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**The Political and Social Economy of Care:  
South Africa Research Report 1**

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March 2008

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# **SOUTH AFRICA: Setting the context**

## **1. Introduction**

In 1994 formal apartheid ended and South Africa moved towards a democratic political system. The country has a population of some 48 million, of whom just over half live in rural areas. The present per capita gross domestic product (GDP) of R38,622 puts South Africa in the category of middle income country. Political settlement has bought the dividend of political peace, and slow but now steady economic growth – with GDP annual growth increasing from 2.4 per cent in 2002 to 4.6 per cent in 2006.

Internationally South Africa re-engaged globally on both economic and political terrains. It has been actively involved in negotiations around international terms of trade and has come to occupy a leadership role in the World Trade Organisation. At the regional political level it took a leadership role in the establishment of the New Partnership for Africa's Development (NEPAD), and has forged a continent-wide peace-keeping role.

Within the country, extremes of poverty and inequality, one of the stark legacies of apartheid, remain and are still largely racially patterned. Since 1994, there have been substantial reforms (some of which began prior to 1994) across all sectors, involving changes both in policies and in the institutions for their delivery. Most of the reforms have direct or indirect effects on gendered relations and institutions. They also have implications, as we shall see, for who is responsible for paid and unpaid care work, and at what cost the caring is undertaken.

We start the report with a brief overview of apartheid and its legacy, and the main features of political transformation, followed by an overview of changes in the economic policy sphere, and in the labour market. We then summarise past and present patterns of inequality, including comments about the reliability of various sources of socio-economic data. The section on social policy considers the extent to which South Africa, with its unique contemporary history of racial capitalism, can be accommodated within typologies of welfare regimes. We present patterns on government spending over the last decade, and then outline some of the social policies that have been introduced just prior to and since the change to democracy.

The penultimate section presents socio-demographic characteristics of South Africa, all within the context of the HIV/ AIDS pandemic. For each theme – inter alia the situation of children, marriage, fertility, mortality, household composition, education – we draw out the implications for care work, in this society in which the AIDS pandemic is an additional assault on a society already riven with somewhat unique characteristics.

## **2. Political transformation**

### **Apartheid and its legacy**

Apartheid – 'separateness' in Afrikaans – was a system of legislated racial discrimination designed to ensure white domination. Political, economic and social policies discriminated against all black people, but also differentially within the three classified 'non-white' groups – African, coloured

(mixed race) and Indian people. The most obvious outcome has been strongly racialised patterns of poverty and inequality.

Apartheid followed the coming to power in 1948 of the Nationalist Party. The new government formalized and made more comprehensive the racist policies of the British colonial government and then the union government over the previous century – policies which among other things had deprived the black population of access to land, the labour market and decent education, and which had disrupted family life. During the 1950s the apartheid government consolidated these policies, and then introduced a new array of laws which forced racial separation and difference in every aspect of life – from the prohibition of sexual relations between people of different colour, to different education curricula, different standards of health and welfare services, and different recreation areas. In each case, the provisions for black people were inferior to those for white. Racially segregated residential areas were further enforced, and the government then moved to create entirely separate pieces of the country as ‘independent states’ for different African ethnic groups, in the pursuance of the goal of a South Africa without Africans, under the guise of ‘multi-nationalism’. Four such states were created (Bophuthatswana, Ciskei, Transkei and Venda) and a further six ‘self-governing territories’ created which were intended to achieve independent status. These Bantustans were generally in remote and peripheral areas, both geographically and in terms of economic viability; the areas they encompassed still carry the major burden of poverty and exclusion today.

Resistance to colonial policies had started early in the twentieth century, but soon after the 1948 transition to apartheid, the Freedom Charter of 1955, which remains a reference point for many today, expressed the aspirations of the majority of South Africans for a non-racial and free South Africa. During the 1960s and 1970s, the state’s brutal acts of oppression forced the two main black political organisations, the African National Congress and Pan African Congress, into exile. The Durban strikes of 1973, followed by the student uprising in 1976, marked the beginning of the end of apartheid, with the strengthening internally of the popular resistance movement. The state devised a twin strategy of ‘reform and repression’, in which turbulence in the black townships was to be addressed by both the introduction of better infrastructure and services (including in health and welfare) and, simultaneously, a comprehensive apparatus of repression, including the imposition of two states of emergency in the mid-1980s. In the background, however, the government as early as 1988 was also writing interim constitutions and starting to prepare for the re-integration of the bantustan areas into a unified South Africa.

One of the many instruments of political domination during the apartheid era was the control and manipulation of official statistics. The official statistical agency had little legitimacy outside of government circles, and this central body also lost or relinquished control of and responsibility for data collection in the bantustan areas, more particularly in the ‘independent states’. The effects of this will be seen throughout this report, as will the importance of the benchmark 1993 Project on the Study of Living Standards and Development (PSLSD), which was the first serious attempt to conduct a nationally representative household survey covering the full area of the ‘new’ South Africa which was then in the making.

The struggle against apartheid repression itself threw up specific processes that are pertinent to this study. During the 1970s and 1980s, the government acted harshly to control the activities of civil society organizations in general. Organised labour under the umbrella of the Congress of South African Trade Unions (COSATU) from the mid-1980s, was a key agent in the struggle, and was an important actor in the negotiations for the political settlement. Some COSATU unions organized specifically around social wage issues, including, for example, paternity leave and child care. The women’s movement became an active champion of women’s rights, and through the ANC Women’s League started organizing for a quota for women in parliament. And from around 1990 in

the different social sectors, progressive organizations engaged in policy reform at a national level in economic and social sectors, to operationalise the vision of what a new South Africa would offer in, inter alia, land reform, housing, education, health and welfare.

### **Major political changes**

In 1994, the ANC joined with COSATU and the South African Community Party to form the tripartite alliance which won the elections, with a clear majority in seven of the nine newly formed provinces. The ANC Women's League had campaigned for a quota of women (33.3 percent) on electoral lists, and indeed nearly a third of the new parliamentarians in 1994 were women. Today South Africa ranks third in the world for the numbers of women in parliament, and a number of the executive posts (ministers and deputy ministers) are held by women, including in 'hard' portfolios such as minerals and energy. Since mid-2006, a woman has occupied the position of Deputy President.

The 1997 Constitution is held to be one of the most progressive in the world. It proclaims that there will be no discrimination on grounds of race, gender, marital status, ethnic origin, sexual orientation, age, disability, or culture. It includes a wide range of socio-economic rights, including the right to a healthy environment, access to land, education, health care services, sufficient food and water, social security, and the right not to be refused emergency medical treatment. It is based on the notion of substantive equality (equality of outcome), rather than simply formal equality (equality of opportunity).

The Constitutional Court was set up to deal judicially with constitutional issues, and a number of supportive but autonomous institutions were set up through the constitution to protect the new democracy. These include the Human Rights Commission, the National Youth Commission, the Commission to Protect the Rights of Cultural, Religious and Linguistic Communities, the Independent Electoral Commission, and the Independent Communications Authority. The Commission on Gender Equality (CGE) was one of these, and was accompanied by the establishment of other structures and agencies for the promotion of the rights of women, including the Office on the Status of Women (OSW), and the introduction of gender desks in government departments. These bodies faced similar challenges to those in many other countries in terms of limited authority and effectiveness.

While there were advances in setting up institutions to promote and protect women's interests, the interests of that most patriarchal of institutions, the traditional authorities (the 'tribal chiefs'), were being incorporated at national, provincial and local levels. A few women had historically been chiefs, and in the current structures space is made for a quota of women on traditional councils. However these are not elected bodies, and the traditional courts still tend to deny the right of women to be allocated land, even though this is unconstitutional (Hassim 2006: 202 – 208).

A major political achievement was the unification of the fragmented apartheid administrations into a consolidated unitary South Africa, including the creation of the nine new provinces, as well as new local government jurisdictions. This was vital not least for the delivery of social services such as education, health and welfare. In the case of welfare it involved bringing together seventeen separate 'national' welfare administrations.

At national level, new policies were targeted at poorer South Africans – free schooling for those who could not afford fees, a free primary school nutrition programme, free primary health care (though major elements of this had been in place before the transition), a housing subsidy for first-time home owners, and the extension of some aspects of social security. All of these had obvious and direct gendered implications for paid and unpaid care work. They are summarised below in Section 5, and will be the focus of greater attention in later research reports.

Especially at the level of reform of institutions of governance, remarkable gains have been made in the post-apartheid period. Government's most signal failure has been its dealing with the HIV/AIDS pandemic which preceded and then largely coincided with the transition to democracy. HIV/AIDS, and the impact on paid and unpaid care work, will be a key focus of the South African component of this UNRISD project.

### **3. Economic policy and employment**

#### **Transition in economic policy**

Many developing countries, in a time of significant political transformation (for example moving towards independence, or towards democracy) spell out their policies in five-year or ten-year comprehensive development plans. South Africa does not currently have a comprehensive development policy, although it has over recent years had several macro-economic and related policies that address issues of economic growth and structure to a greater or lesser extent.

The Reconstruction and Development Programme (RDP) first appeared in 1992 and formed the basis of the government-in-waiting's election manifesto and plans for development in the new South Africa. It was a wide-ranging multi-sectoral policy with a strong emphasis on redistribution and redress of apartheid inequalities. It was very shortly displaced by the Growth, Employment and Redistribution (GEAR) policy of 1996. Despite the three nouns in its name, the main focus of GEAR was on economic growth, with the expectation that this would bring with it increased employment and the ability to redistribute. A reduced deficit and a reduction in the inflation rate were seen as necessary factors to generate growth. Its explicit reduction targets, designed also to please financial markets and domestic and international capital, were successfully met such that in 2006/07 the government budget had a small surplus; inflation targets within the range of 3-6 per cent were also rapidly met.

These changes did not, however, result in the expected economic growth nearly as quickly or efficiently as the GEAR model predicted. In addition, the growth that occurred went together with losses in employment in the early years, and employment growth well below the increase in labour force age population in subsequent years. This has been significant in the growing tensions between the ANC and the COSATU, setting the scene for social policy debates over for example the basic income grant.

The rapid move towards policies favoured by the Bretton Woods institutions, without undue pressure from those institutions, caused controversy and criticism. GEAR was criticised from the left for being a structural adjustment programme. There were certainly many features that it shared with such programmes. There were, however, also differences. In particular, social sector spending did not decrease during these years, although it did not increase to the extent that it might have done without GEAR. Also, commitment to the land reform programme has endured though it has been slow in implementation.

In 2004 the Ten Year Presidential Review assessed progress in the implementation of government programmes since 1994, from the perspective of the President's Office and its advisers. The outcome of the review was what appears to be a shift towards sharing the country's wealth more equitably – the changed approach was characterised by supporters as 'Now the macro economic fundamentals are in place, we can turn our attention to redistributive issues'. In 2005, however, the 'new' Accelerated and Shared Growth Initiative for South Africa (ASGISA) economic policy again focused primarily on economic growth, although the "shared" in the title is intended to signal that the benefits should be distributed to all sectors of the population. ASGISA is portrayed as the means for halving unemployment and poverty by 2014 in line with Millennium Development Goals.

ASGISA has been seen by some commentators (see, for example, Southall, 2006) as reflecting a shift in government towards support for a developmental state in the place of the more “laissez-faire” approach adopted previously. Nevertheless, the government itself acknowledges that ASGISA is not a comprehensive development plan, but instead a range of interventions – many of them existing before 2005 – seen as likely to stimulate growth.

The policy stance of those in power towards the informal economy is important for this project, in so far as informal employment is a survival strategy for many poor people, especially women, and also enables many to reconcile the need for both incomes and to engage in unpaid care work. The conceptualization of ‘the second economy’ emerged from within the President’s Office at about the same time as ASGISA. It is nowhere clearly defined, but seems to be understood by politicians to include the informal sector, the unemployed, and domestic workers. Devey et al (2006b) note that the dualistic view of the economy implied by the term second economy allows government to state that its economic policies have been successful for the first economy, even if not for the second. The authors argue that this view is blind to the strong linkages between the two economies. Furthermore, institutionally there is a fundamental flaw: the first economy is dealt with by the Office of the President, the Department of Trade and Industry and related mainstream institutions, while the second economy was initially defined as a welfare issue, under the Vice President. This is telling evidence of the problematic nature of the dualist conception of the economy, and the relegation of the informal economy to being a social rather than economic policy issue.

Measures seen as addressing the needs of the second economy include, among others, the Expanded Public Works Programme, skills training initiatives, lessened regulation in respect of small businesses, and black economic empowerment initiatives. This mix of very different initiatives, which between them have very different targets, reinforces the conclusion that the second economy is a loose and ill-defined concept.

### **Characteristics of the labour force**

Apartheid is commonly interpreted as a largely political programme of domination. However, to achieve apartheid’s political ends of racial segregation, draconian restrictions were placed on where and how people could work, and where they could live. One outcome has been enduring distortions to a ‘normal’ labour market, such that some analysts believe it should be treated as a special and non-generalisable case. Here we present data on the labour market, disaggregated by race and sex, in terms of trends in employment and unemployment patterns. As in other areas, there are no reliable statistics on the labour force in the country as a whole for the period before the early 1990s. Generating trends in respect of labour force statistics is difficult even for the period post-1994 due to significant changes in the household survey instruments, as well as in training of fieldworkers.

Even for those areas that were covered by the statistics of the area which excluded the “independent homelands”, there were serious problems with the counting of the work of African women, in particular. For example, from 1970 onwards, women in subsistence agriculture – the majority of whom would have been African – were classified as economically inactive. After correcting for this bias, women were estimated to make up about half (50.4 per cent) of the labour force in 1991 as against 39.6 per cent using the gender-blind measure, and 44.9 per cent using the measure which included subsistence agriculture in 1980 (Government of South Africa, 1995: 36). What these imperfect statistics do show is that women’s labour force engagement was significant, and increased markedly in the decades leading up to the first democratic elections.

In 2006, nearly two thirds (64.2 per cent) of the male and just over half (51.4 percent) of the female population between 15 and 64 years of age were recorded as being economically active. Economic activity does not, however, necessarily mean that a person has work i.e. is employed. South Africa’s labour force is characterised by extremely high unemployment rates. A distinction can usefully be

made between the narrow or strict definition of unemployment, and the broader, or expanded, definition. The narrow definition, which is currently South Africa's official definition, classifies someone as unemployed only if they have taken active steps in recent weeks to find work. The expanded definition also includes those who would prefer to work but are not actively seeking work because they have given up hope of finding it. These papers are sometimes referred to as 'discouraged' workers.

The 1993 PSLSD survey reported unemployment rates of 14.7 per cent for women and 11.5 per cent overall using the strict definition which disregards "discouraged" workers (Government of South Africa, 1995: 20). The rate ranged from 17.9 per cent for African women to 3.9 per cent for white women. Current unemployment rates are significantly higher than this, despite a slight decrease over the last few years. Thus, in September 2006 the female unemployment rate was 30.7 per cent, compared to 21.2 per cent for men. The unemployment rate for African women was 36.4 per cent (Statistics South Africa, 2007: iv; xviii), compared to 25.3 per cent for African men. In regional and international comparative terms, Bhorat and Kanbur (2007, citing figures from Altman, 2007), argue that South Africa is an outlier when compared to other regions (unemployment rates of 9.8 per cent for Latin America and 7.1 per cent for South East Asia, for example), but not in relation to Southern Africa (at 31.6 per cent).

Much of the debate about the extent of unemployment revolves around what counts as employment, and the invisibility of very small economic activities in the informal economy. Budlender et al (2001) undertook the first serious attempt to measure the size, development and characteristics of the informal sector and informal economy in the post-1994 period. The analysis is based primarily on the labour force survey of September 2000, and thus coincides with the time use survey data.

Among the relevant characteristics described are the following:

- ♀ In urban areas, 66 per cent of the population is of working age (15-65 years), as compared to only 55 per cent in rural areas. This difference reflects, among others, migration of rural working age people to urban areas in search of jobs, leaving the older generation (and grandmothers in particular) to care for children.
- ♀ Half of the male working age population is employed, compared to 38 per cent of working age women. This reflects both smaller numbers of women making themselves available for economic work, and a lower rate of unemployment for men than women. In urban areas, 48 per cent of working age people are employed, compared to 37 per cent in rural areas.
- ♀ 84 per cent of employed people in urban areas and 64 per cent in rural areas are employees, and 15 and 34 per cent respectively self-employed. There are relatively few people employed as unpaid family workers, but the majority of them are women.
- ♀ A large proportion of informal sector consists of trade activities once one has included domestic workers.

The relatively low proportion of self-employed reflects the relatively small size of the informal sector outside of domestic work when compared with many other developing countries. Overall, more than one-third of employed people are in the informal sector, with 8 per cent working as domestic workers. Excluding domestic workers, 34 per cent of employed women were in the informal sector, but only 25 per cent of employed men. African people were also more likely than those from other population groups to be working in the informal sector.

Devey et al (2006a) explain the marked increase in informal sector activity, yet lower overall levels when compared to other developing countries, by the many restrictions on economic engagement of Africans prior to 1994. These restrictions also help to explain the heavy predominance of trading activities rather than manufacturing or services. Arguments put forward for the relatively smaller size of the informal economy have also included the relatively large size of government pensions



and grants, levels of crime, the distances between residential areas and markets created by apartheid settlement patterns, and the large size of the formal sector.

Van der Westhuizen et al (2007) examine the increasing feminisation of the South African labour market, with women's share of the labour force growing from 41.8 percent in 1995 to 48.8 percent in 2005. This and other patterns that they report are exaggerated by the improvements in the capture of the types of work that women are more likely to be engaged in. Nevertheless, it is clear that there has been a real increase in women's engagement beyond the statistical artefacts. As noted above, this feminisation has entailed an increase in female unemployment rates, alongside the increase in the number employed. In addition, a large number of the new jobs accessed by women have been low-paid unskilled ones.

Van der Westhuizen et al (2007) offer several reasons for the more rapid increase in female than male labour force participation over the last decade. These include a decrease in male incomes to which women might have access, the HIV/AIDS pandemic (presumably as women find increased pressure to earn when other sources of money are no longer available as a result of illness or death), an increase in the number of female-headed households, abolition of apartheid restrictions on movement and employment, and the impact of the Employment Equity Act.

While female labour force participation has increased, the returns to women's work continue to be lower than those to men. In February 2001, within twelve months of the time use survey being conducted, employed women within each of the four population groups tended to record lower hourly earnings than men. The mean women's hourly earnings as a percentage of men's hourly earnings ranged from 91 per cent among coloured women and men down to 71 per cent among white women and men (Budlender, 2002: 47). Nevertheless, the earnings gap between women and men in different population groups were larger than those between women and men within a particular population group. At the extremes, mean African hourly earnings for African women stood at R8.40 compared to R39.92 for white men. The male/female differentials would, however, have been larger if actual earnings rather than hourly earnings were compared, as within each population group, men tended to work longer hours in "economic" work than women.

In the economy as a whole, there has been a marked shift away from primary sector (mining and agriculture), and towards services, with fully 79 per cent of women's employment (and 56 per cent of men's) being in the tertiary sector in 2006 (LFS September 2006, own calculations). The shift from mining is especially important given the important role this sector played in the country's economic development. The reliance on mining impacted beyond the economic sphere. In particular, the migrant labour system and accompanying influx control laws played a major role in ensuring the profitability of mining, while at the same time giving rise to many of today's demographic and social patterns, through the fracturing of households over generations.

Within-country migration for employment continues to be common in South Africa, but the characteristics of those who migrate has changed in important ways. In particular, the number of female migrants has increased relative to that of men. Thus already in 1999, women accounted for about a third of people recorded in the October household survey as absent from the dwelling for at least four nights a week for purposes of work or work-seeking (Budlender, 2002: 54-5). The overwhelming majority (83 per cent) of these migrants originated in rural areas. Among both men and women, 60 per cent or more were in the age group 20-39. This age group encompasses the primary child-bearing and rearing years, raising questions as to how the care burden is then dealt with.

In terms of cross-border in-migration, the last decade has seen the entry into South Africa of many people from other African countries, some as bona fide political refugees, others in search of

economic opportunity. Tens of thousands of those who have uncertain or illegal status have good reasons not to present themselves for counting in the labour force surveys, are denied permission to work legally, and become active in the informal economy.

#### **4. Poverty and inequality**

A priority of the new government was to address the extreme and racialised patterns of poverty and inequality. There are vibrant debates about progress with this. Attempting to capture changes so short a time after the transition is questionable, given the length of time – more than three centuries – that it took to institutionalise political and economic power and privilege. It is especially questionable when the reliability of the data bases is open to question.

Some of the differences in the debates revolve around whether income or asset-based or other measures of poverty are used. In terms of the poverty headcount measure (an income-based measure), the years since transition saw an increase in the number of those living below the US\$2 a day poverty line – 34.2 per cent of the population in 1993, up to 36 per cent in 2000 (World Development Indicators). The African population, and especially women, and especially those in rural areas, were and remain the poorest, with the coloured population being next most poor. Indicators for the white and Indian population were and are similar to each other, and whites (whether in urban or rural areas) have the highest levels of living. May and Woolard (1995: 21) report an increase between 1995 and 2000 in the income gap measure, a measure of the severity of poverty (which they define as ‘the average percentage deviation from the poverty line for the poor population’), from 0.12 to 0.22.

With regard to inequality, South Africa has had one of the highest levels of measured income inequality in the world among those countries for which such measurements are made. At the transition, the poorest 40 percent of households accounted for 50 percent of the population and accrued just over one tenth of overall income; the richest 10 percent of households accounted for seven percent of the population and accrued 40 percent of the income (May et al 2000: 27). The pattern of inequality is still largely racially determined. There is a growing group among the African population with higher wealth levels, but the overall size is still small.

With regard to ongoing trends in inequality, the WIDER (World Institute for Development Economics Research) estimates stand in contradiction to other findings. Thus Seekings (2007) quotes several studies which find that income inequality increased after 1994 and into the twenty-first century. These studies are based on comparison of data from the 1995 and 2000 income and expenditure surveys, as well as data from the 1996 and 2001 censuses. This finding of worsening income inequality is found even by Van der Berg et al (2006) who find – contrary to some other analysts – that poverty declined over the same period.

Bhorat et al (2006) explore non-income based measures of welfare inequality. With regard to ownership of household assets, they conclude that asset inequality decreased between 1993 and 2004, and that asset inequality was much lower than income inequality. Services such as piped water, sanitation, electricity, roads, and communications have a direct and clear impact on the health and well-being of populations, on the resources available for domestic chores and caring, and on access to employment opportunities. There have been substantial shifts in non-income social provision in South Africa since 1994 (although the increases especially in education, health and social security spending started being seen in budget allocations from the late 1980s).

The living conditions of households will affect care burdens. Comparison of statistics quoted in the Beijing Conference Report of 1994 (Government of South Africa, 1995: 21) and household survey statistics from 2004 (Statistics South Africa, 2005: 97-101) show there has been some improvement

in terms of several services that affect the care burden. The Beijing report notes that the PSLSD of 1993 found that only 13 per cent of rural households and 74 per cent of urban households had water in the house, while only 13 per cent and 51 per cent respectively had access to electricity in the house. In contrast, the general household survey of 2004 found that 67 per cent had piped water in their dwellings or on site, and 80 per cent of households had electricity. Easy access to water is particularly important when there are AIDS sick people in the household as the illness significantly increases the need for water for washing and other purposes. There is variation as to how well different services were targeted. Electricity, for example, was targeted at poor households better than water. It is indisputable, however, that the increased social spending and infrastructure has been delivered largely to poor people. It is likely that this has had an influence in reducing non-income inequality.

## 5. Social policy

### South Africa as a 'welfare regime'

South Africa does not fall easily into any of the 'welfare regime' categories developed by Esping Anderson (1990) and subsequent analysts. This is not especially surprising as Esping Anderson and other OECD writers signally failed to include an analysis of countries in Africa and Latin America in their regime typologies. A recent attempt to correct this has Barrientos describing Latin America as 'liberal-informal', Gough describing East Asia as 'productivist', and Bevan talking of Africa as having an in/security regime (all in Gough et al 2004). None of these categories accommodates South Africa. It might be that South African exceptionalism will have to be granted here, and that this country cannot be squeezed into existing typologies, but has elements of different ones, as well as some characteristics of its own.

Colonial then apartheid policies were driven by political and economic racial capitalism, and the deliberate *exclusion* of the majority of the population from access to social provision, save in the most minimal sense, while the white minority was protected in ways similar to those found in Europe. In the early twentieth century, social policies mainly in the field of work-related benefits were modelled on those in the British state. Under the apartheid government, the system as a whole could be characterised as residual, rather than institutional – where individuals were meant to be primarily responsible for their own needs, and the state would kick in only in extreme circumstances (as a residual form of provision).

Another way of characterising the model is as a 'mixed economy', where both private and public provision co-existed, but along racially segregated lines. (Note that this is an earlier version of the now current idea of a 'welfare mix'.) The white population was extensively provided for, both in terms of economic and labour market policies, and in terms of health and welfare services. In health, there was an extensive public system for those who could not afford to buy private care, and this was gradually extended to other racial groups as well. Welfare services were provided by a combination of state and private agencies, with state subsidies being made to private welfare organisations – and again, such subsidies were extended to other racial groups over time. These private welfare organisations, and faith-based groups, in turn developed cadres of volunteers. There was some corporate provision of health and welfare services, and workers in formal employment and their dependents had access to unemployment insurance, and to maternity disability and death benefits. Black people had proportionately less access to these, as they were disproportionately in types of employment with no access the benefits, or were unemployed.

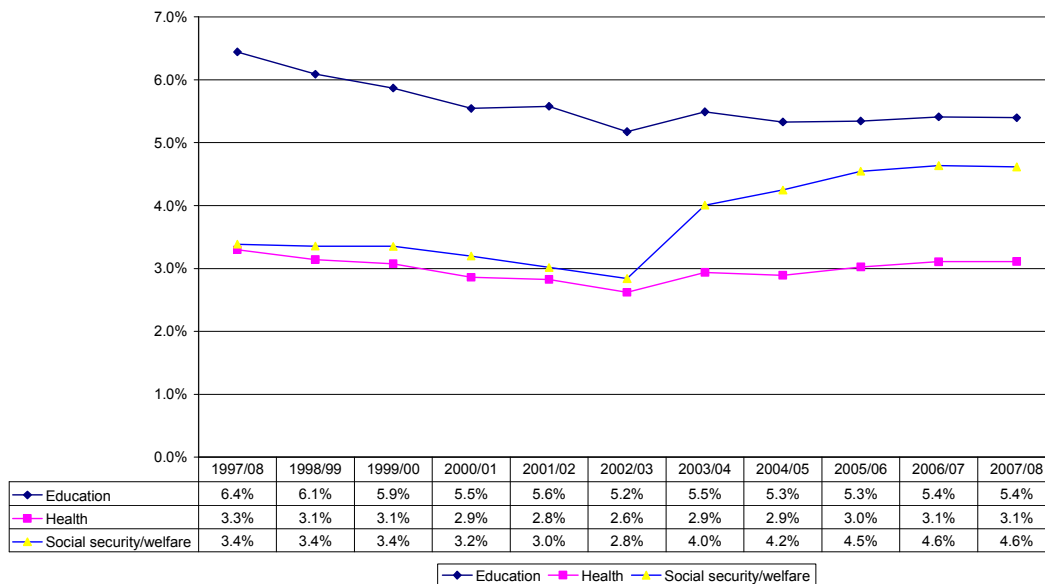
With regard to social assistance (non-contributory cash transfers), pensions and grants that were first available for whites only were gradually also extended to the whole population, first to urban coloured and Indian people, then to Africans as well. From about the mid 1980s, extension to the

whole population was complete, but racial discrimination in the levels and application procedures remained (Lund 1993). This was still under a residual system – the grants were meant only for the poor, being means tested on income. The extent of poverty was so deep, however, that the majority of black people qualified for the pension for elderly people, with a takeup rate among the black population of well over 80 per cent.

In the last decade of apartheid, education spending was second only to the defence budget in size, and far larger than health or welfare, with health always being larger than welfare allocations. Figure 1 shows the trends for the period since the end of apartheid. There was a clear increase in the absolute amounts allocated for social spending over this period, but a relative decline of the proportion spent on education, and on health, with the concomitant rise in the welfare proportion. Whereas in the 1997/ 98 year these three items of social spending constituted a total of 10 per cent of GDP, by 2007/ 08 this had risen to 13.2 per cent.

**Figure 1**

**National & provincial social expenditure as % of GDP**



Thus there emerged a system which, within the African context, had relatively ‘good’ welfare provision, in the sense that there was a mix of private and public services, with relatively extensive provision of health, education and welfare, even though offered on a discriminatory basis. In the 1980s welfare provision came to be used as one of the arms of the twin strategy of reform and repression, giving direct welfare services and grants, while at the same time attempting to use the welfare and other social sectors to police activist activity (through for example trying to coerce social workers into reporting on activist community leaders). Yet compared to OECD countries, provision was and remains patchy and uneven, blind to the changing nature of the labour market, and to the gendered implications for health and welfare of the HIV/ AIDS pandemic.

### **Social policy changes since the transition**

The previous section shows changes in expenditure post 1994. These do not simply reflect changed amounts being spent on the same programmes/items. The new government introduced a range of social policies in an attempt to make a multi-pronged attack on racialised and spatial poverty. All of them have direct implications for care in the short term, and hopefully consequences for breaking the inter-generation transmission of poverty over the longer term. The main policy characteristics

will be outlined here, and they will be dealt with in more detail in the third and fourth research reports.

Primary health care: In the years leading to transition, there was a vibrant and active progressive health care movement, which not only engaged in forging policy reforms, but also developed innovative health care facilities in under-served areas. There was in fact a free public health system, but this was inadequate in serving most black and rural areas. At transition, free primary health care was introduced with a strong focus on women's access to reproductive health services, and on health services for young children. Major legislative changes included much wider access to legal abortions; the introduction of generic drugs; stringent anti-smoking legislation; and the introduction of mandatory community service, focused on rural areas, into the medical curriculum.

Free schooling and school fee exemption: Since about the 1970s there had been significant improvements in the provision of education to black South Africans in terms of numbers reached. Enrolment rates are high, with over 95 per cent for children aged 7-17 years (Monson et al, 2006: 72). There are still skewed allocations to white and Indian scholars, and with a very low quality of education in the majority of black schools, especially in rural areas.

In 1994 South Africa moved, in the Bill of Rights and in signing the United Nations Convention on the Rights of the Child, to guaranteeing a basic education to all of its citizens. The intention was that no child should be excluded from schooling because of costs. School governing bodies were allowed to choose different fee-paying structures and collection mechanisms, but this had to include a way of exempting fees for those who could not afford to pay. It is by now widely recognised that the fee exemption policy has failed thus far (Chisholm 2005); and that even had it succeeded, there are other schooling costs, such as for uniforms and transport, that exclude poorer children. In 2002 the government announced its intention to address this policy problem, through a no-fee schools initiative - school fees would be abolished in the lowest two quintiles of schools; attempts would be made to impose controls over other school-related costs; and capital expenditure would be skewed towards poorer schools. This could provide schools with additional funds, but it is unlikely that the inequities in provision between advantaged and disadvantaged schools, built up over years, will be addressed through these measure alone.

National schools nutrition programme: One of Nelson Mandela's first announcements as President of the new South Africa was of a national primary school nutrition programme, as a marker of his commitment to 'First Call for Children'. It was intended that all primary school children in targeted poor areas should have one morning meal or snack on the school premises, and that as far as possible this demand for food at the local level should stimulate local food production and enterprises amongst poorer women. It was to be introduced 'within one hundred days', which was unrealistic in terms of effective implementation. The programme also went against the advice of national and international advisers at the time, which was for nutrition interventions before school age. Nevertheless the programme was introduced and by 2004 was reaching some 5 million learners in about 16 000 schools (Kallmann 2005 citing Brand 2004). It has had an extremely uneven performance in terms of simply getting food into schools, and it has not yet been adequately evaluated in terms of the effects on nutritional status, on schooling, or on the creation of jobs for poorer women. It probably has, however, heightened public awareness of the importance of nutrition in the early years of a child's life.

Housing subsidy: For a range of conceptual and technical reasons (not least the difficulty of doing comparative cross-country analyses) housing is often excluded from the domain of social policy analysis. We include it here because of the centrality of housing in relation to basic health, as a place where care takes place, and as a place of work for increasing numbers of women who are self employed or are industrial outworkers. It is also important because of apartheid geography, which

had seen African people – if lucky enough to be allowed in towns – confined to the urban peripheries, far from work opportunities and from markets. The apartheid state failed in its efforts to restrict the movement to towns of the African population ('influx control' policy), and in the twenty years or so before transition, there was a marked increase in the urban population, a backlog in the provision of formal housing (there were restrictions on private sector provision), and the proliferation of informal housing at the periphery of, and later in the heart of, cities. This informal housing is itself a source of precariousness and danger to poor people.

Section 26 of the Constitution identified housing as a basic right, subject to certain limitations; a child's right to shelter is specifically guaranteed in 28 (1) c. The government introduced the Housing Subsidy Scheme in 1994, and by 2004, nearly 2.5 million subsidies were approved, with about 1.6 million housing units having been completed or under construction (Hall 2005). The great majority of these were for first-time home owners. The proportion of national expenditure allocated to housing has shown a decline over ten years from 1997 to 2007 (Hall 2005); the quality of much of the housing is poor; and a huge backlog still remains. Nevertheless this has been a significant government intervention, in an asset that is absolutely basic to the ability of poor people to work, and care, and play.

Social assistance: The non-contributory and unconditional cash transfers have played a vital role in the alleviation of poverty for a number of years. The system, which targeted primarily elderly people and people with disabilities, and to a lesser extent women and children, was introduced for whites early in the twentieth century and then gradually extended to include the whole population, and then again gradually the racial discriminatory aspects of the system were removed, culminating in parity in 1993. The major change since 1994 has been the introduction of a cash transfer targeted at children in poor households, and paid to the child's primary caregiver, who is in most instances a woman – the mother or other female relative. These cash transfers have been well-researched, with respect to redistributive tendencies, their gendered effects, their relationship with the labour market, and their impact on household structures and they will be covered extensively in later research reports. Here, suffice it to say that their impact is largely positive with respect to the beneficiaries - to women, elderly people, people with disabilities and children.

'Community care': The South African government has introduced a policy of 'community care', driven partly in response to the HIV/ AIDS epidemic (Hunter 2005). The policy is oblivious to the fact that community care largely means care done by women, and this theme will be developed in reports RR3 and RR4. We think that as the epidemic worsens, the promotion of ungendered care policies is already eroding and is likely to further erode the position of women, in the sense of placing constraints on choices about their use of time of time, and of income. In forging the new national project, the government and other institutions make calls for an African renaissance and for self-reliance - but calls to 'community' and 'culture' can conceal the gendered ways in which these concepts play themselves out in concrete policies for community care.

## **6. Socio-demographic trends**

To get at care trends and the policy challenges surrounding care work, it is imperative to deal with the socio-demographic characteristics, which in South Africa in the late twentieth and early twenty-first centuries cannot be discussed without considering the HIV/AIDS pandemic. The pandemic has resulted in significant changes in the shape and size of the population. It has also affected a large number of the standard demographic and socio-economic indicators. We thus start this section with data regarding HIV/ AIDS.

### **HIV and AIDS**

The AIDS and Demographic Model of the Actuarial Society of South Africa (ASSA) generates estimates for a range of demographic indicators (model accessed from [www.assa.org.za](http://www.assa.org.za) 31 March 2005) The model provides estimates from 1985, when there were very few cases of HIV/AIDS, into the future. Statistics South Africa (2005: 7-9) estimated the mid-year population in 2005 at 46.9 million, of whom 50.8 per cent were female, and 79.3 per cent were African. The ASSA model gives a slightly higher overall population estimate of 47.5 million. This small difference in estimates is unimportant for the purpose of discussing the indicators needed for this chapter.

The ASSA model yields a total of 5.5 million infected people in the country in 2007, which gives a prevalence rate of 11.4 per cent. Rates among particular sectors of the population are much higher than this. In 2005, African people were at least six times more likely than those from other population groups to be infected (Government of South Africa, 2007: 30) and this pattern will have continued.

**Table 1: HIV/ AIDS prevalence rates, South Africa 2000 and 2007, by women and men**

|      | Prevalence rate | Women 15 - 49 | Men 15 – 49 |
|------|-----------------|---------------|-------------|
| 2000 | 7.9             | 15.2          | 12.2        |
| 2007 | 11.4            | 21.6          | 15.4        |
|      |                 | Women 20 - 64 | Men 20 – 64 |
| 2007 |                 | 20.8          | 17.9        |

Source: ASSA.

Table 1 shows changes in the prevalence rate between 2000 and 2007, which has changed relatively rapidly in the rampant epidemic. The table gives rates for women and men, with the distinction made between the primary reproductive years (15 to 49) and primary economically productive years (20 to 64). South Africa's HIV/AIDS pandemic is largely driven by heterosexual sex. As is common in heterosexually-driven AIDS epidemics, women are more likely than men to be infected. There are both biological and social reasons for this. Women are also more likely than men to be infected at an early age. This reflects, in part, the fact that women tend to partner with men older than themselves.

The high rates in the prime reproductive and productive years, shown in Table 1, cast doubt on a social model which envisages that men in this age group will provide financially for others in their families while the women will provide the care. HIV infection need not necessarily result in a person not being able to provide for their own and their family's material and care needs. In particular, for the first years in which a person is infected, they will be able to continue with most of their "normal" functioning. When, however, the person reaches the stage of being ill with AIDS, this will not usually be possible unless, perhaps, if they have access to anti-retroviral (ARV) medication. Instead of providing for others, those who are AIDS-sick will need to be provided for by others.

For 2007, the ASSA model suggests that in mid-2007 there will be over 600 000 people who are AIDS-sick. Just over 300 000 people are expected to be on ARVs, of whom a quarter would not be AIDS sick because of the effect of the medication. This would give a total of over 500 000 people AIDS-sick and not on ARVs. These people would need intensive care and would usually not be able to provide for themselves financially.

The AIDS pandemic has resulted in a significant decrease in life expectancy in South Africa. A male baby born in 1985 could expect to live to the age of 59 years while a female baby could expect

to live to 66 years. In 2007, a new-born boy can expect to reach only 49 years of age, and a new-born girl only 52 years.

The population age-profile provides another way of recognising the scale of the changes over time. Thus in 1985, 50 per cent of the population was under the age of 20 years, 45 per cent was in the 20-59 year age group, and 6 per cent was 60 years or older. In 2007, the comparable percentages are 42 per cent, 51 per cent and 7 per cent. These percentages indicate that there is currently a smaller relative number of children to be cared for and a slightly larger percentage of old people than in 1985. Without HIV/AIDS, there would have been an even larger percentage of older people needing care. What is not factored into these simple percentages is that a significant number of those aged 20-59 will not be able to provide financially and in terms of care. Instead, they will – like younger and older people – be dependant on others, rendering a simple age-based method of calculating dependency ratios not very useful.

An important route of infection is mother-to-child-transmission (MTCT). This occurs when the mother is infected either around the time of birth, or subsequently through breastfeeding. In 2002 South Africa introduced a national programme to provide free anti-retrovirals for babies of infected mothers. This programme was introduced much more energetically than the subsequent public ARV programme in respect of infected adults. Nevertheless, the ASSA model estimates that close on 40 000 babies would be infected perinatally in 2007, while more than 25 000 would become infected through their mother's breastmilk. These babies would need care even beyond that required by "normal" babies.

## Children

It is often assumed that the 'normal' situation is for children to be provided for financially and otherwise primarily by their parents. This assumption is incorrect in South Africa to the extent that a nuclear family is not the norm: many households do not consist of two parents plus children, and a substantial number of children do not live with their biological parents. Further, where children are living with parent/s, fathers tend to play a much smaller role than might be expected.

In all countries for which data are available, men are found, on average, to do significantly less childcare than women. The situation in South Africa is made worse by the fact that the majority of children are living apart from their biological fathers. In July 2005, only just over a third (35 per cent) of children (0 – 17 years) in South Africa were resident with both their biological parents ([www.childrencount.ci.org.za](http://www.childrencount.ci.org.za), accessed on 28 March 2007 for the statistics on children's residence), two in five (39 per cent) were living with their mother but not their father, while one in five (22 per cent) did not have either biological parent living with them. Only 3 per cent were living with their father but not their mother. The pattern deviated most from any supposed nuclear family norm in the case of African children, while 77 per cent of Indian and 84 per cent of white children lived with both biological parents. A large proportion of those not living with their parents would be living with their grandparents and, in particular, with grandmothers.

As might be expected, children under six years of age were more likely to be living with their mothers (and perhaps fathers) than older children. Budlender et al (2005) find for 2003 that 95 per cent of children under one year of age were living with their mother, compared to 67 per cent of children aged 17 years. These patterns suggest that while fathers play a limited role, mothers bear the main burden of caring for children in the earlier years when the care demands are greatest. The fact that fathers are often absent means that many of the mothers must try to fulfil both income-earning and care roles, difficult in a situation of high unemployment. In 2003 only just over a third (36 per cent) of resident mothers (some of whom had father present) were employed (Budlender et al, 2005). This figure was 26 per cent in rural areas, compared to 47 per cent in urban.



Further analysis of the 2003 general household survey (Budlender et al, 2005) suggests that at that time 62 per cent of the children who were living with their mother had mothers who were either married or living together with a partner. The husbands and partners would in some cases have been the father of the child and in others not. Where the partners were not biological fathers, there would be no legal obligation on them to provide financially for the child, although there should be some moral obligation. Of the children living with partnered mothers, in 80 per cent of cases the partner was also living in the household. This situation was less likely in rural areas, presumably because many of the male partners had migrated in search of work. Thus in rural areas only 64 per cent of children with resident married mothers had the mother's partner resident as well.

The general household survey of 2005 records that there were approximately 3.4 million children – 19 per cent of all children - in the country in that year who had lost at least one of their parents (Monson et al, 2006: 68). About 3 per cent of all children had lost both parents, 12 per cent had lost only their father, and 3 per cent had lost only their mother. The greater likelihood of losing the father is partly explained by the fact that fathers are generally older than mothers. More importantly, for the purposes of these statistics a parent was defined as “lost” if the household did not know whether he or she was alive or not. The large number of children in this position reflects the high rate of childbirth out of marriage, and the very limited involvement that many fathers have with their offspring.

The above trends unsurprisingly lead to unusual patterns in household composition. According to the national census, household size decreased from 4.5 in 1996 to 3.8 in 2001. Here, using data from the general household survey of 2005, we have grouped households with various combinations of ‘generations; with age groups where ‘children’ are those up to 18, ‘middle’ those between 18 and 49, and ‘older’ being 50 years and above.

**Table 2: South African household composition, 2005**

| <b>Household composition</b> | <b>Number of households</b> | <b>Percent</b> |
|------------------------------|-----------------------------|----------------|
| Children only                | 67 590                      | 0.5            |
| Children and middle          | 4 386 951                   | 34.5           |
| Children and older           | 390 512                     | 3.1            |
| Children, middle and older   | 2 611 256                   | 20.5           |
| Middle only                  | 3 270 368                   | 25.7           |
| Older only                   | 1 120 835                   | 8.8            |
| Middle and older             | 865 339                     | 6.8            |
| Unspecified                  | 13 418                      | 0.1            |
| <b>Total</b>                 | <b>12 726 270</b>           | <b>100</b>     |

Source: GHS 2005, own calculations

Table 2 shows that only just over a third (34.5 per cent) of the 12.7 million households conform to the ‘nuclear norm’ of children and a middle generation. About a quarter (25.7 per cent) have the middle generation only, including couples who have not yet had children, people or couples whose children have grown up and moved on, people who have not had children, student households, and so on. About one fifth, or 20.5 per cent have three generations present – children, middle and older people (and of course some of these may have more than three generations present). Note the very small percentage – one half of one per cent - of households recorded as having children only despite the extremely high salience of child-headed households in South African policy debates around HIV and AIDS.

## Marriage

Marital patterns could affect care burdens in several different ways. Firstly, it is generally assumed that marital patterns will affect fertility although in South Africa the relationship between the two is much weaker than in many other countries because of high rates of extra-marital childbearing. Fertility will, in turn, affect the number of children who need care. Secondly, marital patterns will in part determine the extent to which carers can depend on others for assistance with financial provision as well as care. Thirdly, marriage in itself usually creates obligations in respect of care between the partners. Finally, marriage and sexual relationships are important factors in the spread of HIV/AIDS, which in turn generates care burdens.

There are two main sources of data on marriage in South Africa. Censuses and surveys provide a picture of the “stock” of people with various marital statuses at a given point in time; registration records reveal the number of marriages happening over a given period. There are problems with both sources of data in South Africa, and especially in respect of registration data.

As with other data, areas classified as “independent homelands” were not captured in the administrative statistics prior to 1994. Civil marriages of African people were only included from 1991. In addition, up until the time of writing, the data on registration of African customary marriages are not passed on to Statistics South Africa by the Department of Home Affairs and thus not included in the statistical releases (personal communication, Ntebaleng Chobokoane, Statistics South Africa, March 2007). This omission persists despite the coming into effect the 1998 Recognition of Customary Marriages Act in late 2000. Marriages solemnised through Muslim or Hindu rites are not officially recognised in South African law and thus not registered at all. The impact of non-publication of statistics on African customary, Muslim and Hindu marriages on the overall picture is difficult to judge as some people marry in these ways as well as through civil marriage.

Survey data often do not distinguish between those who are married and those who are living together “as man and wife”. Co-habitation is likely to have similar caring consequences to marriage in many respects, but is also under-reported. Another problem with survey data is that women are more likely than men to be reported as married. The resultant imbalance in the number of married women and men cannot be explained either by polygyny (which is scarce in South Africa – see Budlender et al, 2004), or by migration. Instead, it is probably the social acceptability of marriage for women, and the easier acceptance of bachelorhood for men, that results in this pattern.

Household surveys over the period 1996-1999 suggest that only between 30 and 35 percent of women aged 15-49 years were married, a further 4-6 per cent were co-habiting with partners, 2-3 per cent were divorced or separated, 1-2 per cent were widowed, and 58-60 per cent had never been married. Thus well over half of women in the prime reproductive (and caring) years had never been married. Yet according to Moultrie and Dorrington (2004: 9) the 1998 DHS shows that more than 30 per cent of never married African women aged 45-49 years had more than three children

In the late 1990s, survey data suggested a mean age at marriage of 28 for men and 24 for women. Mean age of marriage was highest for African people, and lowest for the small Indian population group. Because – as seen below – child-bearing often happens prior to marriage, later age of marriage could result in increased care burdens for younger women in that they cannot depend on a partner even for the financial side of things.

South Africa has a high divorce rate. This is partially masked in the statistics on marital status by the fact that many divorced people remarry. The fact that so many people do not marry in the first place also explains the co-existence of a high divorce rate with a relatively low percentage of divorced people. A 2005 statistical release notes that divorces tend to occur during the earlier years

of a marriage, and particularly between five and nine years after marriage. This timing is likely to result in the affected children being relatively young, although later divorces result in a larger absolute number of minor children being affected. In 2005, some 32 000 minor children were involved in divorces (Statistics South Africa, December 2006).

## **Fertility**

Fertility has been declining in South Africa for the last three decades, and is lower than in any other sub-Saharan African country. The low rate can be partly explained by the fact that family planning was one of the few services that was vigorously promoted for African women during the apartheid years, due to fear of the white rulers that they would be even further outnumbered by blacks.

The Demographic and Health Survey (DHS) of 1996 reported an overall fertility rate of 2.9 children per woman (Moultrie & Timaeus, 2002; 2003 for information in this sub-section). The rate for African women was slightly higher, at 3.1. Reworking of the data together with data from Census 1996 suggests that these rates were underestimates, and that total fertility was probably nearer 3.2 in 1996, and 3.5 for African women. Despite the relatively late mean age of marriage recorded above, close on one sixth of babies born were estimated to be born to young women aged 15-19 years. South Africa's law states that pregnant girls may not be excluded from schooling and recent media reports suggest that the number of pregnancies among schoolgirls is very high, and perhaps increasing. In many of these cases, much of the burden of childcare will probably fall on the mother's mother or other members of the household.

A noteworthy feature of the decline in fertility rates in South Africa is the contribution made by increased birth intervals i.e. the time between one birth and another. This interval is estimated to have increased from about 30 months to 50 months over a 25-year period. The increase has occurred primarily among women using modern contraceptive methods. Longer intervals between babies presumably means that women are responsible for infants and young children, who require more care than older ones, for a longer period of their lives.

Never-married women tend to have birth intervals that are longer than those who are married. The intervals for both groups nevertheless show the same lengthening pattern over the decades. Moultrie and Timaeus (2002: 52) suggest that this could be because "marital relations in South Africa have become so disrupted that the situations in which many ever-married women bear children closely resembles that of women who have never been married. This may occur as a result of women bearing children from successively different fathers for example."

There is some evidence that HIV infection reduces a woman's fertility both through secondary sterility and loss of the foetus as a result of infection. The longish spaces between babies would also mean that a woman who dies early from AIDS will have borne fewer children by the time of her death than with shorter spaces. Moultrie and Timaeus (2002: 61) quote Department of Health figures for 1998 which reveal that 87 per cent of the maternal deaths arising as a result of HIV/AIDS involved women who had less than three births. Increased death rates among babies and young children mean that the fertility rate that will result in a constant population (replacement fertility rate) must be higher than before.

Moultrie and Dorrington (2004), using data from Census 2001, suggest a further fall in fertility over the 1996-2001 period, to an overall level of 2.8 children per women, and just over 3 children per women for Africans. They note further that the number of births per year had peaked even earlier than 2001, and was declining at an increasing rate.

In respect of teenage pregnancy, Moultrie and Dorrington record a decline between 1996 and 2001. Nevertheless, close on one in 14 African girls aged 15-19 years were giving birth each year. In three provinces (Mpumalanga, Limpopo and KwaZulu-Natal), one fifth of all births were to teenagers.

## **Mortality**

Mortality is important from the care perspective from several angles. Firstly, in the period leading up to death, those who are dying will usually need additional care. Secondly, when those who are expected to provide care die during the care-giving years, there will be a care provision gap. Thirdly, an increase in longevity will result in a greater number of individuals who might need elder care or – if they remain healthy – some sort of provisioning if the average “retirement” age remains unchanged.

Mortality statistics in South Africa are fraught with difficulties, especially for the period prior to 1994, and for African people. Dorrington et al (2004) nevertheless provide credible estimates and trends using data from Census 2001, administrative records and elsewhere. They show that mortality levels fell for several decades up until the mid-1980s, but subsequently increased among some population groups. AIDS has been a major contributor in this respect. The trend of rising mortality is particularly marked among African people aged 15-55 years over the period 1996 to 2001.

The ASSA model produces estimates of the probability that a person aged 45 years will die before reaching the age of 60. The model suggests that this measure increased from 28 per cent in 1985 to 57 per cent in 2007 as a result of the HIV/AIDS pandemic. Mortality is highest among Africans, followed by coloured people. Among all population groups, mortality is higher for males than females. Nevertheless, among Africans aged 20-29 years male and female rates are very similar. This clearly reflects the role of AIDS deaths, given that women of this age are more likely than men to be infected.

Despite decreasing fertility and increasing mortality, the population of South Africa has continued to increase, though as seen above, the shape of the population profile has changed.

## **Education**

Education has a less direct relationship to care than some other demographic characteristics, but is still important. For example, adults with higher levels of education are more likely to be able to find employment, or better-paid employment, and thus better able to provide financially for their children. Nevertheless, Devey et al (2006a) note that while income correlates with educational level, over 30 per cent of employed people with a matriculation certificate have monthly incomes of R500 or less per month. Among children, there can be an interaction between school-going and care work. In particular, girls may be kept out of school in order to do household care-related chores.

South Africa has for some time had relatively high enrolment rates. Currently, the rate stands at over 95 per cent for children aged 7-17 years (Monson et al, 2006: 72). This does not necessarily mean either that children attend regularly, or that the quality of education is good. Among children younger than six, attendance rates at an educational facility (defined to include pre-school care) are much lower, around 10 per cent. Of the 1.3 million children of this age attending a facility, 1.2 million are aged 3-5 years. This leaves the overwhelming majority of younger children requiring full-time care from elsewhere. Even those attending facilities will require care for most of the day as provision for young children is often only half-day.

Male and female education enrolment rates are very similar. Indeed, female enrolments have outnumbered male enrolments at the tertiary level since some time during the 1990s. Differences remain in the type of studies for which male and female enrol. This affects their subsequent ability to earn decent incomes.

Enrolment rates were already relatively high at the time of the first democratic elections. There were, however, marked differences in how far African and other children progressed in school, and overall performance. The Beijing report (Government of South Africa, 1995: 27) notes that in the early 1990s, Africans accounted for 81.8 per cent of primary school enrolments, but only 76.0 per cent of secondary school enrolments. Performance differed significantly by race, even for those who succeeded in reaching higher levels. For example, 96 per cent of white learners writing the matriculation examination passed, compared to 32 per cent of African learners.

At the time of the first democratic election, there were also many adults who remained educationally disadvantaged as a result of past discrimination. In 1993, 12.5 million (30 per cent) of the total population of 41.5m was classified as illiterate using a fairly strict definition based on all those who had not reach the tenth year of schooling (Government of South Africa, 1995: 25). By 2005, among those aged 20 years or above, 11 per cent (and 13 per cent of Africans) had never attended formal schooling, while a further 21 per cent (and 25 per cent of Africans) had not gone beyond the seven years of primary schooling. Women accounted for 63 per cent of those with no formal schooling, reflecting past gender discrimination.

The improvement in educational provision over the decades can be seen by comparing the educational profile of people in their 20s with those aged 50 years or more. Among the former, only 2 per cent have not received any formal schooling, with a further 12 per cent not having progressed beyond primary school. Women account for less than half of those with limited education. Among the latter, 28 per cent have no formal schooling and 31 per cent have only primary schooling. Women account for 66 per cent of the first group and 57 per cent of the second group.

## **7. Conclusion**

We have presented a picture of a country with complex and contradictory characteristics and policies. We have described the apartheid inheritance and the major policy shifts that have been made. In this conclusion, we point to some of the most significant policy gaps and problems. We also provide an indication of the social actors who have had and will continue to have an influence on social and economic policy. These actors will emerge again in future reports.

Extraordinary gains have been made in setting up political institutions for the protection of democracy and of women; at the same time, however, the new government allowed the incorporation into governance structures of traditional authorities with their deeply patriarchal characteristics. The basic income needs of poor people have not yet been met, nor have sufficient jobs been created. There is an extreme disparity between salary levels of those at high levels in government and in the private sector, and the very low wages of unskilled workers.

In reviewing the suite of policies, we see that there has been real progress in formulating and getting national level adaptation of new social policies. Most of the policies are inclusive and pro-poor in their intention and rhetoric. In the gap between policy and implementation, however, the poor, and especially those in rural areas, often continue to be excluded. As Linda Chisholm noted in her assessment of the implementation of new education policies, there are too many obvious continuities with the apartheid past (Chisholm 2005: 203). Perhaps it simply is inevitable that change takes more time than was hoped for. The problem of 'lack of institutional capacity' is real, with there simply not being sufficient skilled public servants at all levels, with the problem being

particularly acute in the poorest areas with histories of inadequate provision and exclusion, and with 'outsourcing' to the private sector possibly making the problem worse. There has also been a lack of continuous and coherent political leadership (and these are two different issues) at the highest levels, across the social ministries.

The GEAR macroeconomic policy was a market-oriented policy, but it was not in all respects typical of neoliberal policies. Especially in the enduring commitment to social spending and infrastructural provision, the usually disadvantageous effects for women of structural adjustment policies may have been mitigated. Treasury has continued to hold fast to much of the social spending, some of which is redistributive to poorer people. Big business has continued to have significant political influence, with elite black interests as well as white now being represented.

In the move from protest to reconstruction, there were inevitably new pressures on and expectations of non-governmental organisations, and a shift in the funding priorities of international donors. New relationships have emerged with different interest groups in society. We would argue that while all South Africans now have 'voice' in the sense of the electoral vote, too few voices represent the interests of poorer people. COSATU, which represents the majority of the organised labour movement, has not been a strong influence on the general social agenda. The organisation took a strong and vocal role on the lack of job creation, and played an active part in the coalition promoting the basic income grant. However COSATU has not to date accommodated the reality of the growing numbers of informal workers as a new fraction of the working class – and one that includes predominantly women who are African.

As far as women's interests are concerned, the internationally acclaimed Women's Budget initiative, a collaboration between parliamentarians and non-governmental organisations, had the potential to monitor the translation of progressive new policies into concrete budgetary allocations. The parliamentary partner is now much weaker than when the initiative started. Two parts of 'the gender machinery', the Office for the Status of Women and the Commission on Gender Equality, have been largely ineffective. And there has been little influence on the social policy agenda from organisations of women in 'the helping professions' – nurses, social workers, teachers – except with regard to their own salaries and working conditions. There is, in effect, no women's movement at present – within or outside political parties.

The Treatment Action Campaign (TAC) stands out as an example of an organisation that has taken on government in an assertive way, in this instance on the dismal failure to develop an AIDS policy. TAC has used a combination of public protest, litigation, and high profile media use. It is criticised however for its emphasis on treatment at the expense of a focus of either prevention or of care. 'The new social movements such as the Anti-Privatisation Forum, the Soweto Electricity Crisis Committee, and the Landless People's Movement tackle important issues of failed or retarded government policy, and the impact of privatisation on infrastructural delivery (see Ballard et al 2006 for analysis and a set of case studies). They are generally criticised at the analytical level for failing adequately to raise gender issues, and at the level of activism, for not including women in leadership roles.

This report has set the context for the future research in this project, which will explore the ways in which, in the presence of the AIDS pandemic, and with the recent past of apartheid, paid and unpaid care work are allocated between men and women, girls and boys, between the state, the market and private individuals, and with what effects on women's, men's and children's life chances.

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