stops. Sometimes children run over the streets and get ridden over by motorists because there are no robots.' (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

Transport, such as buses, for children was seen as essential, not only because of the long distances that children have to walk to school and elsewhere, but because it is just not safe for children to walk on the roads.

N: Or a school bus that picks up our children in front of their homes and brings them back in the afternoon.

P: Our children need to walk a distance, which is unsafe, where they could have a bus that can pick them up. I'm also thinking about glowing bands where drivers can see our children from a long distance. Will then perhaps see when they are in danger and are running away from that.

(Western Cape, coloured, farm workers, low income, Afrikaans, male)

'Our children must walk far to school. I think it would be good if the schools can assist parents in getting a bus to transport children, especially during winter. Most of the children are at home because they cannot go to school. If they go, they are soak wet because of the rainy weather.' (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

3.2.6 Health

The need for good health was mentioned in many focus groups. As with other issues, it was considered the parent's responsibility to ensure their children were healthy. Access to hospitals, clinics, doctors and medicines for children was regarded as very important, and the need for nurses at schools was sometimes mentioned. Often, health care was discussed in terms of children.

K: Parents should look after the health of the children.

Facilitator: How?

K: They should be taken to medical doctors when they are sick and there should be clinics.

(Eastern Cape, African, low income, rural, Xhosa, female)

'Children must be taken care of by their parents. Focus should be on their health.'

(North West, African, low income, rural, former homeland, Tswana, female)

'When a child is sick every person must be able to take the child to a doctor or a clinic.' (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

'Access to free medication, if child is sick, you sometimes don't have finance to buy appropriate medicine for the child' (Western Cape, coloured, low income, urban, formal, Afrikaans, female)

In the survey, 77% responded 'essential' to 'people who are sick are able to afford all medicines prescribed by their doctor' (the question was not asked specifically for children).

Nutrition

Proper nutrition was seen as essential for health and for enabling children to function effectively at school and in play.

'Food makes us grow strong and if a child is properly fed she does not have diseases or fall sick all the time' (Gauteng, African, domestic workers, urban, informal, Sesotho, female)

Facilitator: And food. Why is food essential for a child?

A: Health. A child grows up to be strong.

R: Children who are not properly fed are not a pleasant sight to look at.

S: When a child is hungry they cannot learn at school and have the energy to play.
(Gauteng, African, middle income, urban, formal, Sesotho, male)

'In terms of health. Children must have a good diet. If that child then gets to school he will learn and have energy to learn.' (Western Cape, coloured, farm workers, low income, Afrikaans, male)

'Children must have a good meal before they go to school. Food enables them to concentrate at school.' (North West, African, low income, rural, former homeland, Tswana, female)

Facilitator: Why do children need food?

Ma: Children must eat because food enables them to be attentive at school. Food gives them energy

Me: A child can not concentrate at school when he/she is hungry

D: Food gives them power

F: Food strengthens the children

Mo: Children will not have a good rest in the evening on an empty stomach

K: Food will keep your children at home. They will not roam around the street seeking something to eat

Ma: Children who are not well fed end up being thugs. They turn to stealing to get food

Mo: Children who are not well fed end up being street kids

(North West, African, low income, rural, former homeland, Tswana, female)

In this last exchange, food, when sufficient, was seen as having a number of positive effects: provides energy and strength, aids concentration, aids sleep, keeps children safe, and helps prevent crime.

The kinds of food and amount required were discussed. The general opinion was that three meals a day were necessary and that the food had to be healthy and nutritious.

Facilitator: What according to you regarding food is the amount and type of food children must have every day?

S: Three meals a day.

V: Healthy food for example, if you do not eat porridge how will you get through the day?

S: If you do not eat breakfast your stomach will make a noise.

(Western Cape, coloured, high income, urban, formal, Afrikaans, male)

Facilitator: How many meals per day?

**All participants said 3 meals*

S: Could even eat 4 meals

N: Feeding scheme at schools for those who leave home without anything to eat

(Western Cape, African, low income, urban, informal, Xhosa, female)

Facilitator: Which type of food?

N: Vegetables, sour milk

F: How many meals a day?

T: 3 meals

(Western Cape, African, low income, urban, formal, Xhosa, female)

'Children must eat fruit and nutritious food at home' (KwaZulu-Natal, African, plantation workers, low income, rural, Zulu, male)

T: Eating healthy food.

Facilitator: What kind of food is that?

T: Fruit, vegetables and cereals.

(Eastern Cape, African, low income, urban, informal, Xhosa, male)

Facilitator: What do you see as the right feeding?

D: Cooked food and enough fluids.

C: Healthy food.

G: Fruits and vegetables.

(Western Cape, coloured, middle income, urban, formal, Afrikaans, female)

3.2.7 Responses to the SASAS 2006 module

There were quite clear ideas within each focus group about the essentials for children. Between groups also, there was some degree of consensus, which is quite striking given the diversity of backgrounds and experiences of the focus group participants. The quantitative data does, however, show some differences in responses between groups, and these are discussed below.

Appendix 2 gives the proportions of respondents who felt that an item was essential for the 50 items in the SASAS module. Only the responses to questions which specifically refer to children will be discussed here. **Table 1** at the end of this section shows the proportions of respondents with different characteristics who felt that an item was essential.

It was clear that many focus group participants had children of their own and were using their experiences to inform their views on what they considered to be essential for children. Analysis of the SASAS data shows some difference in the views of people who have children in the household⁷ and those who do not have children in the household⁸. The largest difference in response was for school uniforms: 82% of respondents with children thought it was essential for carers to be able to buy complete school uniform for children without hardship, while only 73% of respondents without children felt it was essential ($p < 0.01$). A greater proportion of respondents with children than respondents without children considered it essential to have separate bedrooms for adults and children: 83% compared to 79% ($p < 0.05$).

⁷ Respondents who answered 'yes' to Q.276 'Do you have children living at home with you?'

⁸ Respondents who answered 'no' to Q.276.

It is also possible to look at the responses of those who have at some point had any children living in the household⁹ and the responses of those who have never had any children in the household¹⁰. While previously for the question about toys there was little difference in response between people with children and people without, the difference in this scenario is far greater. Almost 43% of respondents who have never had any children in the household felt that toys were essential, compared to 30% of respondents who have ever had any children ($p < 0.05$). Another item where a greater proportion of those who had never had any children in the household responded 'essential' was somewhere for children to play safely outside (78% compared to 70% respectively).

Responses varied considerably across population groups, and no two groups gave very similar answers for any item¹¹. The Indian/Asian population group, compared to other population groups, had the highest proportion of respondents answering 'essential' for four items: school uniforms (84%, $p < 0.01$), separate bedrooms (96%, $p < 0.01$), somewhere for children to play safely (86%, although not significant at 0.05 level) and having an adult at home when children are at home (94%, $p < 0.01$). Coloured respondents had the lowest proportion for three items: toys (33%, although not significant at 0.05 level), school uniforms (67%, $p < 0.01$) and having an adult at home (73%, $p < 0.01$).

The area where someone lives could be expected to have an impact on what they consider to be essential. In the focus groups, there were sometimes discussions on problems affecting the local area, which were often specific to either urban and rural areas. For all items except school uniforms there were quite marked differences between urban respondents¹² and rural respondents¹³. Approximately 78% of urban respondents considered a safe play area to be essential, compared to 61% of rural respondents ($p < 0.01$). There was also a large difference in the proportion of essential responses for toys: 45% of urban respondents compared to 30% of rural respondents ($p < 0.01$). For separate bedrooms, the difference was again over 10%, with 86% of urban respondents and 74% of rural respondents answering 'essential' ($p < 0.01$).

Bounded realities - where 'felt need' may underestimate 'real need' because felt need can be limited by the perceptions or experiences of the individual - may play an important role. For example, whether or not someone has an item may impact on their view as to whether it is essential. For all items, a greater proportion of respondents who have¹⁴ the item felt that it was essential than respondents who do not have¹⁵ the item. Approximately 35% of respondents who do not have toys for their children felt that they

⁹ Respondents who answered 'yes' to Q.277 'Have you ever had any children of your own, step-children, adopted children, foster children or a partner's children living in your household?'

¹⁰ Respondents who answered 'no' to Q.277.

¹¹ With the exception of toys, where the Indian/Asian and white responses were similar, but this was not significant at the 0.05 level

¹² The 'urban formal' and 'urban informal' categories of the geo_type (environmental milieu) variable.

¹³ The 'tribal' and 'rural formal' categories of the geo_type (environmental milieu) variable.

¹⁴ Respondents with children in the household who stated that they have the item.

¹⁵ Respondents with children in the household who stated that they either 'don't have and don't want' or 'don't have and can't afford' the item.

are essential compared to 47% of respondents who do have toys ($p < 0.01$). In the case of a safe play area, 64% of respondents who do not have felt it to be essential, while 81% of those who do have gave that response ($p < 0.01$). The differences in response were even greater for the other three items, at over 20 percentage points ($p < 0.01$).

Table 1: Proportion responding essential to child specific items by characteristic

	Toys	School uniform	Separate bedrooms	Some-where safe to play	Adult at home
All	*38.9	*78.8	*81.5	*71.5	*81.0
Male	38.6	76.6	81.2	72.0	81.3
Female	39.2	80.8	81.8	71.0	80.7
Black African	40.4	*81.2	*79.2	70.0	*81.9
Coloured	32.7	*67.4	*85.3	78.1	*73.1
Indian/Asian	35.1	*84.1	*96.3	86.3	*93.6
White	35.5	*70.3	*90.8	72.8	*77.7
Urban	*44.5	78.6	*85.8	*77.9	83.0
Rural	*29.6	79.1	*74.2	*60.8	77.6
Old ¹⁶	38.6	*72.5	90.4	67.5	*74.9
Young ¹⁷	37.9	*82.7	81.3	71.6	*82.3
Children in household (at present)	38.9	*81.9	*82.8	69.9	81.3
No children in household (at present)	39.1	*73.3	*79.3	74.4	80.4
Children in household (in past)	*29.5	66.4	81.2	*69.6	75.8
No children in household (in past)	*42.9	73.6	78.2	*77.9	81.6
Have item	*46.7	*89.1	*89.7	*81.2	*88.6
Do not have item	*35.0	*64.7	*61.8	*63.7	*59.6

Source: SASAS 2006

* $p < 0.05$

¹⁶ Respondents aged 65 years or over.

¹⁷ Respondents aged 16-24 years.

4. Concluding remarks

This report presents qualitative and quantitative findings on adults' views of what it is essential for children to have, do or access in order to enjoy an acceptable standard of living. Using the 2006 SASAS module it was possible to explore a nationally representative picture of views about necessities for children, as well as differences in responses between different subgroups.

A range of items were discussed in the focus groups and were felt to be essential for children. These included basic and quite general items such as shelter/housing, food, clothing, access to water, sanitation and electricity, and also a clean and safe environment, adequate space and healthcare provision. All of these were justified with specific reference to children however. In the focus groups, the importance of play was emphasised and toys were generally considered essential, yet in the SASAS module, less than 40% of respondents answered 'essential' to the question on toys. Other less tangible items, such as love, attention, discipline, guidance and the right to be a child were all highlighted by many of the focus group participants.

A fear of crime and concerns for the safety of children came out very clearly in the focus groups. It was felt that it was not only outdoors where children were at risk, but also in the home environment. These fears and concerns appeared to be shared by the wide range of groups with whom the qualitative stage was conducted.

Necessities for children in relation to education were mentioned repeatedly in the focus groups. This was not covered here, as it will be the focus of the next themed report.

Appendix 1: The focus group locations and profiles

A total of 52 focus groups were undertaken, four of which were eliminated during the quality control process. The remaining 48 focus groups took place in the following places in South Africa:

Gauteng - Melville, Winnie Mandela, Diepsloot, Braam Fischer (Soweto), Chiawelo (Soweto).

Eastern Cape - Mzomhle (Gonubie), Mdantsane, Umthatha, Fort Beaufort.

Western Cape - Scottsville, Phillipi, Malibu (Eersteriver), Heideveld, Ocean View, Milnerton, Khayelitsha, Gugulethu.

KwaZulu-Natal - Phoenix, Chatsworth, Dududu (Port Shepstone), Seven Oaks (Greytown), Clermont, Luganda, Umlazi.

Limpopo - Thohoyandou, Duthini (Thohoyandou), iTsani (Thohoyandou), Mavambe (Giyani), Mchipisi (Giyani).

North West - Lokaleng (Mafikeng)

Table A1: Profile of the 48 focus groups

Description of FG	Number of FGs
Urban	35
Rural	13
Female	21
Male	25
Mixed	2
African	34
Coloured	7
Indian	5
White	2
High Income	5
Middle Income	11
Low Income	32
IsiZulu	8
Venda	4
Tsonga	2
Xhosa	12
Afrikaans	8
English	6
Tswana	2
Sepedi	2
Sesotho	4
Total	48

Appendix 2: Summary of SASAS 2006 results

In the table below, the 36 items that were defined as ‘essential’ by more than half of the respondents are highlighted in bold. The 95% confidence intervals are also given. All but one of the 36 items have a 95% confidence interval lower bound that still falls above the 50% threshold. The exception is a garden where the lower bound is 47.4%. Two items have a 95% confidence interval upper bound that exceeds 50%: a car (upper bound = 52.5%) and a landline phone (upper bound = 51.2%).

Table A2: Percentage of people defining an item as ‘essential’

Item	% of all saying essential	Confidence intervals	
		Lower bound	Upper bound
Mains electricity in the house	91.5	89.6	93.1
Someone to look after you if you are very ill	91.2	89.3	92.8
A house that is strong enough to stand up to the weather	90.1	88.1	91.8
Clothing sufficient to keep you warm and dry	88.9	86.7	90.7
A place of worship (church/mosque/synagogue) in the local area	86.6	84.6	88.5
A fridge	85.7	83.5	87.6
Street lighting	85.3	83.4	87.1
Ability to pay or contribute to funerals/funeral insurance/burial society	82.1	79.9	84.1
Separate bedrooms for adults and children	81.5	79.0	83.8
Having an adult from the household at home at all times when children under ten from the household are at home	81.0	78.6	83.1
Having police on the streets in the local area	80.2	78.0	82.3
Tarred roads close to the house	79.7	77.2	82.0
Paid employment for people of working age	79.1	76.7	81.4
For parents or other carers to be able to buy complete school uniform for children without hardship	78.8	76.4	81.0
A flush toilet in the house	77.8	75.3	80.2
People who are sick are able to afford all medicines prescribed by their doctor	77.2	74.7	79.5
Someone to talk to if you are feeling upset or depressed	76.2	73.3	78.9
A neighbourhood without rubbish/refuse/garbage in the streets	75.0	72.2	77.6
A large supermarket in the local area	74.5	71.8	77.0

A radio	74.0	71.2	76.5
Someone to transport you in a vehicle if you needed to travel in an emergency	73.8	70.8	76.4
A fence or wall around the property	73.6	70.9	76.2
Being able to visit friends or family in hospital or other institutions	72.6	69.8	75.3
Somewhere for children to play safely outside of the house	71.5	68.7	74.2
Regular savings for emergencies	71.3	68.6	73.8
A television/ TV	68.6	65.7	71.4
A neighbourhood without smoke or smog in the air	68.6	65.5	71.6
Someone to lend you money in an emergency	66.1	63.1	69.0
A cell phone	62.5	59.4	65.5
Meat or fish or vegetarian equivalent every day	62.1	59.0	65.1
A bath or shower in the house	62.0	58.8	65.0
Burglar bars in the house	61.6	58.5	64.6
Special meal at Christmas or equivalent festival	55.6	52.3	58.8
Some new (not second-hand or handed-down) clothes	55.3	52.1	58.5
A sofa/lounge suite	54.3	51.0	57.5
A garden	50.7	47.4	54.0
A car	49.2	45.9	52.5
A landline phone	47.9	44.6	51.2
A washing machine	43.7	40.3	47.1
A lock-up garage for vehicles	43.1	39.7	46.5
A small amount of money to spend on yourself not on your family each week	41.6	38.3	45.0
Having enough money to give presents on special occasions such as birthdays, weddings, funerals	41.4	38.1	44.7
For parents or other carers to be able to afford toys for children to play with	38.9	35.6	42.4
A burglar alarm system for the house	37.5	34.2	41.0
A holiday away from home for one week a year, not visiting relatives	36.5	33.3	39.9
A family take-away or bring-home meal once a month	33.5	30.4	36.9
A computer in the home	26.0	22.7	29.6
An armed response service for the house	24.5	24.5	31.3
A DVD player	24.1	24.1	30.5
Satellite Television/DSTV	18.7	15.8	22.0

Cronbach's Coefficient Alpha can be used to test the reliability of the set of items that have been identified as essentials. For the 36 items that were defined as essential by 50% or more of the population, the coefficient alpha was calculated to be 0.9201. This score measures the correlation of the set of 36 items with all other hypothetical 36 item sets of

essentials. The square root of the coefficient alpha is the estimated correlation of the set of 38 items with a set of errorless true scores. This was calculated to be 0.9592.

The 36 items identified as essentials can therefore be considered a highly reliable set of deprivation measures (Nunnally, 1981). They correlate very highly with both another reliable set of 36 measures and with a set of errorless measures. The coefficient alpha is higher than was achieved in England in the Breadline Britain 1990 Survey - 0.8754 - which also used a 50% majority cut-off point for the essentials (Gordon and Pantazis, 1997: 17).

If a higher threshold is used for the essentials, the coefficient alpha is still high. For the 27 items that were defined as essential by two thirds or more of the respondents, the coefficient alpha is 0.9051 and the square root is 0.9514.

It is also possible to look at the impact of these scores if one of the measures was removed. In the Breadline Britain 1990 Survey it was found that the coefficient alpha would be higher if three items were removed from the list of essentials (inside toilet, bath not shared with another household and television). Analysis of the 36 essentials in SASAS 2006 reveals that none of the items would increase the coefficient alpha of the set of items if removed. This again suggests that the 36 items are a reliable set of measures.

Glossary

CSG	Child Support Grant
DFID	Department for International Development
FAS	Fetal Alcohol Syndrome
GHS	General Household Survey
IMR	Infant Mortality Rate
IPSE	Indicators of Poverty and Social Exclusion
SASAS	South African Social Attitudes Survey
U5MR	Under 5 Mortality Rate

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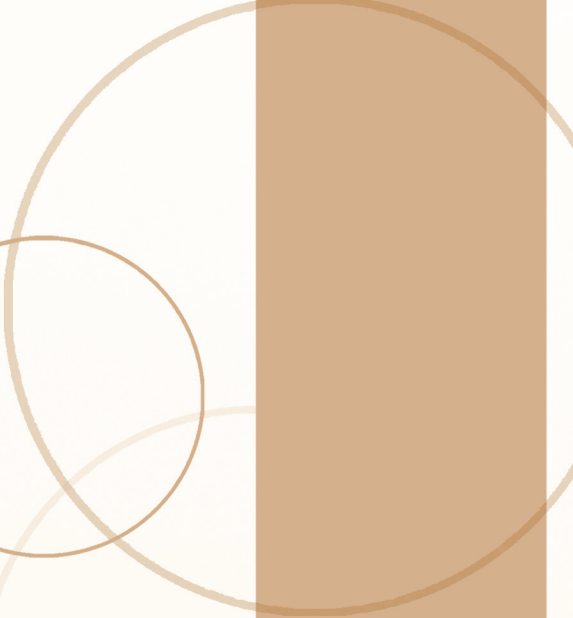
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Department of Social Development
Private Bag x901
PRETORIA
0001

Toll Free no: 0800 60 10 11
Website address: www.socdev.gov.za

