DEPARTMENT OF SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

WHITE PAPER ON FAMILIES
IN SOUTH AFRICA

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GLOSSARY OF TERMS

Child-headed household: A household without an adult caregiver, which is headed by the eldest or most responsible child who assumes parental responsibility.

Cohabitation: A union in which two adults stay together without any contractual agreements, with or without children.

Dysfunctional family: A family in which conflict, misbehaviour, neglect, or abuse occur continually or regularly.

Extended family: A multigenerational family that may or may not share the same household.

Family policy: any direct and indirect policy that influences the well-being of families

Family preservation services: Services to families that focus on family resilience in order to strengthen families, so as to keep families together as far as possible.

Family Resilience: the ability of families "to withstand and rebound from disruptive life challenges.[1]

Family strengthening: The deliberate process of giving families the necessary opportunities, relationships, networks, and support to become functional and self-reliant. The strengthening of families is driven by certain core areas, namely: family economic success, family support systems, and thriving and nurturing communities.

Family: A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence.

Green Paper: a consultation document setting out government's policy position. As a discussion document, it affords government an opportunity to test its ideas on important matters among the public and to benefit from inputs and comments from the ensuing public discussion. n on national strategic planning.[2]

Healthy family: a family characterized by good interpersonal relations and good a state of physical, mental, and social well-being among all members

Intergenerational solidary: Reciprocal care, support and exchange of material and non-material resources between family members, typically younger and older generation.

Nuclear family: a family group consisting of parents with their biological or adoptive children only.

Skip-generation households: A family type where grandparents raise their grandchildren (without the grandchildren's parents).

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[1] Walsh, 2003:1
[2] South African Government Information (2009).

Social capital: resources embedded within a person's social network that influence decisions and outcomes by shaping a personal identity while delineating opportunities and obstacles within a person's social world[3]

Social cohesion: a process of building shared values and communities of interpretation, reducing disparities in wealth and income, and generally enabling people to have a sense that they are engaged in a common enterprise, facing shared challenges, and that they are members of the same community.

Social protection: policies and programmes that protect people against risk and vulnerability, mitigate the impact of shocks, and support people from chronic incapacities to secure basic livelihoods[4].

White Paper: A document used as a means of presenting government policy preferences prior to the introduction of legislation. Its publication serves to test the climate of public opinion regarding a policy issue and enables the government to gauge its probable impact.[5]

Work-family conflict: a form of inter-role conflict in which the roles pressures from work and family domains are mutually incompatible[6]

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[3] Belcher et al (2011:69)
[4] Adato & Hoddinott, 2008.
[5] Chapin & Deneau (1978)
[6] Greenhaus & Beutell (1985).

SECTION 1:   INTRODUCTION

1.1   Background

Along with the economy, polity and education, the family is universally viewed as one of the essential sectors without which no society can function (Ziehl, 2003). As the setting for demographic reproduction, the seat of the first integration of individuals into social life, and the source of emotional, material and instrumental support for its members (Belsey, 2005), the family influences the way society is structured, organised, and functions. It is essentially through the family that each generation is replaced by the next; that children are born, socialized and cared for until they attain their independence; and that each generation fulfills its care responsibilities to minors, older persons, and the sick (Waite, 2000). Although dysfunctional families—in which conflict, misbehaviour, neglect, or abuse occur continually or regularly—have the ability to foster and legitimize oppression of certain family members, especially women and children, an established body of research evidence from different parts of the world has shown that *stable and supportive* families are associated with several positive outcomes. These include higher levels of self-esteem; lower levels of antisocial behaviour such as crime, violence and substance abuse; higher levels of work productivity; lower levels of stress; and more self-efficacy to deal with socioeconomic hardships (Amoateng, 2004). To this end, stable families demonstrate high levels of social capital and resilience, and contribute to smooth functioning of society and, hence, to social cohesion (Ziehl, 2003). As the Centre for Social Justice in the United Kingdom succinctly summarises it:

> Stable, healthy families are at the heart of strong societies. It is within the family environment that an individual's physical, emotional and psychological development occurs. It is from our family that we learn unconditional love, we understand right from wrong, and we gain empathy, respect and self-regulation. These qualities enable us to engage positively at school, at work and in society in general. The absence of a stable, nurturing family environment has a profoundly damaging impact on the individual, often leading to behaviour which is profoundly damaging to society (Centre for Social Justice, 2010:6)

There is also a strong link and interplay between the family and other institutions in society. For example, the structure of a country's economy will not only influence the extent to which members of a family are able to enter and participate in the labour market but it will also determine, to a large extent, whether family members are able to derive livelihoods from decent work opportunities, earn a living wage and have benefits which enable them to have acceptable standards of living. The way an economy is structured will also have a bearing on the ability of family members to access quality health care and education. For example, a significant body of research evidence has shown that through family health promotion –defined as the a process undertaken by the family to sustain or enhance the emotional, social, and physical well-being of the family group and its members (Ford-Gilboe, 2000)—family support is effective in promoting adherence to medical regimes, uptake of positive lifestyle changes, and providing comfort and support for sick family members (National Institute of Health, 1992; Ford-Gilboe, 2000)

With regard to education "we could begin by saying that the family is indispensable for education. We could also say the family is the most important source of education" (Hardon, 1998:1). In essence, when parents and other familial caregivers are involved in children's education in meaningful ways, there is a positive influence on academic performance; students whose families are actively involved are more likely to achieve higher grades, to have better school attendance, to be better motivated, and are less likely to be cited for disciplinary action (Ferhman, et al 1987; Desforges & Abouchaar, 2003). In a different vein, parents and other adult family members generally exert considerable influence as teachers and role models for children through skill building, limit setting or discipline, and as models of healthy and competent behaviour (Perrino et al, 2000).

Overall the family, through its instrumental and affective roles has the potential to enhance the socio-economic wellbeing of individuals and society at large. Instrumental roles are concerned with the provision of physical resources such as food, clothing and shelter while affective roles promote emotional support and encouragement of family members (Peterson, 2009). The table below shows how these roles fulfill important functions for their members and for society, such as family formation and membership; economic support; nurturance and socialization; and protection of vulnerable members

Family function	Ways each function benefits to	
	Individual family members	Society
Membership & family formation	• Provides a sense of belonging • Provides personal and social identity • Provides meaning and direction in life	• Controls reproductive function • Assures continuation of the species
Economic support	• Provides for basic needs of food, shelter, and clothing and other resources to enhance human development	• Contributes to healthy development of members who contribute to society (and who need fewer public resources)
Nurturance, support and socialisation	• Provides for the physical, psychological, social and spiritual development of children and adults • Instills social values and norms	• Prepares and socialises children for productive adult roles. • Supports adults in being productive members of society • Controls antisocial behaviour and protects society form harm
Protection of vulnerable members	• Provides care and support for young, ill, disabled or otherwise vulnerable members	• Minimizes public responsibility for care of vulnerable, dependent individuals

Source: Adapted from Patterson, J.M. (2002). Understanding family resilience, *Journal of Clinical Psychology,* Vol. 58 (3): 233-246

Despite the foregoing basic functions of the family, it is noteworthy that family structures and functions as well as intra-family roles and relationships are in a constant state of flux (Belsey, 2005). This is due to two basic factors: (1) long-term historical shifts in technology, modalities of production, population migration, the population structure and urbanization; and (2) the short- and medium-term consequences of natural and man-made disasters and conflicts, and of economic and social disruption and opportunities (Belsey, 2005: 16).

Nonetheless the core functions of the family can, at any given stage, be facilitated or enhanced through a family policy which, broadly construed, encompasses any direct and indirect policy that influences the well-being of families (Randolph & Hassan, 1996). Direct policies offering particular kinds of support to families or specific family members, whereas indirect policies are generally

more important determinants of families' overall access to resources, including goods, services, and community supports (Randolph & Hassan, 1996).

Using the above definition as the basis, the development of family policy in South Africa can be traced back to the institutional segregation of population groups that prevailed during the apartheid era (Amoateng & Richter, 2007). The system essentially gave rise to a dualistic family policy whereby a strong differentiation was made between White families and those of Africans, Coloureds, and Indians (Harvey, 1994). Overall, with Whites seen as more superior to the other groups, and given the government of the day's view that "the interests of the black group lay in the reserves, that the Indian group was an exogenous group and that the Coloureds should fend for themselves", the Western core family was adopted as the model of family life in the country (Harvey, 1994:29).

Following the end of apartheid and the establishment of a new democratic dispensation in 1994, the post-apartheid Government instituted various policy and legislative reforms aimed at, among other things, the realignment of the country's institutions, in order to transform the South African society. However, the family is not explicitly addressed in many of these policies. Rather it is usually inferred and, in consequence, most socio-economic benefits indirectly filter down to the family. For example, the five major social assistance policies in the country focus only on specific individuals, namely: older persons (The State Old Age Pension), people with disabilities (the Disability Grant), and children (the Child Support Grant, the Foster Care Grant, and the Care Dependency Grant). It is noteworthy, however that the needs of such individuals may not necessary be congruent with those of the family unit. Past and present poverty analyses and strategies of intervention have also primarily concentrated on households, as opposed to families, thereby causing policies to overlook intra-family dynamics in the country.

It is against the above background that the absence of an explict policy framework on the family in South Africa has, over the years, been identified by policymakers, academics, civil society, and concerned citizens as a critical shortcoming that needed to be urgently addressed (Department of Social Development, 2012). In particular, the detrimental effects of the policies of colonial apartheid on the family (for example, land dispossessions, and the migrant labour and homeland systems) are viewed to a connection with the multiplicity of social ills that continue to confront contemporary South Africa

Largely as a response to these concerns, a *White Paper for Social Welfare* was issued in 1992. As the first overall social welfare policy under the post-apartheid government the Paper reaffirmed the country's commitment to securing basic welfare and human rights, and focused on the family and its life cycle: children, youth and the aged. It outlines strategies to promote family life, as well as to strengthen families; and guides, through its developmental paradigm, the implementation of pro-family policies and services in the country. In 2001 a draft *National Policy Framework for Families* was developed by the Department of Social Development. Its 'final draft version', was issued in 2005 with goals that include the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services. In the pursuit to finalise this 'final draft version' the

South Africa Cabinet, in September 2011, approved the Green Paper on Families which has the stated aim to "promote family life and strengthen families in South Africa". The Green paper was released for public comment in October 2011. This White Paper on Families emanates from the Green Paper.

1.2   The White Paper Development Process

The terms of reference for the development of this White Paper on Families required the following:

- The holding of provincial and national consultations to gain feedback from stakeholders on the Green Paper;
- Based on feedback received, the drafting of the White Paper on Families;
- The development of an inter-departmental implementation plan for the implementation of the White Paper; and
- The cost-out of the implementation of the White Paper by government departments.

To the extent that services to families are rendered by different government departments and non-governmental organisations and, hence are multi-sectoral in nature, the White Paper on Families was developed through a consultative process which involved provincial and national stakeholder workshops attended by a range of participants including representatives from the national, provincial and district Departments of Social Development; representatives from other government departments; and civil society, including the faith-based and community-based organisations. The general public also contributed to the White Paper by submitting written inputs on the Green Paper, and by participating in public hearings that were held in all the nine provinces.

1.3   Objectives

The White Paper on Families views the family as a key development imperative and seeks to mainstream family issues into government-wide, policy-making initiatives in order to foster positive family well-being and overall socio-economic development in the country. The specific objectives are to:

1. Enhance the socialising, caring, nurturing and supporting capabilities of families so that their members are able to contribute effectively to the overall development of the country;
2. Empower families and their members by enabling them to identify, negotiate around, and maximize economic, labour market, and other opportunities available in the country; and
3. Improve the capacities of families and their members to establish social interactions which make a meaningful contribution towards a sense of community, social cohesion and national solidarity.

1.4   Vision and mission

The vision and mission of the White Paper on Families are as follows:

Vision: Well-functioning families which are loving, peaceful, safe, stable, and economically self-sustaining, that also provides care and physical, emotional, psychological, financial, spiritual, and intellectual support for their members.

Mission: To undertake activities, programmes, projects and plans to promote, support and nourish well-functioning families that are loving, peaceful, safe, stable, and economically self-sustaining that also provide care and physical, emotional, psychological, financial, spiritual, and intellectual support for their members.

1.5   Guiding Principles

The White Paper is informed by the following principles:

Human rights

Human rights are first learnt in functional families. Through socialisation, the foundation is laid for children to be tolerant of views other than their own and become active and responsible citizens in the future. Non-discrimination, mutual obligation and respect for diversity will guide Government and other stakeholders in the manner in which they interact with families.

Family diversity

There are different types of families in South Africa which are products of various cultures and social contexts. Therefore, the need exists to recognise the diverse nature of South Africa's families in all initiatives that address their plight. This principle will guide Government and all stakeholders in their engagement with the family.

Family resilience

Families have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity. It is important to recognise these qualities, so that any intervention at family level will enhance these attributes.

Community participation

The family remains an integral part of South African society and its continued existence is dependent on vibrant and well-functioning communities. To this end, Government and other actors will promote active participation of the community in actions that safeguard and support the family.

Promoting and strengthening marriages

Stable marital unions are essential for the stability of families and ultimately society's well-being. Where unions are flourishing, efforts will be made to promote them and where they are under threat there will be a focus on strengthening them.

Promoting and strengthening responsible parenting

Family stability hinges on responsible parenting. Parents or caregivers will be encouraged to play their expected roles in the upbringing of their children. Where there is a case of parental breakdown or its absence, means will be sought of strengthening this area.

Strategic partnerships

The delivery of services by Government and other role-players will be defined by mutual partnerships with the family. The family will play an active role in matters that concern it.

SECTION 2:   SETTING THE CONTEXT

2.1   Defining the family

Despite being widely viewed as one of the foundational social institutions in all societies, the concept of the family is difficult to define (Waite, 2000; Belsey, 2005). As the United Nations (1990) pointed out, "the concept may differ in some respects from State to State, and even from region to region within a State and … it is therefore not possible to give the concept a standard definition". This is indeed evident from the different disciplinary definitions of the family. Sociologically for example, the family is often defined as a group of interacting persons who recognise a relationship with each other, based on a common parentage, marriage and/or adoption. Demographers and economists, on the other hand, often use the "residential family" definition: "a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together" (Belsey, 2005:11). Others such as Levine (1990:33) have asserted that "family members are individuals who by birth, adoption, marriage, or declared commitment share deep, personal connections and are mutually entitled to receive and obligated to provide support of various kinds to the extent possible, especially in times of need". All in all, however, behavioural and social sciences acknowledge that "families never fit nicely into any single model" (Bruce et al, 1995). However as Amoateng and Richter (2007:4) point out, "there appears to be broad consensus that families are societal groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachments to each other that endure over time and go beyond a particular physical residence". It is noteworthy, however that family members do not necessarily have 'close emotional attachments' to each other. Therefore, taking into consideration the legislative framework presented in Section 3, as well as the consensus reached during the consultative process described in Section 1.2 the family will, for the purpose of this White Paper, be defined as:

> *a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence.*

2.2   Family versus household

In many studies and analyses related to the family a household is typically used as the unit of analysis. it is important however to note that household and family are not necessarily synonymous (Belsey, 2005). According to the United Nations (1989), a household comprises of either: (i) a single person who makes provision for their food and other essentials for living or (ii) a group of at least two people living together who make common provision for foods and other essentials. "This means that a household can contain a family, but that household members do not necessarily have to be a family…The household performs the functions of providing a place of dwelling and of sharing resources, these functions can be performed among people who are related by blood and people without any such relationship" (Department of Social Development, 2008).

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2.3   Situational analysis of families in South Africa

Despite its well documented advantages, the family has not enjoyed a high priority in the political sphere and in the social sciences in South Africa; "the liberation and class struggles have always been deemed more important topics of academic debate and research than the family. This has translated into a situation where we have very little empirical data that can provide a picture of the family as a whole" (Zeihl, 2003:217). Thus, to contextualize the rest of this White Paper on Families, this section draws data from different and few micro studies done thus far to present a broad brush stroke analysis of the situation of families in South Africa. Note should be made here of the reference, in some instances, to 'households' as opposed to 'families'. This is in line with internationally accepted concepts and, as stated above, the common use of household as the unit of analysis in many studies.

The section begins with an overview of South Africa's fertility and union formation patterns (age at marriage, marriage prevalence, divorce and remarriage) as these are central in the family and household lifecycle (Hosegood, 2009). Thereafter the types of families in South Africa are discussed. The final sub-section presents an overview of fundamental economic and sociological changes that have impacted the family as a unit of production, accumulation, and socio-economic support for its members.

2.3.1   Fertility and union formation

Fertility
Fertility is a particularly important aspect in family policy because: (1) childbearing is one of the major drivers of family formation and building in many developing countries, and (2) diversity in family building behaviour can contribute to the understanding of developments that profoundly affect the socio-economic lives of individuals and the nature of societies (Rowland, 2003). In many developed countries, for example, declining fertility rates have raised concerns about population decline, decrease in the size of the labour force, high levels of population ageing, as well as erosion of overall population size and national influence in world affairs (Rowland, 2003). In developing countries on the other hand, the concern is largely to do with high fertility and its associated links with negative family well-being and child welfare as measured by indicators such as mortality, nutritional status, and education (Kodzi & Kravdal, 2010).

Total fertility rate
With a total fertility rate that has declined from an average 6 to 7 children per woman in the 1950s to 2.9 children per woman in the late 1990s and to 2.4 children per woman in 2008 (Palamuleni et al, 2007; Department of Social Development, 2010) South Africa has amongst the most advanced fertility declines in Sub-Saharan Africa. This fertility decline has been attributed to various factors which are associated with determining the pace of fertility decline, including high contraceptive prevalence and the high levels of HIV and AIDS and its fertility-inhibiting effects (Moultire & Timaeus, 2001; Anderson, 2003).

Although the level of fertility has declined among all the four main population groups, various studies (for example, Moultrie and Dorrington, 2004; Statistics South Africa, 2008) have shown that differences in fertility that was historically observed by population group still exist, with

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Africans having the highest fertility rate, followed by Coloureds, Indians and Whites in that order. This pattern has been partly attributed to the country's past population policies which, among other things, ensured that Africans (the majority population group) were systematically denied access to higher education, health care and urban residence—factors typically associated with low fertility (Moultire & Timaeus, 2001; Anderson, 2003).

Non-marital childbearing
Another factor with a strong influence in the way that families form—non-marital childbearing—is also high in the country, particularly among Africans and Coloureds (Nzimande, 2007). Indeed, accounting for 58 percent of all births in South Africa, it ranges among the highest in the world, and is close to four times the average prevalence in Sub-Saharan Africa which is 16 percent (Nzimande, 2005). Interest in non-marital childbearing focuses on both its social and demographic aspects. Demographically, non-marital childbearing has been found to have a negative impact on a population's overall total fertility rate (Upchurch et al, 2002; Musick, 2007; Solomon-Fears, 2008). Socioeconomically although family structure and parental marital status *alone* do not guarantee positive or negative outcomes (Manning, 2002), non-marital childbearing has been shown to have more negative implications for children's education, economic and overall well-being, with research indicating that *stable* marital unions "benefit nearly every aspect of children's well-being. This includes greater educational opportunities, better emotional and physical health, lower incidences of anti-social behaviour such substance abuse, early sexual activity for girls, and delinquency for boys" (Wilkins, 2012:vi).

Teenage fertility
Consistent with the national trend, data shows that the level of teenage pregnancy is the country decreasing (Table 2.1). Therefore, unlike in the past when debates about teenage childbearing in the country were predominantly demographic and reproductive health concerns, current the issue is debated within the context of public welfare and economics (Chimere-Dan & Makiwane, 2009), particularly the fact that most teenage girls who have children do so outside any form of a socially recognized marital union and often with no financial means to support themselves and their children (Swartz, 2003; Cooper et al, 2004).

Table 2.1:   Teenage fertility rate[a], South Africa, 1987-2010

Year	Births per 1000 women aged 15–19
1987–89[b]	124
1998[b]	81
2003[b]	54
2008	58
2010	54

Sources: Jewkes, R. & Christofides, N. (2008) *Teenage pregnancy: rethinking prevention, Keynote address at the 5th Youth Policy Initiative Roundtable on Teenage Pregnancy*, March 2008. Available at www.hsrc.ac.za/Document-2680.phtml; World Bank (2012). *World Development Indicators 2012. Washington DC: The World Bank*
Notes: a The teenage fertility rate refers to the number of births per 1 000 women aged 15–19

   b Figures from 1987 to 2003 are from a different source to those from 2008 and 2010 and are thus not strictly comparable

Union formation
Family formation and dissolution processes, including the age at marriage and why different people marry, cohabit, stay single, divorce or remarry are perceived as essential to the well-being

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of society with a particular concern being whether they denote new lifestyle that will affect their balance between family, work and leisure; or will shift life chances due to economic events or sometime subtle workings of social inequality and discrimination (Islam and Ahmed, 2001; Rowland, 2003; Hosegood, 2009).

Age at first marriage

Using census data Kalule-Sabiti et al (2007) showed that the average age at first marriage for males in South Africa was 31.0 years and 30.5 years in 1996 and 2001 respectively. The corresponding figures for females were 28.7 and 27.7 respectively. This pattern was still the same in 2010, as illustrated by data from Statistics South Africa (Figure 2.1) showing that the highest number of males getting married (for the very first time) by civil marriage was from the 30-34 age group while for females the highest number was from the 25-29 age group. Figure 2.2 shows that this pattern has been consistent over the last few years.

Figure 2.1   **Number of males and females getting married for the very first time by civil marriages by age group, 2010**
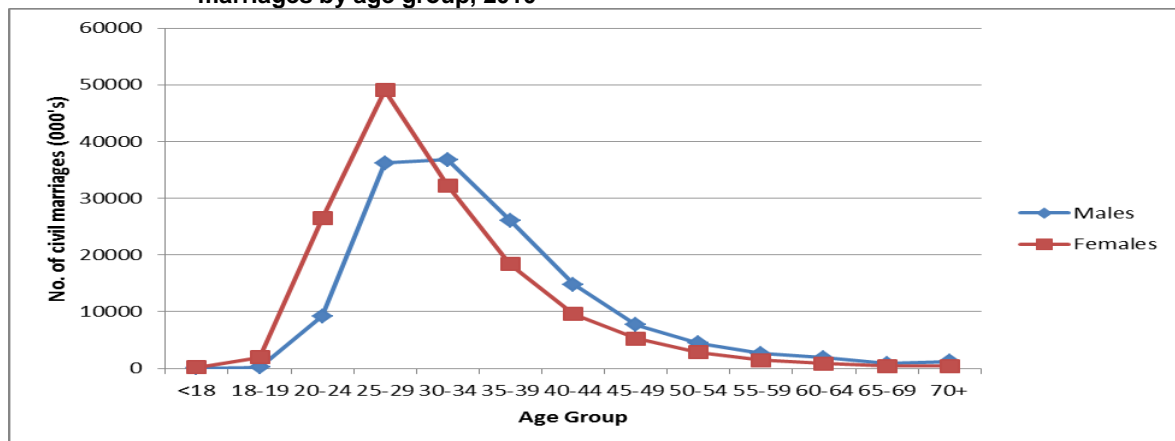
Source: Statistics South Africa (2010). *Marriages and Divorces, 2010*. Pretoria: Statistics South Africa

Figure 2.2   **Median ages of males and females getting married for the very first time at time of civil marriage, South Africa, 2006-2010**
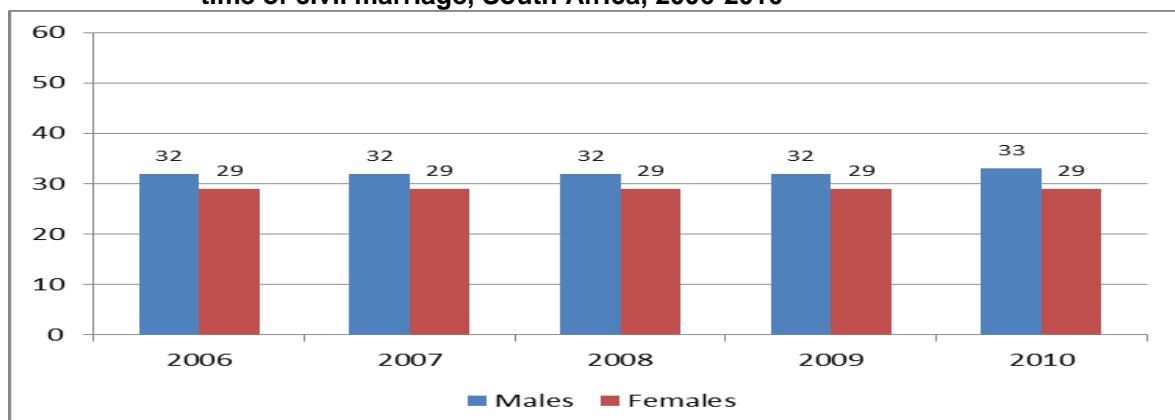
Source: Statistics South Africa (2010). *Marriages and Divorces, 2010*. Pretoria: Statistics South Africa

Marriage prevalence

In terms of marriage prevalence, data from the 2001 census showed that almost half (49 percent) of the total population aged 15 years and older were never married; the figures for males and

females were 52 percent and 46 percent respectively. Approximately 42 percent were married at the time of the census while those who were widowed and divorced/separated accounted for 6 and 3 percent respectively. At the oldest age of 50 years and above, about 10 percent of males and 12 percent of females had never been married (Kalule-Sabiti et al, 2007). This is affirmed by Table 2.2 below which shows that while the number of registered civil marriages generally increased between 2001 and 2008, they started showing a clear decreasing trend in 2009.

Table 2.2:   **Number of registered civil marriages, South Africa 2001-2010**

Year	No. of registered civil marriages	No. of registered customary marriages	Total no. of registered marriages	Crude Marriage rate
2001	134 581	--		3.0*
2002	177 202	--		3.9*
2003	178 689	17 283	195 972	4.2
2004	176 521	20 301	196 822	4.2
2005	180 657	19 252	199 909	4.3
2006	184 860	14 039	203 289	4.2
2007	183 030	20 259	198 899	4.2
2008	186 522	16 003	202 528	4.2
2009	171 989	13 506	185 495	3.8
2010	170 826	9 996	180 822	3.6

Source: Statistics South Africa (2010). *Marriages and Divorces: 2010.* Pretoria**:** Statistics South Africa
Notes: --data not available
*based on registered civil marriages only

The table further shows that the number of registered customary marriages, on the other hand, has been fluctuating since 2003. The highest number (20 301) of customary marriage registrations was recorded in 2004 whilst the 2010 number (9 996) was the lowest. All in all Crude Marriage Rate[7] has remained relatively low, hovering between around 4.2 per has 1000 population since 2003, and showing a decreasing trend to less than 4.0 per 1000 population since 2009.

Divorce

While marriage prevalence has stayed consistently low in South Africa, the total number of registered divorces over the ten-year period between 2001 and 2010 showed a fluctuating trend (Table 2.3). The data shows that the highest proportion of divorces in that time period came from the White population followed by the African population (Statistics South Africa, 2010a).

Table 2.3   **Number of published divorces in South Africa by population group, 2001-2010**

Year	Total	Numbers					
		African	Coloured	Indian	White	Mixed	Unspecified
2001	**34 045**	23.1	11.4	4.9	43.2	1.4	16.0
2002	**31 370**	22.5	11.4	4.9	45.2	1.2	14.8
2003	**31 566**	24.3	12.4	4.8	40.0	1.7	17.2
2004	**31 768**	28.2	10.4	5.2	39.1	1.9	15.2
2005	**32 484**	26.7	11.0	5.0	35.7	1.7	19.9
2006	**31 270**	29.1	11.0	5.4	35.4	2.0	17.1
2007	**29 639**	30.6	12.0	5.8	33.5	2.9	15.0
2008	**28 924**	35.0	10.6	6.2	32.8	3.1	12.3
2009	**30 763**	34.2	13.1	5.2	32.4	9.5	5.6
2010	**22 936**	35.6	13.9	5.6	30.5	0.1	14.2

Source: Statistics South Africa (2010). *Marriages and Divorces: 2010.* Pretoria**:** Statistics South Africa

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[7] The number of marriages occurring among the population of a given geographical area during a given year, per 1,000 mid-year total population of the given geographical area during the same year

Available evidence suggests an inverse relationship between the duration of marriages and increases in the number of divorces. In 2010 for example, the largest proportion (27.3 percent) of divorces granted were of marriages that lasted between five and nine years and was mostly among Africans, Coloureds and Indians. This was followed by marriages that lasted less than five years (20.9 percent) which was more common among the White population. Thus, almost half (47.7 percent) of the divorces in 2010 were marriages that lasted less than 10 years (Statistics South Africa, 2010a). The data further show that consistent with the pattern in other countries (see, for example, Bierer et al, 2010) divorces in South Africa are more often initiated by women than males. In 2010, for example, there were more female (49.3 percent) than male (34.9 percent) plaintiffs. While the relationship between women's employment and the increase in divorce rate varies by socio-cultural context, this pattern is often explained with women's increased economic independence. In Europe, for example, Beirer et al (2010) found that in countries with greater gender equality the economic independence of women has a positive effect on marital stability, while in countries in which equality is still far from being achieved, the increase in the presence of women in the workforce is accompanied with increased instability. It is also noteworthy that the majority of divorces in South Africa involve children. In 2010, 54.4 percent of the divorces granted had children younger than 18 years. The proportions of divorces with children were relatively high among Coloureds (64.9 percent). The figures for Africans, Indians and Whites were 58.0 percent, 55.4 percent, and 50.0 percent respectively (Statistics South Africa, 2010a).

Re-marriage

Available evidence shows that the relative incidence of re-marriages is low in South Africa, with data for civil marriages in 2010 showing that 83.1 percent of bridegrooms were bachelors, 3.2 percent were divorcees and 1.6 percent were widowers (Statistics South Africa, 2010a). For the brides, 87.3 percent were never married whilst 2.2 percent were divorcees and 1.3 percent were widows[8]. It was also observed that irrespective of their marital status, men generally married women who had never been married. Unfortunately, absence of data on marital status at the time of the registration of customary marriage hampers the ability to make the distinction between first time spouses and those who have married before (i.e. those in polygamous marriages, divorcees, widows and widowers).

2.3.2 Types of families

This section presents an overview of the different types of families in South Africa. It should be reiterated, however that given that there is no standard definition of 'family' and given the multicultural nature of South African society, no single definition of 'family' can be comprehensive enough to cover various kinds of families in the country. Nonetheless, it is evident from existing evidence that the **nuclear family** (which consists of parents with their biological or adoptive children only) is the most common type. Holborn & Eddy (2011:3), for example, showed that "the proportion of households that were made up of nuclear families decreased between 1996 and 2001, from 46% to 40%, while the proportion of households made up of extended families increased from 32% to 36% over the same period". This pattern is consistent with that presented in a 2008 Department of Social Development report that was based on the analysis of data from

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[8] The marital status of 12.0% bridegrooms and 9.2% brides was not recorded.

the 2005 General Household Survey. Defining the family as "any set of individuals within a household who are related by blood or marriage", the report suggested that there were 13 million families in South Africa (8.5 million in urban areas and 4.5 million in rural areas) categorised into 14 groups as shown in Table 2.4 below. As the Table shows, the most common types of family in 2005 were the nuclear family (23.3 percent), followed by the single-adult family (20.4 percent), and three-generation family (16.8 percent).

Table 2.4   Proportion of families by type, South Africa 2005

Type of family	Proportion (%)
Three-generation	16.1
Skip-generation	5.2
Nuclear	23.2
Single parent (unmarried)	11.1
Single parent (absent spouse)	3.9
Elderly only	4.7
One adult only	20.4
Child(ren) only	1.1
Married couple only	6.4
Married couple with adopted child(ren)	0.2
One adult with adopted child(ren)	0.5
Siblings only (all adults)	1.7
Siblings (adults and Children)	0.7
Other	4.0

Source: Department of Social Development (2008). *Quantitative Assessment of Families in South Africa*. Pretoria: Department of Social Development.

Analysis of the types of families by racial group showed that Africans had the highest proportion of three-generation, absent-spouse, single parent, child-headed and siblings families. Coloureds had the highest proportion of single parent (unmarried families) and married couple with adopted children, while among Indians the most common type was the nuclear family. Whites had the highest proportion of elder-only and married couple-only families (Table 2.4).

Table 2.4   Proportion of families by type and racial group, South Africa 2005

Type of family	African	Coloured	Indian /Asian	White	Other	Total
Three-generation	19.0	18.2	12.7	3.2	12.1	16.8
Skip-generation	6.2	4.1	0.8	0.7	8.3	5.2
Nuclear	18.6	38.0	48.1	38.0	15.0	23.3
Single parent (unmarried)	11.8	13.1	10.0	5.8	0.0	11.1
Single parent (absent spouse	4.6	1.6	0.8	0.9	1.8	3.9
Elderly only	2.7	3.5	5.1	17.6	3.4	4.7
One adult only	22.9	9.8	9.7	13.7	51.0	20.4
Child(ren) only	1.3	1.1	0.0	0.0	0.0	1.1
Married couple only	5.2	6.3	7.2	16.2	0.6	6.7
Married couple with adopted child(ren	0.2	0.3	0.0	0.1	0.0	0.2
One adult with adopted child(ren)	0.6	0.2	0.2	0.1	0.0	0.5
Siblings only (all adults)	2.0	0.4	1.4	0.6	0.0	1.7
Siblings (adults and children)	0.9	0.1	0.0	0.0	0.0	0.7
Other	4.2	3.2	4.1	3.0	7.8	4.0

Source: Department of Social Development (2008)

Largely due to the nuptiality patterns discussed in Section 2.3.2, there has been a notable increase in other previously less wide-spread forms of family life such as cohabitation and female-headed households. In addition, other important types of families existent in the country include skip-generation households and child-headed households (show in the tables above), as well as same-sex partnerships, polygynous partnerships, and migrant families.

Cohabitation

Along with other Southern African countries, particularly Botswana and Namibia (Mokomane, 2004), South Africa has over the last two decades witnessed a rising trend in cohabitation or 'living together' unions. The census of 1996 found that 1.2 million described themselves as living together with a partner while the 2001 census estimated that nearly 2.4 million individuals were living in such unions, almost doubling the figures of 1996 (Preller, 2011). According to Preller, unlike in marriage where parties have a variety of legal protections, there is no legal recognition or protection of domestic partnerships such as cohabitation. Even though "the only way to be protected in our law is to enter into a cohabitation agreement" studies from both developing and developed countries (see for example, Bachrach et al, 2000; Manning, 2002; Mokomane, 2004) have shown that in the absence of any legal recognition of this type of union, cohabitants, especially women, and their children are often faced with a host socio-cultural and economic disadvantages. A study on cohabitation in Botswana (Mokomane 2004), for example, concluded that "unlike married women who, at least technically, have legally enforceable contracts that guard their property rights in the event of union dissolution cohabiting women do not have such legal protection especially in terms of property, inheritance and maintenance rights" (Mokomane, 2004:197). Similarly, Bachrach et al (2000:4) assert that in the United States "compared to married couples, cohabiters are less likely to pool financial resources, are less sexually exclusive, and are more dependent on families of orientation".

Single-parent households

More than 40 percent of all households in South Africa are headed by a single parent. As Table 2.6 shows, only 34.3 percent of children were living with both biological parents in 2007, a decrease from the 37.8 percent reported in 2002. In an analysis of the characteristics of single parents in urban areas Holborn & Eddy (2011:3) noted that the single parents were "overwhelmingly African, female and between the ages of 25 and 34. Unemployment rate among urban single parents were also high.

Table 2.6   **Proportion of children aged 17 years or younger living with biological parents by race, South Africa 2002 and 2007**

2002				
Race	**Both parents**	**Mother only**	**Father only**	**Neither parents**
African	31.8	41.1	3.1	24.0
Coloured	52.1	34.3	2.4	11.3
Indian	85.6	2.7	10.5	1.2
White	83.6	12.2	1.8	2.3
South Africa	*37.8*	*38.1*	*2.9*	*21.1*
2007				
Race	**Both parents**	**Mother only**	**Father only**	**Neither parents**
African	28.6	42.6	2.8	26.0
Coloured	52.0	35.1	2.0	10.9
Indian	82.3	10.4	2.4	4.9
White	79.8	13.8	4.5	2.0
South Africa	*34.3*	*39.9*	*2.8*	*23.0*
2010				
Race	**Both parents**	**Mother only**	**Father only**	**Neither parents**
African	41.9%	3.3%	28.0%	26.7%
Coloured	34.0%	3.4%	50.8%	11.8%
Indian	11.2%	2.1%	80.9%	5.8%
White	16.1%	3.3%	77.5%	3.1%
South Africa	*39.3%*	*3.3%*	*33.5%*	*23.9%*

Sources: South African Institute of Race Relations (2009). *Fast Facts.* Marshalltown: South African Institute of Race Relations; Statistics South Africa (2011). *Social profile of vulnerable groups in South Africa, 2002-2010.* Pretoria: Statistics South Africa

Female-headed households

As shown above and reported elsewhere (see for example, Ellis & Adams, 2009), the majority of single parent households in South Africa are headed by women. This pattern has implications for family poverty given that female-headed households (FHHs) have been shown to be generally disadvantaged in terms of access to important socio-economic resources such as land, livestock, credit, education, health care and extension services (Connell, 2003; UNECA, 2009). In essence, "the inequalities that afflict women in society are magnified among female-headed households, where dependency and vulnerability combined with sexist societal attitudes ensure that these households are typically poorer than their male counterparts" (Ellis & Adams, 2009:14). The following are some of the other noteworthy facts regarding FHHs in South Africa (Statistics South Africa, 2010b):

−   They are on average larger than male headed households (3.7 persons per household compared to 3.3 for males) with a higher total dependency ratio (0.8 to 0.4).

−   Many of the dependents in FHH are children: on average 33 percent of these households consist of children compared to only a fifth for male headed households meaning that FHHs are burdened by a large child dependency ratio of 0.67.

−   Individuals in FHHs are also less likely to be economically active than individuals living in households with male heads.

−   FHHs are more dependent on social grants and are more likely than male-headed households to indicate remittances and social grants as sources of income, and are less likely to indicate salaries and wages as the main source of household income than male-headed households (44 percent compared to 67 percent).

−   FHHs are more likely than male ones to be extended households and less likely to contain only a single generation (single households or households containing only siblings for instance).

– Although most African women who are heads of their respective households live in extended households where they are less likely to be socially isolated, these type of households also places more demands on them to share their social grants and labour (caring for children, sick and disabled).

Skip generation households

Skip-generation households, where grandparents live with, and are responsible to care for, their grandchildren is another type of family in the country. While several population-based surveys have identified very small numbers and proportions of these households in South Africa (Richter, 2008; Hosegood, 2009), they certainly exist and it was estimated that 7.6 percent of all South African children lived in them in 2010 (Statistics South Africa, 2011a). Skip-generation households have often been described as "fragile" largely because the grandparents in the households often simultaneously struggle with their own personal health, custodial matters, financial constraints and obligations as well as with the psychosocial and behavioural issues they face with their grandchildren (Toremann, 2009). As shown earlier in Table 2.5 skip-generation households in South Africa are particularly prevalent amongst Africans, a fact largely attributed to the high prevalence of HIV and AIDS (Mturi et al, 2005), but also possibly due to the fragmentation of African families through labour migration (Statistics South Africa 2010b).

Child-headed households

Child-headed households can be described as households with no adult members, where children live without parents or prime-aged adults (Hosegood, 2009; Mentjies et al, 2009). An estimated 92 365 South African children were living in such households in 2010 (Table 2.7).

Table 2.7   Child-headed households by province, South Africa 2002-2010

	2002		*2007*		*2010*		*Change: 2002-10*	
Province	*Number*	*Proportion*	*Number*	*Proportion*	*Number*	*Proportion*	*Number*	*Proportion*
Eastern Cape	46 000	1.6%	37 000	1.2%	21 472	0.8%	-24 528	-50.0%
Free State	6 000	0.7%	8 000	0.7%	4 284	0.4%	-1 716	-42.9%
Gauteng	3 000	0.1%	6 000	0.2%	3 310	0.1%	310	0.0%
KwaZulu-Natal	18 000	0.5%	24 000	0.6%	25 602	0.6%	7 602	20.0%
Limpopo	32 000	1.3%	57 000	2.3%	27 096	1.2%	-4 904	-7.7%
Mpumalanga	8 000	0.6%	9 000	0.6%	11 680	0.8%	3 680	33.3%
North West	5 000	0.3%	5 000	0.4%	1 276	0.1%	-3 724	-66.7%
Northern Cape	0[c]	0.2%	1 000	0.3%	1 290	0.3%	1 290	-
Western Cape	0[c]	0.0%[c]	2 000	0.1%	0[c]	0.0%	0[c]	0.0%
South Africa	**18 000**	**0.7%**	**148 000**	**0.8%**	**92 365**	**0.5%**	**-25 635**	**-28.6%**

*Sources:*Jamieson L, Bray R, Viviers A, Lake L, Pendlebury S & Smith C (2011). *South African Child Gauge 2010/2011*.
    Cape Town: The Children's Institute, University of Cape Town; Statistics South Africa (2011). *Social profile of vulnerable groups in South Africa, 2002-2010.* Pretoria: Statistics South Africa

Note: c The number or proportion of child-headed households is so small that it becomes nought when rounded off.

While the table shows that this is a very small and decreasing proportion of children in South Africa, the number is not insignificant, and is particularly important against evidence showing that child-headed households are at risk of having to cope not only without adults, but also with poorer living conditions than children in mixed-generation households. They, for example, lack regular income from earnings and social grants, are less likely to live in formal dwellings; and are disproportionately located in non-urban areas, where service delivery is poor (Mturi et al, 2005; Mentjies et al, 2009).

Same-sex relationships

Same-sex relationships and marriages have been legal in South Africa since November 2006 with the enactment of the Civil Union Act (No. 17 of 2006). Data from Statistics South Africa shows that a total of 2 460 marriages and civil partnerships in which at least one of the spouses is a South African citizen or permanent resident were registered under the Civil Union Act between 2007 and end of 2010 (Table 2.8).

Table 2.8   Total number of same-sex marriages in South Africa by province, 2007-2010

Province	2007	2008	2009	2010	*Total*
Eastern Cape	0	41	30	24	*95*
Free State	1	23	20	26	*70*
Gauteng	49	362	324	391	*1,126*
KwaZulu-Natal	8	74	87	79	*248*
Limpopo	0	15	10	10	*35*
Mpumalanga	3	7	11	11	*32*
North West	2	6	5	9	*22*
Northern Cape	1	11	43	75	*130*
Western Cape	16	191	227	261	*695*
Outside South Africa	0	2	3	2	*7*
Total	**80**	**732**	**760**	**888**	*2,460*

Source: Statistics South Africa (2010). *Statistical release P0307: Marriages and divorces, 2010.* Available at www.statssa.gov.za/publications/P0307/P03072010.pdf.

Polygynous families

While data limitations hamper the enumeration of the precise number of polygynous marriages in South Africa (Statistics South Africa, 2010a), these types of marriages and families do exist in the country. However, the only source of data on them is the 1998 Demographic and Health Survey, the results of which showed that 4 percent of all current marriages among women in the child-bearing ages (15-49 years) were polygynous. According to Kalule-Sabiti et al (2007:108), further analysis of the data showed that polygyny "was more common among older women aged over 30 (6.5 percent), among the less educated women with primary or no education (9.6 percent), among rural women (8.3 percent) and among African women (7.6 percent). As far as provinces go, [polygyny] was more prevalent in Limpopo (14.0 percent), Mpumalanga (12.0 percent) and KwaZulu-Natal (9.0 percent). It is lowest in the Western Cape and Free State provinces (1.7 percent)." Polygyny is one of the cultural practices and customs that have been criticised for contributing towards, and reinforcing women's subordinate position in society, increasing the levels of HIV infection, and exacerbating the incidence of gender violence (Mswela, 2009).

Migrant families

As a result of improved transport and communication links, increasing demands for both skilled and unskilled labour, the end of numerous civil wars in many African countries and the collapse of apartheid the number of people crossing South Africa's borders and moving within the country

has increased dramatically since the early 1990s. While many of these migrants have left their homes and families behind, some do migrate as a family unit. Migrant families—either migrating with the breadwinner or left behind—often face several socio-economic and health challenges especially if they are low-skilled, uneducated and young (Köhler et al, 2009). While cross border migration is far less numerically significant than many South African citizens and policy makers believe (Polzer, 2009), there is seeming hardening of public attitudes to cross border migrants which have led to episodes of xenophobic violence and to poor social cohesion (Crush & Williams, 2005; Polzer, 2009). Furthermore due to lack of knowledge among service providers, discrimination, and corruption, among other things, the Constitution's guarantee of basic and socio-economic rights including are limited in their implementation toward cross-border migrants (Polzer, 2010). As in other African countries, cross-border migrants are also generally not eligible for social protection and other family services in the country (Taylor, 2008; Kohler, 2009).

Internal migration—movements between and within provinces and municipalities—particularly from rural to urban areas is also high and has important implications for the family. Typically, the arrival of job-seeking rural migrants in urban areas often expands the pool of young urban job seekers, and worsens the urban unemployment phenomenon. It also reduces the pressure on employers to offer competitive incomes and work standards to their workers, and results in many urban migrants facing a future of low-wage employment, unemployment, underemployment, and poverty. Indeed, many find few options beyond risky sex work, domestic employment, informal trading or in the transport and agriculture industries (Min-Harris, 2010). For families left behind in rural areas, the resultant lack of remittances means that their poverty levels persist

2.3.3 Current socio-economic conditions of South African families

This subsection focuses, in no particular order of priority, on some of the most crucial issues affecting families in South Africa. These were identified during the consultative process for the development of the White Paper on Families described in Section 1.2. These include poverty and inequality, unemployment, housing, HIV and AIDS, absentee fathers, crime, substance abuse, gender-based violence, teenage pregnancy and moral degeneration.

Poverty and inequality
Although South Africa is likely to achieve Millennium Development Goal 1 (eradicate extreme poverty and hunger) if Government's poverty reduction strategies continue at current levels ((Statistics South Africa, 2010c), poverty and inequality continue to deter the family from playing its various roles in society and make it difficult for its members to meet their needs. Among the major causes of poverty in the country is a lack of, or low earned income. Essentially, employment creation has not transpired at the anticipated rate and many people are still unskilled. This inability of many people to secure employment has led to families facing additional burdens due to limited or no income to secure family livelihood. This situation continues to place a huge dependency burden on families. Poverty still reflects apartheid settlement patterns and virtually all poor households are found in the former Bantustan regions, informal settlements and townships. Inequality in income distribution is also large and persistent (van der berg, 2010) largely as a result of the reproduction of disparities in ownership, income, resources, skills and other determinants of people's capacity to take advantage of opportunities. Overall inequality

reduces the redistributive effects of economic growth and skews benefits of growth towards those who are already better off.

Feminisation of poverty

Women endure a disproportionate burden of the outcomes of past policies, as far as poverty is concerned. Whereas men were working in various industries during the apartheid era, many women remained in the rural areas to look after family members. Historically, women received income primarily in the form of remittances from their spouses. Cultural practices, such as patriarchy, also reinforced the exclusion of women in economic activities.

The gender division of labour continues to influence how families function. Women typically assume more household responsibilities, spend a larger portion of their time on unpaid care work than men, and form a greater proportion of discouraged work seekers. Indeed, data from the 2000 Time Use Survey showed that each day South African women spent less time than men on learning, social and cultural activities, and using mass media, but spent more than double the time men spent on household maintenance and care of persons (Budlender et al, 2001). This situation is further exacerbated by the inadequate provision of childcare facilities, causing the amount of time women spend on wage work to be reduced. Consequently, their vulnerability to poverty increases. There is, therefore, a gender dimension to poverty within families, as women continue to be marginalised in relation to men in terms of socio-economic opportunities, such as employment. According to data from Statistics South Africa, the unemployment rate for females was 27.5 percent in the April-June 2012 quarter; the figure for males was 22.8 percent. Ten years earlier (2002) the corresponding figures were 33.9 percent and 26.1 percent for females and males respectively. Therefore while the rates have decreased, females continue to have higher unemployment rates compared to males.

It is also noteworthy that employed women, still tend to earn less than their male counterparts, a fact that further exacerbates the feminisation of poverty. For example, Duncun (2010) noted that South African women, on average across all races, have income that accounts for 71 percent of the income of men averaged across all races. The disparities in income correlate not only with gender, but also with race; African women earn 85 percent of what African men earn 71 percent of what white women earn and 46 percent of what white men earn (van Aardt & Coetzee, 2010).

Child poverty

Child poverty is another particularly worrisome trend in South Africa and is a direct consequence of family disintegration. It has also been exacerbated by the HIV and AIDS pandemic as parents and caregivers succumb to the disease. Child poverty has steadily increased in the last decade and seems to defy various policy interventions. A report by Streak, et al (2008), which analyses the Income and Expenditure Survey of 2005/06 by Statistics South Africa, was able to paint a clearer picture of this phenomenon. According to the report, child poverty peaked at 65.5 percent and remains more extensive than poverty among adults (45.2 percent), thus confirming that there is a greater incidence of children in poorer households. This is despite the massive injection of cash transfers into households with poor children through the expansion of the Child Support Grant.

The analysis also confirmed that while there was no difference in poverty between boys and girls, the poverty rate remained far higher among African and Coloured than Asian and white children. In addition the child poverty headcount was far higher in the rural than urban areas, with large variation across the provinces. Along with the Eastern Cape and KwaZulu-Natal, Limpopo was identified as the province with the highest child poverty headcount at 78 percent; the Western Cape had the lowest incidence of child poverty at 37.9 percent (Streak, et al., 2008).

Absentee fathers
Due to the nuptiality patterns and the prevalence of female-headed households discussed earlier, absent living fathers is another common and increasing phenomenon affecting families in contemporary South Africa. As Table 2.9 below shows the proportion of fathers who are absent but living increased from 41.6 percent to 47.4 percent between 1996 and 2010. Conversely the proportion of fathers present decreased from 49.2 percent to 36.5 percent over the same time period. A clear racial dimension is clear in these figures: African children have the lowest proportion (31.1 percent) of present fathers while Indian children have the highest (83.0 percent) with White Children following closely behind at 80.8 percent. For Coloured children the proportion is (53 percent

Table 2.9   **Percentage of children with/without fathers by race, South Africa 1996-2010**

Race	Presence of father	1996[b]	2002[c]	2009[c]	2010[c]
African	Deceased father	10.0	12.8	18.4	18.1
	Absent (living) father	45.5	50.2	51.5	50.6
	Father present	44.5	37.0	30.1	**31.3**
Coloured	Deceased father	7.3	7.4	6.1	7.1
	Absent (living) father	34.3	37.2	40.8	38.7
	Father present	58.4	55.4	53.1	**54.2**
Indian	Deceased father	4.8	5.0	2.4	3.6
	Absent (living) father	16.6	8.4	12.2	13.4
	Father present	78.6	86.6	85.4	**83.0**
White	Deceased father	3.4	2.4	1.7	2.3
	Absent (living) father	12.8	10.9	15.0	16.9
	Father present	83.8	86.7	83.3	**80.8**
Total	***Deceased father***	*9.2*	*11.5*	*16.1*	*16.1*
	Absent (living) father	*41.6*	*45.8*	*48.0*	*47.4*
	Father present	*49.2*	*38.7*	*35.9*	*36.5*

Source: Holborn. L. & Eddy, G. (2011). *First steps to healing the South African family.* Johannesburg: South African Institute of Race Relations.
Notes: a For the 1996 and 2002 data children refers to persons aged 0-15. For the 2009 data children refers to persons aged 0-17.

While poverty, high rates of unemployment, and financial constraints may contribute to large numbers of fathers failing to take responsibility for their children this trend in a cause for concern given the significant body of evidence showing the positive effect of the presence and active involvement of a father in a child's life chances; academic performance; and social, emotional and cognitive functioning (Engle et al, 2006; Richter, 2006; Kang & Weber, 2009).

Housing

The housing subsidy scheme implemented since 1994 has changed the South African housing landscape and adequately sheltered more than 2.8 million households to date. However, the slow pace of housing delivery has being among the key grievances responsible for violent protests in recent years (Ndinda et al, 2011). Using data from the South African Attitudes Survey, Ndinda and colleagues show that despite the growth in the proportion of households who live in brick structures but informal dwellings persist especially among Africans and Coloureds. They conclude that although the purpose of the housing policy to ensure that the most vulnerable members of society are sheltered in adequate housing is being met "a significant proportion of those in need of housing still lack access [and] while households ineligible for the government housing subsidy have been left to access housing through the market, lack of low-cost rental stock has pushed such households into informal dwellings hence the persistence of informal settlements" (Ndinda et al, 2011:782).The lack of adequate housing certainly contributes to many of the social ills and dysfunction faced by families, and hampers access to basic social services especially those related to sanitation, water and electricity. The poor living conditions also contribute to ill health faced by many poor families.

Reproductive Health

South Africa is one of the free African countries with free maternity care, high rates of antenatal care coverage, high rates of delivery by skilled birth attendants and a system of confidential enquiries to assess maternal deaths (Day et al, 2011). However, according to the World Health Organisation South Africa is one of the only six countries in sub-Saharan Africa that have made no progress in reducing maternal deaths between 1990 and 2008. The top five cases of maternal mortality in the country are non-pregnancy related infections, of which AIDS is an important factor, obstetric haemorrhage, pregnancy-related sepsis, pre-existing maternal disease, and complications with hypertension (Stevens, 2012:45). Thus as a 2011 Human Rights Watch report noted "the tragedy of maternal deaths in South Africa is that many women who eventually die have had contact with the health systems—through attending antenatal care and delivery in health facilities—meaning that some of the deaths could have been prevented". This apparent paradox in South African reproductive health is also evident from data showing that while 65 percent of women in South Africa were using a modern form of contraception in 2003, over 60 percent of the most recent pregnancies were unplanned (Osman et al, 2011). Day et al (2011) attribute these contradictions to shortcoming in accountability and oversight mechanisms used by authorities to monitor and improve healthcare performance.

To the extent that women are not only child-bearers, but that they are also the primary caregivers of children, the sick, the aged and people with disabilities, their access to reproductive health and family planning services should be a national priority. Essentially, to contribute to the functionality of families in the country, women need to the able to access reproductive health services and to have a choice to have (or not to have) children, and to adequately space their births so as to give the children greater and sufficient access to resources such as childcare and education. Otherwise, when children are not spaced in a way that makes it affordable to raise them, it often contributes to family poverty and, in the case of single parenthood, the feminisation of poverty.

HIV and AIDS

According to the Joint United Nations Programme on HIV/AIDS, South Africa is one of the most seriously HIV-affected countries in the world, with 2011 estimates indicating that 16.6 percent of the adult population aged 15-49 years was living with HIV and that an estimated 5.4 million people were living with HIV in the country (Statistics South Africa, 2011d). 2010). As part of the national response, and consistent with the practice in other parts of Africa, there has been a shift in the model of care of people living with HIV and AIDS from hospital care to home-based care (Akintola, 2004). While this has partly helped to reduce pressure on public hospitals that do not have adequate staff and space to care for HIV and AIDS patients, it is done with the assumption that there is adequate community and family support to meet the patients' need. However as the paper has shown so far, this is not necessarily the case. The reality is that with about 91 percent of HIV and AIDS caregivers in South Africa being women (Southern Africa Partnership Programme, 2005), home-based care has significantly increased the burden of care for many women, and exacerbated the levels of work-family conflict among those who are working.

Another key impact of the epidemic has been the increasing number of orphans. According to the United Nations Children's Fund (UNICEF cited by South African Institute of Race Relations, 2009), of the 2.5 million South African children who had lost at least one parent in 2007, half had lost one or two parents due to AIDS. Although the HIV infection rate in the country is now starting to decline, the number of orphans is expected to continue increasing due to the time lag between infection and death. The Medical Research Council, for example, projects that by 2015 about 5.7 million children would have lost at least one parent to AIDS in South Africa (South African Institute of Race Relations, 2009). Recent research shows that, as in other parts of sub-Saharan Africa, the extended family in South Africa continues to be the predominant social safety net mechanism with children who lose their parents being absorbed into their relatives' families (Hill et al, 2008; Ardington & Leibbrandt, 2010)

Crime

Crime is an ever-increasing problem in South Africa, affecting millions of families negatively on a daily basis:

> Families of victims of crime are directly affected when they have to suffer loss of life or injury to breadwinners, or any related trauma that they experience. Families of the perpetrators of crime are also adversely affected as they contend with legal fees, social stigma, and the trauma of having a family member incarcerated or losing income from a contributing member (Department of Social Development, 2010: 34)."

The Victims of Crime Survey (Statistics South Africa, 2011b) revealed that housebreaking or burglary was the most common crime experienced at least once in 2010 by 4.5 percent of households in South Africa, followed by home robbery (2.6 percent) and theft of livestock (1.4 percent). For individuals the most common type of crime experienced was assault (1.7 percent) followed by robbery excluding home/carjacking (1.6 percent). Available evidence shows that the majority of people involved in these types of crimes are young people, as Leoschut & Burton concluded their 2005 National Youth Victimisation Study:

… close to half (49.2%) of the [4 409 respondents aged 12-22 years were personally acquainted with individuals in their communities who had committed criminal acts,, including stealing, selling stolen property and mugging or assaulting others. More than a quarter (28.8%) of these participants were also familiar with community members who made a living by being involved in criminal activities (Leoschut & Burton, 2005:20).

The same study also revealed that 18.3 percent of the young respondents reported that they had in the past considered committing what they knew would be a criminal offence, while 50.2 percent admitted that they had already committed what they knew was a criminal offence (Pelser, 2008).

While there are various theories on the cause of youth crime, the general consensus is that it is primary the outcome of multiple adverse social, economic and family conditions (Farrington, 1996; Salagaev, 2003; Muhammad, 2008):

Children who for various reasons—including parental alcoholism, poverty, breakdown of the family, overcrowding, abusive conditions in the home, the growing HIV/AIDS scourge, or the death of parents during armed conflicts—are orphans or unaccompanied and are without the means of subsistence, housing and other basic necessities are at greatest risk of falling into juvenile delinquency (Salagaev, 2003:191).

While the proportion of people asked to pay bribes to access family-related services such as visiting a family member in prison or receiving pension or social welfare grants decreased between 2003 and 2010, this type of corruption still exists, and indeed corruption in efforts to acquire ID documents, schooling, housing and healthcare, among others, shows an increasing trend (Table 2.10)

Table 2.10   Government sectors in which corruption as experienced in the 12 months preceding the survey (%)

Sector	Year				
	2003	2007	2010	% change 2010/2003	% change 2010/2007
Traffic fines	27.7	32.8	52.8	25.1	20.0
Policing	19.9	18.6	21.4	1.5	2.8
Driver's license	9.1	13.9	15.9	6.8	2.0
Employment or job	20.1	13.9	13.8	-6.3	-0.1
Identity document or passport	13.9	16.5	13.3	-0.6	-3.2
Housing	1.7	2.6	8.3	6.6	5.7
Water or electricity	8.1	5.8	7.3	-0.8	1.5
Pension or social welfare grant	11.1	9.4	6.6	-4.5	-2.8
Court-related services	4.4	2.8	3.9	-0.5	1.1
Schooling	2.6	3.2	3.1	0.5	-0.1
Medical acre	0.3	2.1	2.8	2.5	0.7
Customs	0.7	2.8	2.2	1.5	-0.6
When visiting a prison	0.0	5.1	1.5	-	-3.6

Source: Statistics South Africa. (2011). *Victims of Crime Survey, 2011*. Pretoria: Statistics South Africa.

Substance abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (World Health Organisation, 2011). These substances can lead to dependence syndrome, defined as cluster of behavioural, cognitive, and physiological phenomena that develop after repeated use and that typically include a strong desire to take the substance, difficulties in controlling its use, and persisting in its use despite harmful consequences (World Health Organisation, 2011). According to the Department of Social Development (2010), substance abusers in South Africa are likely to be youth and increasingly, female. School children in both rural and urban areas are increasingly becoming drug-users as substances like cannabis (dagga) and cocaine are becoming widely available.

Substance abuse by family members places major stress on families, places constraints on financial resources, and can lead to a breakdown in family relationships as family members—both nuclear and extended, may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. In consequence substance abusers are likely to find themselves increasingly isolated from their families (Department of Health and Human Services, 2005; Department of Social Development, 2010).

Gender-based violence

Although its precise dimensions are not known as result of under-reporting due to fear, shame, lack of adequate services etc (USAID, 2006; Bendall, 2010), gender-based violence, described as the physical, sexual, and psychological violence against women (USAID, 2006) is prevalent in South Africa, and is a cause for public concern as it permeates every level of society. For example, a 2010 research study conducted in Gauteng by Gender Links and the South African Medical Research Council, for example, found that 18 percent of women had been abused at least once in the 12 months preceding the survey, while 29 percent of men had abused their partner in a similar time period. However, although 25.4 percent of women experienced rape at least once in their lifetime, only 3.9 percent had reported it to the police, and just 2.1 percent of women raped by an intimate partner reported the incident to police. Women that experienced sexual or physical abuse in their relationship were more likely to be diagnosed with a sexually transmitted infection, test positive for HIV, suffer from depression or consider suicide.

Child abuse and neglect

Despite been regarded as having an exemplary child rights environment, South Africa has some of the highest reported cases of child abuse, neglect and maltreatment which takes many forms, including physical and mental abuse, sexual abuse, exploitative work, trafficking etc (Richter and Dawes, 2008). While it is difficult to establish the size of 'the problem' of child abuse in South Africa, partly because, complexities and variation in definition, community understanding and reporting levels, one gauge of the problem is to examine crimes against children reported to the police, and summarised in the annual reports of the national Department of Police Services (Richter and Dawes, 2008). The lasts such figures, shown in Table 2.11 below shows that 51.9 percent of social contact crimes committed against children were sexual offences, which is also the only recorded type of social crimes that has shown an increase in the time period shown. The South African Police Services also reports that most of the victims of crime committed against children are between 15 and 17 years old, and that "it is disturbing to notice that in the case of the

most prevalent crime against children… sexual offence … 60.5% were committed against children below the age of 15 years. It is even more disturbing to note that 29.4 of these sexual offences involved children aged 0-10 years" (South African Police Service, 2012).

Table 2.11: Crimes against children younger than 18 years, South Africa 2006/7-2010/11

Crime category	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	Diff 2010/ 2011 vs. 2009/2010	% increase/ decrease
Murder	972	1 015	843	965	906	-59	-6.1
Attempted Murder	889	852	782	1 113	786	-327	-29.4
All sexual offences	25 428	22 124	20 141	27 417	28 128	711	2.6
Common assault	16 871	16 091	14 544	14 982	13 387	-1 595	-10.6
Assault GBH	13 947	13 625	12 422	12 062	11 018	-1 044	-8.7
Total	**58 107**	**53 707**	**48 732**	**56 539**	**54 225**	**-2 314**	**-4.1**

Source: South African Police Service (2011). *Crime Report 2010/2011*

Teenage pregnancy

Although various recent data sources indicate that teenage pregnancy in South Africa has declined since the late 1990s (Moultrie & McGrath, 2007; Panday et al, 2009), the level is still high. According to the Department of Health, for example, the proportion of pregnant women under the age of 20 years showed a significant decline from 16.1 percent in 2004 to 13.7 percent in 2006 (Department of Health, 2008). Recent data from Statistics South Africa shows that in 2011, 12.4 percent of babies were born to mothers aged between 15 and 19.

Data from the 1998 Demographic and Health Survey showed that teenage pregnancies are more prevalent among African and Coloured girls as compared to Indian and White girls. This pattern also emerged in the first South African national youth risk behaviour survey (Department of Health, 2002) which showed a disproportionately high incidence of teenage pregnancy among Africans (20.8 percent) high school learners who had ever had sex when compared to Coloureds (10.7 percent) and Whites (5.8 percent). The extent of teenage pregnancy also varies by province. According to the 2008 South African Youth Risk Behaviour Survey, the proportion is highest in the Eastern Cape, followed by Limpopo, Mpumalanga and KwaZulu-Natal, while it is relatively lower in the Western Cape and North West (Table 2.12).

Table 2.12   Teenage[a] pregnancy by province, 2002 and 2008

Province	*2002*	*2008*	*Change*
Eastern Cape	12.5%	30.9%	147.2%
Free State	15.9%	20.3%	27.7%
Gauteng	13.3%	19.4%	45.9%
KwaZulu-Natal	21.8%	25.8%	18.3%
Limpopo	29.8%	28.6%	-4.0%
Mpumalanga	27.1%	24.5%	-9.6%
North West	17.1%	17.9%	4.7%
Northern Cape	9.3%	24.2%	160.2%
Western Cape	12.0%	15.3%	27.5%
South Africa	**19.1%**	**24.4%**	**27.7%**

Source: Health Systems Trust, www.hst.org.za, accessed on 28 January 2011
Notes: a This refers to the proportion of sexually active 15-19 year olds in each province who had ever been pregnant
        The figures presented are originally from the Medical Research Council's National Youth Risk Behaviour Surveys

The level of teenage pregnancy is a major concern is South Africa given that the majority of the pregnancies are unplanned, unwanted and non-marital (Cooper et al, 2004). Teenage pregnancy also has major social and health implications for the young mothers and their children, including dropping out of school, curtailed personal development and increased vulnerability to exploitative sexual relationships, higher rates of maternal mortality and greater risks of clandestine abortion (Dickson, 2003). High levels of teenage pregnancy further reflect a pattern of sexual activity that puts teenagers at risk of HIV and other sexually transmitted infections (Swartz, 2003; Cooper et al, 2004). Furthermore, gang activity, coercion, substance abuse, and other social pressures are some of contributory factors. The situation of pregnant teenagers or teenage mothers is exacerbated by lack of support from partners, as the men responsible for the pregnancies often refuse any responsibility in terms of emotional, financial and practical support during pregnancy and childrearing, a factor that contributes to the number of absentee fathers discussed earlier (Swartz, 2003). Ultimately, illegal abortions, the abandonment of babies, and child neglect are often seen by the teenage mothers as inevitable.

Moral capacity

There is a general consensus from the general public and academic commentators that the South African society, with specific reference to family life and school life, is experiencing a serious moral breakdown or degeneration, described as the process of declining from a higher to a lower level of morality (Louw, 2009). Moral degeneration is often seen as preceding or concomitant with the decline in quality of life, and in South Africa it is widely-reported in the media and is evident and reflected in social ills such as a general lack of discipline, violence, poverty, unemployment, a high crime rate, school vandalism and corruption. According to Louw, (2009), these moral ills, which have negative implications for society, have been attributed to a lack of a positive value system in society as a whole as well as to social media and technology which often infiltrates family life by, for example, exposing children and youth to pornography and other negative influences (Louw, 2009; Bayaga & Jaysveree, 2011).

Weakened intergenerational relations

Intergenerational solidarity manifests itself when "one generation uses its vantage position of being outside a particular generation to be of assistance to a generation in need" (Biggs 2007). It is hypothesized that rapid social changes in South Africa has resulted in high intergenerational disjuncture. These rapid changes are partly a result of high mobility (e.g. middle generations moving in search for employment); major epochs dividing generations (e.g. one generation having grown in the apartheid era while its children are growing up in a liberal environment); rapid social advances (high educational attainment of children born of parents who never went to school); and changing childbearing patterns. Intergenerational solidarity could manifest itself in many ways which will include better parenting, caring of the aged, and sharing of wealth, skills and knowledge between generations.

SECTION 3: CURRENT LEGISLATIVE AND POLICY FRAMEWORK

3.1 Introduction

To achieve the aims and objectives of the White Paper on Families South Africa is governed by a number of global, regional and national conventions, goals, and other instruments that the country has adopted, ratified or developed. Some key examples of these are outlined in the sub-sections below.

3.2 Global commitments

- **Universal Declaration of Human Rights, 1948 (Article 16, 3) and the International Convention on Civil and Political Rights, 1966 (Article 23, 1)**
  Both these Articles define the family as "the natural and fundamental group unit of society and is entitled to protection by society and the State".
- **International Covenant on Economic, Social and Cultural Rights, 1966**
  In Article 10 (1) States Parties to the Covenant recognize that: "the widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses"
- **Convention on the Rights of the Child, 1990**
  The Preamble of this Convention states that "the States Parties to the Convention are "convinced that the family, as the fundamental group of society and the natural environment for the growth and well–being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community". By the same token Declaration 14 of the Convention states thus: "half a million mothers die each year from causes related to childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing. The family, as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance".
- **The International Conference on Population and Development (ICPD) Plan of Action, 1994**
  In Chapter II Principle 9, the ICPD Plan of Action states that "the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.
- **World Summit for Social Development, Copenhagen, Denmark, March 1995.**
  At this World Summit, it was agreed, among other things, that "the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive

protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners".

Other international instruments that have relevance for the family and for this White Paper include:
- the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979;
- Resolution 46/91 of the United Nations Declaration on the Rights of the Elderly, 1991;
- the United Nations Standard Rules on Opportunities for Persons with Disabilities, 1993; and
- the Malta Statement of the NGO Forum, 1994 which launched the International Year of the Family and asked on governments to formulate family-sensitive polices, promoting self-reliance and participation of families, taking into consideration the aspirations and expectations of families themselves.
- The United Nations Convention on the Rights of Persons with Disabilities, 2006

3.3   Regional commitments

At the regional level the recognition of the family as a critical player in sustainable socio-economic development is highlighted in various documents such as:

- the **Dakar/Ngor Declaration on Population, Family and Sustainable Development (1992)** which, among other things, called on governments to give due consideration to the rights and responsibilities of all family members, to ensure that measures are put in place to protect the family from socio-economic distress and disintegration, and to integrate family concerns into all development plans.
- the **Social Policy Framework for Africa (2008)** which proposed a minimum package of essential social protection for families, targeting healthcare as well as benefits for children, informal workers, the unemployed, old people, and persons with disabilities.
- the **Plan of Action on the Family in Africa, (2004)**. With a focus on nine priority areas, the Plan of Action on the Family is meant to serve as an advocacy instrument for strengthening family units, addressing their needs, improving their general welfare, and enhancing the life chances of family members. It also aims at guiding African Union Member States, including South Africa, in designing, implementing, monitoring and evaluating appropriate national policies and programmes for the family on the basis of their specific requirements and needs.
- *the* **African Charter on Human and People's Rights (1981**). At article 18 it provides that the family is the "natural unit and basis for society". It also commands states to protect families and "take care of [families] physical health and morale."
- *the* **African Charter on the Rights and Welfare of the Child (1990).** At article 18, states that families are the natural unit and basis for society and provides that families "shall enjoy the protection and support of the State for [their] establishment and development".
- *the* **African Youth Charter (2006)**, which, at article 8, contains a similar provision as that of the African Charter on the Rights and Welfare of the Child. South Africa ratified the African Youth Charter on 28 May 2009.

- the **Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003)**. While a number of provisions in this Protocol relate in one way or another to families; the most pertinent are: Article 6(c) which provides that the state should encourage monogamy; Article 14(1) which prescribes rights related to sexual and reproductive health; and Article 24(1) which obliges states to provide for women's environmental, physical, economic and social needs.
- the **SADC Protocol on Gender Development (2008).** Its sub-article (1) of article 8 provides "that women and men enjoy equal rights in marriage and are regarded as equal partners in marriage"; and sub-article (4) puts measures in place "to ensure that parents honour their duty of care towards their children, and maintenance orders are enforced."

3.4   National legislation

Constitution of the Republic of South Africa (1996)
The overarching institutional framework that guides the implementation of South Africa's policies and legislation is the Constitution of the Republic of South Africa 1996 (Act no. 108). The White Paper on Families' main aim of promoting family life and strengthening the family resonates especially with sections 26, 27, 28 and 29 of the Constitution. The implementation of the White Paper is dependent on the realisation of these constitutional rights. For example, Section 26 is concerned with the right to adequate housing and Section 27 enshrines the right to healthcare, food, water and social security. With Section 26 and Section 27, the Constitution clearly notes that the state must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of each of these rights. However, Section 28, dealing with the right of the child, and Section 29, regarding the right to education, do not have conditions for their realisation. They have to be provided by the state.
The Constitution also encompasses a Bill of Rights that enshrines the socio-economic rights of the citizenry. These constitutional provisions directly influence the plight of the family and the manner in which its members contribute towards society's well-being and stability.

In addition to the Constitution, the White Paper is guided by the following legislation which is relevant to the family in general and to specific family members and issues affecting them:

- The Marriage Act, No. 25 of 1961
- The Reciprocal Enforcement of Maintenance Orders Act, No. 80 of 1963
- The Older Persons Act, No. 13 of 2006
- The Criminal Procedure Act, No. 51 of 1977
- The Divorce Act, No. 70 of 1979
- The Children's Act, No. 38 of 2005
- The Children's Amendment Act, No. 41 of 2007
- The Matrimonial Property Act, No. 88 of 1984
- The Mediation in Certain Divorce Matters Act, No. 24 of 1987
- The Birth and Death Registration Act, No. 51 of 1992
- The Social Assistance Act, No. 13 of 2004
- The Prevention and Treatment of Drug Dependency Act, No. 20 of 1992

- The Hague Convention on the Civil Aspects of International Child Abduction Act, No. 72 of 1996
- The Housing Act, No. 107 of 1997
- The Domestic Violence Act, No. 116 of 1998
- The Adoption Matters Amendment Act, No. 56 of 1998
- The Employment Equity Act, No. 55 of 1998
- The Probation Services Act, No. 116 of 1991
- The Probation Services Amendment Act, No. 35 of 2002
- The Prevention of Illegal Eviction Act, No. 19 of 1998
- The Recognition of Customary Marriages Act, No. 120 of 1998
- The Sterilisation Act, No. 44 of 1998
- The Health Act, No. 61 of 2003
- The Choice of Termination of Pregnancy Act, No. 92 of 1996
- The Civil Union Act of 2006
- The Sexual Offences Act, No 32 of 2007.
- Child Justice Act 75 of 2008
- The Maintenance Act, 99 of 1998
- The Reciprocal Enforcement of maintenance Orders (Countries in Africa) Act, 6 of 1989
- The Domicile Act, 3 of 1992
- The 1998 Refugee Act (as amended).

3.5 National policies

White Paper for Social Welfare, 1997

As stated earlier the White Paper for Social Welfare is the first overall social welfare policy under the 1996 Constitution and it reaffirms Government's commitment to securing basic welfare and human rights and active citizen participation in promoting human well-being. Its stated vision is to reform the apartheid era residual social welfare system and to bring it in line with the new constitutional framework and binding international law. Section 1 in Chapter 8 focuses on the family and the life cycle: families, children, youth and ageing and outlines strategies to promote family life, as well as to strengthen families. The White Paper for Social Welfare's developmental paradigm aims to guide the implementation of pro-family policies and services in the country.

National Family Policy (final draft Version—July 2005)

The policy is premised on the principle that families are the core of society, and its goals include, among others, the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services.

National Development plan 2013

The national development plan calls for universal access for at least 2 years of ECD.
It encourages expansion of home, community and centre based programmes to support parenting and improve opportunities for young children to learn.

Provision on nutrition intervention for pregnant women and young children

Provision of full funding assistance covering tuition, books, accommodation and living allowances to student from poor families.

The above mention initiatives strengthen families in order to combat the debilitating effect of development challenges and other socio economic risk factors.

Other relevant policies in the country include:
- The Population Policy for South Africa (1998)
- South Africa's National Policy Framework for Women's Empowerment (2000)
- Draft National Policy Framework For Families (2001)
- The Policy on Gender Equality (2002)
- The Policy on Financial Awards to Service Providers (2004)
- The Policy on the Management of Substance Abuse (2005)
- The White Paper on Corrections in South Africa (2005)
- The Integrated Youth Development Strategy (2005)
- The National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (2005)
- The Policy for Older Persons (2005)
- The South African Millennium Developmental Goals (2005)
- The Integrated Policy on Disability (2006).
- Department of Social Development Framework of Positive Values (2009)

SECTION 4:   RESPONSE STRATEGY FOR FAMILIES

4.1   Approach

The basic approach adopted in developing the White Paper on Families was to take into account the legislative and policy framework outlined in Section 3, to draw on the inputs from the consultative process on the Green Paper on Families (described in Section 1.2), and to take into account the following theoretical approaches:

Rights-based approach

This is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. Its goals include achieving social justice, a minimum standard of living, equitable access and equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans, with a special emphasis on the needs of the most disadvantaged in the society. These ideas are firmly embedded in the Constitution of the Republic of South Africa 1996 (Act no. 108), which guarantees all citizens the right to dignity as one of its central values (Patel, 2005).

The strengths perspective

The strengths perspective is closely related to empowerment. It seeks to identify, use, build, and reinforce the strengths and abilities people already have. It is useful across the life cycle and throughout all stages of the helping process – assessment, intervention, and evaluation. It emphasises people's abilities, values, interests, beliefs, resources, accomplishments and aspirations (Zastrow, 2010).

Life cycle approach

The family life cycle approach assumes that family life is changing continually and is influenced by psychosexual development and rites of passage such as marriage, divorce, child-rearing or retirement. During each of these stages of development, people modify their roles and relationships, and also alter the division of labour and their level of satisfaction (Baker, 2001).

For the purpose of the White Paper on Families the life-cycle approach will allow for a comprehensive analysis of life events, family crises, processes and challenges relating to age, gender, and roles and responsibilities of each family member. It will further help to promote an understanding of an ideal and desirable progression through life's stages. This approach will also guide the provision of services and resources, by relevant actors, that are appropriate for specific developmental stages and ages of family members.

Systems approach

The systems perspective is a structural approach, in which the family as a whole is considered to be more than its component parts. Therefore, the family is viewed as a social system because its members are interdependent and any change in the behaviour of one member will affect the

behaviour of others (Baker, 2001). The theory will help service providers to analyse and interpret family-related issues and enable them to locate the family in the society. The approach will be helpful in analysing the family in South Africa and also link it to overall national development goals. It provides the lens to view the family not in isolation, but in concert with the country's history, its political economy and contemporary social forces. The promotion of family life and the strengthening of the family are all central to the overall stability and general well-being of South Africa. This perspective thus lays the foundation for an integrated approach to service delivery.

The social development approach
The social development approach recognises that the family is the basic unit of society and plays a key role in the survival, protection and development of children. Its rationale is that families should be supported and their capabilities have to be strengthened for the purpose of meeting the needs of members. Theories encompassed in this approach recognise that families require a range of supportive services in order to promote family life and development. Over and above the foregoing, certain families may require additional supportive services so that they can solve problems in human relations such as conflict, communication, parenting, substance abuse, family violence as well as addressing problems arising from life changes and events (Patel, 2005).

4.2   Strategic priorities

Functional families contribute to societal stability at three levels: the 'micro' level, the 'meso' level, and the 'macro level (Saunders, 1999). Saunders explains that:
- the micro level refers to stability at the individual personality and here families provide emotional gratification for adults and play the crucial role in the socialisation of children.
- at the meso level stability is attained at the level of the family unit itself, and in order to continue with their various functions, families develop strategies to live together, to share domestic tasks, to resolve conflict, and to adjust successfully to changes over time such as the births of children, and departure of children to form their own independent households, and the growing dependency of aging patterns.
- The macro level entails stability in the relation between the family and other social institutions. Here, in addition to adjusting to internal changes and developments, families also adapt to changes in their environments particularly to the *economic sub-system* (whether they supply labour for the production processes and in turn consume what the economy produces), the *political sub-system* (where they supply responsible and active citizens and in turn consume various government services) and the *community sub-system* where they contribute to the vibrancy of community and in turn make use of the services and relationships provided by the community (Saunders, 1999).

Against this background government involvement in family issues should be designed to align the best interests of three groups: the individual, the family and the community (Olson, 1999). The key aims should be to promote healthy families, to preserve and nourish the large block of families whose quality of life is helping to prevent and reduce problems associated with family disintegration, and to strengthen families. This White Paper on Families is thus guided by three key strategic priorities: promotion of healthy family life; family strengthening; and family preservation. *Promotion of healthy family life* focuses on efforts to prevent the breakdown of family life by promoting positive attitudes and values about the importance of strong families and

communities that support families. It essentially draws from the wide research showing that "family breakdown disables future generations" (Wilkins, 2012:v).

While no standard definition exists, *family strengthening* is often used to refer to the deliberate process of giving families and their members the necessary opportunities, relationships, networks support and protection, especially during times of adversity and change (Moore et al, 2002). The National Human Services Assembly in the United States identified three core areas that are essential to strengthen families (National Human Services Assembly, 2004):

- *family economic success,* which involves focusing on helping individuals improve self-sufficiency through expanded opportunities to work, earn a living wage that provides for the basic needs of the family and build assets that grow the family over time, such as home ownership and retirement accounts;
- f*amily support systems* which stresses the building of appropriate and adequate systems of support for healthy family development that encompasses healthcare, childcare, education and other essential components of strong families;
- and *thriving and nurturing communities* which emphasises the building of a nurturing and supportive environment, in which healthy families pursue long-term goals crucial to sustainable family development. Essential elements for family success also include access to affordable housing, strong neighbourhood institutions, safe streets, supportive social networks, and an environment that promotes communities and strengthens bonds between families (National Human Services Assembly, 2004).

Finally *family preservation* is generally understood to mean keeping families together, and the specific services and programmes which are intended to strengthen families in crisis and reduce the removal of family members from troubled families (Department of Social Development, 2010). It is based on the belief that people need a family in which to develop, and that the best way of achieving permanency in the lives of people is to allow them to be with their families and to work with the family to try to prevent the placement of family members outside of family care. The Department of Social Development (2010) identifies four core levels of service delivery for family preservation services:

- *Prevention*: the empowerment and support programmes aimed at preventing the need for the families and their members to receive intensive services from professionals;
- *early intervention*—*s*ervices delivered at this level make use of developmental and therapeutic programmes to ensure that families at risk are kept together as far as possible and are prevented from entering and receiving services at statutory level;
- s*tatutory intervention--t*he statutory process is about a particular level of intervention and a period of time during which families are waiting for the outcome of a legal/court procedure.
- *reunification* and *aftercare*—*a*ftercare services refer to family preservation services delivered to the family of origin to: (1) address the risk factors that necessitate the removal of the family member/s, and (2) to assist the family in transitional period after the removal in order for the family to stabilize and enter into a reunification process after a period of separation. Services delivered at this level are aimed at integration and support

services to enhance self-reliance and promote well-functioning families. The ultimate goal will be that families be reunified and that services on prevention and early intervention level be delivered to keep the family together, to be well functioning and self-reliant.

4.3   Recommended strategies and envisaged actions

Strategic Priority 1: Promotion of Healthy Family Life

1. Affirm the importance of the family
   - Encourage positive portrayal of the family in the media
   - Ensure the effective implementation of the key tenets of national, regional and international instruments aimed at strengthening and promoting the family as an institution.
   - Improve the availability and accessibility of 'family-type' housing in cities to facilitate the decent co-residence of spouses as well as parents and their young children.

2. Respect the diverse family types and values in the country
   - Put in place measures to eradicate discriminations related to, among others, age, gender, birth, sexual orientation, race, ethnic or social origin, marital status, disability, beliefs, culture, language, physical and mental conditions, family composition, financial conditions, and blood relations.
   - Provide families, regardless of structure, with parenting and relationship assistance, focusing particularly on the social and emotional side of a children's development and parental relationships.
3. Foster stable marital unions
   - Encourage the establishment and sustenance of stable marital unions on the basis the established body of research evidence showing that families founded upon stable marital unions provide significant economic and psychosocial benefits for men, women and children (Wilkins, 2012).
   - Provide preventive relationship support at key points in couples' relationships to mitigate the substantial costs upon individuals and society often brought about by the breakdown of stable marital structures.
4. Promote intergenerational solidarity
   - Foster permanent and constructive dialogue between younger and older family members.
5. Promote positive values and moral regeneration
   - Use the education system, faith-based organisations, the religious sector, the media to promote positive values and moral regeneration
   - Ensure the effective implementation of various international and national instruments including the Moral Regeneration Movement, National Government Forum on Moral Regeneration, and the Department of Social Development's *Framework on Positive Values*.
6. Promote gender equality.

- – Promote gender equality within the family by, for example, promoting the sharing of domestic, caregiving and other family duties by all members regardless of gender,
- – Strengthen awareness and education on domestic violence and its prevention.
- – Promoting durable and egalitarian relations between couples.
- – Develop and implement education, therapeutic and rehabilitation interventions for perpetrators of domestic violence.

7. Encourage fathers' involvement in their children's upbringing.
   - – Elaborate or revise current laws and social policies that restrict fathers from being involved in their children's lives and replace them with those that create an environment where fathers have the opportunity to care for, engage with, and support their children.
   - – Consider the introduction of paternity leave.
   - – Use the formal education system and informal information sources such as the media to construct and maintain social norms and positive attitudes regarding the roles of fathers in the lives of children.
   - – Ensure more effective enforcement of maintenance payments by absent fathers
   - – Ensure that fathers are treated equally by the courts in custody decisions (which the law provides for but which anecdotal evidence suggest does not always happen)
   - – To the extent that unemployment is likely to be playing a major role in the absence of fathers from families—either because they have migrated to other areas in search of jobs, or because a lack of income puts men off taking responsibility for the children they father—intensify the creation of employment opportunities.

8. Encourage responsible parenting
   - – Encourage responsible co-parenting by both mothers and fathers.
   - – Enhance parents' ability and capability to protect children from exposure to, and participation in activities that may be detrimental to their physical, emotional, psychological, intellectual, and sexual well-being.
   - – Discourage parents from using corporal punishment and explore and advocate for alternative discipline methods which reaffirm children's inherent positive values.
   - – Encourage effective family planning to ensure that children are born to emotionally, physically, financially, and structurally ready parents who can provide a well-established and strong support structure within which to raise and rear the child. Emotional readiness means that prospective parents are mature enough to handle the demands of a new born child; physical readiness means that the prospective parent's bodies are ready for the strains of pregnancy and the strains that come with looking after a new born child. Financial readiness means that the prospective families are financially capable to dealing with the costs associated with a new born child; structural readiness means that the prospective parents have a home within which to raise the child close to clinics or hospitals, care giving facilities and educational facilities.

Strategic Priority 2: Family Strengthening

1. Commission and fund robust and nationally representative studies to illuminate the key factors underlying, and provide workable recommendations to effectively address, factors such as low marriage prevalence, increased cohabitation and absentee fathers.
2. Establish a family-focused, rather than individual-focused approach in national development and poverty reduction policies and programmes.
3. Enhance families' resilience by improving the economic capacity of familes through short-term interventions such financial and material assistance, as well as longer–term interventions such as improving employment opportunities and facilitating access to financial services offered by micro-finance institutions.
4. Ensure income and basic social security
   - Ensure sufficient minimum income and adequate standard of living for all families, especially those who are vulnerable and/or in extreme economic or social need, through a variety of social protection policies and programmes.
   - Intensify efforts to create employment and other income-generating opportunities for working-age family members to ensure a regular income
   - Provide higher education and training opportunities for young people in order to improve their skills and assist then in entering the labour market.
5. Support the family in its caregiving functions
   - Provide economic and non-economic measures, such as personal income tax relief, care subsidies, and affordable and accessible child, community care and afterschool school care services to mitigate families' burden of caring for their children, older persons and people with disabilities.
   - Put in place mechanisms and policies, including paternity and parental leave, to facilitate the balancing of work and family responsibilities and to promote equal parenting care and responsibility between fathers and mothers, and encourage gender equality in parenting
   - Promote and support the establishment of early childhood development centres to provide an affordable means of childcare for working parents and basic education for young children.
6. Promote family solidarity
   - Encourage healthy intra-family relations specifically between siblings and generally between members of the extended families. This is in line with indigenous African practises, where family formation linked extended families in order to form a social security system.
7. Provide adequate health care
   - Ensure all family members have access to adequate and affordable primary health care, sexual and reproductive health, family planning, and nutrition services.
   - Ensure men are counseled in the importance of women's reproductive health and choices.
   - Use public information campaigns to stress the financial and emotional responsibility of having children and to encourage the concept of planned parenthood. This can play a role in reducing the number of unwanted pregnancies and the number of families that are put under financial and emotional strain because of unplanned pregnancy.
8. Develop more family-focused HIV and AIDS interventions

- Given that the majority of children affected by HIV and AIDS live with their families, and that extended families carry much of the care burden for all those affected and infected, HIV and AIDS interventions should be designed to focus more on parents, children and families rather than largely on 'orphans and vulnerable children', as is currently the case.

9. Strengthen community support
   - Encourage family members to acknowledge, permeate and support their communities. The matrix within which the family exists is the community, and community members are often the first to respond to family crisis outside of family members.
   - Encourage communities to embrace the value of Ubuntu, which demands that human life, and humanity be treated with the respect due to it, and to mobilise responsibly in the event that it is not.

10. Develop regional and international collaborations and partnerships
    - Develop partnerships with regional and international networks for research and information exchange on current family policy options, experiences and best practices.

Strategic priority 3: Family Preservation

1. Prevention
   - Develop and strengthen the programmes and structures to address and minimize family conditions such as family disintegration, substance abuse, child abuse, neglect, exploitation, HIV and AIDS, child-headed households and poverty.
   - Encourage family centred extended kin fostering as the most appropriate and cost effective placement for children.
   - Improve access to basic income support, psychosocial support and other essential services which increase family capacity to continue to care for children in times of socio-economic distress
   - Strengthen and support child-care capacities by improving the quality and accessibility of government-promoted schools, pre-schools, aftercare services, and social welfare services, as well as bringing to scale community-based efforts to strengthen support.
   - Strengthen and expand existing adoption and foster care mechanisms and support measures to ensure rapid family placement of all children in need thereof.
   - Strengthen young people's life and survival skills though formal and non-formal education, vocational training and apprenticeships.
   - Equip young people's social and interpersonal skills to make informed decisions, and develop coping and self-management mechanisms.
   - Place preventive initiatives in areas where families at risk are most likely to live, such as areas of concentrated poverty.
   - Undertake regular research studies and situational analyses to acquire an information base for understanding the factors that place families at risk, to assess the direct and indirect effects of policies and programmes on family life and well-being and to identify opportunities for mitigation.

2. Early Intervention
   – Offer family-focused health education for improving hygiene and nutrition, HIV and AIDS care, support and treatment; reducing substance abuse as well as education on sexual and reproductive health for all members of the family.
   – Make therapeutic services easily accessible and affordable for families and their members.
   – Offer families flexible alternatives that combine their own perspectives with professional assessment of their needs.
   – Encourage the formation of civil society organisations dealing with family issues to serve as a forum through which families can express their problems and suggest solutions, and assist the sustainability of existing civil societies by providing financial, human and documentary resources.
   – Provide psycho-social support to all victims of abuse and those who have been exposed to violence for court preparation and follow-through.

3. *Statutory Intervention*
   – Facilitate the provision of identity documents to family members as these are essential for access many family services.
   – Ensure that all service providers should adhere to inter-sectoral protocols at all levels of government and organizations for families.
   – Enhance human resources capabilities to remove intra-organizational and inter-system obstacles and bottlenecks in government systems and direct service provider organizations
   – Improve coordination among various public and civil society stakeholders mandated with the provision of family preservation services.
   – Provide support services to families affected by the removal of a family member.

4. *Reunification and After Care*
   – Implement appropriate protocols for reintegration and reunification of family members who have been separated for extended periods of time for various reasons.
   – Provide capacity building and empowerment of parents and families to deal with and handle challenging child and youth behaviour.
   – Increase reunified children's access to formal education. Where this is not feasible or desirable, encourage vocational and/or life skills training.
   – Sensitize community members to the special requirements of vulnerable families.

SECTION 5: COORDINATION, IMPLEMENTATION AND MONITORING STRUCTURES

5.1 Coordination

The implementation of the White Paper on Families will be dependent on a sound intersectoral and interdepartmental system and mechanism, an active political administration and technical expertise. The former would facilitate the translation of the White Paper's aims and objectives into actual programmes, delivered to different families by different stakeholders.

The implementation of the White Paper on Families requires an intersectoral and interdepartmental system and mechanism for it to be realised.

5.1.1 Intersectoral Coordination Mechanism

The successful development of an intersectoral coordination structure and system will determine the extent to which the whole policy is implemented effectively and efficiently. This can be addressed through formalised institutional arrangements that facilitate co-ordination, collaboration and synergy in implementation.

The White Paper on Families will be managed by formalised interdepartmental mechanisms at a national, provincial, and municipal level to facilitate the intersectoral work required for its successful. Each department and participating NGOs will ensure that they plan and provide the integrated services required of them in the White Paper.

5.1.2 Functions at different levels of government

National

A national Inter-departmental structure for services to families will be established under the lead of the Department of Social Development, with the Office of the Presidency as an equal partner. Other national departments and institutions will be invited to participate in the National Inter-departmental Structure, the core functions of which will be to:

– Facilitate coordination, collaboration and synergy in the implementation of the White Paper
– Develop, where needed, and review all existing policies that impact on the well-being of the family.
– Ensure the availability of the required financial and human resources to oversee and implement the White Paper.
– Guide and direct the process of ensuring that services get to the designated groups, their families and communities.
– Establish relationships with other existing national coordinating structures on services to families.
– Consult and establish partnerships with a wide range of relevant service providers and stakeholders working with families.

- Facilitate the establishment of inter-departmental structures and/or mechanisms at a provincial and municipal level to ensure the implementation and monitoring of the White Paper on Families based on provincial and local needs.
- Support, monitor and evaluate the implementation of the White Paper.

Provincial

At provincial level a Provincial Inter-departmental Structure will be established under the lead of the provincial Departments of Health and Social Development and the Office of the Premier as equal partners. Other provincial departments and institutions will be invited to participate in the Provincial Inter-departmental Structure. The core functions of the Provincial Inter-department Structure will be to:

- Facilitate coordination, collaboration and synergy in the implementation of the White Paper on Families in the province.
- Develop a provincial integrated operational plan for the implementation of the   White Paper in the province.
- Ensure the availability of the required financial and human resources to oversee and implement the White Paper.
- Establish linkages and integration of the White Paper into the Provincial Growth and Development Plan.
- Develop, where necessary, and review all the existing provincial policies that impact on the well-being of the family, in line with the White Paper.
- Guide and direct the process of ensuring that services get to the designated groups, their families and communities.
- Establish relationships with other existing provincial structures on services to families.
- Consult and establish partnerships with a wide range of relevant service providers and stakeholders working with families.
- Facilitate the establishment of inter-departmental structures at a district and municipal level to ensure the implementation and monitoring of the White Paper on Families based on provincial and local needs.
- Support, monitor and evaluate the implementation of the White Paper at a provincial level.

Municipality

At a municipal level a structure consisting of various core government departments with the Mayor's Office as equal partners will be established. Further to these core members, other Government departments and service providers at a municipal level will be invited to participate in the Municipal Inter-departmental Structure, the core functions of which will be to:

- develop an integrated local plan of action for the implementation of the White Paper and provincial operational plan on services to families and;
- Facilitate coordination, collaboration and synergy in the implementation of integrated services to families at the municipal level.
- Dedicate resources to the implementation activities of the White Paper.

- Develop, where needed, and review all the existing bylaws that impact on the well-being and development of families, in line with the White Paper.
- Guide and direct the process of ensuring that services get to the designated groups, their families and communities.
- Establish relationships with other existing local structures on services to families.
- Consult and establish partnerships with a wide range of relevant service providers and stakeholders working with families.
- Support, monitor and evaluate the implementation of the White Paper at a municipal level. These inter-departmental structures have the primary aim to achieve inter-sectoral collaboration that will ensure an integrated service delivery to the whole family.

5.2 Implementation

Government will provide leadership in the implementation of the White Paper, while also developing partnerships with civil society and the private sector. Such partnerships would be based on an integrated approach to social service delivery. The following are the key stakeholders that will play a pivotal role in the implementation of the White Paper.

5.2.1 Government Departments

Primary departments

The Department of Social Development (DSD)
The DSD is the main focal point for actions aimed at supporting family life and the strengthening of families in the country. The Department of Social Development as a lead should coordinate the activities that would contribute to the successful implementation of the White Paper in Families. The Department will also ensure that all policies, legislation and initiatives of Government are explicitly tilted in favour of families in the country. It will be the leading department implementing the White Paper while performing the following tasks:
- Developing and facilitating the implementation of intersectoral and interdisciplinary protocols
- Mitigating the risk factors that impede families from fulfilling their various roles and responsibilities
- Ensuring an effective and holistic service delivery system, including prevention, early intervention, statutory intervention, and reunification/after care services and programmes
- Advocating on behalf of families through the dissemination of information and education strategies.
- Involving men in home-based care and the care of orphaned and vulnerable children in order to lessen the burden on women
- Exploring the possibility of calling for the inclusion of paternity leave in the Basic Conditions of Employment Act 75 of 1997 and strengthening the recognition of parenting and support for parents in the workplace.
- Developing minimum norms and standards for service delivery in the field of families.
- Facilitating capacity building of provincial stakeholders.

Department of Arts and Culture

The role of the Department of Arts and Culture in the implementation of the White Paper on families is to strengthen social cohesion in families. The Department recognises the family as a structure that fosters socialisation and instills positive values. The Department of Arts and Culture promotes the arts culture and heritage as a vehicle to unite families, communities and the society at large toward building a happy nation. In addition the Department:

– Develops talent in the arts for economic development to sustain families
– Promotes access to information for families
– Ensures the development and promotion of mother tongues
– In collaboration with the Department of Correctional Services ensures that offenders are rehabilitated by nurturing their talents and also proving opportunities' for offenders' families to participate during events where offenders are given a platform to showcase their talents
– Contributes thorough the Art Therapy for transmitted children and families
– Contributes towards the creation of awareness in domestic violence against women and children through the arts.

Departments of Co-operative Governance and Traditional Affairs

These departments are at the coalface of Government's service delivery and the implementation of policies. Most of the work of this department has a direct impact on the family. In order to harmonise all the department's efforts, multidisciplinary teams will be at the forefront of service delivery at this level. In addition traditional leaders will be trained and engaged around issues of gender equality and human rights including training on the Constitution and provisions of family-related regional and international human rights instruments that South Africa had signed and ratified. The municipalities will ensure that the implementation of the White Paper is captured in line with their Integrated Development Plans (IDPs).

Department of Correctional Services

The Department of Correctional Services (DCS) has a crucial role to play in guaranteeing the well-being of South African families, as many offenders are also members of different families in the country. Since the department's primary goal is to facilitate the correction of offending behaviour, mainly through rehabilitation, families are considered as pivotal partners in this process. Families also play an important role in the reintegration of offenders back into society. The White Paper on Corrections in South Africa (2005) also recognises the family as the basic unit of society, as well as the primary level at which correction should take place. To this end:

– Families should be involved in rehabilitation programmes for family members who are prisoners.
– DCS should facilitate and support contact between families and prisoners, particularly children.
– DCS should strengthen its relationship with other departments, especially DSD, in order to effectively involve families in rehabilitation programmes for prisoners and to facilitate family contact successfully.

– Offenders should be reintegrated back into communities with the support and help of programmes which address their attitudes towards violence and gender transformation concepts should be used to address recidivism.

Department of Defence and Military Veterans
The Department of Defence (DOD), in particular, the Directorate Social Works' role in strengthening families cannot be overemphasized. Deployment and separation form part of military lifestyle, and is both challenging and stressful for the members and their families. Various separation/deployment/occupation related challenges have been documented viz, domestic violence, financial problems, substance abuse, marital problems, problems with children, divorce, lack of organisational support, lack of social support systems, maintenance problems, loneliness and emotional problems, lack of communication facilities and workplace related problems. Thus, the promotion of resilience of families forms the core of military occupational social work service delivery to the DOD employees and their dependants (families), military veterans and approved clientele within the DOD. Military occupational social work strives to maintain a balance between the demands of the military system and the needs of its members, in order to ensure the mission readiness of the organisation. Execution of the White Paper on families will reinforce implementation of programmes that are aimed at addressing the aforementioned challenges, the core functions of which will be to:

- Facilitate coordination, collaboration and synergy in the implementation of the White Paper in the DOD nationally.
- Ensure the existence of a body viz Resilience Advisory Committee (RAC), that will identify and address deployment related stressors and challenges within the DOD. This committee should account to the Military Council.
- Develop where necessary and review existing policies and programmes that have an impact on the family well being
- The DOD should allocate the required financial, logistic and human capital to oversee the implementation of the White Paper
- Ensure the implementation of a need-based, appropriate, available, accessible and accountable military occupational social work service within the DOD nationally in order to promote a balance between work demands and family life.
- Promote social change, problem solving in human relationships, resilience of people and the empowerment and liberation of individuals, families and communities in order to enhance their social functioning and social well-being.
- Network/consult and establish partnership with relevant service providers and stakeholders who have a vested interest in the well-being of families in South Africa.
- Support, monitor and evaluate the implementation of the White Paper.
- Ensure implementation of intervention programmes such as the resilience programme (which for example entails programmes such as HIV and AIDS, Financial management/recovery, sexual harassment, marriage enrichment, mission readiness course, deployment support to members and families, home visits, conflict management, stress management), demobilization programme which entails preparation for reintegration both within the family and at the workplace, and provision of social work services both at home and within the mission areas during deployment.

- Regularly undertake research to determine the needs of members and families.

Departments of Education

Both the Department of Basic Education and Higher Education and Training will respond to the vision of the White Paper ensuring that all South African children have access to quality education. The department will also ensure that an inclusive education and training system is availed to children with special educational needs and assist families through the placement of such children in mainstream schools, full-service schools and special schools. It will also attend to the following:

- The involvement of families in the education of children
- Ensuring that life skills curricula incorporates family issues, sexual and reproductive health, gender equality and human rights, HIV and AIDS and alcohol and substance abuse.
- The promotion of parental involvement in their children's schooling
- The provision of early childhood development services
- Advocating for the provision of psycho-social services in schools
- The provision of youth development programmes with an emphasis on skills development and training including trade and industry skills.
- Strengthen accountability mechanisms for educators aimed at addressing issues such as the commission of sexual acts between educators and learners.
- Provision of meals to leaners in disadvantaged communities to assist with nutritional needs of developing bodies and minds

Department of Health

The Department of Health will contribute towards the implementation of the White Paper by ensuring that South African families have access to affordable and high-quality health services by:

- Developing family-focused policies, and programmes and services addressing the mental and physical well-being of families, including: primary healthcare services and health services for families affected by HIV and AIDS, violence, malnutrition, infectious diseases, chronic illnesses and mental health-related problems
- Health promotion and education at community level.
- Accountability mechanisms for health professionals should be strengthened to address issues such as discriminatory attitudes towards sex workers, lesbian and gay people and young people seeking advice on contraception and STI treatment.
- Actively involving patients and their families in the service provision process. Patients should be empowered and educated to understand their health needs rather than given instructions that are not accompanied with sufficient information.
- Engaging traditional healers in all issues relevant to the health concerns of people accessing health related assistance from traditional healers to ensure that protective and safety mechanisms are put in place and that human rights standards are complied with.

Department of Home Affairs

This department's role of protecting and regulating the interests of all inhabitants of South Africa, with regard to their individual status and identity, as well as specific rights and powers, is vital for the promotion of family life and the strengthening of the family. The department has an important role to play in the implementation of the White Paper through:

- The registration of the family members of South African citizens and permanent residents to the National Population Register (NPR) with regard to birth, marriage, death and naturalization.
- The issuing of South African identity documents, which are crucial for access to state social security services.
- The regulation of the admission, staying and departing of asylum seekers, refugees and migrants families.

Department of Human Settlements

In facilitating the implementation of the White Paper, the Department of Human Settlements will ensure that South African families have access to quality housing that is supportive of their optimal socio-economic functioning. It will also make provision for the development of housing structures, including the implementation of the government-driven RDP housing programmes that are family-friendly and support community interaction. The department will additionally focus on:

- Housing development that takes cognisance of the diverse nature of families in South Africa.
- Housing development that is holistic and has links with other social systems, such as clinics, schools, transport, sport, recreation facilities and police stations.
- Housing that raises the livelihoods of families and is not merely used for shelter, but becomes an asset in the fight against poverty
- Human settlements which are supportive of family life and strengthen families.
- Investment in new human settlements that bears in mind family-friendly urban design; shared open space; adequate distance between households; walking distance community facilities; increased street safety measures; and more green spaces.

Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development's mandate will consolidate the implementation of the White Paper by ensuring peace and security in the country and by:

- Ensuring that the criminal justice system responds to the needs of the family
- Prioritising the safety of children
- Promoting restorative justice, in order to preserve families
- Ensuring that there is an effective family law system in the country.
- Strengthening mechanisms in place for the protection of complainants and their families involved in criminal proceedings.
- Strengthening protective mechanisms aimed at protecting and advancing the interests of vulnerable groups such as elderly and people with disabilities.
- Addressing the inconsistency between various statutes that are applicable to the same issues in an effort to improve the administration of justice.

- Exploring more effective maintenance systems and ways to ensure that men live up to their responsibilities, when they are able to. Forms of maintenance, other than monetary maintenance, for those who cannot afford to pay maintenance, should be explored.

Department of Labour

The Department of Labour will be involved in the implementation of the White Paper through, inter alia, the following:

- Ensuring that labour policies and laws support gender equity at the workplace
- Protecting workers' rights through the monitoring of employment conditions
- Monitoring fair practices at the workplace, especially with regard to maternity leave
- Contributing towards conditions conducive to the creation of employment by developing sound labour legislation
- Protecting children against child labour through the detection of such practices and the prosecution of perpetrators.
- Mainstreaming education on human rights, gender equality and work-life balance issues into workplaces.
- Raising awareness raising concerning child labour.
- Prioritising the skills development of workers.
- Recommend the development and implementation of paternity leave.

The South African Police Services

To contribute to the implementation of the White Paper, the South African Police Services will coordinate more effectively with other stakeholders and specifically the other government departments forming part of the criminal justice system In addition, there will be:

- Increased patrolling and increase visibility of the SAPS.
- Strengthened accountability mechanisms for SAPS members, and effective and legitimate complaints processes and disciplinary procedures will be put in place.
- Improved training on SAPS' legal obligations contained in the Constitution, Domestic Violence Act 116 of 1998 and accompanying secondary legislation and policy relevant to domestic violence and the handling of domestic violence cases including for prevention, to avoid secondary victimisation and to dispel myths about domestic violence being a private/family matter.

Department of Rural Development

Families in rural areas are relatively more vulnerable than their urban counterparts. In addition, rural children are more prone to child poverty than urban children. Most rural provinces also exhibit high poverty ratios. Therefore, rural development strategies need to have a strong focus on families, and will being guided by the principles of the White Paper to:

- Increase economic development and rural upliftment
- Implement programmes that address gender equality education and awareness-raising in rural areas.
- Address access to education, services and justice.

Department of Women, Children and People with Disabilities

This department will need to locate all these groups within the family setting and not treat them as disaggregated populations. Once these individuals are regarded as family members, service delivery will target families and not just women, children and people with disabilities. Furthermore, the Department should address gender education, protection of children, life skills in schools etc. and also recommend the extension of maternity leave and the creation of paternity leave.

Department of International Relations and Cooperation

With one of its objectives being to conduct and co-ordinate South Africa's international relations, this department will:

− Promote South Africa's national social development priorities, norms and standards as well as its foreign policy objectives pertaining to The Family, on the international agenda
− Lead in all matters relating to South Africa's regional and international engagements
− Keep stakeholders informed of South Africa's ratification of international instruments related to the family
− Work with relevant departments to monitor and evaluate the country's progress on relevant Plans of Action where appropriate.

South African Social Security Agency

As the Agency mandated with ensure the provision of comprehensive social security services against vulnerability and poverty within the constitutional and legislative framework, SASSA will ensure that all eligible families, family members, and caregivers have access to the various social security and social assistance programmes aimed at strengthening and protecting the family in South Africa.

South African National AIDS Council

It recognised that the South African National AIDS Council is not a governmental institution. However, its contribution in the implementation of the White Paper is required. Especially given that the White Paper often acknowledge the great effect that HIV and AIDS have on family members. As such, it is recommended that SANAC be included in the list of institutions implementing the White Paper and that the following items be included in its duties and responsibilities:

− The inclusion in the National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP) of the distribution of female condoms in an effort to increase gender equality, improve the negotiation of condom use in relationships and reduce the spread HIV and the impact of AIDS.
− Develop more family-focused HIV and AIDS interventions.
− The support of community home based care providers.
− The continued research on the spread and impact of HIV.

Secondary departments

Department of Sport and Recreation

Sport and recreation are essential for national development, as they are central to human growth. They are also important catalysts for the realisation of mental health, and general health and social well-being. The Department of Sport and Recreation will facilitate the implementation of the White Paper by, inter alia, addressing the following:

−   The use of sport and recreation in the fight against anti-social behaviour, and social vices, such as crime, juvenile delinquency and drug abuse
−   Mainstreaming physical education in schools and institutions of higher learning
−   Ensuring that all requisite resources (human, facilities and equipment) are made available for schools and communities to encourage participation in sport and recreation activities
−   Making sport and recreation accessible to South African families by creating safe parks and other facilities
−   Encouraging marginalised groups, who are also family members, such as women, people with disabilities, the youth and rural dwellers, to participate in sport.
−   Cooperate with other stakeholders to allow for sporting events to double as awareness raising events, or locations for condom distribution, mobile clinics etc.
−   Educators need to be trained on how to conduct physical education and educate learners about the importance of exercise.

Department of Trade and Industry
The Department of Trade and industry strives to have a globally competitive South African economy, by creating an economic environment that is conducive for growth and development, decent and equitable employment, and which is built on the full potential of all citizens. The Department's policies and programmes are therefore geared towards increasing and strengthening economic development which could benefit all citizens and indirectly have a positive impact on families. The Department will contribute to the White Paper largely through the development and review of regulatory systems in the areas of competition, consumer protection, company and intellectual property as well as public interest regulation, including the manufacturing and distribution or liquor, all of which may have direct and indirect impact on families. .

Department of Water Affairs
The Department of Water Affairs will facilitate the implementation of the White Paper by making sure that poor and marginalised families have access to clean and free water services.
South African Broadcasting Corporation
The media will contribute by portraying the positive aspects of functional, strong and healthy families. TV programmes, music, radio, movies and soapies should promote gender equality, counteract materialism, promote responsible decision making (including condom use), involved fathers and should take direct steps to prevent the glamourisation of violence, alcohol and substance abuse.

5.2.2   Civil society
Civil society, including non-governmental organisations, community- and faith-based organisations is an important intermediary in the light of government public policy and an important avenue for articulating the vision of the White Paper by, among other things, promotion

of, and advocating of, the general well-being of families; facilitation of referrals of families and/or their members to the relevant services, where necessary; and by facilitating family reintegration where necessary. Furthermore, Civil Society organisations that specialise in gender, human rights and general family issues can be utilised to train other service providers in these issues.

5.2.3   Private sector
The role of the private sector in the promotion of family life and the strengthening of families in South Africa needs to be informed by the manner in which employers are able to develop programmes that create a healthy balance between work and the family. It is well-documented that employees' failure to adequately balance work and family responsibilities affects workplace productivity and profitability due to problems such as high turnover, increased absenteeism, tardiness; and decreased job satisfaction, productivity, and work quality (International Labour Organisation, 2004). The private sector must therefore strive to achieve a better work-life balance for its employees by ensuring that the work environment is family-friendly through benefits that impact on the quality of life of family members; affording employees their full family-related entitlements and benefits such as maternity leave and family responsibility leave. With regard to family strengthening, the private sector, through Corporate Social Investment projects, will play an important role in supporting the efforts of organisations involved in different initiatives aimed at raising the quality of life of vulnerable families.

5.2.4   Traditional Leaders
Traditional leaders have a very important role to play in the implementation of the White Paper as they not only remain the custodians of the traditional value system, but they also preside over land, marriages and the family in rural areas.

5.2.5   Faith-based and religious organisations
As custodians of morality, religious and faith-based organisations will work closely with governmental and other civil society organisations to advocate for healthy and functional family life as well as marital stability in the society.

5.3   National Family Service Forum
Family services forum will be established at national, provincial, and local levels to ensure effective coordination and communication between all relevant stakeholders. Their main function will be to provide strategic direction and disseminate information. The Department of Social Development will lead and coordinate departments for services to families, and will convene and coordinate these forums at all levels. Provincial Family Service Forums will be established and strengthened by representation from relevant provincial government departments and civil society organisations that provide services to families. The following particular departments have been identified as pivotal in the successful implementation of the Integrated White Paper plan.

   – Department of Social Development (DSD) (The lead and coordinating department)
   – Department of Justice and Constitutional Development
   – South African Police Services
   – Department of Correctional Services
   – Department of Defence and Military Veterans

- Department of Arts and Culture
- Department of Basic Education
- Department of Health
- Department of Home Affairs
- Department of Human Settlements
- Department of international Relations and Cooperation
- Department of Rural Development
- Department of Cooperative Governance and Traditional Affairs
- Academic and Research Institutions
- Civil Society (Established organisations; Community based organisations, and Faith based organisations)

Representation and active participation of the above mentioned government departments will be mandatory. The Chairpersons of the provincial family service forums should be represented in the National Family Service Forums .Other government departments and stakeholders may be co-opted as the need arises (Department of Transport, Department of Labour, Department of Water Affairs, Department of Sports and Recreation, Department of Women, Children and People with Disabilities, South African Social Security Agency etc).

5.3.1 Functions and Responsibilities of National Family Service Forum
i.   Members of the National Family Service Forum will be nominated by Director General to represent their departments, while the civil society or research institutions will be nominated by their board of directors.
ii. The Department of Social Development will chair the meetings and provide the secretariat services.
iii. The National departments, provincial family forums, chairpersons and civil society organisations will submit quarterly progress report on the implementation of the White Paper on Families.
iv. The Secretariat of the forum will :
- Consolidate the reports and develop the integrated progress reports. These quarterly reports will culminate into an annual report that will be presented to cabinet.
- Coordinate services to families
- Providing Inter-departmental solutions to challenges experienced
- Ensuring an effective information flow
- Sharing of information (best practice)
- Network, encouraging and provide support
- Formulate and review policies, protocols and minimum standards
- Develop monitoring and evaluation criteria and tools to oversee the implementation thereof.
- Commission Research
- Encourage accredited training of all service providers
- Establish contact with neighbouring countries, in order to share information and expand services to families to the entire Southern African Region.
- Keep abreast of the latest developments with regards to services to families.
- Review the integrated plan every three years

5.3.2 Provincial Family Service Forum

i. Members of the Provincial Family Service Forum must be nominated by their head of Department in provinces to serve on the Provincial Forum, while Civil Society Organisations and Research institutions will be nominated by their board of directors.

ii. The Provincial Department of Social Development will chair the meetings and provide the secretariat services to the forum.

iii. The provincial department's chairpersons of the forums and civil society organization will generate the quarterly progress reports and submit a consolidated quarterly progress report at National Family Service Forum and to the Heads of Department.

iv. Coordinate services to families in provinces

v. Develop a provincial Integrated Implementation Plan

vi. Initiate new programmes and review the existing services based on the needs of families

vii. Facilitate accredited training of professionals and volunteers

viii. Collect data for management and research purposes

ix. Hold inter-sectoral meetings to identify and address breakdown in communication and share best practices

x. Consolidate a provincial resource directory for services

xi. Keep abreast of the latest developments in the sector

5.3.3 District Family Service Forum

i. Each municipality must establish a District Family Service Forum to coordinate services to families and implement the White Paper on Families

ii. A district representative must be nominated to chair the meetings and provide secretariat services for the meetings.

iii. Develop referral networks and procedures to ensure effective referral of families to appropriate service providers

iv. Provide training to upgrade and train coal face staff

v. To ensure national priorities cascade down and are implemented

vi. Keep monthly statistics as indicators of service delivery.

vii. Share information and support services available for families affected in communities

viii. Promote network with all community service providers and establish public or private partnership

ix. Facilitate advocacy and mobilisation

5.4 Monitoring and evaluation

The availability of reliable and consistent information is essential for planning and monitoring policies and programmes, making decisions about the support that should be provided to families and their members, as well as for providing focus for the different sectors and stakeholders involved in the implementation of the White Paper on Families. To this end, the coordination of different government policies that promote family life and the strengthening of the family will be dependent on a clearly defined and executed Monitoring & Evaluation (M&E) process. The M&E will then serve as an important stage for the implementation of the White Paper on Families as it will provide Government with the means for learning from past experience, improving service

delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders (World Bank, 2004).

The M&E of the White Paper will also be consolidated by ongoing research through the identification of changing trends in families using, to the extent possible, the set of 'family indicators' developed by the United Nations (2003) which are related to household structures; patterns and rules of residence and associated indicators related to fertility, mortality, marriage, age distribution (first marriage, age at first birth); disruption and dissolution of the family; and migration. Other relevant indicators include those in the *Monitoring and Evaluation Framework for Services to Families* of the Department of Social Development (Department of Social Development, 2011) and those of the Millennium Development Goals.

The Department of Social Development will facilitate the M&E process and hence shall develop programme supervision and control mechanism which will be established at the national and provincial levels to assess progress made. To this end, all government departments and relevant State-Owned Enterprises will have elaborate information management systems to generate detailed data for regular situational analyses of families.

5.3.1 Monitoring

Monitoring will involve collecting data regularly to contribute positively to the successful implementation of the White Paper. The results of the monitoring process will be used to reflect on what is actually happening on the ground in relation to the implementation plan. The results of monitoring will feedback into the implementation process on a regular basis and will continually be utilised to improve services offered. This process will provide opportunities to learn from the actual and present options for adjustment and improved implementation.

5.3.2 Evaluation

Evaluation is the systematic appraisal system used to assess the quality and impact of implementation against the set objectives reflected on the integrated implementation plan of the White Paper on Families. The evaluation process will utilise diverse approaches using both qualitative and quantitative methods. One of the key questions for evaluating the implementation of the White Paper on Families would be to find out if the Paper achieved its overall objective of mainstreaming family issues into government-wide, policy-making initiatives in order to foster positive family well-being.

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