



UNIVERSITY OF FORT HARE

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**Children's Grants and Social Security Communities in the Eastern
Cape:**

The Case of Nqabarha Administrative Area

By

TAFADZWA FUNGAYI MWANGOLELA

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**The Degree of Master of Social Science in Rural Development in the Department
of Sociology**

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SUPERVISOR

DR.P.MOYO

M.SOC.SCI (RUD)

DECLARATION

I _____ declare that the content of this thesis is my original work, it has not been previously submitted in part or its entirety to any other University and the work of the other scholars has been duly acknowledged.

Signature. _____

Date. _____

SUPERVISOR'S STATEMENT

This is to certify that this study was conducted by Tafadzwa F Mwangolela under my supervision.

Name of candidate: Tafadzwa F Mwangolela

Student Number: 200253956

Dr. Philani Moyo (Supervisor)

Department of Sociology

University of Fort Hare

DEDICATION

For Wimbayi who comes and goes and Zoleka who always stays.

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ABSTRACT

This study examines the impact of children's grants on household access to food, education and health care. In the face of increased poverty and socio-economic inequalities, social grants are a critical poverty alleviation intervention implemented by the government of South Africa. The children's grants are offered as part of the social security system which is provided for in the Republic of South Africa Constitution of 1996 and the Social Assistance Act of 2004. The basic needs conceptual framework is the lens informing the focus of the study. Among other major findings, the study reveals that (a) children's grants play a critical role in improvement of access to food, health care and education, (b) children's grants are used as collateral, to access short term loans, and (c) social networks and home gardens play a significant role in aiding children's grants to ensure household access to food, education and health care.

LIST OF ACRONYMS

AA	Administrative Area
AHP	Africa Health Placements
BNA	Basic Needs Approach
CSG	Child Support Grant
DoSD	Department of Social Development
FAO	Food and Agricultural Organisation
FCG	Foster Care Grant
HDI	Human Development Index
HSRC	Human and Social Science Research Council
IBRD	International Bank of Reconstruction and Development
ILO	International Labour Organisation
ISSA	International Social Security Association
RSA	Republic of South Africa
SALGA	South African Local Government Association
SASSA	South African Social Security Agency

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DEFINITION OF TERMS

'Childrens grants' refers to two main social grants for children these are foster care grant and child support grant.

Social security communities are communities mostly rural that depend mainly on the social grants to sustain livelihoods that are faced by challenges of limited access to basic needs in a context of poverty.

Agrarian communities, refers to communities mostly rural that depend on agricultural livelihoods to sustain the basic needs such as access to food.

Social policy, relates to a branch of public policy that focuses mainly on protection of basic human needs such as shelter, food, health care, care and support to the vulnerable.

'Loan Sharks' refers to informal money lenders normally targeting the poor who are unable to borrow in the formal market structures such as banks. They normally charge 30 percent interest rates and the use of force is at times utilised to collect debt from defaulters.

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CHAPTER ONE

UNDERSTANDING SOCIAL SECURITY COMMUNITIES: STUDY OVERVIEW

1.1 INTRODUCTION

This study investigates the impact of children's grants on household access to food, education, and health care. The children's grants, which are the subject of investigation are the foster care grant (FCG) and child support grant (CSG). The primary investigation was conducted in the Nqabarha Administrative Areas (Nqabarha AA), which is within Mbashe Local Municipality in the Eastern Cape.

Social policy in South Africa aims to redress the socio-economic inequalities associated with the apartheid past. The *Republic of South Africa Constitution 1996*, (Bill of Rights) provides the foundation for broader social policy objectives such as universal access to housing, health care, education, and social security. Within this legal framework social policy in South Africa takes a pro-poor trajectory as it aims to ensure equitable access to essential public goods, which a significant number of citizens may not afford to access through the market or by private means. Such a framework is rooted within the human rights approach to social change which obliges the state to ensure the provision of housing, healthcare, primary education and social security.

This study specifically focuses on the social grants system which is a dimension of social policy. The social grants system follows a welfare trajectory to address challenges of poverty and economic vulnerability. Social grants in South Africa are a mechanism for poverty alleviation. The beneficiaries of social grants in South Africa are mostly rural people who were disempowered economically by apartheid laws. This

explains the high numbers of social grant beneficiaries in former homeland areas. Therefore social policy through social grants creates poverty alleviation outcomes in communities experiencing conditions of poverty.

Tshona (2008:25) and Mabhena (2011) argue that social grants are inclined to create dependency as opposed to place communities on a path of sustainable development. Social grants being a welfare oriented intervention are viewed as handouts that result in the diminishing of self-help initiatives in communities. Social grants are understood to be, an easy alternative to labour intensive agrarian lifestyles. However, Samson et al (2004) counters the above argument, stating that social grants in South Africa are based on the human rights framework, with a poverty reduction capacity. Samson rejects the dependency narrative concluding that since 1994 social grants have made significant impact on human development in South Africa.

A macro analysis of the nature and character of rural post-apartheid South Africa shows a marked transition from agrarian communities towards social security communities. Agrarian communities, compared to social security communities, have a higher density of households depending on crop, animal husbandry and other forms of agriculture to ensure socio-economic sustainability and equitable access to food, health care and education access. Within the agrarian communities peasants, have a direct relationship with land, water and their labour as the means to produce the food requirements of their communities (Christodoulou, 1990:18). South Africa is witnessing the emergence of 'social security communities' which are threatening to replace the agrarian societies or to exist in parallel with them. But what are social security communities?

'Social security communities' is a concept that refers to rural communities in South Africa with a high density of households that are sustained by social grants. These communities are characterized by demographics that have high dependency ratios where the majority of the members are the elderly over 55 years of age, and the children who are below 18 years of age. There are high rates of unemployment and poor diversified livelihoods. This causes high rates of out-migration of the productive age groups mainly between 18-40 years as they seek economic opportunities elsewhere, especially in town and cities. There are high rates of the indigent in social security communities and therefore levels of poverty and socio-economic vulnerability are high. While agriculture does take place, it is minimal and insignificant to generate income. Social grants are therefore the main source of income sustaining households.

Social grants in South Africa are regulated by the *Social Assistance Act 2004*, which is administered by the South African Social Security Agency (SASSA). 'The Social Assistance Act' provides for social grants which are direct money transfers to designated groups that are faced with challenges of extreme poverty and vulnerability (Government of South Africa, 2004:1). The social grants system in South Africa has seven types of grants which include; child support grant, care dependency grant, foster care grant, disability grant, older person's grant, war veterans grants, and grant in aid. This study focuses on two types of grants which are child support grant and foster care grant. It specifically investigates the socio-economic impact of the two grants on 100 households in the Nqabarha AA.

1.2 STATEMENT OF THE PROBLEM

The Eastern Cape is home to approximately 6.5million people, of which an estimated 2.4million are in receipt of a social grant (SASSA, 2001:xi). The greater proportion (about 65 percent) of the social grants quota in the Eastern Cape is directed towards rural people who are mainly children and the elderly. In 2012 a total of R17.2 billion worth of social grants were provided to Eastern Cape beneficiaries against a national social grants budget of R80 billion (Yawa, 2012).

One of the main causes of the high number of social grant recipients is poverty in the Eastern Cape. The Department of Social Development (DoSD, 2011) point out that Eastern Cape has a 67 percent poverty rate which is the highest in the country. Furthermore, the Human Sciences Research Council (HSRC) notes that the state of poverty in the Eastern Cape, especially in rural areas, is a challenge and demands critical interventions that address basic needs access (Makiwane, 2010:17).

Given the above Eastern Cape socio-economic context, social assistance through social grants has been a critical pillar for addressing situations of extreme poverty. Theoretically the social grants system mitigates conditions of food shortage and limited access to education and health care. However what remains unanswered is the extent to which childrens grants ensure adequate access to food, health care and education. This creates a need to empirically examine the impact of social grants in ensuring adequate access to food, education, and health care in the Eastern Cape given the large numbers of people applying for social grants as a way out of poverty. 'The Social

Assistance Act' has been under implementation since 2004 creating a logical need to empirically test elements of it's the impact on communities.

1.3 RESEARCH QUESTIONS

The study was informed by the following research questions:

- a) What is the contribution of childrens grants to household food access?
- b) What is the effectiveness of childrens grants in education access and progress?
- c) What is the impact of childrens grants on household access to health care?

1.4 OBJECTIVES OF THE STUDY

- a) To examine the contribution of childrens grants to household food access.
- b) To assess the effectiveness of childrens grants on education access and progress.
- c) To examine the impact of childrens grants on household access to health care.

1.5 CONCEPTUAL FRAMEWORK

This study is informed by the basic needs approach (BNA) to development, sometimes known as the BNA model to development. The International Labour Organization (ILO) (1976) coined the BNA model as an approach for the measurement of poverty (Denton, 1990:2). Emmerij (2010:6) explains that the tenets of the basic needs approach focus on people centered development. The BNA model places emphasis on the quantitative

and qualitative improvements of standards of living of communities. Furthermore, the model advocates for the improvement of the quality of life through health care, increase in literacy, and food security. Comparatively the developed countries such as Canada and Britain have achieved basic needs status compared to developing countries such as Ghana and Zimbabwe (Narayan, 2000).

The BNA model is also associated with Maslow's hierarchy of needs. The Maslow hierarchy of needs has five categories organised in a pyramid from the base; physiological needs, safety needs, love and belonging, esteem, self-actualisation and self-transcendence needs (Emeriji, 2010). The basic needs approach is more associated with the physiological and safety needs postulated by the Maslow Hierarchy of needs. In the 1970s the BNA model placed emphasis on 'minimum needs' which were directly linked to Maslow's hierarchy of needs such as food, clothing, and shelter (Denton, 1990:17). The relationship between the BNA model and Maslow hierarchy is on the idea of human needs. The two approaches place human needs at the core of social change. The BNA logic views that development initiatives should translate into improved status of human condition.

The BNA model has evolved over the years to include other variables such as; sanitation, health care, education, energy access and social security. Emeriji (2010) notes that the evolution of the BNA had an influence on Millennium Development Goals (MDG) which are also known as human development goals. The MDG framework is based on BNA focusing mainly on food access, health care, and universal primary education. Davids (2005:37), provides an in-depth analysis of the BNA outlining the emphasis on human progress as opposed emphasis on economic growth and

flourishing of markets. Nabudere and Porteus (2006) explain that South Africa experienced significant economic growth between years 2000-2008, but that did not translate into qualitative human development especially for the rural population. Poverty and inequality increased and the access to basic needs for the poor remained a challenge.

The basic needs approach finds alignment with the Human Development Index (HDI) which views progress of societies, on three key indicators namely; longevity of life, literacy, and standard of living (Emmerij et al, 2009:4). HDI is a standard means of measuring well-being, especially in child welfare. It is also used to distinguish whether the country is a developed, a developing or an underdeveloped country. The World Bank (2000:iv) proposes that those societies that have achieved, improved status on HDI and equitable access to basic needs are therefore considered as developed as compared to those societies where greater majorities of the population experience limited access.

The BNA conceptual framework therefore provides the analytical tools of this study, as it views social policy as a vehicle to ensure access to basic needs such as food, health care and education. It provides the lens through which an analysis of the contribution of childrens grants to household access to food, education, and health care can be done.

1.6 SIGNIFICANCE OF THE STUDY

Since 1994 there has been significant improvement in the social grants system in South Africa. The development of 'the Social Assistance Act' and the establishment of the

social grants administering SASSA, has made major inroads in the states capacity to deliver the services of social grants (Yawa, 2011). The improvements include the reduction of the waiting period in order to be awarded a social grant, with even the rural district offices of SASSA being able to ensure one day turnaround time to process a social grant (Rasmussen, 2012).

These above breakthroughs demonstrate that the access question which was a challenge before 2004 has been resolved to a large extent. However, what remains unclear is the impact the grants are making in the lives of peoples and in communities at large. This study begins to address this gap through an assessment of the contribution of childrens grants on household access to food, education, and health care. It is important to note that social grants have become topical in South Africa. There are contestations about whether social grants are making a significant contribution to human development or they are creating dependency and laziness. This study also attempts to understand the human development impact of children's grants while also assessing whether they are creating dependency.

1.7 ETHICAL CONSIDERATIONS

Higson and Bless (2000) define research ethics as being subject to moral obligations of right or wrong, with a balance between freedom of scientific enquiry and protecting the welfare of participants. Participants have basic rights when they elect to participate in the research, mainly the rights to privacy, protection from physical and psychological harm. Higson and Bless (2000) therefore provided principles that were observed in the process of conducting research.

- The first is the principle of non-maleficence which states that research must not cause physical harm to participants.
- The second is the principle of beneficence, which encourages research to potentially contribute to the wellbeing of others. However, not all researches will have an opportunity to directly benefit and answer key social question. Despite that there should be a general notion in social research that aims to ensure contribution to knowledge production and social change.
- The third principle is the principle of autonomy that allows participants the independence of participating or not in the research process. Participants need to be informed about the nature of the research and its intentions.
- The fourth principle is the principle of justice that states that all people are equal, thus people should not be discriminated against.
- The fifth principle is the principle of fidelity which relates to faithfulness in keeping agreements and consents between researcher and participant.
- The sixth principle relates to informed consent, confidentiality, anonymity, discontinuance, respect and dignity.

These principles were respected to meet the ethical standards of the research work, however due to the nature of the research principle of beneficence may not be fully realised.

1.8 STRUCTURE OF THE THESIS

- Chapter 1: This chapter introduces the study and its focus on the relationship between children's grants and access to food, education and health care. The

idea of social security communities is introduced and the important role of social grants in the rural areas is also alluded to. It also includes; the research problem statement, research questions, research objectives, the conceptual framework and the conceptual framework.

- Chapter 2: This chapter debates social policy, and social security communities. The discussion also includes the legislative framework of social grants, the types of social grants and the coverage of social grants in the Eastern Cape.
- Chapter 3: This chapter presents the research approach which is a qualitative research approach. The discussion also includes; sampling methods used, data collection techniques, ethical issues, and the challenges that were faced and resolved in the research process.
- Chapter 4: This chapter discusses and analyses the research findings. The findings are organized in five themes; (a) children's grants and access to food, (b) children's grants and access to education, (c) children's grants and access to health care, (d) role of social networks in promoting access to food, education and health care, and (e) role of short term loans in promoting access to food, education, and health care.
- Chapter 5: This chapter summarises the findings presented in the study. It draws conclusions on the contribution of children's grants in the promotion of basic needs access. It then suggests recommendations based on; policy improvement, community development, and rural development.

CHAPTER TWO

SOCIAL POLICY AND SOCIAL SECURITY COMMUNITIES

2.1 INTRODUCTION

This chapter reviews social policy literature and analyses emerging literature on social security communities. Key in the discussion is a focus on social policy in South Africa as the overarching framework for provision of childrens grants. The review also addresses the social grants coverage in the Eastern Cape.

2.1 SOCIAL POLICY AND SOCIAL SECURITY

2.1.1 Development Theory and Social Policy in the Developing World

In the developing world, social policy is one of the planned social change interventions that are focused towards rural development. Social policy is mainly state driven with provisions that cover areas such as health care, social security, education, basic water and sanitation. In the book *'Can Africa Claim the 21st Century'*, the purpose of social policy is explained as an intervention towards poverty reduction, and human development (World Bank, 2000).

In South Africa, social security is a dominant feature of social policy. The objectives of social security are related to the need to redress poverty and socio-economic inequalities. According to Mbeki (2003), South Africa is a dual economy characterized by an advanced modern sector on one side which shows improved development

indicators. The other side is mainly rural and it is characterised by deprivation and poverty.

What is the relationship between social security systems and the dual economy of South Africa? According to Tadaro (2003:121) the existence of dual economies is as a result of the practical application of the economic growth models to development that resulted in differential or uneven development in particular geo-political contexts. Todaro explains that the 'Lewis Economic Growth Model' applied in countries such as South Africa resulted in investment into the modern industrial sector, including the improvements into economic and institutional arrangements that support the emerging modern sector. The result being the development of a modern industrial sector identified by Mbeki above; as one side of the dual economy. A counter theory termed the 'Neo-Colonial Dependence Model' argues that the practical application of the 'Lewis model' in the developing world and in countries such as South Africa resulted in long term disinvestment in the rural sector (Singer, 1971 cited in Todaro 2002:127). This resulted in the underdevelopment of rural areas that always required some form of direct assistance to ensure sustenance of the communities.

Social policy in South Africa is thus located in the context of economic dualisms, with its objectives being the improvement of lives of the poor. The Regional Executive Manager of SASSA explains that the social grant system is a direct response of government towards poverty alleviation that affects the poor, who reside in areas that were formerly disadvantaged by apartheid policies (Yawa, 2012). These areas include mainly the former homelands, and urban squatter settlements. The squatter settlements are populated mainly by migrants from rural areas and commercial farms. The main cause

of their migration in the urban areas is in search of new economic prospects and poverty is transferred into these settlements (Nabudere and Porteus, 2006). Since 1994 the social policy agenda of South Africa has thus been directly focused to ensure the redress and empowerment of these formerly disadvantaged through provisions that include free basic services of water, electricity and sanitation, primary health care, and education support.

2.2.2 Conceptualisation of Social Security

Societies have a function to ensure that members have adequate levels of security to provide a sense of stability. It is fact that societies that experience prolonged periods of lack of security are likely to be unstable and riddled with other societal challenges such as crime, riots and general decay of social cohesion. Pope John Paul the 2nd in an address on the '*Social Duties of the Church*' stated that societies that lack social security and do not make deliberate intervention to improve the social security of the masses from poverty are likely to be riddled by unrest (Todaro, 2003).

Social security is a second generation human right that aims to ensure protection against vulnerability, social distress and economic insecurity. Dlamini (2003) identifies three main generations of human rights: The first-generation of human rights are termed civil political rights. These include rights such as; the universal franchise, freedom of speech, expression, and religion. The first generation rights, in countries such as South Africa has been progressively realized. Dlamini explains that the second generation rights also known as the socio-economic rights that are guaranteed by the state such

as; access to education, health care, social security. The third generation rights also known as solidarity rights include; the right to development, and protection of environmental claims, and rights of choices of communities (for example to express their traditional leadership affiliation). In the developing world the second-generation rights are mainly state driven and involve large fiscal investments into the provision of these through services of government. Accordingly social security is a second generation right in the classification provided above. The state is the guarantor with lawful obligations to provide access to qualifying citizens.

In a further conceptualisation of social security Strydom (2006), identifies the dimensions of social security as; social assistance, social insurance, social relief, social compensation, social upliftment. However, the International Social Security Association (ISSA) (2010) identifies a more suitable characterization of social security which is two dimensional to include *social protection and social insurance*. *Social insurance* is based on contributory premiums. These are paid as insurance installments to ensure economic security in the event of loss of working capability. *Social protection* includes the assistance which is welfare oriented to poverty socio-economic safety nets in form of income to; the elderly, the disabled, children in distress and war veterans.

2.2.3 Social Security and the Basic Needs Approach

The concept of social security is informed by the basic needs approach to development and the human rights framework. When individuals and communities have adequate

quantities of economic security then they are likely to fully enjoy the status of citizenship (Todaro, 2005). Economic security guarantees access to the basic needs of food, shelter, water, energy, and communication potential. Economic security stimulates other securities such as; food security, security from fear, security of empowerment, security to freedom and dignity (ILO, 2004). When the capabilities and potentials of individuals are given opportunities to flourish they will gain economic security. Households with livelihoods that can generate an income and surpluses are generally economically secured than when households are in a state of vulnerability. Therefore security act as an agent for empowerment for when society has potential for economic security it can allow its members to access human development oriented rights such as the right to education which has potential to shift and alter social stratifications and class arrangements.

What are the causes of social insecurity? Insecurity is experienced at an individual level, household sphere, community sphere or even national, continental, or global sphere. The following premises may assist to shape the statement above. *Premise one:* Households in the urban fringes and deep rural areas reflect higher incidences of insecurity, than urban 'gated communities' (McCathy, 2007 *cited in* Behnassi, 2011:33). *Premise two:* Rural communities in the developing world reflect deeper strain in terms of social security against hunger and general poverty mainly due to weaknesses in livelihood structure which are based on primary production (Devereux, 2002). *Premise three:* There are nations that reflect greater social security risks especially in the developing world riddled by conflict, and also in relation to climate change, drought and

natural disaster (Misselhorn, 2003). *Premise four*. At a global level, insecurity exists where nations in the South are more in insecurity strain than nations in the north. This is further supported by Sen (2003) in the argument that societies are vulnerable when they fail to control adequate levels of social capital and capabilities that support productivities. For Sen, this situation creates a state of un-freedom where societies are exposed to situations of prolonged hunger and general lack of access to basic needs such as food.

2.3 SOCIAL SECURITY IN SOUTH AFRICA

The main dimension of social security in South Africa is informed by the social assistance approach. Social assistance takes a form of welfare, approach to sustaining development which is organized as direct transfers of grants to income strained individuals through a means tested process. Standing (2002) argues that social assistance is a welfare oriented approach hence contra-sustainable development as it creates clientelism syndrome where the citizen remains a subject to charity and welfare gestures. Cox and Jimenez (1995), provide insights that in the developing world the social security tends to have strong social assistance and it is a poverty alleviation intervention. The World Bank (2002) outlines that government's in line with their situations implement various approaches to social security, with middle income countries such as Brazil, South Africa and Argentina inclined towards a social security formations that are social assistance based.

2.3.1 Legislative Framework of Social Security in South Africa

The RSA Constitution (1996), in the Bill of Rights Chapter 2 provides for social security. The provision states that *“Everyone has a right to have access to social security, including if they are unable to support themselves and their dependents.”* (Section 27 (1)c). The Constitution further states that *‘the state must take reasonable legislative and other measures within its available resources to achieve the progressive realization of each of these rights’* (Section 27 (2)).

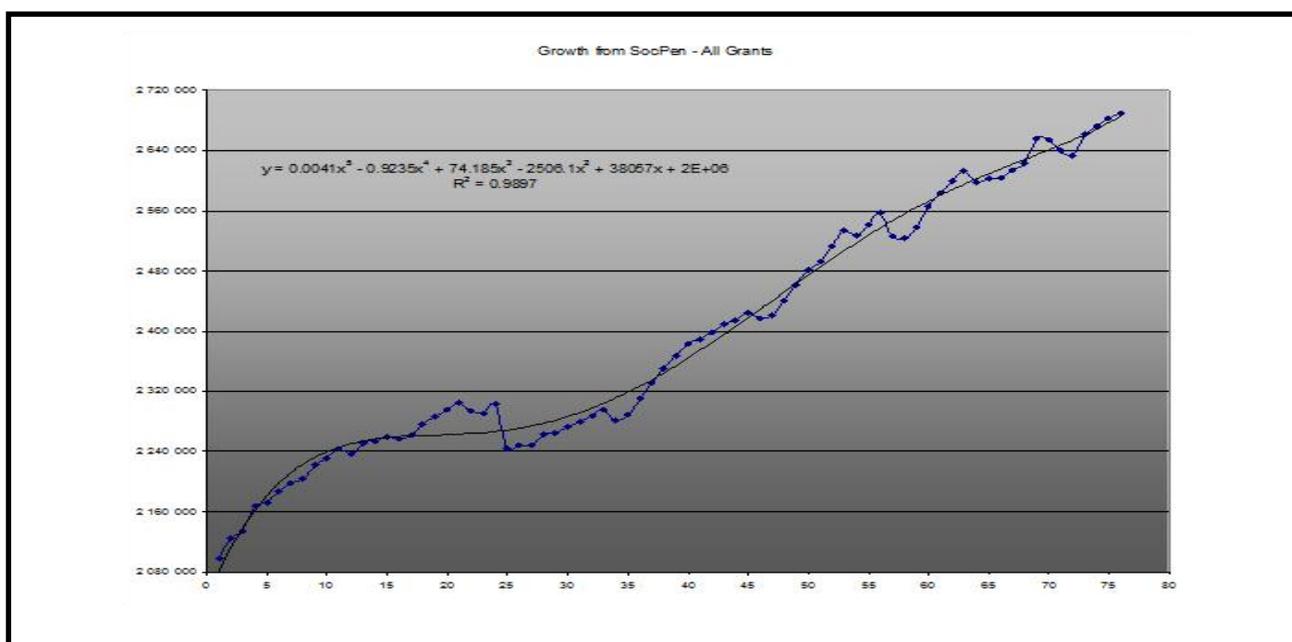
The *Social Assistance Act of 2004*, is the law basis for payment of social assistance, known as social grants which include; war veterans grants, old age grant, disability grants, grant in aid (for people supporting a vulnerable grant recipient), child support grant, disability grant, foster care (le Roux, 1996).

2.3.2 Social Grants in the Eastern Cape

What are the social grant statistics and coverage in the Eastern Cape? At a national level the HSRC report on social grants notes that, the provision of social safety nets has increased greatly since 2004 (Jacobs, et al 2010). The formation of SASSA has further improved the administrative capacity of the state to handle the now R80billion worth industry, benefiting 13.9 million people (Rasmussen, 2011). It is expected that this figure will proportionally increase to 16million as the economic situations fail to show significant improvement (Jacobs, et al, 2010).

In the Eastern Cape an approximated 2.4 million beneficiaries are in receipt of social grants against a total population 6.5million people. The greater density of beneficiaries, are children who make up to 1.7million beneficiaries (of the 2.4million beneficiaries). The greater density of these children resides in rural areas of the Eastern Cape. Below is the distribution of social grants per district municipality in the Eastern Cape (Yawa, 2011). In the Eastern Cape there has been an increase of beneficiaries since the beginning of SASSA in April 2006 (see graph 2.1 below). The growth rate annually for the number of beneficiaries in payment is demonstrated from 2006-2011.

Graph 2.1 Eastern Cape Social Grants Coverage: 2006-11



1. For the period April 2006 to March 2007 the overall growth rate was approximately 6.61%.
2. For the period April 2007 to March 2008 the overall growth rate was approximately 2.30%.
3. For the period April 2008 to March 2009 the overall growth rate was approximately 3.0%.
4. For the period April 2009 to March 2010 the overall growth rate was approximately 5.63%.
5. For the period April 2010 to March 2011 the overall growth rate was approximately 4.92%.
6. For the period April 2011 to March 2012 the overall growth rate was approximately 3.04%.
7. The growth rate for the current fiscal year is approximately 1.06%.

Extract: SASSA, (2011)

Table 2.1 below shows the numbers of social grants beneficiaries in the Eastern Cape broken down per district municipality.

Table 2.1: Distribution of social grants beneficiaries per district municipality in the Eastern Cape.

DISTRICT	APPROXIMATE NUMBER OF BENEFICIARIES	Total Population of the Discripts as per Census Data (Stats SA, 2012).	APPROXIMATE TOTAL VALUE OF GRANTS IN PAYMENT
Cacadu	103 781	450584	R81,977,557.00
Joe Gqabi	103 781	349768	R86,368,339.00
Alfred Nzo	209 184	801344	R178,204,208.00
Chris Hani	251 774	795461	R214,095,529.00
Nelson Mandela Metro	241 181	1 152 115	R190,026,519.00
Amathole (including Buffalo City Municipality)	450 456	1 647 837	R371,349,575.00
OR Tambo	388 576	1 364 943	R335,707,817.00

Extract: SASSA, Soc Pen System, 2012.

Nqabarha AA falls in one of the 10 poorest municipalities in the Eastern Cape, which is Mbashe Local Area. Mbashe local municipality is in Amathole District. The Mbashe local area has three key social assistance, service delivery areas, that include; Idutywa, Willovale (Nqabarha being located in Willovale), and Elliotdale. The social grants coverage for Mbashe Local Municipality in these areas are summarized as follows;

Willovale 25 292 beneficiaries are in payment, Elliotdale 28 218 social grants beneficiaries, and Idutywa 28 981 social grant beneficiaries (SASSA, 2012).

2.4 SOCIAL SECURITY COMMUNITIES

What are the characteristics of social security communities? Communities can be labeled for example as industrial communities, agricultural communities, fishing communities. This labeling is used based on the main economic activities that sustain the greater density of the livelihoods. In the developing world rural communities may be labeled agrarian communities due to the primary agricultural livelihood activities and relations of production.

Rural areas in Africa are mainly known as 'agrarian communities' for the livelihoods are mainly based on agricultural activities (Christodoulou, 1990). The Eastern Cape rural communities still remain agrarian in orientation with livelihood strategies that are based on crop production and livestock production (Cousins, 2004, and Ntsebeza, 2007). A study by Mtshali (2004), in rural kwaZulu Natal demonstrated that rural agrarian communities have diversified the agrarian livelihoods to create scope for surplus production and agro processing which has a value addition advantage.

However, literature is emerging that confirms that historically there has been a gradual collapse of agrarian lifestyles. Bundy (1988), in the book '*The Rise and Fall of South African Peasantry*' highlights that historically there has been deliberate colonial and apartheid policies of undermining the development of peasant agriculture in the countryside. The terms de-agrarianisation and depeasantisation have been coined to explain the gross structural under-investment in agricultural development in the

countryside (Cousins, 2004). There is a growing concern that there is a de-agrarianisation and depeasantisation of the South African countryside. This has resulted in rural communities depending mainly on money from social networks in established mining and industrial zones in South Africa. However, literature does not confirm a total collapse of agrarian formations in the countryside. Tshona (2008) and Mabhena (2011) however confirm Bundy's argument that there is a significant decline of agrarian livelihoods, and given the high rates of unemployment in urban areas, there has been an increase dependency on social grants. The decline of agrarian communities has resulted in the rise of social security communities. Social grants are therefore a dominant feature within rural communities given the collapse of active subsistence farming.

Social security communities receive cash transfers. This suggests that in social security communities access to food is ensured through the market as opposed to direct household production. The reality is that this ensures access to the basic needs of households as the grant money is logically directed to the immediate needs of households. Social security communities are best understood through the basic needs model to development, as the livelihoods are more focused to satisfy these needs.

2.5 CONCLUSION

Social policy in South Africa is pro-poor. Within the social policy exist the social security policy. Social security is provided for in RSA Constitution (1996) and 'The Social Assistance Act of 2004'. In the Eastern Cape up to 2.4million people are in receipt of social grants 1.7million of these being children.

The above discussion demonstrated the emergence of social security communities. These have arguably replaced agrarian communities. Social security communities depend on social grants. The social grants act as a source of income and the needs of the households are realized through the market. Social security communities also reflect a high dependency ratio. The Eastern Cape is one of the provinces with high dependency in the social security system.

CHAPTER THREE

RESEARCH METHODOLOGY AND METHODS

3.1 INTRODUCTION

This study uses a qualitative approach. A qualitative approach is explained as being oriented to focus on social phenomenon in its natural settings as well as to understand complex social phenomenon (Leedy and Omrod, 2005). The advantage of the qualitative approach is that it allows the voices of participants, into the mainstream of knowledge production.

3.2 THE RESEARCH SETTING

The research setting of the study is a rural area, in the Eastern Cape, located within Mbashe Local Municipality. According to South African Local Government Association (SALGA) (2010:1), Mbashe local municipality is one of the 11 poorest municipalities in South Africa. The estimate population, of the Nqabarha Administrative Area is, 3 096 people, with 782 households which are mainly female headed and spread across 9 villages (DoSD, 2011:110). The majority of population is in the demographic cohorts of below 18 and over 60, hence a high dependency ratio.

A majority of the households in the Nqabarha AA access at least one type of a social grant. Agriculture plays a significant role as a means of livelihood, but it is practiced mainly on subsistence level. The Nqabarha AA is linked by dusty roads that connect the area with the small magisterial town of Willovale. Willovale is a rural town that provides services such as; banks, general dealership stores, and government services such as; post office, magistrate court, and municipal administration.

3.3. QUALITATIVE RESEARCH APPROACH

Leedy and Omrod (2005) argue that the answer to research questions may not be achieved by skimming above the surface, rather primary investigations that are indepth allow improved scope of knowledge outcomes. Qualitative research is more suitable in understanding the issues of the relationship of children's grants to food access, health and education support. The suitability of qualitative research is partly explained by the argument that qualitative researchers believe that there is no single ultimate truth; instead there are multiple perspectives, with each perspective containing validity (Creswell, 1998).

What are the merits of qualitative research in relation to this study? Denzin and Lincoln (1999) explain the merits of the qualitative research as being interpretive oriented thus allowing through primary analysis the internal reality and subjective experiences to be exposed into the mainstream research process. It creates scope for interaction, and exchanges that allow in-depth data to be collected. Patton (2002) identifies three areas of strengths related to qualitative research which are; naturalistic, holistic and inductive approaches. The *naturalistic approach* gives qualitative research the value to ensure that the primary investigation will be done in the natural settings which in this case in the villages that have social grant recipients and therefore improving quality of the data collected. The *holistic element*, will allow viewing all parts and their complexities that inform the research question, as opposed to simply narrowing research to cause and effect relationships. The *inductive element* will allow the discussions and exchanges that may provide further underlying facts that may provide deeper answers to the research questions.

3.4. SAMPLING AND SAMPLING PROCEDURES

In explaining sampling Hofstee (2005) states that the researcher carefully draws a section or chooses a section from the whole that would be utilised for analysis in response to the research questions. This study uses purposive sampling. Purposive sampling is also known as selective sampling as the researcher makes a judgment in selecting the participants and pieces of data to be used in the research. De Vos (2002) notes that; the sample selected is generally small as compared to samples that are drawn for probability sampling which is associated with quantitative research designs. Hofstee (2005) further notes that the main objective of purposive sampling is to focus on particular characteristics of a population that are of interest, and this enables the researcher to answer the research questions. Purposive sampling is therefore more direct to the research aim.

The study worked on a purposive sample that was representative of the population. Table 3.1 below explains the sample, size that was utilised in the study.

Table 3.1 Purposive sampling

Estimated Population Sample	Purposive Sample per Grant Type
	Children's Grants
There are 783 households in the Nqabarha Administrative Area within Mbashe local municipality. Almost each household has at least one member in receipt of a social grant (DoSD, 2004)	100 Households in receipt of a childrens grant were purposively selected.

A total of 100 households were interviewed during data collection. Household heads were the interviewees in the absence of the household head, a caregiver was the interviewee.

To add more depth and quality to the data, key informants were also interviewed. These included community leaders, social workers, teachers, and community development worker. Two officials were also interviewed as key informants.

3.5 DATA COLLECTION INSTRUMENTS

In-depth semi structured interviews, were the main data collection instrument. Leedy and Omrod (2005) notes that in an in-depth semi structured interview, the researcher follows a standard set of questions, however, there is scope for addition of probing questions. The semi structured interview questions are different from the structured interviews which ask only the standard set of questions. The data collection technique of the semi-structured interviews was used for it is logical to use such an approach given the fact that the study uses a qualitative approach.

The interview schedule was administered in face to face interview sessions, which lasted between forty five minutes to one hour. The advantages and appropriateness of the semi-structured interview is that it created the possibility to allow the voice of the participants into the study. Leedy and Omrod (2005) explain that, the semi structured interview creates confidence on the part of the participants to provide more information and dimensions to a question. There is greater scope for cooperation as opposed to

quantitative oriented questionnaires that may be answered with mistrust. Higson and Bless (2000) outline that the semi structured interviews, has the highest response rate, than participants giving consent to participate in a survey such as marketing preferences. The rapport when administering the research tool created the sense of openness that allowed participants to even review their own responses towards accuracy. The main limitation of the data collection technique is that it was generally time consuming.

Two focus group discussions were conducted in two villages. The focus group discussions included a cross section of participants. A total of thirteen interviewees participated in the focus group discussions. These included seven participants in the first group and six participants in the second group. The participants were purposively selected to be representative of the the research focus of the study. These include community leaders, teachers, nurses, community development worker, and traditional leader representative. Leedy and Omrdon (2005) define a focus group as an interview which includes face to face rapport with several participants simultaneously. Hofstee (2005) explains that a semi-structured interview guide can be used in a focus group discussion, however, the questions are shorter and more focused given that group dynamics may change the course of the discussion. In order to ensure effective focus group discussion the following technical tips were followed; ensuring a time limit, controlling discussions so as to allow each participant to air a view point, ensure a not more than 1 hour session, and selecting groups that are composed of less than 10 participants (Neuman, 1999).

3.6 FIELD WORK CHALLENGES

In the research process there were challenges encountered and resolved. The first main challenge related to research logistics of finding household heads, and also in terms of walking the distances between villages. To address this challenge, interviews were organised in line with the SASSA payment days and hence from the social grants pay point stations links were made with respondents. This reduced the time of door to door visits, as well as taking advantage of the availability of household heads and caregivers on pay point.

The second challenge related to perceptions of the respondents. The participants viewed the researcher as an outsider and would anticipate that the interviews would resolve part of their community matters on social grants. Some participants were of the view there will be a benefit for taking part in the interview. To address this challenge the researcher had to explain clearly that the purpose of the study was academic enquiry as opposed to government work which may yield responses to community challenges. In some instances these explanations took a lot of time before the actual interview started. However with their consent, participants agreed and participated freely in the discussions.

The third challenge related to the two focus group discussions. The participants felt strongly that the researcher should help with the findings to push some of the arguments to the authorities of government, on matters such as the issue of the

children's grants values. However, the researcher continuously emphasised that the study was for academic purposes and knowledge production only.

3.7 CONCLUSION

The research approach was qualitative and this provided benefits of indepth investigation. A purposive sample of 100 households was utilised in the study. The data collection instruments included indepth semi-structured interview schedule that was administered in one on one interviews and focus group discussions. The foregoing ethical considerations were observed during data collection.

CHAPTER FOUR

THE ROLE OF CHILDREN'S GRANTS IN MEETING BASIC NEEDS: EVIDENCE FROM NQABARHA

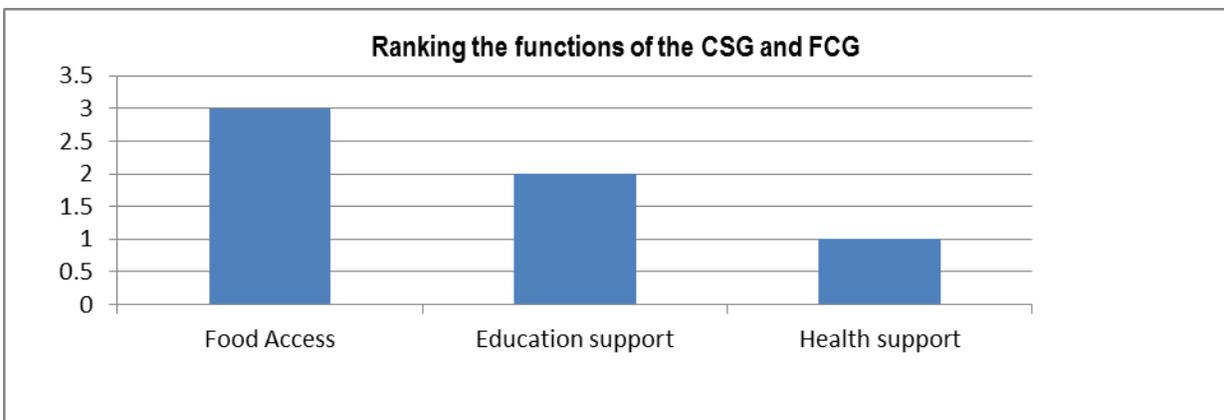
4. 1 INTRODUCTION

This chapter answers the following research questions within the context of the basic needs model approach:

- (i) What is the contribution of children's grants to household food access?
- (ii) What is the effectiveness of children's grants in education access and progress?
- (iii) What is the impact of children's grants on household health care access?

The ranking method was used to confirm and rank the relationship between children's grants and three basic needs (food, education and health). Food access was ranked as the most important function, followed by education support and lowest was health care support.

Table 4.1: Functions of the children's grants in the households



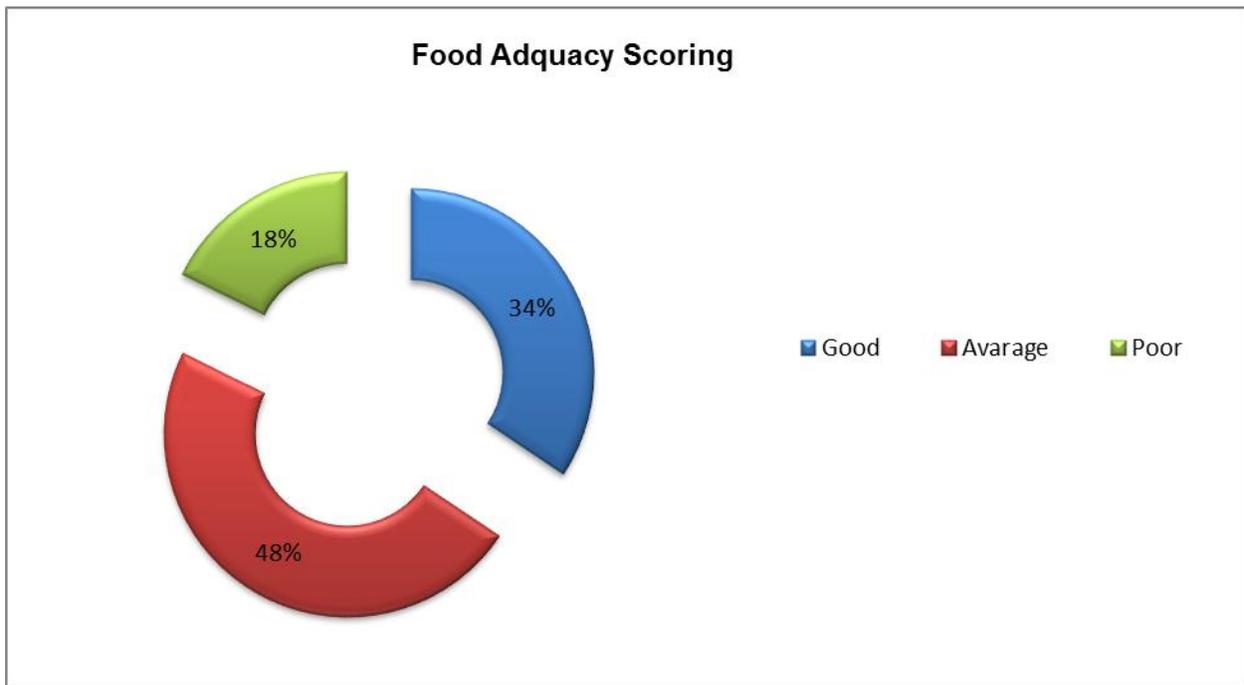
Source: Author, field date, 2012

The findings of the study reveal that, the children’s grants offer levels of significant contribution towards the promotion of basic needs access for households. However, an emerging theme is the inadequacy of the children grants to stimulate greater improvement of children’s conditions in households especially towards the higher order achievement of; the right to food, the right to education and the right to health care.

4.2 CHILDREN’S GRANTS AND HOUSEHOLD FOOD ACCESS

One of the questions respondents were asked was: *Do the children’s grants ensure adequate food access?* Thirty four (34) percent, 34 households indicated that food adequacy was good. Participants in the 34 households confirmed that at least the children have 3 meals a day.

Pie Chart 4.1: Food adequacy



Source: Author, field study data, 2012

Forty eight (48) percent, 48 households stated that, the food adequacy was average, and sometimes there were periods of shortage within the month, and the worst strain was before the monthly payment date of the grant. Eighteen (18) percent, 18 households, scored food access as poor. These household indicated that they had no other alternative means of an incomes.

The following statements further provide insight in the situation of household food access.

Table 4.2: Participants views on the situation of food access

Rating	Respondents view
Good	<i>'We at least, can give the children food in the morning, and after school and in the evening, because of the grant'</i> (M. v-1, 03 September 2012).
Average	<i>'Yes the grant helps but there are times when it is not enough and the children may not get food especially towards the end of the month the money of the grants will be depleted'</i> (B. v-1, 03 September 2012).
Low	<i>'No, we try to use the grant money wisely but still it will not be able to provide enough food, and for us we also survive using the grant money'</i> (N.v-1, 03 September 2012)
<ul style="list-style-type: none"> • M is a code for a specific respondent • B is a code for a specific respondent • N is a code for a specific respondent • V-1 is a code name for a specific village 	

These findings confirm the view that social grants provide a means of income which then is directed to the primary needs of the household. However, children's grants

contribute towards food access but, do not provide scope for a comprehensive solution towards household food security.

The study also sought to find the type of food bought using children's grants. The primary care givers indicated that the children had limited power to influence the type of food stuffs that are bought. First the finding showed that the caregivers have the monopoly of choice. Secondly the primary caregivers, outlined the food stuffs bought are mainly basics, that is; mealie meal, mealie rice, potatoes, bread flour, and vegetables and cooking oil, with limited access to meat and eggs.

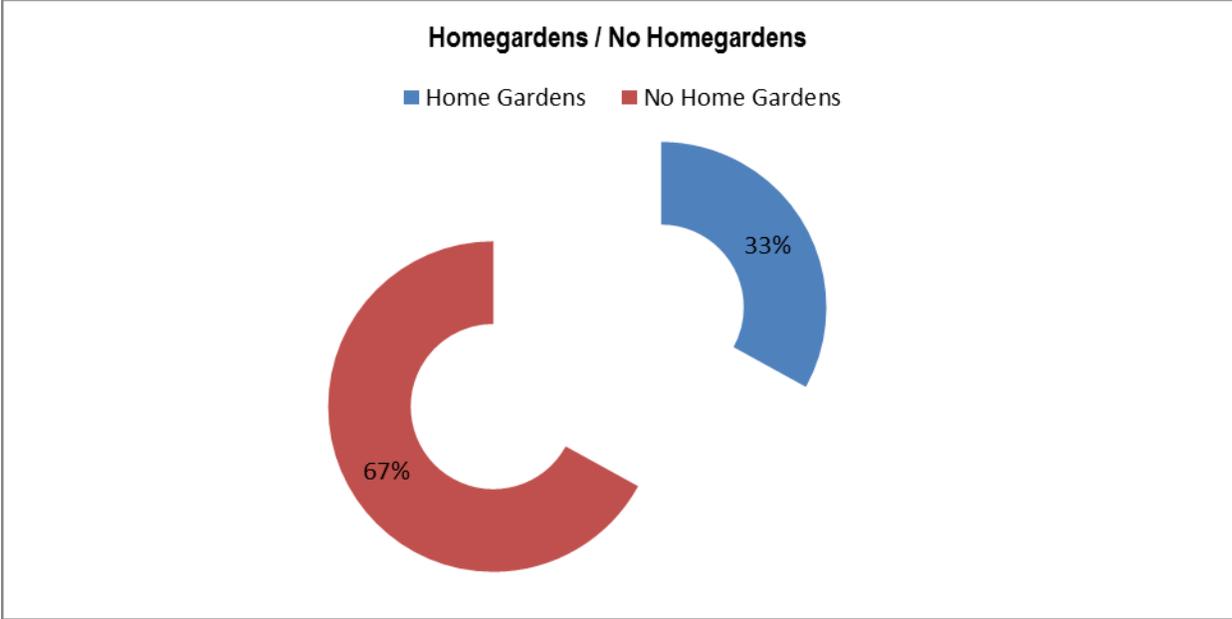
The focus group participants confirmed that mainly the social grant money bought basic food stuffs which of choice. Mr. Mzwandile Mgilane, a community leader at at Mtokwane village, stated that households buy mostly food that is common in Xhosa homes which is also very basic mainly with a lot of starch like mealie meal, mealie rice and potatoes.

The analysis of this finding show that, the children's grants promote access to food, however the nutritive quality of the food is mainly carbohydrates based, with limited access to protein and vitamin. The Food and Agricultural Organisation (FAO) (2012:1) indicates that in the developing world, access to food is a challenge, and instances where the food is available the nutrition status of the food is generally low. Thus children in social security dependent communities achieved a level of basic need (food access) but not nutrition quality.

The study also found out that some households grow their own vegetables in an effort to supplement food bought using the children's grants. Households with home gardens

growing vegetables show better access to food than those that do not maintain home gardens. Thirty three percent (33 households), of sampled households are maintaining active home gardens, and sixty seven percent (67 households) do not have home gardens, as indicated in pie chart 4.2 below.

Pie Chart 4.2: Households with home gardens and households with no home gardens



Source: Author field data, 2012

The home gardens produce vegetables of various kinds such as; mealies, butternut, cabbages and beetroot. These are mainly for household consumption. The home garden factor reduces the pressure on children’s grant since it provides an additional means to ensure food access. The households that do not maintain home gardens rely mainly on social grants with market forces imposing the price of food hence access to food is challenged. The table below presents explanations by informants on home gardens.

Table 4.3: Respondents comments on home gardens

Statement from Household participant.	<i>'My late husband, and I we started a home garden with the support from the municipality, now we don't wait for the social grant only we have enough food and my children are well fed'</i> (NZ, v-2, 29 August 2012).
Statement from Community Development Worker	<i>'We have assisted some households with food gardens because the social grants alone will not be able to sustain the food needs. In those household as are sure the children have more than enough because they have two sources of food the social grants and home produce'</i> (Z.v-2, 29 August 2012).
<ul style="list-style-type: none"> • NZ is a code for a specific respondent • Z is a code for a specific respondent • V-2 is a code for a specific village 	

Children's grants are one avenue for accessing food but when combined with food gardens make household achieve food security. Mackenzie and Taylor (1992:13) argue that communities should be part of the solution in order resolve the question of food insecurity as opposed to reliance only on social support in form of children's grants. Such an approach is similar to the Tanzanian Ujamaa concept of self-reliance, through harnessing social capital to create opportunities for locally designed development solutions as opposed to charity based models (Cranford, 1999 in Ibhawoh and Dibua 2008:11).

4.3 CHILDREN GRANTS AND ACCESS TO EDUCATION

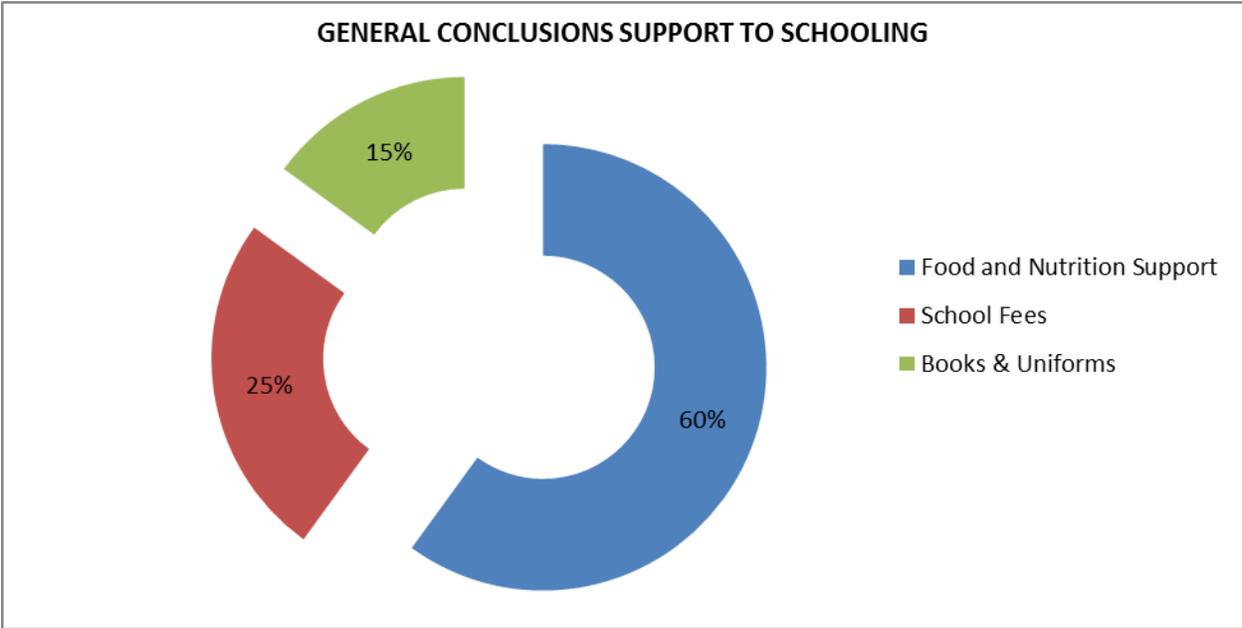
Within, the sample, of 100 households, a total of 135 children are in receipt of children's grants. Fifty two percent (68 children), are in primary school, Twenty nine percent (37 children) percent are in pre-school and nineteen percent (25 children) are in secondary school education. A comment by a South African Social Security Agency administrator in Nqabarha area, also provides a supporting statement

'As SASSA, we participate in community forums that check to ensure that children who receive social grants are also in school, we provide lists of recipients names and age and the community leaders ensure school participation' (B-1., SASSA Service Office, 28 August 2012).

The children's grants have a positive relationship with education access. Those children in receipt of a grant are most likely to attend schooling because of the support mechanism associated with the grant. The UN special rapporteur on the right to education stated that, government have a role to play to ensure progressive access to all levels of education especially for children faced with vulnerability (Singh, 2010:1). This contribution of the children's grants is indeed in line with the basic needs model. However the contribution is a long term investment to improvement of the human development index levels of communities. Literature presents the case of Cuba, with a 99 percent literacy rate, explained as the commitment of the state through social support programmes (Sweig, 2004:3).

The participants in the focus group discussion affirmed that the CSG and FCG, support children’s needs towards schooling. The pie chart below shows the roles of the children’s grants in supporting children’s education.

Pie chart 3: Children’s grants contribution to education



Source: Field data, 2012

The social grants support schooling with sixty percent of being directed to food requirements of the children. Twenty five percent support toward school fees, with fifteen percent directed towards books, writing materials and school uniforms. Mr Mziyanda Mzeleni, at Nqabarha Senior Secondary school confirmed that if properly managed the grant money could support a learner from primary school until finishing secondary school.

The theory of social stratification identified education as an enabling variable that allows social mobility of children from disadvantaged situation to cross class membranes and

achieve higher status (Granovetter, 1985). Therefore when children grants are factored in the situations of poverty these provide a medium for improvement of access to education therefore creating scope for children from poor backgrounds to improve their conditions.

4.4 CHILDRENS GRANTS AND ACCESS TO HEALTH CARE

The social grant plays a role towards realisation of the right to health (see table 4.4 below). This right is a basic need. The sampled 100 household respondents identified 4 key elements as the functions of children’s grants towards health care. These were ranked 1 (lowest) to 4 (highest) in terms of cost drivers as; clinic fees, medicines, transport, and doctors’ fees.

They further explained the clinic fees, medicines, transport and doctors’ fees as follows:

Table 4.4: Comments by participants in children’s grants contribution to access to health care

Function of CSG&FCG	Statements by difference respondents
Clinic Fees	<i>‘ we do not pay much for the clinic fees, which are mainly paid once and the return visit is free, so our children can go to the clinic without paying much money’(J.v-3, 03 August 2012)</i>
Medicines	<i>‘at the clinic they don’t have medicines as the clinics in town so, we spend much more money on medicines which we buy at pharmacy’ (NM. V-3, 03 August 2012).</i>
Transport	<i>‘Transport is a problem. When we go to clinic we need transport if the child is very sick you need a car and it cost R500 to carry a</i>

Function of CSG&FCG	Statements by difference respondents
	<i>bedridden child; if you have a return visit for injections, because of the transport R7 we end up staying at home as the child recovers' (NN. v-3, 02 August 2012).</i>
Doctor's Fees	<i>'When my two children want to have a tooth removed I go to a doctor who comes every Tuesday, and the fees are higher than at the clinic' (ZM. V-3, 02 August 2012).</i>
<ul style="list-style-type: none"> • <i>J is a code for a specific respondent</i> • <i>NM is a code for a specific respondent</i> • <i>NN is a code for a specific respondent</i> • <i>ZM is a code for a specific respondent</i> • <i>V-3 is a code for a specific respondent for a village</i> 	

In general the findings show two outcomes: (a) children's grants do provide a level of contribution towards health care access and support; and (b) children's grants do not ensure adequate support to provide protection, as the support is mainly in relation to primary health care. Welch (2000:12) does acknowledge that social grants in general are intervention factor affecting health care access, with research that shows that those communities with level of social support have better health indicators as compared to vulnerable communities without solid mechanism of social support.

The failure of the children's grant to make a sustainable impact on health care access is mainly due to structural challenges in the health care sector. Africa Health Placements (AHP) (2012:12) indicates that rural communities are underserved by doctors and health care facilities. Given such reality children's grant recipients are not able to access comprehensive health care, which in South Africa is better provided in the private health care system.

4.5 THE ROLE OF SOCIAL NETWORKS IN IMPROVING ACCESS TO FOOD, EDUCATION, HEALTH CARE

The study found out that social networks play a role in improving access to food, education and health care (see pie chart 4.4 below). Money transfers from kinship were identified as a contributory factor towards improved health care and education. Sixty seven percent of the respondents, (67 households) acknowledged that they have kinship that migrated to urban areas in search for work.

Pie Chart 4.4: Households that benefit from kinship versus households with no benefit from kinship



Source: Field data, 2012

The migrants do send money home to assist in the household needs. The sixty seven percent, participants further noted that that kinship will assist more on education access (highest rating), health care access (median rating) and food access (low rating) (see

table 4.5 below). The reasons were that with education the parents or relatives serve money and then send money to support on school fees and uniforms which are a once off issue as opposed to day to day injection of money for food access.

Table 4.5: Comments by respondents on kinship assistance towards households needs.

Statement 1	<i>'I am staying with two children, and the mother is in Cape Town she helps me at the opening of schools with uniforms and during the terms she send in money to assist as she get its, it really helps the social grant money'</i> (FZ.-v-4, 05 August 2012).
Statement 2	<i>'The caregivers who have assistance of income from their children in towns find it better because they can get money to assist them with the medical bills and fees of the children'</i> (TM.v-4, 05 August 2012).
Statement	<i>'Me I depend on my the child support grant and my old age to support the children and its more tough because I have no relative who send me additional money to help with the child's needs like school shoes'</i> (LM. v-7 28 August 2012)
<ul style="list-style-type: none"> • FZ is a code for a specific respondent • TM is a code for a specific respondent • LM is a code for a specific respondent • V-4 is a code for a specific village • V-7 is a code for a specific village 	

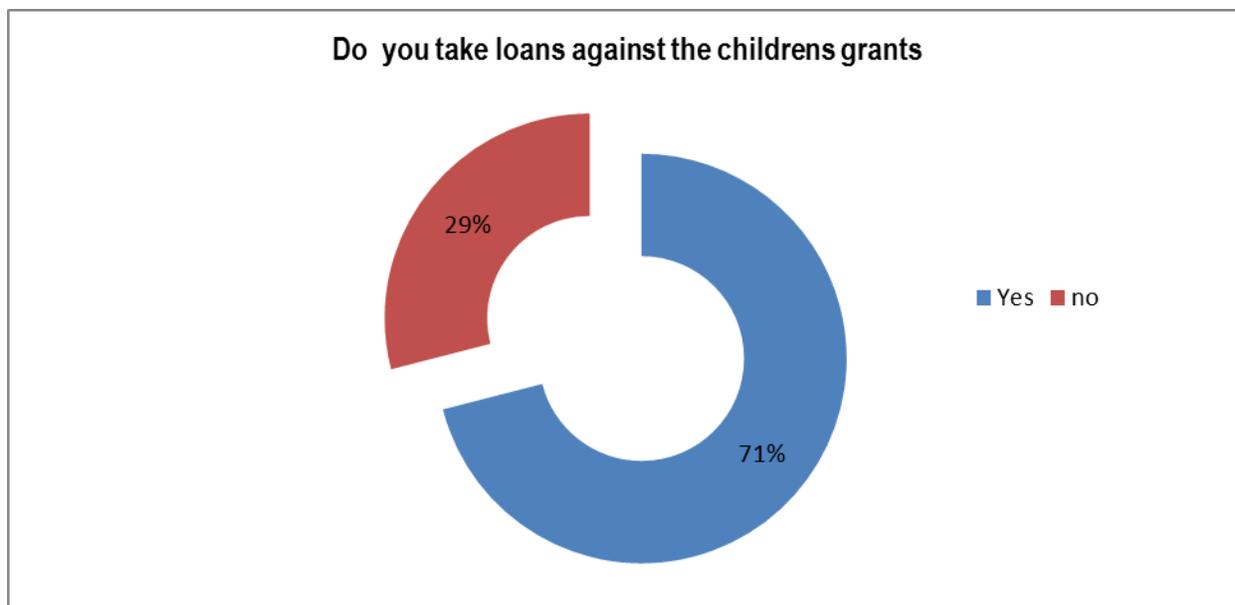
Popenoe (2004:23) provided the sociological view that the functions of family are multiple including economic cooperation. The family may, for economic and social reasons, not reside in one dwelling but the social capital linkage between its members tend to remain across geographies. This enables members to provide income support to

ensure protection and access especially for critical or rather basic needs of the family. Therefore the family transfer plays a support function in aiding the children grants to achieve primary needs of family.

4.6 THE ROLE OF SHORT TERM LOANS IN IMPROVING ACCESS TO FOOD, EDUCATION AND HEALTH CARE

The study also found out that social grant recipients do borrow against the children's grant, in order to access food, health care and education. Seventy one percent (71) of caregivers indicated that they do borrow money, in terms of short loans against the using the social grant as guarantee for payment of debt (see pie chart 4.5 below). They use the money for paying fees and paying medical bills. The twenty one percent that indicated that they do not borrow were mainly cushioned either by kinship support or by agricultural production or some other means of income hence they could plan better their money matters given the wider income bases. The pie chart below shows the households that take short loans from loan sharks.

Pie Chart 4.5: Households that take short term loans from loan sharks



Source: Field data, 2012

This behaviour by some of the informants is in line with the comment book entitled the *'Portfolio of the Poor: How the world's poor live in \$2 a day'*, which indicates; that even the poor do take micro-credit. However due to the structure of the credit system they may not be able to qualify for the rigorous criteria for formal loans (Mudorch and Ruthven, 2009:14), hence the poor take informal micro-credit as a means to sustain their basic needs.

4.7 CONCLUSIONS

The study found out that children's grants contribute towards food access. However, the food access is not adequate. The children's grant is strategic in ensuring food access which is a critical basic need. The findings of the study also shows that the following are some of the food items that are bought, mealie meal, potatoes, cooking oil and mealie rice. Home gardens are significant in promoting food access, as households that

maintain home gardens affirmed the contribution of home gardens in supporting children's grants access to food.

The children's grants have an impact on education on three levels of schooling; pre-school, primary school, and secondary school. The grant is a major contributor towards supporting schooling needs such as; school fees, uniforms, books and study materials, nutrition of learners. The teachers confirmed the children's grants are critical success factors to rural schooling. The teachers confirmed that the grant is a critical success factor for rural schooling.

Participants also confirmed contributory role of children's grants towards medicine and access to health care. However, there is limitation as it can only support public health care and primary health care. In cases where doctors are needed the people are left with limited choice. Medicines are also bought by social grant transfers. However high transport costs results in adequate access to comprehensive health care.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents a summary of the study findings and recommendations. The objectives of the study were:

1. Establishing the impact of the children's grants, on access to food;
2. Assess the impact of the children's grants on access to education; and
3. Evaluative the impact of children's grants on access to health care.

The conceptual framework of the study was the basic needs model to development. According to Todaro (2003) the basic needs model, is one of the core values of development for it has direct focus on social protection against situations of; food insecurity, illiteracy, and poor health status.

5.2 IMPACT OF CHILDRENS GRANTS ON ACCESS TO FOOD

The findings identified the primary function of children's grants as being associated with ensuring access to food. The United Nations Special Rapporteur on '*The Right to Food*' confirms that the poor can experience levels of food access through welfare programmes that are aimed to provide basic support to the poor and vulnerable (De Schutter, 2010).

An in-depth of analysis of the findings however showed that access to food was, (a) not uniform, and (b) not all families in receipt of children's grants had adequate access to

food. The conclusion therefore is that, children's grants are a necessary condition to improve access to food in rural communities; however they do not ensure sufficient access to food. This argument is supported by a HSRC report on food security which notes that, in the countryside access to food remains a challenge mainly because of the low incomes in rural households mainly achieved through social grants (Jacobs et al, 2009:3)

The study further revealed that households that maintain home gardens, have better access to food than households that only relied on children's grants. Mtshali (2003) in a study on '*Rural livelihoods and survivalist strategies in rural kwa-Zulu*' argues that those households that have various methods of livelihood diversification are likely to enjoy better indicators of food security than those that have very narrow livelihood bundles.

5.3 CHILDRENS GRANTS AND ACCESS TO EDUCATION

The findings revealed the strategic role of children's grants in supporting access to education at three levels' pre-school, primary school and secondary school. The findings therefore confirm that children's grants have a contribution to human development as follows; (a) early childhood development, in terms of pre-school children, (b) universal primary education in terms of primary school children including girls and boys, and (c) investment in people in support of secondary school children. Todaro (2003) argues that social grants can play a significant role in improving access to education especially in economies that are riddled by inequality.

The study also identified four (4) areas in which the children's grants contributes towards education access; school fees, school uniforms, nutrition support, and learning

materials such as books. These conclusions therefore confirm the proposition that children's grants are a contributory factor that supports the improvement of the human development index of a community.

5.3 CHILDRENS GRANTS AND ACCESS TO HEALTH CARE

The study showed that children's grants play a role towards health care access. There are four key areas area of contribution towards health care, which include; clinic fees, medicines, transport to rural health care centers, and doctors' fees. Welch (2000:12) argues that social grants as mechanisms of social welfare are determinants of rural health access.

The findings however, identified that children's grants do not provide adequate access to the required levels of health care for the children in vulnerable households. The analysis showed that the children's grant can only ensure access to primary health care. Given the challenges, the general state of public health care in the rural areas is riddled by poor delivery. Africa Health Placement (2012:2) confirms the structural matters affecting health care access such as, underservicing of rural areas by doctors and medical resources. This situation worsens the standards of health care in communities that depend mainly on children's grants.

5.4 THE ROLE OF SOCIAL NETWORK IN IMPROVING ACCESS TO FOOD, EDUCATION AND HEALTH CARE.

The study found out that, households in the rural areas have social networks that mainly link them with urban areas. Those households that have kinship networks showed

better access to health care and education, than those that lack such social networks. The kinship networks increase the sources of income, and hence the improved access. This finding is confirmed by the concept of social capital approach to social change, which states that communities that enjoy extended networks with the greater society are likely to benefit progressively in a manner that reduced the burden of poverty on the community (Krishna, 2004).

5.5 THE ROLE OF SHORT TERM LOANS IN IMPROVING ACCESS TO FOOD, EDUCATION AND HEALTH CARE

The study revealed that households take short term cash loans, mainly from informal credit providers. These cash loans are used to ensure dealing with situations of economic stress in the household such as to contribute to funerals, circumcision ceremonies and to support basic needs. The children's grants are used as collateral to access these short term loans with high interest rates. These conditionalities of borrowing from loan sharks further worsen the economic condition of borrowers. The poor borrow for survival reasons as opposed to borrowing for luxury material requirements. In an HSRC report, Makiwane (2012) argued that the poor borrow to support basic needs, as opposed to investment borrowing.

5.6 RECOMMENDATIONS OF THE STUDY

The following are critical areas of recommendation based on the findings of the study.

(i) Policy based recommendations

The voices of respondents reflected areas of policy gaps on social policy. These gaps suggest that the social policy trajectory in South Africa requires review. The value of children's grants should be linked to market realities. This suggests that policy makers should consider the improvement of the rand value of the children's grants given the critical functions it serves in the communities.

Another policy option is to consider a scenario where rural people receive a slightly higher value on children's grants. This is because the study identified that, the cost of food, medicines, and school uniforms is generally higher for rural consumers due to transport factors. The binary arrangement of the structure of children's grants for urban and rural recipients will assist in the redress of inequality in the short term challenges of access to food, education and health care.

(ii) Community development recommendations

The maintenance of home gardens can assist greatly towards food access, and the improvement of income generation through agrarian based activities. Home gardens may also be supported through maintenance of household poultry production and full scale vegetable production, with scope for value addition home industries. The spin-off of these matters includes;

(a) increasing access to food, (b) improving the nutrition status of the household, and (c) reducing the cost spend on food.

(iii) Rural development recommendation

The challenges faced by recipients of social grants are essentially a question of the unresolved question of rural development. The unresolved underservicing in the rural health sector places strain on the children's grants to protect access to health care, food access and education access. Therefore there needs to be direct investment by the state in basic needs of rural areas so as to stimulate rural development.

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APPENDICES

APPENDIX A

UNIVERSITY OF FORT HARE
DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF FORT HARE



INTERVIEW SCHEDULE FOR HOUSEHOLD HEADS/ CAREGIVERS

**Social Policy and Social Assistance Communities: The Case of Nqabarha
Administrative Areas in the Eastern Cape**

Interview Number:.....

Place/Village:.....

1. BACKGROUND INFORMATION

2.1 How many children receive a grant in this household?

2.2 What is the name of the grant?

2.3 How long have the child / children been in receipt of the grant?

2. CHILDRENS GRANTS AND ACCESS TO FOOD

2.1 Do the social grants contribute to food access?

2.2 What types of food do you buy?

2.3 Who chooses the food that is bought by children's money?

2.4 Is the food adequate in supporting food access?

2.5 Does the children's grants last a month?

2.6 Any other comments on Food Access and the Children's Grant.

3. CHILDREN'S GRANTS AND ACCESS TO EDUCATION

3.1 Do children's grants assist in the status of education in the household?

3.2 Does the child (/ children) attend school? Preschool/ Primary/or Secondary.

3.3 What are the main purpose of education support on areas of; school fees, school materials, nutrition support, and books.

3.4 Is children's grant adequate in promotion of access and adequate school support?

4. CHILDREN'S GRANTS AND ACCESS TO HEALTH CARE

4.1 What is the role of the social grants towards health care?

4.2 What type of health care service do you use?

4.3 Does the social grant ensure adequate access to health care?

5: OTHER AREAS OF INFORMATION

1.1 Do you keep home gardens or practice some form of agriculture?

1.2 Do the home gardens improve the food status of the households?

1.3 Why do you / do you not maintain home gardens?

1.4 What do you grow, and what do you use the products you produce?

5.5. Do you take loans?

5.6 What type of loans and from who?

5.7 What is the interests' rate for the loans?

5.8 Do you receive money from relatives?

5.9 Does it help in the household needs?

5.10 What are the main functions of the money from kinship?



THANK YOU FOR YOUR TIME AND PARTICIPATION

APPENDIX B

UNIVERSITY OF FORT HARE
DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF FORT HARE



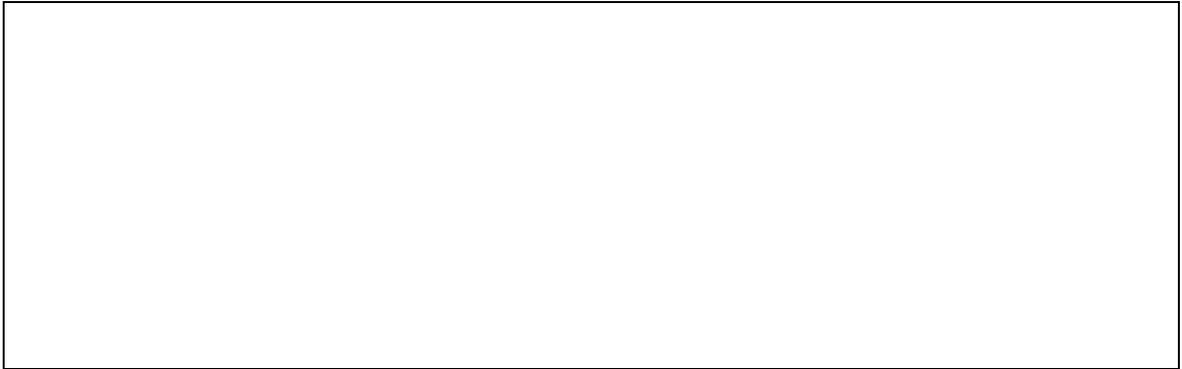
DISCUSSION SCHEDULE FOR FOCUS GROUP DISCUSSIONS

1. What is your view of the role of Social Grants in general in Nqabarha?

2. What do you understand as the role of Child Support Grant and Foster Care Grant?

3. Do children's grants promote adequate access to food?

4. Do social grant offer adequate access to education and education support?



5. Do children's grants promote adequate access to health care?



THANK YOU FOR YOUR PARTICIPATION

