

MENTAL WELL-BEING AMONG THE UNEMPLOYED: THE ROLE OF
GOVERNMENT INTERVENTION

by

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DECLARATION

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I declare that 'Mental well-being among the unemployed: The role of government intervention' is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature

Date

In honour of my daughters, Moloko and Matlodi Mabela

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SUMMARY

The purpose of this study was to determine the impact of unemployment on the mental well-being of the South African working age population. The implication of exploring this relationship is to indicate the importance of good mental health among persons who are not employed. The present study also aimed at investigating the role that government can play in mitigating the impact of unemployment on mental health. This part of the research assessed the effectiveness of government's social security system.

The current study employs a mixed research design whereby both quantitative and qualitative methods of data analysis are used. The relationship between unemployment, mental well-being and government intervention is investigated using a cohort group in which the mental health of persons not employed, aged between 15 and 64 years, are followed over the period, 2004 to 2008. The results are presented using two types of data. First, secondary data from Statistics South Africa's General Household Survey (GHS) were used to measure the impact of unemployment on mental health and to ascertain the impact of government social assistance on affected individuals' mental well-being. Secondly, in order to explore individual perceptions around government intervention, the research employed a qualitative phenomenological design. This involved conducting semi-structured personal interviews with four unemployed women residing in Gauteng.

The results showed that incidences of self-reported mental health illnesses were most likely to be found among individuals who were not employed as compared to those that were employed. This finding proved to be consistent using both descriptive and multivariate statistics which included predictive models. In terms of government intervention, positive mental well-being was shown to be positively related to access of social welfare services (in the form of social grants). This finding was true for all the years of reporting (i.e., 2004 to 2008).

In conclusion, although unemployment was found to have a negative impact of mental well-being, government intervention was shown to positively mitigate this impact, thereby giving hope to an otherwise hopeless situation. Unemployment and

its impact on mental well-being also proved to be a complex subject, requiring multidisciplinary intervening strategies to solving it.

Key terms: Depression, employment, government intervention, health care policy, labour market policy, mental health, mental health illnesses, mental well-being, social welfare services, unemployment, working age population.

TABLE OF CONTENTS

Page

CHAPTER 1: INTRODUCTION	1
Motivation for the study	1
Unemployment and poverty	1
Mental health, poverty and unemployment	2
The role of government.....	4
Why should the government be involved?	5
The Objective of the study.....	7
Adopting a multidisciplinary approach on the topic.....	8
Research questions.....	10
Definitions of terms used in the study.....	10
Chapter summary and reflection	12
Outline of this study.....	14
CHAPTER 2: LITERATURE REVIEW	17
Unemployment and mental well-being	18
Unemployed people have poorer mental health than employed workers	18
The impact of unemployment worsens over time and may have a permanent negative effect on individuals.....	22
Effects of unemployment on the mental well-being of other family members	22
Systems influencing the relationship between unemployment and mental health	23
Poverty	23

Unemployment as a stressful life event	29
Health related behaviour.....	30
Why unemployment may have a negative impact: Theories of unemployment and mental well-being	31
The theory of grief.....	31
Agency restriction theory	32
Latent deprivation theory	34
Reverse causation theory	34
Humanistic existential theory	35
Skills atrophy model.....	37
Social-psychological theory of hysteresis	37
Predictors of the impact of unemployment (Variable factors)	39
Personal factors.....	39
Social factors	42
Demographic factors.....	44
Measuring mental health	45
Positive mental health.....	45
Mental health indicators.....	46
Mental health illnesses	47
Government policy: implications for unemployed individuals.....	53
Mental well-being and social programmes.....	55
What role can the government play?	57
Government social intervention programmes	58

Chapter summary and reflection	61
CHAPTER 3: METHODOLOGY.....	63
Qualitative vs. quantitative methodology	63
Quantitative study design using the General Household Survey.....	64
Study design.....	64
Data sources.....	65
About the General Household Survey	66
Target population as covered by the GHS.....	67
GHS Sample design	68
Weighting of GHS data	69
Fieldwork	70
Data analysis	70
Qualitative design of the study	73
Research design.....	73
Design Appropriateness	74
The participants	74
Data collection instrument	76
Data Collection	76
Validity	77
Data Analysis.....	77
Ethical considerations	78
Quantitative data: General Household Survey data.....	78

Qualitative data: personal interviews	78
Chapter summary and reflection	79
CHAPTER 4: RESULTS	81
Mental health and employment status.....	82
Mental health among the working age population.....	82
Mental health illnesses by socio-demographic variables	85
Employment status and mental health.....	90
Testing of the first hypothesis: Unemployment has a negative impact on the mental well-being of the South African working age population.....	94
Profiling the socio-economic and demographic status of persons who are not employed and suffering from poor mental well-being	94
Predicting the likelihood of reporting mental health illnesses using multivariate analysis	100
Government intervention and mental well-being	114
Use of health care facility among persons suffering from mental health illness.....	114
Health facility satisfaction among persons suffering from mental health illness.....	115
Use of welfare services.....	117
Government intervention and mental health	125
Predicting the effects of socio-economic and demographic factors on the mental health of persons not employed when government intervention is applied	127
Qualitative analysis: Unemployment, mental well-being and government Intervention:.....	138
Introduction.....	138

Findings from the interviews	140
Chapter summary and reflection	146
CHAPTER 5: DISCUSSION	148
Mental health among the working age population	148
Types of mental health illnesses among the working age population	150
Combinations of mental health illnesses among the working age population	151
Mental health illnesses and socio-economic and demographic factors among the working age population	151
Employment status and mental health	156
Types of mental health illness by employment status	158
Why does unemployment lead to poor mental well-being? Theories of the impact of socio-economic status on mental health outcomes	159
Profiling the socio-economic and demographic status of persons who are not employed and suffering from poor mental well-being	162
Effect of unemployment on mental well-being: Qualitative analysis.....	165
Government intervention and mental well-being	170
Use of health care facility among persons suffering from mental health illness.....	171
Use of welfare services.....	173
Government intervention and mental health	176
Predicting the effects of mental health using government intervention and socio economic and demographic factors.....	177
Unemployment and Government Intervention: Qualitative analysis.....	179
Limitations of the study.....	181

Chapter summary	183
CHAPTER 6: Conclusion	184
Unemployment and mental well-being	184
Government intervention	187
Recommendations	188
Labour market policy	188
Health care policy	197
Community involvement	200
Welfare services	202
Implications for the study.....	205
Chapter summary and reflection	206
REFERENCES	209

LIST OF TABLES

Page

Table 1: Presence of mental health illness among the working age population ..	83
Table 2: Working age population by employment status.....	90
Table 3: Mental health illness among persons not employed by the number....	100
Table 4: Model 1- Predicting the likelihood of reporting one type of mental health illness relative to no mental health illness among the working age population using multinomial logistic regression model (relative risk ratios).....	102
Table 5: Model 2- Predicting the likelihood of reporting two or more mental health illness relative to no mental health illness among the working age population using multinomial logistic regression model (relative risk ratios).....	109
Table 6: Welfare use among not employed persons.....	118
Table 7: Percentage of persons not employed using welfare services by.....	118
Table 8: Type of welfare assistance received among not employed persons ...	124
Table 9: State welfare index score among not employed persons.....	125
Table 10: Likelihood of reporting mental health illnesses between unemployed	126
Table 11: Model 3 - Predicting the effects of government intervention on unemployed persons reporting one type of mental health illness relative to no mental health illness using multinomial logistic regression model (relative risk ratios).....	128
Table 12: Model 4 - Predicting the effects of government intervention on unemployed persons reporting the incidence of two or more mental health illness relative to no mental health illness using multinomial logistic regression model (relative risk ratios).....	134
Table 13: Content analysis generated from interviews	140

LIST OF FIGURES

Page

Figure 1: The distribution of mental health illnesses among those afflicted	83
Figure 2: Combinations of mental health illnesses among the afflicted.....	84
Figure 3: Metal health illness by gender	85
Figure 4: Metal health illness by population group.....	86
Figure 5: Metal health illness by marital status	87
Figure 6: Metal health illness by education	88
Figure 7: Metal health illness by age.....	89
Figure 8: Metal health illnesses by province	89
Figure 9: Mental health among persons not employed by the employment	99
Figure 10: Use of health care facilities among persons who suffer from mental	114
Figure 11: Health care facility dissatisfaction among persons suffering from mental	116
Figure 12: Health care facility dissatisfaction among persons not employed and suffering	117
Figure 13: State welfare use by gender and age, 2008	121
Figure 14: State welfare use by age and marital status, 2008	122
Figure 15: Mental health among not employed persons by whether they receive	125

CHAPTER 1: INTRODUCTION

In 2004, the South African Government committed itself to halving poverty and unemployment (joblessness) by 2015 (UN, 2005)¹. This commitment came about as a result of concerns about the increasing proportion of the South African population living below the poverty line, that is, under \$2 a day (World Bank, 2000) and the increasing numbers of unemployed families.

The issue of unemployment has remained one of the country's major concerns. A common view is that unemployment represents a kind of suffering. Some of the well-known social consequences of unemployment include crime and poverty. However, in the last decade and a half, strong arguments have emerged regarding the impact that unemployment has on mental health. This study analyses the effects of unemployment on mental health.

Motivation for the study

Unemployment and poverty

According to the CIA World Factbook:1996-2009, The unemployment rate in South Africa has been one of the highest in the world, 27,1% to 22,9% between the years 2003 to 2008 (StatsSA, 2008a). Nationally, unemployment has been recognised as the most important cause of poverty (UN, 2005). Furthermore, according to the UNDP Report (1998),55% of people from poor households were unemployed compared with 14% from non-poor households. The link between

¹Millennium Development Goals: Country Report

unemployment and poverty has been found to be particularly strong where individuals have been unemployed over long periods of time as well as among those that are not actively involved in the labour market (World Bank, 2009). Consistent with the above mentioned reports, research by Gallie, Paugam, and Jacobs (2003) also provided evidence indicating that unemployment increases the risks of poverty and that poverty in turn, makes it more difficult for people to return to work.

In South Africa, government has in place a number of poverty alleviation strategies that are aimed at ameliorating the impact of poverty on its citizens. These include strategies that target economic growth for the poor, job creation strategies, providing the indigent with access to basic services such as primary health care and basic education, as well as providing a social security safety net system through various grants (e.g., old age grant, child support and the disability grants) (Mbuli, 2008). Given the results presented earlier, an additional aspect of this study is therefore to determine the relationship between government intervention (specifically social security system) and joblessness.

Mental health, poverty and unemployment

Mental health illnesses are common and cause social burden in most countries (Araya et al., 2001). Mental health illness is defined as the psychological state of someone who has emotional or behavioural problems (WHO, 2003). According to the World Health Organization (2001), approximately 6, 2 million people in the world suffer from some kind of mental health illness, 10,8 percent (668 000) of these individuals live in the sub-Saharan Africa. Depression is estimated to be present in about 31% of all those seeking care at primary health care facilities worldwide, 21,6% in the sub-Saharan Africa (WHO, 2001). Mental health illnesses are diseases that affect cognition, emotion and behavioral control and

can substantially impair individuals' functioning within their families, as well as in the broader society (Hyman, 2006). One of the negative consequences of unemployment is its effect on mental health. Unemployed individuals have been found to be more likely than employed people to suffer from some sort of a mental disorder. Research determining the causal effect between mental health illnesses and unemployment has however been unclear. In other words, does unemployment cause mental health illnesses, or do mental health illnesses lead to unemployment? Obtaining answers to this question has proven to be difficult (Skapinakis et al., 2006; Whelan, 1993, 1994). Nonetheless, there has been strong evidence that shows that, unemployment can in fact precede mental health illness rather than the converse. A published large-scale, seven-year study showed that poverty, acting through economic stressors such as unemployment, was more likely to be the onset of mental health illnesses (Hudson, 2005). In this study, Hudson (2005) examined records of over 34000 patients who had been hospitalised due to mental health illnesses. Hudson (2005) looked at whether or not patients had 'drifted down' to less affluent ZIP codes following their first hospitalisation. Except for patients with schizophrenia, Hudson (2005) found little evidence of this downward drift and suggested that poverty impacted on mental health illness 'both directly and indirectly' (p13).

Unemployment has also been proven to seriously affect mental health in various other studies. For example, epidemiologic studies have provided evidence suggesting a strong, positive relationship between unemployment and ill health (Jin, Shah, & Svoboda, 1995). In another study, Whelan (1994) showed that the stress experienced by household members while coping with inadequate economic resources worsened their mental health. Similarly, results from a German socio-economic longitudinal study found that unemployed persons showed poorer outcomes in four health indicators (i.e., health satisfaction, chronic illness, handicaps in fulfilling daily life tasks, disability), even after controlling for the effects of socio-demographic variables (Elkeles & Seifert,

1993). In addition, the study also found that unemployed persons consulted a physician more frequently and were hospitalised more often when compared to employed persons (Elkeles & Seifert, 1993).

The link between unemployment and maintaining a healthy mental state is thus necessary because research indicates that mental health can influence the intention to look for work, influence the amount and type of job-searching behaviour, and increase chances of finding a job (Taris, 2002). Employed persons on the other hand, are generally reported to have higher levels of mental well-being compared to unemployed persons (Flatau, Galea, & Petridis, 2000). Therefore, if poor mental health is an effect of unemployment, then there are important policy implications to consider and efforts that emphasise this interlink are nothing but essential.

The role of government

High and persistent unemployment has presented a major challenge for the South African government in a number of ways. Firstly, it has increased the demands on social security programmes because of the consequences of poverty resulting from high unemployment and intergenerational welfare dependency (Fineman, 1987; Nattrass, 2003). Secondly, unemployment can also give rise to a series of distressing social effects on individuals, their families and the communities in which they live. These include reduced participation in social life, family relationship strains and crime (Fineman, 1987). These findings suggest a need for a reform of government interventions. These alternative programmes should not only give emphasis to employment generation, but also allow for the provision of an adequate and secure safety net.

It is therefore of policy interest to know how the incidence of mental health varies among unemployed individuals, moreover it is of particular interest, in the South African context to examine to what extent government intervention has value.

Why should the government be involved?

Providing answers to this question requires the exploration of principles of community psychology. A basic principle in community psychology is that an individual is only a part of the functioning of all levels within a system in which he or she exists, for example, the individual, families, communities, political systems (Dalton, Elias, & Wandersman, 2001). Since critical community psychology traditionally takes a systemic approach to community health, the focus is on effecting transformative rather than ameliorative change. Watzlawick, Weakland, and Fisch (1974) were among some of the earlier researchers adopting this approach. In their book, *'Change: Principles of Problem Formation and Problem Resolution'*, Watzlawick et al. (1974), argue that the way social change agents define the problem determines the nature of the proposed solutions. In most cases, the social change problem is poorly defined, be it at the individual, group, or societal level. Embracing a systems perspective, Watzlawick et al. (1974) argue that change can either be classified as 'first-order change', or as 'second-order change' (Watzlawick et al., 1974, p.10). First-order change is ameliorative since it occurs within the given system, which itself remains unchanged. In second order change, the system itself changes. In other words, second-order change is transformative because it involves attending to systems and structures involved with the problem to adjust the person-environment fit (Watzlawick et al., 1974).

Following closely on Watzlawick et al.'s(1974) work are researchers such as Prilleltensky and Nelson (2002, 2009), Fryer and Fagan (2003),as well as

Prilleltensky (2003) whose studies are based on ecological and multilevel approaches in implementing interventions. For example, Prilleltensky and Nelson (2009) indicate that transformative intervention takes place on three levels (i.e., the individual, relational and collective levels). At the individual level, intervention is associated with empowering the disadvantaged. In addition, this empowerment has to be based on a rights model, which emphasises citizen participation and control (Prilleltensky & Nelson, 2009). On the other hand, intervention strategies at a relational level aim to promote relationships and social inclusion of disadvantaged people (Prilleltensky & Nelson, 2009). Intervention at the collective level entails placing problems of disadvantaged individuals in a larger context of social responsibility. Intervention at this level therefore, moves from increasing awareness about an issue affecting individuals to linking the issue with other affected stakeholders (i.e., people that are directly or indirectly affected) to participate and mobilise social action (Prilleltensky & Nelson, 2009). Social action at this level involves the transformation of existing settings, which could be in the form of programmes or policies addressing the issue or the creation of new settings.

In assessing mental well-being among persons who are not employed as well as looking at the role that government has towards its unemployed population, this study aims to tap into some basic principles of critical community psychology in its attempt to provide recommendations that support a form of transformative change. For example a first-order or an ameliorative intervention in tackling the issue of poor levels of mental well-being among the unemployed would be to suggest job creation for the unemployed. However, this study intends to apply a holistic approach in effecting transformative intervention (second-order change). It therefore draws on a multidisciplinary approach based on psychology, economic and social disciplines when addressing issues of unemployment, mental well-being and government intervention. It therefore: establishes the impact of unemployment on individuals' psychological well-being; it looks at

intervention where mental health illness is experienced and support is needed (e.g., health care policy); it examines possible ways of creating an environment with sufficient and sustainable employment opportunities (labour market policy); it investigates the role of government assistance through its social security systems and determines community involvement in the context of mental well-being and unemployment (assesses the role of community).

The Objective of the study

The purpose of this study is two-fold:

Firstly, using secondary data from Statistics South Africa (the General household Survey), the relationship between the status of not being employed and mental well-being is explored. The General Household Survey (GHS) is well suited for such an investigation since it contains detailed information on individuals' personal characteristics, health status as well as their labour force status. The aim of exploring this relationship is to assess the importance of good mental health among persons not employed. In addition, although various local studies have been conducted on the subject matter (Kingdon & Knight, 2004; Powdthavee, 2007), much of the available literature on the study of mental health and unemployment is mostly based on evidence from European or Western countries. Given that cultural and contextual influences can sometimes affect mental health (Glendinning & West, 2007; Miranda et al., 2008); this study aims to provide an understanding of mental health among the unemployed in the South African context.

The second purpose of this study is to determine the role that government has with regard to its unemployed population. This part of the research looks at the relationship between unemployment and government's social security system

using both quantitative and qualitative methods for data analysis. GHS data are again used to determine government intervention. However, the data are supplemented with qualitative interviews conducted with four unemployed black African women in order to provide more meaningful deeper understanding into the role of government intervention and how it is perceived. The evaluation of government's response to the issue at hand in this study is very crucial. This is because studies that have been conducted on the topic are mainly based on economic models and are inadequately investigated from a behavioural science perspective. Hence, this study also aims to, not only increase knowledge within the field of psychology and government policy but also to highlight the importance of this interlink.

Adopting a multidisciplinary approach on the topic

Unemployment is a concept that has been identified as the major economic problem in the South African economy since post 1994 elections. On the other hand, statistical evidence provided by social psychologists has suggested an association between unemployment and mental well-being (also referred to as psychological well-being) (Tennant et al., 2007). The impact of unemployment on mental health has been found to manifest in many forms, including leaving an individual with a sense of 'helplessness' that impairs motivation, hampers learning and generates undesired emotional consequences, all of which are expected to reduce personal productivity (Goldsmith, Veum, & Darity, 1996). Furthermore, Goldsmith et al. (1996) state that if a substantial number of people experience spells of unemployment, these individually based productivity and attachment effects are likely to manifest themselves in observable impacts upon aggregate labour supply and demand.

The later statement suggests that there is an overlap between the economic and psychological perspectives in the study of unemployment. Economists and psychologists have been interested in the phenomenon of unemployment, but from different perspectives. Indeed, there seems to be a noticeable contrast between the economic approach, which is almost exclusively based on a model of the rational job seeker, and the diverse approaches adopted by psychologists. There is evidence however, that both disciplines are beginning to incorporate variables into each discipline that can be inter-linked. The discouraged worker effect is for example well known among economists. Discouraged work-seekers are individuals that have dropped out of the labour force because of having lost hope of ever finding a job (StatsSA, 2009). Due to this effect (discouraged worker effect), economists have shown some interest in unemployed workers' mental well-being because of its importance for productivity. Sen (1997), for example, discusses a broader view of the costs of unemployment with special attention given to high unemployment rates in Europe over a ten year period, while Darity and Goldsmith (1996) merge effects of unemployment on mental well-being into a model of the macro-economy. They focus on macro effects of the consequences of the unemployed workers' feelings of helplessness. In addition, they argue that increased unemployment damages the cognitive, motivational and emotional status of people who have lost their jobs and ultimately can lead to a deterioration in the psychological state of the labour force.

As a result of the inter-link between the two disciplines (as discussed above), psychological and where necessary economic theory (such as the skills atrophy model, which is an economic theory of hysteresis) relating to unemployment, will be considered. Accordingly, this study will concentrate on areas of social science research which can also be relevant to this economic theory.

Research questions

This study aims to provide answers to the following research questions:

1. What is the impact of not being employed on the mental well-being of the South African working age population?
2. Do people who are not employed but have access to government social intervention programmes report fewer incidences of mental health illnesses?

Definitions of terms used in the study

Mental well-being: In psychology literature, mental well-being is also referred to as psychological well-being. Therefore, for the purposes of this study, these terms will be used interchangeably. Psychological well-being is defined as a contented state of being psychologically healthy. This state of well-being is characterised by the relative presence of positive emotions and the relative absence of negative emotions (Maluka, 2004; Wright et al., 2009). Psychologically well individuals are those who optimally balance their negative feelings with more positive feelings (Wright et al., 2009). In contrast, poor mental well-being has been associated with mental health illnesses (Ryff et al., 2006). For the purpose of this study, positive mental well-being will be indicated by the absence of mental health illnesses.

Mental health: According to the World Health Organisation (WHO), mental health is defined as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO,

1946,2003). In this positive sense, mental health is the foundation for well-being and the effective functioning of an individual and for a community.

Mental health illness: WHO defines mental health illness as the psychological state of someone who has emotional or behavioural problems (WHO, 2003). According to the Diagnostic and statistical manual of mental disorders (DSM-IV), mental health illnesses include the experience of emotional problems such as depression which is a mental state characterised by a pessimistic sense of inadequacy and a despondent lack of activity (APA, 1994). Behavioural problems such as substance abuse can also be included under this definition. Substance abuse includes symptoms such as withdrawal, tolerance, use in dangerous situations, and interference in major obligations at work, school, or home (DSM-IV). Another class of mental health disorders as defined by WHO's (1992) International Classification of Diseases (ICD -10) included in this study are behavioural problems associated with psychological disturbances and physical factors. These include eating, sleeping disorders and sexual dysfunction and the abuse of non-dependence-producing substances (ICD -10).

The following are Labour Market Indicators as defined by Statistics South Africa (StatsSA, 2009):

The working age population are persons aged 15 to 64

The labour force comprises all persons aged 15 to 64 who are employed plus all persons who are unemployed.

The not economically active population are persons aged 15 to 64 years who are neither employed nor unemployed.

Employed persons are those aged 15 to 64 years who, during the reference week: did any work for at least one hour; or had a job or business but were not at work (temporarily absent).

The official definition of the unemployed is individuals (aged 15 to 64 years) who:

- Were not employed within the reference period;
- Actively looked for work or tried to start a business in the four weeks preceding the survey interview; and
- Were available for work, that is, would have been able to start work or a business in the reference week.

The expanded definition of the unemployed. The job search criterion is relaxed in the definition of the expanded rate, that is, these are persons 15 to 64 years who during the reference week were without work and are available for work. The expanded rate is used as a measure of the vulnerability of the working age population as well as to ascertain the county's full potential source of labour. For example, discouraged work-seekers are individuals who have left the labour market due to having lost hope of ever finding work. Whereas this group of people would be excluded in the official unemployment definition due to not taking active steps to find work, they form part of the unemployed under the expanded definition.

Note: In the current study the terms unemployment and unemployed refers the expanded definition of unemployment.

Chapter summary and reflection

This section presented the rationale for conducting the study. The discussion above clearly indicated that unemployment has the potential to result in

negativesocial consequences, both for the individuals and their families. These included poverty, financial hardship and reduced future work opportunities. Moreover, unemployment was found to also have psychological consequences. Given that psychological difficulties can cause a great deal of distress to sufferers and their families and be costly to the community (Scutela&Wooden, 2008), these are also worthy of examination.

In taking on this research study, I am not only the author of the thesis but also an activist who hopes for a better life for those around me. The topic of my research study opens another window whereby the impact of unemployment is viewed in broader terms. By this I mean not only in economic terms, but also psychologically and politically. While the social impacts of unemployment (the violence and crime) are well reported, these are but a few of what can really go wrong if the issue is not adequately addressed. What I am attempting to highlight is the affected person, the person slowly slipping away into depression and hopelessness. The father or mother, who has given up hope and in isolation, has in turn found comfort in alcohol or drugs to numb the pain of not being able to provide for his/her family, the anxious youngster who sees no hope for their future. These individuals are all people who have the potential to be productive members in their families and to the South African society. As indicated earlier in this chapter, mental health is the foundation for well-being and for effective functioning of individuals and their communities. With that said, it is therefore not improbable to believe that the individuals above could potentially be people who can steer new effective policies that fight child abuse, persons who can come up with new inventions creating more jobs, those who finally come up with a cure for AIDS or become parents to orphans left behind, the list is endless.

As a researcher, I am also envisaging that the study highlights the benefits of adopting multidisciplinary approaches to tackling psychological, social, political and economic issues. Government and professionals in various disciplines can

no longer afford to work in silos, focusing only on their respective subjects. They have to work together in order to maximise efforts of achieving effective, holistic and sustainable solutions.

Outline of this study

The current study is structured into six chapters. Chapter one is introductory and briefly discussed mental well-being and its relation to unemployment. Moreover, chapter one sought to establish the rationale for conducting the study. In providing this motivation, the chapter provided linkages between concepts such as mental well-being, unemployment, poverty, government intervention, psychology as well as economics. In order to provide clarity on terms used throughout the study, chapter one concluded with defining the various concepts that are used in the study.

Chapter two provides a comprehensive review of the literature pertaining to the research topic. This literature review begins with determining the relationship between mental well-being and unemployment. The discussion then moves to explore possible systems that have been found to influence the relationship between unemployment and mental health, that is, poverty, stress and health related behaviour. Furthermore, the impact of unemployment on individuals' well-being is investigated including factors known to mitigate this impact. Having discussed how mental well-being and unemployment are related, the subsequent sections discussed in this literature review focus on a combination of theories on the study of mental well-being and unemployment. This is done so as to provide a base, to account for and predict the effects that unemployment could have on mental health. Chapter two concludes with a discussion on the South African government's role with regard to the unemployed. Specifically, this

discussion determines the role that various social intervention programmes can play in mediating the effects of unemployment on individual's mental well-being.

Chapter three addresses the methodology used in the study. The chapter addresses information related to research design appropriateness, the study population and selection, sampling identification, data collection approaches, factors affecting internal and external validity, and data analysis techniques. This chapter also includes the motivation for using both quantitative and qualitative design of the research as well as the applicability of qualitative research methodology by articulating the phenomenological research approach. .

Chapter four presents data analysis using both quantitative and qualitative methods and provides the study results. The analysis in this chapter is divided into two main parts. The first part applies quantitative methods of analysis to assess trends on mental health, unemployment and government intervention over the period, 2004 to 2008. The quantitative section is further split into three sub-sections where descriptive statistics are used at the bivariate level to determine the relationship between social, economic and demographic variables (i.e., age, marital status, population group and geographic location and number of employed persons in the household) and mental health illness. Multinomial logistic regression analyses were also used at the multivariate level to determine the best predictors of mental health and to test whether the outcome of mental health found at the bivariate level would persist. The second part of analysis in this chapter uses qualitative methods of data analysis to explore the relationship between mental health and government intervention.

Chapter five presents a discussion of the results that were obtained in chapter four of the study. It uses these results to provide a context to measure where South Africans in terms of mental well-being and builds from this background. This chapter further determines the role of socio-economic and demographic

effects on mental health illness. This effect is determined both as part of the background as well as in predicting the likelihood of reporting mental health illnesses among the South African working age population. Different reasons explaining how the negative relationship between mental well-being and unemployment manifests are also explored in this chapter. This is done by analysing arguments from different theoretical perspectives, with each providing a rationale for poor mental well-being among persons who are not employed. This chapter then concludes with discussions around evidence found on the impact of government intervention.

Chapter six summarises the findings of this study and makes concluding remarks. Policy recommendations using multidisciplinary approaches aimed at effective intervention are also given in this chapter.

A list of references will follow chapter six, followed by three appendixes, that is, the GHS questionnaire (Appendix A), qualitative interview questionnaire (Appendix B) and the informed consent letter for the qualitative interviews (Appendix C).

CHAPTER 2: LITERATURE REVIEW

According to official Statistics figures, between the years 2003 to 2008, the rate of unemployment in South Africa has consistently remained at an average of 24,1% (StatsSA, 2008a), one of the highest in the world (CIA World Factbook:1996-2009). In 2003 unemployment was at its highest, with over 4,3 million unemployed persons. Between the years 2004 and 2008 unemployment figures were much more stable at just under 3 million (between 2004 and 2006), but rose again reaching its earlier figures of over 4 million, as the country's market crashed due to the economic recession,that is, between 2007 to 2008 (StatsSA, 2008a). In light of these trends, it is fitting that attention should once again be drawn towards the implications that unemployment could have on individuals' well-being.

Although unemployment can affect individuals in many ways for example, financially, socially and on personal relationships (Dixon, 1992; du Toit, 2003; White, 1991), I have found it most fitting to focus on the manner in which it affects individuals' mental well-being. My argument is that an individual's mental well-being is the base on which all the other quality factors of life could be influenced. This ideology is also shared by researchers such as Kaplan (1998) and Sawatzky (2007). For example, it is unlikely that an individual who suffers from depression would enjoy other aspects of life such as family life, social life, financial success and general productivity. The state of one's mental well-being also affects ones' labour force participation. If high levels of unemployment are to continue as a feature of the South African economy (which is more likely, given the trends discussed above), how effective then, is our country's unemployment policy tomitigatethe impact of unemployment among those that are affected?

One factor to be considered when addressing issues raised above is the relationship between unemployment and ill health. As will be evident in subsequent discussions, studies spanning time, cultures, research groups and research methods agree in their conclusions, that unemployment is associated with poor mental well-being. Anxiety, depression, dissatisfaction with one's present life, experienced strain, negative self-esteem, hopelessness regarding the future and other negative emotional states have each been demonstrated in various studies to be higher in unemployed people when compared to employed people (Flatau, Galea, & Petridis, 2000; Graetz, 1993; Mirowsky & Ross, 2001; Morrell et al., 1994; Schunck & Rogge, 2009). So, how does unemployment affect individuals' mental well-being? In order to provide answers to this question, the next section examines the complexity of this relationship.

Unemployment and mental well-being

Unemployed people have poorer mental health than employed workers

International research over many years has showed that unemployed people have poorer psychological health than employed people. For example, Murphy and Athanasou (1999) reviewed sixteen longitudinal studies published between 1986 and 1996 involving research from various countries. Fourteen of the 16 studies supported the hypothesis that unemployment has negative effects on psychological health. Likewise, a study by the National Survey on Drug Use and Health (NSDUH, 2006) found that adults aged 18 to 64 who were unemployed and those who were nonworking students had the highest rates of past year substance use disorder compared to employed individuals in the same categories.

Poorer psychological health among the unemployed was again demonstrated in a large-scale quantitative survey by Flatau et al. (2000). In 1995, using a National Health Survey, Flatau and his colleagues found that unemployed people reported reduced feelings of happiness and peacefulness, or enhanced feelings of nervousness and depression. In 1997, the researchers again used the 1997 National Survey of Mental Health and Well-being of Adults, and found that the prevalence of mental disorders was lowest among full-time employed people and highest among the unemployed. Numerous other studies have also pointed to poorer psychological health among the unemployed (Halvorsen, 1998; Walsh & Jackson, 1995).

Establishing a link between unemployment and poor psychological health does not necessarily prove that unemployment causes psychological problems. An alternative explanation is that people with pre-existing psychological problems are more likely to become unemployed (the 'selection hypothesis') (Schaufeli, 1997). However, while those with pre-existing psychological problems do appear among the unemployed, they are unlikely to account for the majority of the unemployed (Fryer, 1997; Hannan, O'Riain, & Whelan 1997). In addition, various longitudinal studies (that are able to track psychological changes in individuals over time) have shown that people's mental well-being changes as their employment status changes (Graetz, 1993; Morrell et al., 1994; Murphy & Athanasou, 1999). For example, in the studies reviewed by Murphy and Athanasou (1999), they found evidence of both decreased mental health for those moving from employment to unemployment and increased mental health for those moving from unemployment to employment. Murphy and Athanasou (1999) concluded that the 'selection' effect did not seem to apply in the majority of the surveyed studies, and that the studies best placed to control for such potential confounding variables concluded that unemployment per se had an effect on mental health.

Two studies reviewed by Graetz (1993) and Morrell et al. (1994), used a four-year longitudinal survey of over 6 000 young people aged 16 to 25. Graetz (1993) found lower levels of mental health disorders among employed than unemployed people, and attributed this to employment status itself, not to pre-disposing health differences. Morrell et al. (1994) concluded that unemployment is a significant cause of psychological morbidity in the young and that 'an effective cure for psychological morbidity resulting from unemployment is ... a job' (p. 1563). Halvorsen (1998) also cited studies showing improvement in the mental health of unemployed people when they become re-employed.

The South African context

Literature reviewed above suggests a negative relationship between unemployment and mental well-being. However, the majority of socialpsychological studies on the meaning of work are usually done within the framework of the Western and European cultures. This implies that researchers can never be totally sure if conclusions can be generalised to other cultures. As with all values and beliefs, the concepts relating to health and employment are culturally derived and may vary between cultures (Gorman, Nielsen, & Best 2006). The discussion below accordingly, aims to provide an understanding of mental health among the unemployed in the South African context.

One of the most popular studies conducted on the subject is by Moller (2001), who researched the quality of life of black unemployed South Africans residing in urban areas from a social-psychological perspective. The overall conclusion in Moller's (2001) study was that unemployment was significantly associated with higher rates of financial and psychological deprivation. Her study also showed

that unemployed adults experienced greater difficulties in retaining their social identity when compared to the youth. In another local study, Ribton-Turner (2004) used qualitative research methodologies, derived from a constructivist paradigm to explore the inner life and perceptions of a sample of eight unemployed South African participants. The major theme that emerged from the interviews conducted in this study was that of chronic stress and panic as unemployed persons attempted to survive and cope with decreasing resources; the intrapersonal experiences related by the respondents were of declining self-esteem, depression, and anxiety. There were also added negative psychological effects on other family members.

Using the General Health Questionnaire 12 (GHQ-12), Perniceet al. (2009) looked at employment, duration of residence and mental health from a longitudinal study of 107 skilled immigrants to New Zealand from China, India and South Africa. The results indicated poor mental health status in the first two years of immigration. Thereafter, mental health slightly improved as employment rates increased among these groups. The impact of employment status on individuals' mental health, revealed no substantial differences between the three groups. Lastly, as with international studies (Cahuc & Lehmann, 2000; Kudoh, 2007; Vinokur & Caplan, 1987; Xiaowan, 2010), South African research also highlights the long term negative impact of mental health illnesses on the employment/re-employment of unemployed persons. For example, the rising levels of unemployment have been coupled with increases in the loss of motivation to actively seek work (Corrigall et al., 2007), while the number of 'discouraged work seekers' was also seen to double in some provinces (Western Cape Provincial Treasury, 2006).

Although fewer local scientific studies have been conducted on the subject, South African literature is consistent with international findings on the negative impact of unemployment on mental well-being.

The impact of unemployment worsens over time and may have a permanent negative effect on individuals

Liem and Liem (1988) found that unemployment leads to psychological impairment after approximately two months. The symptoms increase further after four to five months and health continues to deteriorate between eight to twelve months of continuous unemployment. Those who regain employment within four months of becoming unemployed recover quite quickly. Individuals hired after being unemployed for four to seven months recover, but only after five to eight months of re-employment. Clark, Georgellis, and Sanfey (2001) found well-being is lower not only for the current unemployed but also for those with higher levels of past unemployment. Men who have been unemployed for roughly 60 percent of their time in the labour force three years prior to the study are indifferent (in terms of life satisfaction) between current employment and unemployment, suggesting a scarring effect (Clark et al., 2001).

Effects of unemployment on the mental well-being of other family members

Weston (1996) noted that much research focuses on the individual who is unemployed, ignoring the family context. However, Weston (1996) and other researchers have pointed to the negative psychological impacts on partners and families. McClelland (2000) described findings on the impact on partner mental health, family conflict, separation and divorce, and child abuse. Weston (1996) described findings linking unemployment of husbands with mental health of mothers during pregnancy and childbirth, and the development of depression in wives and children. Weston (1996) found that mothers with unemployed partners experienced the highest sense of un-wellness (based on self-reports of health

status, experience of pain, and health related interference with activities). Mothers with unemployed partners were also less satisfied with their lives, while those who were also unemployed (along with their partner) indicated significantly higher depression than all other groups of mothers. While in earlier study, Weston (1993) found that adolescents in families where the father was not working had relatively low well-being in areas such as sense of mastery, sociability, satisfaction, boredom, and happiness.

The discussions above clearly points to a considerable weight of evidence suggesting that, on average, unemployment has negative psychological effects. However, these discussions do not entirely rule out the possibility that existing psychological illness may increase the individual's risk to being unemployed or lead them to engage in various forms of self-destructive behaviour that could possibly pose risk to their health (Schunck & Rogge, 2009). Attention is therefore accordingly also focussed on the systems which can have an influence in this relationship. For the purpose of this study, these systems are divided into three: that is, (1) Poverty, (2) stress, and (3) Health related behaviour.

Systems influencing the relationship between unemployment and mental health

Poverty

As discussed earlier in Chapter 1 of this thesis, high poverty levels in South Africa remain one of the most challenging issues affecting the country. According to a report by the Southern African Regional Poverty Network (SARPN, 2001), approximately 57% of individuals were living below the poverty line in 2001. By the year 2003, this percentage had dropped to almost 40% - with the poorest 15% in a desperate struggle to survive (Landman et al., 2003).

More recently, a study conducted by the University of Stellenbosch which analysed data from two Statistics South Africa's surveys – the Income and Expenditure Survey of Households (IES) 2005/06 and the General Household Survey 2006 - found that 47,1% of the population did not have enough money for essential food and non-food items (Armstrong, Bongisa, & Krige, 2008). Armstrong et al. (2008) used a limit of at least R322 per month (in 2000 prices) for essential food and non-food items.

Poverty has been found to have direct and indirect effects on the social, mental and physical well-being of an individual. For example, Wilkinson (1996) found that there were several obstacles, deficits and threats to health that were inherent in poverty. Wilkinson (1996) argued that the poor are exposed to dangerous environments they lack necessities, information and support. Moreover, it has also been found that poor people are more likely to suffer negative effects of 'risky' health behaviours such as (substance abuse) than their less poor counterparts (Kaplan et al., 1987). This effect will be discussed more in detail in the subsequent sections. These 'maladaptive' behaviours are sometimes regarded as coping behaviours that provide comfort or relief from stressful lives (Kaplan et al., 1987). The above studies suggest that people in lower socio-economic classes, by virtue of their life circumstances, are exposed to more stressors, and with fewer resources to manage them and greater vulnerability to stressors, they are more at risk.

Poverty and mental health

Literature conducted on the relationship between mental health and poverty shows that poverty can have adverse effects on mental health. For example, in a study by Weich and Lewis (1998), poverty and unemployment were associated with the maintenance of episodes of common mental disorders. Furthermore,

financial strain was also found to be a predictor of future psychiatric morbidity. In another study Meltzer, Gill, Petticrew, and Hinds (1995) found that psychiatric disorders were more common among people in lower social classes. These researchers showed that employment status was a major factor in explaining the differences in prevalence rates of all psychiatric disorders in adults. Meltzer et al. (1995) found that unemployment almost quadrupled the odds of drug dependence after controlling for other socio-demographic variables.

Unemployment also approximately trebled the odds of phobia and functional psychosis and unemployment more than doubled the odds of depressive episodes, generalised anxiety disorders and obsessive–compulsive disorders, and increased the odds of mixed anxiety and depressive disorder by more than two-thirds. Additionally, many other studies have also focused on the association between low socio-economic status and high prevalence of mood disorders (Dohrenwend et al., 1992; Mirowsky & Ross, 2001; Patel, Rodrigues, & DeSouza, 2002). It has also been suggested that social class might have an influence on the psychopathological pattern of depressive symptoms. A study by Dohrenwend et al. (1992) showed that patients who had somatisation and anxiety symptoms were more frequently from the lower social classes, whereas cognitive symptoms were more common among the upper classes. The amount of depression associated with economic hardship among adults may depend on age as Mirowsky and Ross (2001) found that the amount of depression associated with economic hardship decreases with greater age. Economic deprivation and poor marital relationships were important risk factors for the occurrence and chronicity of depression (Patel et al., 2002).

Another negative effect of poverty on mental health can be observed in its relation to substance abuse. In 1999, the work of Harrison and Gardiner (1999) showed that the effects of unemployment among lower social class were characterised by high rates of alcohol and drug dependence. Harrison and

Gardiner(1999) further argued that social class was a risk factor for alcohol-related mortality, which was also found to be linked to social structural factors such as poverty, disadvantage and social class.

Theories explaining poverty and health outcomes

The discussions above indicate that poverty plays a role in influencing the relationship between unemployment and mental health. This section discusses different theories emphasising the impact of economic distress on health indicators. Although the Black Report (Townsend, Davidson, & Whithead, 1992) merely highlights various explanations for the existing health inequalities, the theories presented in the report do provide the initial understanding needed to explain issues of socio-economic standing on health outcomes. The Black Report divides theories discussed into four categories: artefact explanations; theories of natural or social selection; materialist or structuralist explanations; and cultural and behavioural explanations.

Artefact theory

Townsend et al.'s (1992) artefact theory suggests that both class and health are artificial variables, and that the relationship between them may itself be an artefact. It is believed that the failure to reduce the gap between classes has been counterbalanced by the shrinkage in the relative size of the lower socio-economic classes themselves.

Natural selection

Built on Charles Darwin's (1859) concept of the 'struggle for existence', theories of natural or social selection suggest that, a higher social class has the lowest rate of premature mortality because it is made up of the strongest and most robust men and women in the population, and that the lower social class has the weakest people. It puts forward the idea that poor health carries low social worth as well as low economic reward, but that these factors do not do not cause the high mortality (Townsend et al., 1992).

Materialist theories

The materialist theory emphasises the role of economic impact and associated socio-structural factors in the distribution of health (Shaw, 2004; Townsend et al., 1992). Social class and the characteristics associated with belonging to that class have health implications. As poverty is a relative concept, people belonging to a low socioeconomic class may be relatively disadvantaged in relation to the risks of illness, or to the factors that promote a healthy lifestyle.

Behavioural theories

The cultural or behavioural explanations of the distribution of health suggest that unequal distribution in modern industrial society is the result of reckless lifestyles, wherein people harm themselves or their children by their excessive consumption of harmful commodities, and by their underutilisation of preventive health care. It is implied that there are sub cultural lifestyles, entrenched in personal characteristics, which govern behaviour. According to the 'culture of poverty' view of research by Lewis (1967), human existence in any given

environment involves a process of biological and social adaptation which gives rise to the elaboration of a structure of norms, ideas and behaviours. This 'culture of poverty' over time seems to help individuals to cope with their environment. This view firmly ascribes poor health to the behaviour of people themselves, and by implication makes them fully responsible for the problematic outcomes.

In this section, I discussed credible literature suggesting the negative effects that poverty can have on mental well-being. The common factor between poverty and mental health illnesses such as mood disorders is that they can both tend to be chronic, and therefore warrant the attention of policymakers. In my view, it is important to understand the political and psychological importance of implementing effective policy that could mitigate the adverse impact of unemployment when addressing questions about the effect of poverty and unemployment on mental health. According to some opinions within the psychological and economic discipline, policy that responds to unemployment should be effective enough to facilitate good mental health during periods of unemployment so as to encourage job search activity (Cahuc & Lehmann, 2000; Kudoh, 2007; Vinokur & Caplan, 1987; Xiaowan, 2010). If this does not happen, affected individuals become discouraged, dropping out of the labour force. Labour force inactivity decreases the chances for unemployed persons to find employment (since they are not actively looking for work) and perpetuates the cycle of poverty. If this happens, then the government is contributing to the problem through a lack of effective policies.

Unemployment as a stressful life event

For years, researchers (Brown & Harris, 1978; Isakson, 1989; Jahoda, 1982; Warr, 1987) have suggested that the reason unemployment is a threatening experience is that work provides a number of non-financial benefits to the individual. Jahoda first proposed a set of such benefits, which she termed the 'latent consequences' of employment (Jahoda, 1982). These included giving a time structure to the day, self-esteem, and the respect of others (Jahoda, 1982; 1979). Warr developed a similar 'vitamin theory' of the benefits of work for mental health, which include physical and mental activity, use of skills, decision latitude, interpersonal contact, social status, and 'traction'-a reason to go on through the day and from one day to the next (Warr, 1987).

What is the relative importance of financial versus social-psychological factors in the undoubted deterioration in psychological health experienced by most unemployed people? A study of welfare clients found that among unemployed clients there were some who nevertheless reported higher levels of activity, social contacts, and social status, and these had higher levels of psychological well-being as measured by the GHQ (Isakson, 1989). The work of Brown and Harris (1978) points strongly to the importance of supportive relationships in protecting vulnerable women from developing depression. The effect of stress is substantially reduced when the degree of isolation from friends and family is controlled, suggesting that social isolation mediates some of the relationships between levels of stress and mood disorders (Bruce & Hoff, 1994). These studies provide evidence of the non-financial benefits of work for psychological health. However, not all research results fit neatly into a model of disease as caused by stress resulting from the experience of unemployment itself. Research conducted by Iverson and Klausen (1981) found that health begins to be affected at the time when people anticipate unemployment but are still at work. It seems that in terms of physical (as opposed to psychological) health, not

only is there no further deterioration after the job has actually been lost, but there is little sign of improvement on re-employment (Beale & Nethercott, 1985). Thus, although there is considerable support for the idea that unemployment affects health in a manner similar to other stressful life events, there is still a need to explore other mechanisms.

Health related behaviour

There is evidence that unemployment is associated with some forms of health damaging behaviour, although disagreement exists as to whether behaviour or job loss comes first. In some studies, unemployed people seem to be heavier smokers and drinkers (Morris, Cook, & Shaper, 1992; Wilson, 1980), though others disagree (Peck & Plant, 1986). There is no evidence that this difference is caused by people taking up or increasing their consumption during periods of unemployment (Morris et al., 1992); if anything, the amount consumed declines, presumably as a result of financial pressures (Morris & Cooke, 1991). However, people seem to find it harder to give up smoking altogether if unemployed, despite the fact that unemployed men have been found to be just as well informed as the employed about the dangers of smoking and equally likely to feel they should give up (Lee et al., 1991). These findings are consistent with both the decay of normal social activity (often involving light or moderate alcohol consumption) that commonly accompanies unemployment, and with the hypothesis that heavy drinking and tobacco may be used as a way of dealing with stress.

The literature reviewed in this section showed that in order to fully understand the relationship between unemployment and mental well-being, one has to also take into account the underlying factors that can influence this relationship. Factors such as poverty, stress, and health related behaviour were found to play a role in the way that poor mental well-being can be related to unemployment. With that in mind, the next section aims to provide a greater understanding of poor mental well-being during periods of unemployment by providing a theoretical background into the study of unemployment and mental health.

Why unemployment may have a negative impact: Theories of unemployment and mental well-being

As discussed earlier, unemployed people commonly experience a sense of rejection, failure, low self-esteem, a lack of purpose, a lack of status and identity, and pessimism (Flatau et al., 2000; Halvorsen, 1998; Walsh & Jackson, 1995). There are various economic and psychological theories relevant to the question of why unemployed people might suffer psychologically. The following describes seven models and theories (the first five from psychology and the remaining two from economics).

The theory of grief

People who have lost employment involuntarily may face the type of grief reaction to loss described in Kubler-Ross's (1969) work on death and dying (Grief Cycle Model). Kubler-Ross described five stages of grief among dying patients—denial, anger, bargaining, depression, and acceptance. This theory on

grief reaction has since been applied to many other situations where people suffer a loss or a change in social identity.

The applicability of this theory to unemployment can be seen in Headey's (2002) study showing that life satisfaction decreased after unemployment until it hit 'rock bottom' about a year after becoming unemployed. If unemployment continued beyond this, adaptation occurred, although satisfaction remained well below the level of employed people. Similarly, Flatau et al. (2000) described stages of shock, a degree of optimism, followed by pessimism and resignation, found in other research. Flatau et al.'s study (2000) found an interesting pattern, with a reduction in mental health scores after becoming unemployed, followed by some recovery, then further deterioration. The worst outcomes were in the 13 to 26 week period after becoming unemployed. It is then relevant to consider what sort of 'loss' people who become involuntarily unemployed experience (or in the case of those who have never or not recently worked, what it is that they are 'losing out on'). As employment can have both financial and non-financial benefits, it is logical to assume that loss of both types of benefits would impact on mental well-being. However, opinion has been divided on the relative importance of financial versus non-financial losses (Bjørnskov, Dreher, & Fischer, 2005; Hansen, Slagsvold, & Moum, 2008).

Agency restriction theory

The 'agency restriction' theory as described by Fryer (1986), focused on the importance of people as active agents, striving to control their own situation and work towards their own goals. According to this model, unemployment restricts people's ability to do this (primarily due to financial constraints), and hence impacts on mental well-being.

Other researchers have also emphasised the psychological difficulties caused by financial hardship accompanying unemployment. According to Halvorsen (1998), in most unemployment studies, it has been found that a shortage of money is the greatest problem and an important cause of personal and family problems. Creed and Macintyre (2001) also cited studies providing evidence that financial hardship plays a substantial role in the lives of unemployed people. Halvorsen (1997) discussed the following impacts of financial hardship, poverty, family problems caused by shortage of money; uncertainty about the future, decline in activities and social contacts requiring money; enforced dependence on family and government's social grants; and stigma about receiving social grant payments. According to Halvorsen (1997):

“Lack of money excludes one from the mainstream of contemporary life where people define themselves increasingly in terms of their access to everything that money can buy. Without sufficient income, it is difficult to maintain various social roles in society, personal identity and self-esteem” (p. 258).

Two studies examined the financial and non-financial aspects of unemployment (Creed & Macintyre, 2001; Flatau et al., 2000). According to Flatau et al. (2000), the relationship between unemployment and mental health is consistent and strong while the impact of income is less clear. From their study, Flatau et al. (2000) concluded that part of poor mental health and well-being outcomes in the unemployed appeared to be accounted for by lower income, but that unemployment itself also appeared to be an independent negative effect. In another study, Creed and Macintyre (2001) found that financial strain was the most important predictor of mental well-being of unemployed people, but that time structure, activity, status, collective purpose, and social contact also had an impact.

Latent deprivation theory

(This theory was also referred to previously in this study when ascertaining the impact of stress on unemployment). The latent deprivation theory was first proposed by Jahoda (1982), wherein she argued that employment provides both manifest (income) and latent (psychological) benefits, the latter including a time structure, social contacts, participation in collective purposes, status and identity, and regular activity. According to Jahoda (1982), unemployment reduces an individual's capacity to meet these psychological needs, and thus leads to higher levels of distress. Empirical support for this model is described by Creed and Macintyre (2001).

Warr (1987) drew on Jahoda's work in his 'vitamin' model. Warr argued that psychological adjustment is affected by the following 'vitamins'—opportunities for control, skill use, task variety, environmental clarity, externally generated goals, financial and physical security, social status, and interpersonal contact. He suggested that deficits in these vitamins were principal causes for the poorer mental health typically accompanying unemployment. Empirical support for Warr's model is described by Jackson (1999).

Reverse causation theory

Kasl's (1982) 'reverse causation theory' argues that unemployment has a negative impact on an individual's self-esteem. This in turn interferes with his/her ability, or desire, to find work. The longer the individual remains out of the labour market, the more damage occurs to his/her self-esteem, creating a negative cyclical effect between psychological health and job search activity. Consequently, the individual remains out of the labour market for longer periods of time.

Empirical support exists for Kasl's reverse causation theory. Higher self-esteem facilitates re-employment (Caplan et al., 1989; Vinokur & Schul, 1997). Waters and Moore (2002) found self-esteem isn't highly predictive of employment status, but re-employed individuals rated their latent deprivation lower and their internal locus of control higher than those continuously unemployed. Vinokur and Schul (1997) also found that higher self-efficacy and a more internal locus of control significantly predicted a person's likelihood of becoming re-employed over a six-month period. Individuals with higher emotional stability were also more likely to fare better both health-wise and employment-wise (Creed & Watson, 2003). Waters and Moore (2002) therefore conclude that Kasl's theory still holds true if his theory is broadened beyond self-esteem to also consider these other psychological traits.

Humanistic existential theory

The existential perspective operates on the belief that inner conflict within a person is due to an individual's confrontation with the givens of existence (Yalom, 1980). According to Frankl (1959), man's search for meaning is the primary motivation in his life and not a secondary rationalisation of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by that person alone; only then does it achieve a significance which will satisfy his or her own will to meaning (Frankl, 1959). The existential perspective's rationalisation of poor mental health among individuals who are not employed, that is, 'unemployment neurosis' is that, unemployment neurosis originates in two basic erroneous identifications: when being jobless is equated with being useless, and when being useless is equated with having a meaningless life. In contrast to 'agency restriction' theorists such as Fryer (1986) and Halvorsen (1997) who postulate that unemployment leads to mental health illness due to the

monetary value attached to having a job (i.e., a job is the only source of livelihood for most people), the existential point of view maintains that, jobless people experience the emptiness of their time as inner emptiness. They then feel useless because they are unoccupied. Unoccupied, having no work, they think, life has no meaning (Frankl, 1973).

Frankl's suggested response to preventing neurosis during periods of unemployment is what he termed 'logotherapy' (Frankl, 1973). Logotherapy focuses on future aspects of a patient's life, more specifically the meaning that one intends to fulfil (Boeree, 1998). It claims that work, a process that takes so much time from people's lives, may be a source of direction, fulfilment, and an important source of meaning (and for some the only source). Frankl coined the term 'existential frustration' to explain this phenomenon of misdirected meaning. Existential frustration can occur from prolonged periods of boredom and apathy (Zaiser, 2005). Frankl (1973) uses the metaphor of an existential vacuum to explain frustrated meaning - meaninglessness is a hole, which creates a vacuum that must be filled. Frankl believed that common maladaptive behaviours such as depression and addiction were caused by a misdirected sense of meaning (Thorne & Henley 2005). In his book *'Man's search to meaning'* Frankl (1973) indicates how he was able to cure jobless ex-soldiers suffering from mental health illnesses using logotherapy. He achieved this by - among other therapeutic procedures - persuading them to volunteer in youth organisations, adult education, public libraries, and so forth — in other words, as soon as they could fill their free time with some sort of unpaid but meaningful activity, their depression disappeared even though their economic situation had not changed and their hunger was the same.

Logotherapy basically composes of three principles. The first basic principle is that life has meaning in all circumstances, even despondent ones. The second principle is that the main motivational force is the desire to find meaning in life.

Lastly, the third basic principle states that humanity has the freedom of attitudinal choice, even in situations of unchangeable affliction (Frankl, 1959). Thus, Frankl purports that people can discover meaning through creative, experiential, and attitudinal values (Hatt, 1965). Creative values consist of achievement of tasks such as art (Boeree, 1998). Experiential values consist of encountering another human, such as a loved one, or by experiencing the world through a state of receptivity such as appreciating natural beauty (Hatt, 1965). Attitudinal values speak of the potential to make meaningful choices in situations of suffering and adversity (Gelman & Gallo, 2009). Frankl contends that everything can be taken away from a person but the freedom to choose one's attitude (Frankl, 1959).

Skills atrophy model

The skills atrophy model is an economic theory of hysteresis, which argues that during periods of unemployment the work skills (human capital) of the unemployed become outdated and redundant, making them less employable. This makes it harder to return to work even when jobs become available. Unemployed workers may also gradually lose the motivation, self-confidence or the self-discipline needed to get to the workplace and fulfil job requirements (Quiggin, 1995). This loss of skills and demoralisation increases the probability that the unemployed will remain unemployed at any given wage and become long-term unemployed as they are increasingly marginalised (Quiggin, 1995).

Social-psychological theory of hysteresis

Darity and Goldsmith (1993) proposed a theory of hysteresis based on the adverse social psychological consequences of exposure to a long period of

unemployment or multiple spells of unemployment. Unemployment produces adverse health effects, including a loss of self-esteem, fear, depression, and a sense of 'learned helplessness'. This reduces people's motivation to search for employment (as well as the intensity and persistence of job search activity) because they believe their own actions will have little or no effect on their circumstances, resulting in persisting unemployment. If perceived helplessness also diminishes cognitive efficiency, the unemployed are likely to perform less well at job interviews or evaluations relative to those who have avoided feelings of helplessness, such as new entrants, re-entrants, and those searching for employment while still employed. Helplessness may also reduce the motivation to acquire skills that increase the likelihood of reemployment or make it relatively more difficult to learn new skills even if motivated enough to engage in skill acquisition efforts. Moreover, a reemployed worker whose sense of helplessness lingers may under-perform compared to stably employed co-workers, increasing their likelihood of being returned to the unemployed pool. These effects are all expected to contribute to persisting unemployment and hence an increase in the rate of unemployment (Darity & Goldsmith, 1993).

The theories discussed in this section suggest that unemployment deprives people of important latent and manifest benefits associated with employment, which in turn negatively impacts on their psychological health (e.g., depression, anxiety, fear, stress, substance abuse, etc.). Poorer mental well-being adversely affects the person's motivation to engage in job-search activity or the acquisition of skills that facilitate reemployment. Such individuals are therefore likely to remain unemployed for longer periods of time, which in turn further negatively affects their latent and manifest benefits and well-being (scarring effect). A

vicious downward cycle may develop, creating the risk of long-term unemployment. Furthermore, the theories illustrated the different ways in which individuals could be affected by their state of unemployment. Each theory cited different emphases and each may have more or less applicability according to individual circumstances. For example, one individual may be most affected by the financial deprivation of unemployment; for another, work may provide an important source of meaning in life which is subsequently lost when the job itself is lost; whereas another individual may be more affected by the loss of status. Accordingly, the next section investigates factors that have been known to explain differences in the manner in which individuals experience the impact of unemployment.

Predictors of the impact of unemployment (Variable factors)

Although the discussions above suggested a negative relationship between unemployment and psychological health, it is worth noting that the effect of unemployment on individuals may vary according to a wide range of factors, such as financial resources, socioeconomic status, age, gender and duration of unemployment. The next section examines these factors.

Personal factors

Individual qualities and resilience

The psychological impact of any life event will vary according to the psychological strengths and personality characteristics of the individual concerned. For example, Shamir (1986) found that the mental well-being of individuals with low self-esteem was more likely to be affected by their employment status than individuals with high self-esteem. Murphy and

Athanasou (1999) cited evidence suggesting the potential importance of personal vulnerability to distress—a study analysing long-term unemployed graduates' personality scores indicated that 69 percent of the variance in distress scores was due to personal vulnerability rather than to their changed employment status. Morrison, O'Connor, Morrison and Hill (2001), found that the degree of sense of control and optimism regarding re-employment had an effect on the mental well-being of unemployed men and women.

Coping techniques and methods

Research has shown that individuals use different coping methods or techniques to deal with their unemployment experience. Leana and Feldman (1992) and Leana, Feldman, and Tan (1998) noted that unemployed individuals use both problem-focused (e.g., job search and seeking training or relocation) and symptom-focused (e.g., seeking support or financial assistance) coping strategies. Leana and Feldman (1991) reported that women were more likely to show coping patterns that focused on talking to others, while men were more likely to actively look for work or consider relocation.

Kinicki and Latack (1990) developed a scale to assess five similar methods of coping with job loss. Three proactive or control-oriented strategies were identified: Proactive search (focusing time and energy on looking for a job), non-work organisation (keeping busy) and positive assessment (e.g., thinking about what one has to offer an employer). Two avoidance strategies were also identified, including distancing oneself from the problem (e.g., trying not to think about being unemployed) and job devaluation (e.g., thinking that there are more important things in life than having a job). Research has suggested that use of non-work organisation, positive self-assessment and distancing by individuals is associated with higher mental health during unemployment (Wanberg, Griffiths,

&Gavin, 1997). Wanberg et al. (1997) reported that proactive search was negatively associated with mental health among individuals who perceived their chances of finding a job were low.

Employment Commitment

A person's level of employment commitment (how important having a job and working are to a person) has also been shown to be a predictor of well-being during unemployment. People high in employment commitment would most likely agree with the statement: 'Even if I won a great deal of money in the lottery, I would want to continue working'.

Studies have shown higher levels of employment commitment are related to higher levels of psychological distress during unemployment (Jackson et al., 1983). In their longitudinal study of 16 year old school leavers in England, Jackson et al. (1983) demonstrated employment commitment was positively associated with psychological distress among participants who were unemployed. However, employment commitment was negatively associated with psychological distress among participants who were employed. The study further showed that individuals that moved from employment to unemployment had a larger increase in psychological distress when they were high in employment commitment rather than low. On the other hand, when individuals high in employment commitment moved from unemployment to employment, they experienced a larger decrease in psychological distress than those who were low in employment commitment.

Social factors

Social support

Similar to results showing the important benefits of social support during other stressful life events (Kessler, Price, & Wortman, 1985), research has shown that individuals who report higher levels of social support during unemployment exhibit higher psychological and physical health (Turner, Kessler, & House, 1991). Research further suggests that support from a significant other is associated with job seekers having positive attitude towards job search behaviours (Vinokur & Caplan, 1987). Unfortunately, it seems that stressful aspects of the unemployment experience provide an atmosphere that is not highly conducive to social support (Liem & Liem, 1990, Vinokur, Price, & Caplan, 1996). Vinokur et al. (1996) found that financial strain had significant effects on experiencing depression. This depression was associated in turn with a decrease in social support and an increase in social undermining (e.g., criticism and displays of anger or dislike) of the spouse toward the job seeker.

Economic hardship and alternative ways of meeting needs

Individuals who are unemployed differ in the extent of economic hardship they experience. Several studies have shown that economic hardship is positively related to distress levels experienced by individuals and their families while unemployed (Rodgers, 1991). These studies found that a large proportion of the impact of unemployment can be explained by financial hardship.

If people's mental well-being is affected by the loss of financial and non-financial benefits associated with employment, it is logical that their adjustment to unemployment will be affected by the extent to which they have alternative ways

of meeting their financial and non-financial needs (for example, other sources of income to meet financial needs, or other activities and social contacts to meet psychosocial needs).

This concept was investigated in a study by Nordenmark and Strandh (1999). They found that the unemployed who had good access to economic resources and could satisfy their other needs through activities other than employment fared well, whereas those more dependent on employment to meet their needs had poorer mental health. Creed and Macintyre (2001) and Winefield (1995) also described a number of studies showing that unemployed people with higher levels of structured activities and social contact had better mental well-being than those with lower levels of activity or social contact. It has also been suggested that levels of psychological distress due to unemployment may be lower in countries with high levels of government financial support for the unemployed (Schaufeli & VanYperen, 1992).

Quality and security of employment

Opinion has been divided about whether any employment is better than unemployment in terms of psychological health. Jahoda (1981) contended that even a bad job was better than no job. Similarly, Theodossiou (1998) found that unemployed people had higher risks of anxiety, depression, loss of confidence, and reduction in self-esteem, even compared with those in low-paid employment (although level of pay may not be a good proxy for quality of employment).

However, Halvorsen (1998) reviewed many other studies finding psychological health to be dependent on the quality and security of the employment. According to Halvorsen, an unsatisfying or insecure job after an unemployment spell is

associated with psychological distress, and unsatisfying work or insecurity can be a more important source of health disorders than being unemployed.

Demographic factors

Age

According to Fryer (1997), most researchers have come to believe that unemployment has a more negative psychological effect on older than younger people. Evidence to this effect was also found by Hannan et al. (1997) and Theodossiou (1998), and cited in Halvorsen (1998) and Creed (1999).

Gender

According to Dew, Bromet, and Penkower (1992) the impact of unemployment on women has been largely ignored. Dew et al. (1992) attributed this to difficulties in determining whether women are unemployed or not in the labour force, and an assumption that employment is less important to women than men because of alternative homemaking and parenting roles. Research on the impact of unemployment on women's psychological well-being seems to vary. For example, a study by Dew et al. (1992) indicated that unemployed women showed lower levels of mental well-being than employed women. On the other hand Muller, Hicks and Winocur (1993) found psychological difficulties among both employed and unemployed women. In the latter study, unemployed women showed confusion, low self-esteem and low levels of vigour, while employed women had high levels of psychological distress, tension, fatigue and confusion. The latter finding may be due to aspects of role overload for working women.

While both asserting that involuntary unemployment has a negative impact on both men and women, Dew et al. (1992) and Muller et al. (1993) formed different

conclusions about whether men or women suffer most. From their review of relevant studies, Dew, Bromet, and Penkower (1992), concluded that the majority of research indicates that distress levels in unemployed women equal those in men, while few found that unemployed women were relatively more distressed. Muller et al. (1993), however, concluded that while findings on gender differences are somewhat inconsistent, unemployment appears to have a greater impact on males. Lahelma (1992) also found the adverse impact of unemployment on mental well-being stronger among men than women.

Overall, unemployment has been shown to be a stressful life experience that is associated with lower levels of mental well-being, but how do we measure well-being? The section below consequently, discusses indicators that were used to measure mental well-being in this study.

Measuring mental health

Positive mental health

There is growing evidence for the importance of positive mental health and the well-being of individuals (Parkinson, 2007). Positive mental health generally refers to a range of emotional and cognitive attributes associated with a self-reported sense of well-being and/or resilience in the face of adversity, including the absence of mental health problems (Huppert, Baylis, & Keverne, 2005; Keyes, Shmotkin, & Ryff, 2002). The term 'positive mental health' is often used interchangeably with 'mental well-being', which in turn may be represented as 'well-being' (Huppert et al., 2005; Keyes et al., 2002).

Mental health indicators

This section sets out the background and the rationale for the selection of indicators that are used to measure mental health in this study. The current study uses three self-reported mental health indicators as measured by the General Household Survey (GHS), namely; depression, alcohol and drug abuse as well as a group of mental health disorders classified as behavioural problems associated with psychological disturbances and physical factors. Behavioural problems, associated with psychological disturbances and physical factors in this study, include eating and sleeping disorders, sexual dysfunction and the abuse of dependence-producing substances (ICD -10). These disorders are grouped into one category because GHS interviewers were instructed to select the option 'emotional or behavioural problems' when a respondent indicated sufferance from either one of the above-mentioned disorders. The inclusion of these indicators (as mental health) in the GHS questionnaire were based on advice from the South African Department of Health (DoH), who have moved towards prioritising issues around non-communicable diseases. Furthermore, these selected mental health illnesses indicators are also classified under mental health disorders under the International Classification of Diseases (ICD-10) (WHO, 1992) as well as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994).

The term mental health has been taken to be an inclusive term covering both mental health problems and positive mental health. In this study, self-reported poor mental health is defined as the proportion of men and women of working age (i.e., aged 15 to 64 years) who perceive themselves to be suffering from either one of the mental health illnesses indicated above. Although instruments such as the Composite International Diagnostic Interview (CIDI 3.0) and the

General Health Questionnaire (GHQ) have been widely used to generate clinical mental health diagnostics (Bijl, Ravelli, & van Zessen, 1998; Kessler et al., 1998; Stein et al., 2008), the use of self-reported mental health illnesses as a measure of prevalence of mental health illnesses within individuals is not only accepted but common and has been used in various studies (Hustache et al., 2009; Moomal et al., 2009; Myer et al., 2009). For example, Moomal et al. (2009) used self-rated ill health indicators as prescribed by the DSM-IV to determine the relationship between perceived racial discrimination and mental health. In another study, Myer et al. 2009 examined the influence of HIV/AIDS on a population's mental health using self-reported mental health illnesses. Mental health illnesses in this research were indicated by having any DSM-IV defined mental health disorder, including depressive, anxiety or substance-related disorder.

Mental health illnesses

As discussed earlier in chapter 1, mental health problems are a major public health concern. Worldwide, there is acknowledgement of an increase in mental health problems at a global level (Mathers & Lonar, 2006; Murray & Lopez, 1996). In 1990, five of the leading ten causes of disability globally were mental health problems including unipolar depression and alcohol dependence (Murray & Lopez, 1996), in 2002, unipolar depression was ranked fourth worldwide (Mathers & Lonar, 2006).

Depression

Recent research has indicated that depression is associated with a significantly greater decrement in health than chronic diseases such as arthritis, asthma and diabetes (Moussavi et al., 2007). In 2004 a study conducted by Pillay and Kriel (2006) showed that 21% of South African women using district-level clinical psychology services in Pietermaritzburg, suffered from depression. Worldwide, depression is estimated to be present in about 31% of all those seeking care at primary health care facilities 21,6% in the sub-Saharan Africa (WHO,2001).

Unemployment and depression

There appear to be consensus among researchers regarding the link between unemployment and depression. The debate continues as to whether unemployment results in psychological damage or whether the association is due to those who are more vulnerable to mental health illnesses becoming unemployed (Montgomery et al., 1999; Weich & Lewis, 1998). Studies by researchers such as Montgomery et al. (1999) attempting to ascertain this link, indicated that unemployment was a risk factor for psychological symptoms of depression after adjusting for potential confounding factors including pre-existing tendency to depression. On the other hand, research also indicates that not only is depression a severe problem for the unemployed, but that the incidence of depression is much higher among long-term unemployed people (Stankunas et al., 2006). Stankunas et al. (2006) analysed 429 responses from unemployed persons who were registered with a labour market office and used logistic regression to estimate the risk factors for occurrence of depression. Variables such as sex, age, place of residence, marital status, education, income and

practiced religion were treated as independent variables. The findings showed that long-term unemployed persons had more episodes of a depressive mood in comparison with the group that was short-term unemployed.

Alcohol and drug abuse

The misuse of alcohol is a growing problem in South Africa leading to an increase in alcohol-related deaths (Plüddemann et al., 2010; Schneider et al., 2007; Wechsberg et al., 2008). Severe alcohol and drug misuse are classified as mental health problems when they meet the criteria in the WHO's ICD-10 under 'mental and behavioural disorders due to psychoactive substance use'. This covers dependency syndromes.

Unemployment and alcohol and drug abuse

Socio-environmental and stress-based theories of alcoholism propose that alcohol abuse and addiction develop as coping reactions to stressful socio-environmental conditions such as unemployment (Forcier, 1988). However, it is also known that risky behaviours, such as problem drinking, result in increased unemployment (Mullahy & Sindelar, 1996). Thus, it is likely that both causation and selection effects are involved in the relationship between alcohol consumption and unemployment. Studies in Europe (Khalt, Sermet, & Le Pape, 2004; Lee et al., 1990) have found an increased frequency of alcohol abuse among the unemployed compared to the employed, while others suggest that unemployment may increase alcohol consumption (Catalano et al., 1993; Janlert & Hammarstrom, 1992). Moreover, there is also evidence showing that the extent of the effect of the relationship between unemployment and alcohol use may be

time-dependent, where short-term unemployment decreases alcohol use while longer unemployment increases it (Khan, Murray, & Barnes, 2002).

Behavioural problems associated with psychological disturbances and physical factors

The ICD-10 and the DSM-IV clusters mental health illnesses such as eating disorders (e.g., anorexia nervosa and bulimia nervosa), nonorganic sleep disorders (e.g., insomnia and nightmares), sexual dysfunction and, the abuse of non-dependence-producing substances as behavioural syndromes associated with physiological disturbances and physical factors as mental health illnesses. The prevalence rate of this class of disorders is generally lower when compared to other classes of mental health disorders such as mood disorders and substance and drug abuse disorders (Bijl et al., 1998; Stein et al., 2008). Empirical evidence however, indicate gradual increases of mental health illnesses belonging to this class of disorders over time (Bulik et al., 2006; Hoek & Van Hoeken, 2003; Hudson et al., 2007; Nakamura et al., 2000; Nobakht & Dezhkam, 2000).

Eating disorders

Eating disorders occur mainly in women and predominantly in the form of bulimia nervosa (Wassenaar et al., 2000). Although the prevalence of eating disorders in non-Western countries is lower than that of the Western countries, research shows increases in the number of eating disorders incidences among non-Western countries (Nobakht & Dezhkam, 2000; Nakamura et al., 2000). In South Africa, Wassenaar et al. (2000) conducted a cross-sectional survey on a convenient sample of South African college students, and found significant eating disorder pathology in women across ethnic diversity. White women showed the

highest body dissatisfaction, while black African women showed the highest drive for thinness and perfectionism.

Sleep disorders

A large-scale, global cross-sectional survey conducted in ten countries showed that about one in four individuals did not think they sleep well (Soldatosaat al., 2005). According to self-assessments analysed in the study, 31,6% of respondents suffered from insomnia, while another 17,5% were considered to be suffering from sub-threshold insomnia (Soldatosa et al., 2005). The study further showed that, at 29,4%, South Africa recorded the second highest percentage of respondents reporting that 'they did not sleep well' (the highest being Belgium with 32,2%). Researchers argue that self-reported sleep problems could possibly be underestimated among the general population (Soldatosa et al., 2005).

Sexual dysfunction

Data collected in 29 countries showed that the prevalence of sexual dysfunctions was high and tended to increase with age, particularly among men (Nicolosi et al., 2004). Although major between-country differences were noted in this global study, it revealed some clear and consistent patterns (Nicolosi et al., 2004).

Unemployment and behavioural syndromes associated with physiological disturbances and physical factors

As with other mental health disorders discussed in this section (i.e., depression and alcohol and drug abuse), unemployment was found to be also positively related to behavioural syndromes associated with physiological disturbances and physical factors. For example, unemployed persons were shown to significantly

have more anxieties, sleeping disorders, and lack of appetite (Averina et al., 2005; Laitinen, Ek, & Sovio, 2002; Rasky, Stronegger, & Freidl, 1996). In attempting to explain the physiological relationship between sleep disorders and unemployment, Mattiasson, Lindgarde, Nilsson, and Theorell (1999) ascertained that the risk of unemployment increased serum cholesterol concentration and that this increase was more pronounced in those with sleep disturbance. This finding was also found to partly explain the excessive mortality due to cardiovascular disease recorded among the unemployed and people with sleep disturbance. In terms of unemployment and its effect on eating disorders, Laitinen et al. (2002) suggested that programs aimed at preventing and treating obesity should aim to address the way in which people deal with emotions, ways of achieving greater emotional support, and strategies for handling stress caused by unemployment.

In selecting these three mental health indicators (i.e., depression, alcohol and drug abuse as well as a group of illnesses classified as behavioural problems associated with psychological disturbances and physical factors) to measure mental well-being in this section, I am hoping to set a base by which the relationship between mental well-being and unemployment can be understood. I am by no means, suggesting that these indicators are not limited by gaps and weaknesses in the evidence-based research, as well as the complexities and ambiguities surrounding concepts such as positive mental well-being. For these reasons, the selected indicators are not the final answer to creating a summary profile of unemployed South African's mental health. It does, however; provide a firm basis on which to build and develop a greater understanding of the consequences of unemployment on individuals' mental health. It is envisaged

that this work will also contribute to a greater focus on mental health impact, at a national level and across psychological, political and economical disciplines.

Furthermore, having discussed the relationship between unemployment and mental well-being, including factors that influence this complex relationship, as well as indicators used to measure mental health, it is important to note that these discussions however, do not suggest that unemployed individuals will eternally be subjected to low levels of mental well-being. Fortunately, studies have also shown that there are a number of ways of improving levels of well-being. For example, individuals moving from unemployment into employment generally experience increased well-being (Morrell et al., 1994). In addition, effective social programmes aimed at assisting unemployed individuals to cope with their situations have also been known to serve as a buffer during difficult times (Cooper, 1989). Accordingly, the next section focuses on the role that government has towards the unemployed.

Government policy: implications for unemployed individuals

Although the relationship between unemployment and poor mental well-being has long been an area of interest within behavioural science, in South Africa, the role of government intervention in the unemployment situation has not been thoroughly investigated. Research has indicated that effective government policy can improve the well-being of unemployed individuals (Cooper, 1989). A healthy mental well-being can increase chances for individuals to engage in job search, which can potentially increase chances of reemployment- (Earley, Wojnaroski, & Prest, 1987; Goldsmith, Veum, & Darity, 2000). Maintaining a healthy mental well-being during periods of unemployment can also assist individuals cope better with their situation during periods of unemployment (Leana & Feldman, 1992; Leana et al., 1998).

In the first part of the study, the objective will be to assess effects of unemployment on individuals' mental well-being. Indeed, important evidence about the mental health effects of unemployment was shown to exist (Catalano, et al., 1993; Kasl, Rodriguez, & Lasch, 1998; Shortt, 1996); however there is little knowledge regarding the role that various social intervention programmes can play in mediating the effects of unemployment (Kessler, Turner, & House, 1987; Rodriguez, Lasch, & Meads, 1997). Therefore, the second part of this study examines the impact that different types of government social programmes, that is, means tested benefits, might have with regards to improving the negative mental health impact of unemployment among individuals. Means tested programmes are programmes that involve an investigative process undertaken by government to determine whether or not an individual or family is eligible to qualify for help (SASSA, 2009a).

The distinguishing aspect regarding this study lies in the fact that, in addition to building more knowledge with regards to the link between mental well-being and unemployment, the study goes further by looking at the relationship between unemployment and government intervention (in the form of social grants) so as to determine government's role with respect to mitigating possible mental ill-health among persons who are not employed. The hypothesis is that the psychological, economical and sociological costs that may be experienced by unemployed individuals could be mitigated by different effective social programmes of social support. Furthermore, the study aims to determine which of the social programmes offer a more protective effect on mental health when compared to others. This study aims to broaden the understanding of the role that different formal systems of support may have in protecting the health of individuals during periods of unemployment and economic hardship.

Mental well-being and social programmes

Although sometimes contradictory, evidence regarding the importance of social support in protecting health does exist (Havolsen, 1998; Rodriguez et al., 1997). The sometimes contradictory findings in different studies could be related to socioeconomic factors and the different levels of social benefits and institutional support available to unemployed people that differ from country to country. Depending on where a study was conducted, results could vary.

A study by Rodriguez, Frongillo, and Chandra (1999) revealed that the effects of unemployment on depression depend on gender and on participation in governmental assistance programmes in a complex way. Kessler Turner, and House (1987) found that unemployed individuals receiving unemployment compensation or benefits from other entitlement programmes did not report significantly higher depression relative to the employed. Thus unemployment compensation may play an important role in ameliorating the impact of unemployment on depression. In another study (Rodriguez et al., 1997), it was found that unemployed women who were receiving entitlement benefits reported less symptoms of depression than employed women. This finding gave support to the hypothesis that the receipt of entitled government assistance may have a long-term protective effect on unemployed women. On the other hand, other authors have argued that it was the type of unemployment benefits received that played a role in modifying the impact of unemployment on mental well-being (Rodriguez, 1994; Rodriguez et al., 1999). These authors showed that in order to have a protective effect on health, formal social support systems should not only provide sufficient economic provisions but should also do so while alleviating the additional sociological and psychological impacts of unemployment and the stigma associated with receiving means-tested benefits (Rodriguez, et al., 1999). Lastly, research has also linked social environment to social support in the study of mental well-being. These studies showed that the actual social environment

was not the source of some protective factors for mental health. Instead, what was found to be more important was how the environment was perceived (Wen, Cagney, & Christakis, 2005). Wen, Cagney, and Christakis (2005) found that while the social environment can be the source of adverse health outcomes, the way in which social support is perceived could be a key factor in benefiting from its health protective effects.

As with any study that involves the systematic observation of phenomena with the purpose of learning new facts, it will be virtually impossible to control for all of the variables that could determine both unemployment and mental health simultaneously (Mechanic, 1998). This study will look at the relationship between government intervention in the form of social grants (means tested benefits) and the incidence of self-reported mental health illnesses among the unemployed. The study will determine whether unemployed persons not receiving benefits are at greater risk of reporting mental health illnesses than those receiving some kind of compensation, independent of whether there is another employed person within the household. The implications of the findings will be discussed in terms of social policy development (Rodriguez et al., 1997).

The impact that the different types of social programmes have in the likelihood of persons reporting mental health illnesses will also be analysed. The strategy employed for this analysis will be to use health levels for employed workers as reference points and then to compare health levels associated with different types of benefits with the health levels among the unemployed. In addition to determining whether access to social assistance has an impact on the mental well-being of the unemployed, this method also aims to inform policy as to the types of benefits that will maintain individuals' mental health during periods of unemployment.

What role can the government play?

At a macro level, the challenge is to create an environment with sufficient employment opportunities. This is the province of broad government economic policy. At another level, the challenge is to assist disadvantaged people to take advantage of available opportunities (through social intervention programmes) to deal with negative impacts.

Effective social support

Findings that unemployed people with access to socio support intervention have better mental health than those without access (Rodriguez et al., 1999) supports the Government's mutual obligation approach, whereby jobseekers can be encouraged to take advantage of assistance from the state. In addition, the impact of an individual's unemployment on the mental well-being of the whole family points to the need to consider the family as a unit. There is scope for policy consideration of how to respond holistically to the needs of families on income support. The impact of unemployment on the mental well-being of the family also raises issues about support and counselling services for individuals and families. In this respect the government's role would be to encourage programmes aimed at promoting awareness and use of services.

Inter-government departmental cooperation

Lastly, theories in the literature review showed that unemployment and its impact on individuals is a complicated matter, which requires a multidisciplinary approach in attempting to find solutions to it. Likewise, in order for the government to effectively deal with the issue of unemployment, there is a need

for greater cooperation between government departments (for example, departments of labour, health and social security agency).

Based on the detailed areas of concern identified above, the next section summarises current government social intervention programmes that were implemented to assist the unemployed. These programmes will be assessed in the subsequent chapters, to measure their effectiveness in improving the mental-well-being of unemployed South Africans.

Government social intervention programmes

As indicated earlier, government intervention in this study is measured in the form of access to social grants. Individuals who were not employed were requested to indicate as whether they were benefiting from government's social welfare grant system. No specific grant was identified. The research considered any income from government in the form of a grant that would mitigate the living conditions of unemployed persons in the absence of earnings through employment.

There are currently eight types of social grants that can be accessed by the South African public (SASSA, 2009b). This section accordingly, concludes with a brief summary of the social intervention programmes provided by the South African Social Security Agency (SASSA).

Social Relief of Distress

Social relief of distress is a temporary provision of assistance intended for persons in such dire material need that they are unable to meet their or their families' most basic needs.

Child Support Grant

This grant provides the primary care giver of children under the age of 15 years who have met the requirements of the means test funds to help raise the children.

Grant for Older Persons

This grant is available to South African citizen / permanent residents from the age of 60 who are not being maintained or cared for in a state institution or in receipt of another social grant for him/herself;

Disability Grant

This grant is available to South African citizen / permanent residents under the age of 60. Beneficiaries must submit a medical / assessment report confirming disability; they must further not be maintained or cared for in a state institution and must not be in receipt of another social grant in respect of themselves.

Child Grants Foster Child Grant

This grant provides South African /permanent resident in possession of a court order indicating foster care status funds to assist them in raising foster cared children.

Care Dependency Grant

This grant is available to South African citizen / permanent applicants of children under the age of 18 years who have submitted a medical / assessment report confirming permanent, severe disability. The applicant and spouse must meet the requirements of the means test (except for foster parents); and the care-dependent child/children must not be permanently cared for in a State Institution.

War Veterans' Grant

The war veterans' grant is provided to older (60 year or above), disabled, South African citizen / permanent residents. The applicants must have fought in the Second World War or the Korean War and their spouses must have met the requirements of the means test.

Grant-in-aid

The grant in aid is aimed at applicants in receipt of a grant for Older Persons, Disability grant or a War Veteran's grant, who require full-time attendance by another person owing to his/her physical or mental disabilities.

Chapter summary and reflection

Literature discussed in this chapter indicated that there is a relationship between unemployment and mental well-being. More specifically, unemployment has been shown to be associated with lower levels of mental well-being. However, there were many factors that were found to explain variances in the state of mental well-being among unemployed individuals. These included psychological and social factors such as individual qualities and resilience (Shamir, 1986), coping techniques and methods (Leana et al., 1998), as well as social support (Vinokur et al., 1996). Furthermore, studies also revealed a link between mental well-being, unemployment and demographic factors such as age and gender (Creed, 1999; Dew et al., 1992; Muller et al., 1993; Theodossiou, 1998). In these studies, unemployment was found to have more negative effects on the mental well-being of older individuals (Creed, 1999) and on males (Muller et al., 1993).

Another aspect of unemployment and its impact on mental well-being discussed in this chapter is the role of government intervention. With all the available literature on the relationship between unemployment and poor mental well-being, fewer studies have investigated the possibility of utilizing effective government programme in response to improving the mental well-being of unemployed persons. Research discussed in this study indicated that effective government policy can improve the well-being of unemployed individuals (Cooper, 1989). This can be achieved through social intervention programmes which may have a protecting effect on the health of individuals during periods of unemployment and economic hardship (Havolsen, 1998; Rodriguez et al., 1997; Rodriguez et al., 1999). Lastly, much of the available literature is mostly based on evidence from European or Western countries. Given that cultural and contextual influences can sometimes affect mental health (Glendinning & West, 2007; Miranda et al.,

2008), one of the main gaps included in the literature discussed in this study is its lack of providing an exhaustive South African context, but my feeling is that the fact that this study is done on a South African population, automatically places that in context.

In this chapter, I presented a combination of theories that explain the relationship between mental well-being and unemployment. I did so with the aim of providing a coherent mental construct to account for and predict the effects that unemployment could have on mental health. For example, the theories explaining poverty and health outcomes were included so as to clarify the direct and indirect effects that poverty could have on individual's social, mental and physical well-being. Similarly, the second set of theories discussed in this chapter aimed to provide a greater understanding into poor mental well-being during periods of unemployment. This was done by providing various economic and psychological theories that were relevant to the question of why unemployed people could be vulnerable to psychological ill-health. The rest of the study however, does not lean towards proving one specific theory. Instead, the applications of theories are used to not only to provide a framework within which to conduct my analysis but also to illuminate my findings

The next chapter discusses the methodology used to ascertain the relationship between mental well-being, unemployment and government intervention.

CHAPTER 3: METHODOLOGY

The aim of this study is to ascertain the impact of unemployment on individuals' mental well-being, as well as to explore the relationship between government intervention (in the form of social grants) and mental well-being, using both quantitative and qualitative methods of data analysis.

The study is therefore divided into two parts, that is:

1. The impact of unemployment on individuals' mental well-being and;
2. Determining the role of government intervention (in the form of access to social grants) in mitigating the impact of unemployment among persons who are not employed.

Qualitative vs. quantitative methodology

In developing this research study, I was faced with some methodological challenges. The first challenge was to decide whether or not this study was primarily quantitative or qualitative. What was the story I wanted to tell, and how did I want to tell it? What did I want the content to say, and in what way? I did not want the research to be a study of only numbers, categories, and variables, I also wanted it to be one of experiences, more specifically, the experience of well-being as related to employment status and to determine the value of government intervention. For a variety of reasons - which I will explore later - the concepts listed above proved hard to describe by pure quantitative or qualitative methods. I therefore, concluded that a mixed research design approach provided me with the best chance of answering my research question.

Over the past years, there have been copious amounts of documented literature on differences between quantitative and qualitative research design. These discussions include sound arguments for, as well as against, using one approach over the other (Guba & Lincoln, 1989; Lincoln & Guba, 2000; Maxwell & Delaney, 2004; Schwandt, 2000). There is, however, also research advocating for the use of both approaches when designing research studies (Johnson & Onwuegbuzie, 2004; Onwuegbuzie & Leech, 2004; Tashakkori & Teddie, 2003). Given the complexity around the relationship between mental well-being, employment status and government intervention, I chose to adopt a primarily quantitative methodological approach that is however complemented by a qualitative perspective.

Quantitative study design using the General Household Survey

Study design

The relationship between mental well-being, unemployment and government intervention is investigated using a cohort group in which the mental health of persons not employed, aged between 15 and 64 years, are followed over a five year period, concentrating on three points between 2004 and 2008 (i.e., 2004, 2006, and 2008). This group's mental health is then compared to a cohort of employed persons of the same age group within the same years of reporting. Similarly, measuring government intervention on mental health among persons not employed involves splitting the unemployed cohort group further into two groups, that is, social grant recipients and non-recipients. This study therefore utilises a cohort study design in its method of investigation.

In general, cohort analysis attempts to identify cohort effects. Are changes in the dependent variable (mental health problems in this example) present because

the sample members belong to the same cohort (unemployed vs. employed)? In other words, cohort studies are used to study incidence, causes, and prognosis (Power & Elliott, 2006). Furthermore, because they measure events in chronological order, they can be used to establish a relationship between two or more variables. The benefit of conducting a longitudinal study that uses a cohort over time is that, unlike panel studies (where the same individuals are studied over time), different members of the cohort may be studied at each time point. Furthermore, the study design does not require strict random assignment of subjects, which, in many cases, may be unethical or improbable. As in the current research study where it would have been necessary to round up all unemployed persons who suffer from mental health illnesses and those who do not. Using cohort analysis in the present study was therefore the preferred method of analysis because of its high flexibility including the fact that it can be used with either original data or secondary data (Adams et al., 2007; Pai et al., 2004).

Data sources

The quantitative results in presented in this part of the study are presented using secondary data from Statistics South Africa's General Household Survey (GHS). GHS data were used to measure the impact of unemployment on mental health over a five-year period, 2004 to 2008. The data were also used to ascertain the impact of government social assistance on affected individuals' mental health. All GHS datasets are in the public domain and are available on the website of Statistics South Africa (www.statssa.co.za). The GHS is well suited for such an investigation since it contains detailed information on the personal characteristics of individuals in the sample, as well as their labour force status. The survey also collects information about the availability and use of government's social

intervention programmes. All analyses based on GHS data was mainly performed using quantitative methods.

As indicated earlier, the second part of the study involves determining the role that government has in ameliorating the impact of unemployment. This role was determined in two ways. Firstly, GHS data were used to ascertain the impact of government assistance on affected individuals' mental health.

About the General Household Survey

Background on the GHS

Details about the GHS are provided in the GHS statistical releases (StatsSA, 2008b). The GHS is a household survey that has been conducted annually by Stats SA since 2002. The main purpose of the GHS is to measure the level of development and performance of various government programmes and projects(StatsSA, 2008b). The survey was specifically designed to measure multiple facets of the living conditions of South African households, as well as the quality of service delivery in a number of key service sectors(StatsSA, 2008b). This survey covers six broad areas including: education, health, activities related to work and unemployment, housing and household access to services and facilities (see Table A, below).

Table A: Contents of the GHS 2008 questionnaire

Section	Number of questions	Details of each section
Cover page		Household information, response details, field staff information, result codes, etc.
Flap	6	Demographic information (name, sex, age, population group, etc.)
Section 1	41	Biographical information (education, health, disability, welfare)
Section 2	22	Activities related to work and unemployment
Section 3	17	Non-remunerated trips undertaken in the 12 months prior to the survey
Section 4	80	Household information (type of dwelling, ownership of dwelling and other assets, electricity, water and sanitation, environmental issues, services, transport, expenditure etc.

Source: Statistics South Africa (2008b), p11.

Given the objectives of this study, data analysis will only focus on the Flap as well as sections 1 and 2 (i.e., demographic information, biographical information - education, health, disability, welfare - and activities related to work and unemployment).

Target populationas covered by the GHS

The GHS sample comprises approximately 30 000 households, sampled on a statistically representative basis across nine provinces and 53 District Councils within provinces throughout South Africa(StatsSA, 2008b). On average, a final GHS dataset would typically consist of approximately 94 000 valid person records in that year. GHS results are subject to two types of possible error:

Sampling error, which is a measure of variability that occurs by chance because a sample, rather than the entire population is surveyed. The

magnitude of the sampling error is controlled by the size of the sample and the use of statistically sound techniques.

Non-sampling error on the other hand, includes errors arising from biases in the patterns of response and non-response, inaccuracies in reporting by respondents, and errors made in processing data.

The target population of the survey consists of all private households in all nine provinces of South Africa and residents in workers' hostels. The survey does not cover other collective living quarters such as students' hostels, old age homes, hospitals, prisons and military barracks and is therefore only representative of the non-institutionalised and non-military persons or households in South Africa.

As discussed previously in Chapter one and in following the International Labour Organization (1983), Statistics South Africa defines the working age population as persons who are aged 15 to 64 years. Therefore, only records in respect of persons in this age group have been considered for analyses.

GHS Sample design

The sampling design described below is also provided in the GHS statistical releases (StatsSA, 2008b). The sample design for the GHS is based on a Master Sample (MS) that was developed specifically for household sample surveys conducted by Statistics South Africa in 2008. A multi-stage stratified area probability sample design was used in designing the GHS sample. Stratification was done per province (nine provinces) and according to District Council (DC) (53 DCs) within provinces. This sample design includes two stages of sampling. Firstly Primary Sampling Units (PSUs) are randomly selected using

Probability Proportional to Size (PPS) sampling techniques. During the second stage of sampling, Dwelling Units (DUs) were randomly selected as Secondary Sampling Units (SSUs). Census Enumeration Areas (EAs) as delineated for the CENSUS 2001 formed the basis of the PSUs. These EAs were then pooled when needed to form PSUs of adequate size (72 dwelling units or more) for the first stage of sampling. A PPS sample of PSUs was then drawn in each stratum, with the measure of size being the number of households in the PSU. Altogether, approximately 3 000 PSUs were selected. In each selected PSU. A systematic sample of ten dwelling units was drawn, resulting in approximately 30 000 dwelling units. On average, the GHS sample consists of 94 000 individual records. However, all records that contained unspecified or missing values in respect of any of the data variables relevant to this study were eliminated from the data before conducting tests. These are minimal and do not materially affect the results found. The final sample of the data used in this study was 97 091 individual records for the year 2004, 105 708 individual records for the year 2006 and 94 548 individual records for 2008.

Weighting of GHS data

The sampling weights for the data collected from the sampled households are constructed so that the responses could be properly expanded to represent the entire civilian population of South Africa. The weights are the result of calculations involving several factors, including original selection probabilities, adjustment for non-response, and benchmarking to known population estimates from the Demographic division of Statistics South Africa (StatsSA, 2008c). The base weight is defined as the product of the provincial Inverse Sampling Rate (ISR) and the three adjustment factors, namely adjustment factor for informal PSUs, adjustment factor for sub sampling of growth PSUs, and an adjustment

factor to account for small EAs excluded from the sampling frame (i.e., EAs with fewer than 25 households) (Choudhry, 2007). All data have been weighted to represent the full population of South Africa.

Fieldwork

Field staff employed and trained by Stats SA visited all the sampled dwelling units in each of the nine provinces. Fieldworkers were trained both nationally and across all nine provinces.

During the first phase of the survey, sampled dwelling units were visited and informed about the coming survey as part of the publicity campaign(StatsSA, 2008b). A total of 31 346 sampled households were visited across the country and 24 293 (including multiple households) were successfully interviewed during face-to-face interviews(StatsSA, 2008b). Seven hundred and eighty-four enumerators (784) and two hundred and sixty (260) supervisors and coordinators participated in the survey across all nine provinces(StatsSA, 2008b). An additional 46 quality assurors were responsible for monitoring and ensuring questionnaire quality(StatsSA, 2008b).

Data analysis

Data analysis in the first part of the study mainly focuses on assessing the incidence of self-reported mental health illnesses among the employed and not employed South African working age population. Analysis is conducted over a five year period, focusing on the years; 2004, 2006 and 2008. Statistical packages such as STATA and SAS were used in carrying all quantitative data

analysis. Mental health indicators as identified in Chapter 2 (Literature Review) were used to measure mental well-being.

Analysis in this section was conducted as follows:

Descriptive and multivariate statistics were used to report the incidence of self-reported mental health illnesses of persons who were employed and those not employed so as to determine the relationship between mental health and employment status.

To test the hypothesis and to determine the impact of unemployment on mental health, a t-test was used to ascertain differences in incidences of self-reported mental health illnesses among the two working age sub-populations (i.e., employed and not employed individuals).

Multinomial logistic regression models were conducted to tests for the best predictors of mental health illness among the working age population using employment status and demographic variables as the independent variables against mental health as the dependant variable.

Hypothesis

The first hypothesis tested in the study was as follows:

H₀: Unemployment has no impact on the mental well-being of the South African working age population.

H₁: Unemployment has a negative impact on the mental well-being of the South African working age population.

The second purpose of this study was to determine the role of government intervention (using social grants) in mitigating the impact of unemployment. Analyses in this part of the study therefore included testing for the effects of access to social grants on incidences of self-reported mental health illnesses among persons who are not employed using GHS data.

Quantitative analysis was employed to test the hypothesis and to examine descriptive and multivariate analyses regarding government intervention in the context of mental health and employment status. More specifically, quantitative analysis in this section included:

Using descriptive statistics with demographic variables to report on incidences of self-reported mental health illnesses among two groups (those who were benefiting from welfare programmes and those who were not);

Performing a t-test to test for differences in mental health between the two groups;

Running multinomial logistic regression models to measure the impact of social programmes in predicting mental health among the unemployed

Hypothesis

Given the scope of the second part of the study, the second hypothesis tested was:

H₀: Access to government's social intervention programmes has no effect on the incidence of self-reported mental health illnesses among persons not employed.

H₁: Accessing government's social intervention programmes reduces the likelihood of self-reported incidences of mental health illnesses among persons not employed.

Qualitative design of the study

As indicated earlier, the second part of the study involves determining the role that government has in ameliorating the impact of unemployment. This role was determined in two ways. Firstly, GHS data were used to ascertain the impact of government assistance on affected individuals' mental health. However, in order to investigate individual perceptions around government intervention, semi-structured personal interviews were conducted with four women, who were not employed, living in Gauteng province.

Research design

The research employed a qualitative thematic content analysis design. The evaluation of individual perceptions regarding government intervention was done by conducting face to face interviews with persons who were not employed and who were benefiting from government's social welfare grant system. No specific grant was identified. The research considered any income from government in the form of a grant that would mitigate the living conditions of unemployed persons in the absence of earnings from would be gained through employment.

The research technique used was a modified van Kaam (1959) method described by Moustakas (1994) based upon using semi-structured questions to capture the experiences of grant recipients. In this way, the study attempted to provide a deeper understanding of the role that government has towards individuals who are not employed and receiving government grants, as well as how this role is perceived by the affected individuals.

Design Appropriateness

Various qualitative methods were considered (i.e., ethnography, grounded theory and action research); however these approaches were considered to be inadequate in addressing the research's intended focus of the need for a context-sensitive basis of understanding how government intervention among the unemployed was perceived.

Thematic content analysis research approach was the chosen method as it was more suitable to not only to capture the essence of the participants' experiences, but also enables a more focused analysis of the results as relevant and crucial themes are drawn out. Three themes of intervention were explored: access, use and impact of social grants on persons not employed. Literature was used to identify important questions that relate to unemployment and effective government programme intervention (Kessler et al., 1987; Rodriguez et al., 1997; Rodriguez et al., 1999).

The participants

An objective was to explore perceptions regarding government intervention by assessing the responses from a purposive sampling of for people living in

Gauteng who were not employed. This is an acceptable method of selecting suitable participants in a qualitative study (Berg, 2001).

The participant sample was identified by the researcher assisted by a colleague. Individuals, who were not employed and who were receiving any type of government grant were identified by the researcher's colleague from where she stayed (Soweto). Participants who willingly agreed to engage in the research study also identified other potential participants. This reflected a snowballing technique for establishing a valid sample frame. In the end, a convenient sample of four black African women was interviewed.

Profile of the respondents

All four respondents were black African females from Soweto aged between 25 and 38 years. Three of the four respondents had completed grade 11, only one had a post-matric qualification (secretarial diploma). All four women were not employed and looking for work.

Length of unemployment

Three of the four women had been unemployed for less than a year, while the fourth woman has been unemployed for more than two years.

Job search activity

The most common method of job search activity common to all four respondents was enquiring from family and friends about prospects of available jobs, two of them indicated also buying newspapers to look for work.

Reasons for not finding employment

The majority of women felt that their lack of having matric qualification was hindering their chances of finding employment. However, two of them also indicated that having inside connections at workplaces was more important than having the right qualifications.

Data collection instrument

The research strategy used semi-structured interviews conducted with a purposive sample. Using a series of guided questions (Appendix B), interviews were personally conducted to ensure accuracy of participant responses (Kvale, 1983, 1996). The use of semi-structured questions has been found to be beneficial in developing a structure for content analysis to promote generalisation of the findings (Cassell & Symon, 2004).

Data Collection

Creswell (2002) identified observations, interviews, documents, and audio-visual materials as forms of data collection. However, the use of audio-visual material was not available to the researcher. In the current study, face-to-face interviews, using semi-structured questions, provided the most appropriate instrument to understand how participants experienced unemployment as well as the manner in which they understood government intervention. Of important to note, is that the emphasis was on the role of the researcher to elicit and interpret the concepts of unemployment and government intervention (Hiller & DiLuzio, 2004).

Validity

Internal validity was safeguarded by making sure that the research was conducted in a timely fashion in order to obviate any threats to data becoming irrelevant. The confidential and anonymous collection of data assisted in establishing trust with each research participant while enhancing the dependability of the data. Informed consent, confidentiality, and the protection of all documented interviews using a unique number (a three digit numeric code) to identify participants were measures that provided the means to maintain internal validity and establish credibility based upon integrity (Hoepfl, 1997). All participants were provided the opportunity to terminate the interview at any point.

Data Analysis

Appendix B lists the semi-structured interview questions for the research. The interviews were evaluated for content analysis to identify and explore evident themes of mental well-being, unemployment and government intervention. Government intervention was further grouped into three sub-themes, that is, access, use and impact of social grants on the unemployed. This was done so as to gain a deeper understanding of the issues surrounding the research problem while articulating a rich description of the concept of government intervention. Moustakas (1994) identified a modification of the van Kaam (1959) method of analysis. The steps for analysing the data from each participant's interview therefore included:

1. Listing and preliminary grouping of every relevant experience.
2. Clustering and thematising words to identify core themes of the experience.
3. Structural description of experiences based upon individual textural description and variation.

Ethical considerations

Quantitative data: General Household Survey data

Permission to use the data was received from Statistics South Africa's (Stats SA) executive management on the Monday the 2nd of February 2009. Although the study is about mental health illnesses among unemployed individuals, no invasive physical procedures were conducted on respondents. Instead, the study relies on self-reported mental health problems. In addition, as part of all Stats SA field work training procedures, field workers are trained to accept whatever they are told by the respondents without probing further, especially when dealing with sensitive issues. Lastly, although the final dataset includes respondents' personal information such as names and physical addresses, this information is only collected for administrative purposes. Any personal information that will make the identification of respondents possible will not be reported on so as to ensure respondent anonymity.

Qualitative data: personal interviews

Informed Consent

Gaining the trust and support of research participants is critical to informed and ethical academic inquiry and phenomenological research (Marshall & Rossman, 1995; Walker, 2007). All participants were personally approached, an informed consent letter was read out and explained to each respondent before scheduling interviews and participating in the phenomenological research process. Each participant was required to provide a signed personal acknowledgement, consent, and an indication of a willingness-to-participate-in-the-study release (Appendix C). The purpose of the informed consent letter was to introduce the research effort, provide contact information, state the intent of the study and request voluntary participation by the recipients.

Confidentiality

The informed consent letter stated the procedural steps to maintain privacy and confidentiality. The informed consent letter declared that the participant's background information would remain confidential and would not be released without prior expressed personal approval. Restricted access based upon a need-to-know basis protects and secures participant information to maintain confidentiality and anonymity. All participants were required to sign and return the letter of consent to the researcher before participating in the research. All responses were secured in a locked cupboard and will be maintained for five years after the conclusion of the research. All research data will be destroyed after five years.

Chapter summary and reflection

There were several advantages to adopting a mixed approach research design that is, supplementing my quantitative research with qualitative information. First, even if I had wanted a pure quantitative study, the analysis of the second part of my study, that is, the assessment of government intervention would've necessitated an intense government programme evaluation which in turn is a mammoth process that requires an extensive evaluation of all national social assistance programmes, which inform provincial policy, each programme's budget availability (at national, provincial and district levels) for implementation, personnel evaluation in terms of quantity and quality of skills available to deliver service, vacancy rates, etc. All of this would have required vast amounts of funds, time, expertise and, most importantly, total government cooperation. Secondly, complementing my study with qualitative methods allowed me to analyse multiple factors influencing people's lives and perceptions better than a pure quantitative approach. I was, therefore, able to better capture the

expectations of individuals who were not employed and who were also receiving any type of government grant, as well as their views on what they perceive government's role should be towards them. It would've been difficult to express this depth with quantitative tools. Fortunately, I was not looking for a unifying 'theory of everything' which explained what successful government intervention is or should be, but rather to capture the experiences of those that are affected by unemployment and propose ideas which are postulated from experiences and diversity.

Having focused on the study's methodological design and appropriateness, the research population and sampling frame, data collection approaches and data analysis techniques in Chapter 3, the next chapter (Chapter 4) presents the results of the research.

CHAPTER 4: RESULTS

The analysis in this chapter is divided into two parts. The first part applies quantitative methods to assess trends on mental health and its relationship to unemployment, as well as the mitigating effects of government intervention in this regard over the period, 2004 to 2008. The quantitative section is further split into three sub-sections where descriptive statistics, t-tests and F-tests were used at the bivariate level to determine the relationship between social, economic and demographic variables (i.e., age, marital status, population group, geographic location and number of employed persons in the household) and mental health illness. Multinomial logistic regression analyses were used at the multivariate level to determine the best predictors of mental health illnesses and to test whether the findings at the bivariate level would persist. The second part uses both quantitative and qualitative methods of data analysis to explore the relationship between mental health, employment status and government intervention.

The prevalence of mental health illness is ascertained from the proportion of men and women of working age (i.e., aged 15 to 64 years) who perceive themselves to be suffering from any of the three mental health illnesses as measured in the General Household Survey (GHS). The three mental health illnesses used to indicate mental health status in this study are: depression, substance abuse and behavioural problems, associated with psychological disturbances and physical factors. Behavioural problems, associated with psychological disturbances and physical factors in this study, include eating and sleeping disorders, sexual dysfunction and the abuse of non-dependence-producing substances (ICD -10). These disorders are grouped into one category because interviewers were instructed to select the option 'emotional or behavioural problems' when a

responded indicates suffering from either one of the above-mentioned disorders. The mental health illnesses used as indicators of mental health illnesses included in the GHS questionnaire were selected based on advice from the South African Department of Health (DoH), who have moved towards prioritising issues around non-communicable diseases. Furthermore, these selected mental health illnesses indicators are also classified under mental health disorders under the International Classification of Diseases (ICD-10) (WHO, 1992) as well as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Employment status in this study is divided into two that is, those who are employed (as defined by Statistics South Africa's Quarterly Labour Force Survey (QLFS)²) and those that are not employed (i.e., the residual). The term unemployed in this Chapter, therefore refers to individuals who are not employed irrespective of whether or not they are seeking work.

Mental health and employment status

Mental health among the working age population

This section provides a context on mental health among men and women aged 15 to 64 years (i.e., the population of working age population) in the country so as to ascertain how it has evolved over time. The analyses provide trends on mental health illnesses (as defined above) by making comparisons over the period 2004 to 2008.

²The QLFS defines employed persons as individuals aged 15 to 64 years who, during the reference week did any work for at least one hour; or had a job or business but were not at work

Table 1: Presence of mental health illness among the working age population

Presence of mental health illness	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
No mental health illness	28 640 162	99,4	29 577 928	99,2	30 285 911	99,1
Mental health illness	181 382	0,6	231 646	0,8	282 615	0,9
Total	28 821 544	100,0	29 809 574	100,0	30 568 526	100,0

Table 1 shows that in 2004, 181 thousand (0,6%) of South African men and women of working age reported to be suffering from at least one of the three mental health illnesses covered in this study. The proportion of persons reporting these mental health illness has been gradually increasing, reaching its highest level of 0,9% (283 thousand) in 2008 (an additional 101 233 thousand individuals since 2004)

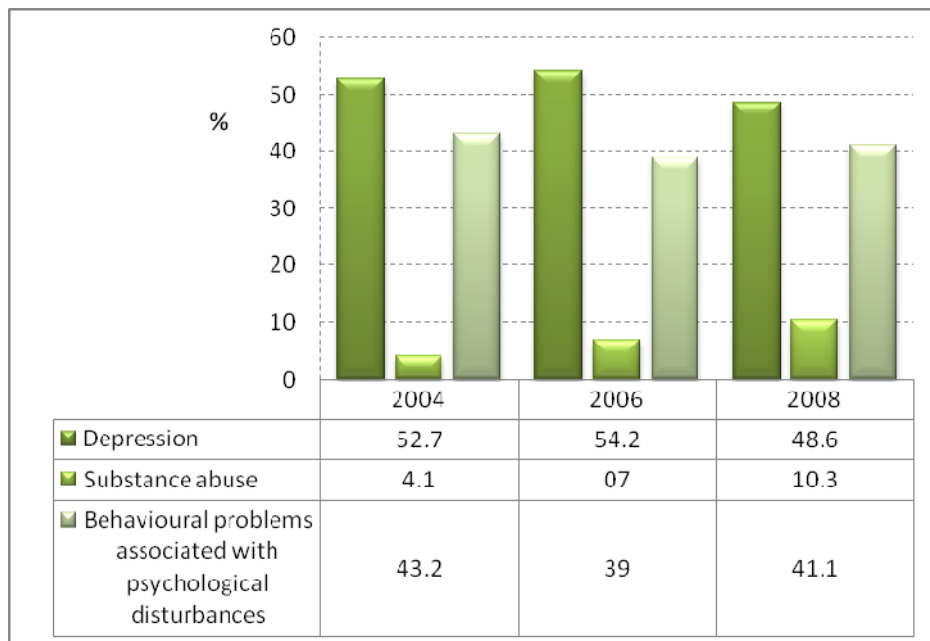


Figure 1: The distribution of mental health illnesses among those afflicted

In 2008, among the incidences of reported mental health illnesses, the highest proportion reported depression (48,6%) followed by behavioural problems

associated with psychological disturbances(41,1%) as shown in Figure 1. In 2004, persons suffering from substance abuse accounted for fewer than 5%. Since 2004 however, the proportion of those reporting substance abuse has more than doubled (i.e., from 4,1% in 2004 to 10,3% in 2008), while the proportions of individuals suffering from depression and behavioural problems seem to have declined.

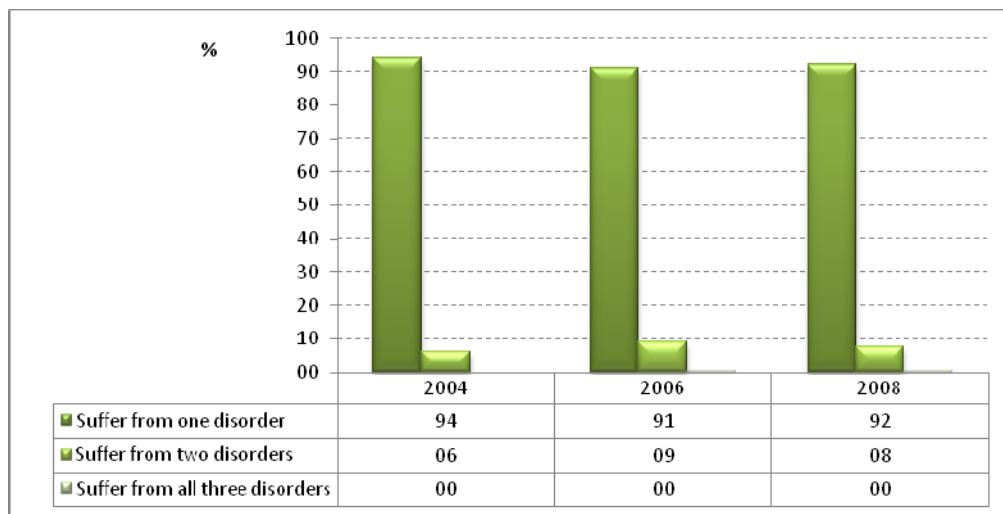


Figure 2: Combinations of mental health illnesses among the afflicted

An index of mental health illnesses was created to ascertain the extent to which individuals report themselves to be suffering from more than one type of mental health illness. Figure 2 shows that since 2004, the highest proportion of individuals amongst those of working age who report to be suffering from mental health illness, suffered from only one type of mental health illness (over 90% per year), while an average of 7,6% suffered from two types of illnesses.

Mental health illnesses by socio-demographic variables

This section determines mental health among the population of working age population by socio-demographic characteristics. P-values calculated from Chi-square tests are used to calculate statistical differences between groups.

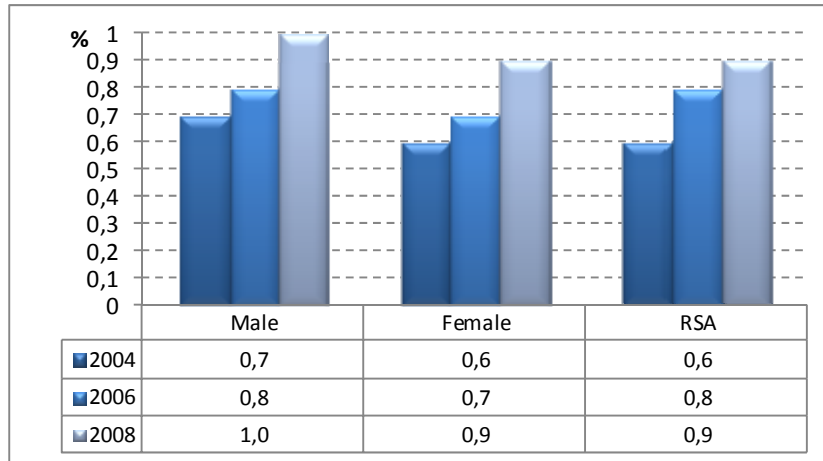


Figure 3: Metal health illness by gender

Over the period 2004 to 2008, the percentage of the population who reported themselves as suffering from mental health illness did not statistically differ by gender according to a Chi-square test: 2004 ($p = 0,45$), 2006 ($p = 0,29$) 2008 ($p = 0,42$). Figure 3 however, shows that among men, a slightly higher proportion is more likely to report mental health illnesses compared to women. In addition, both in 2004 and 2008, the proportion of men reporting some type of mental health illness was higher than the national average.

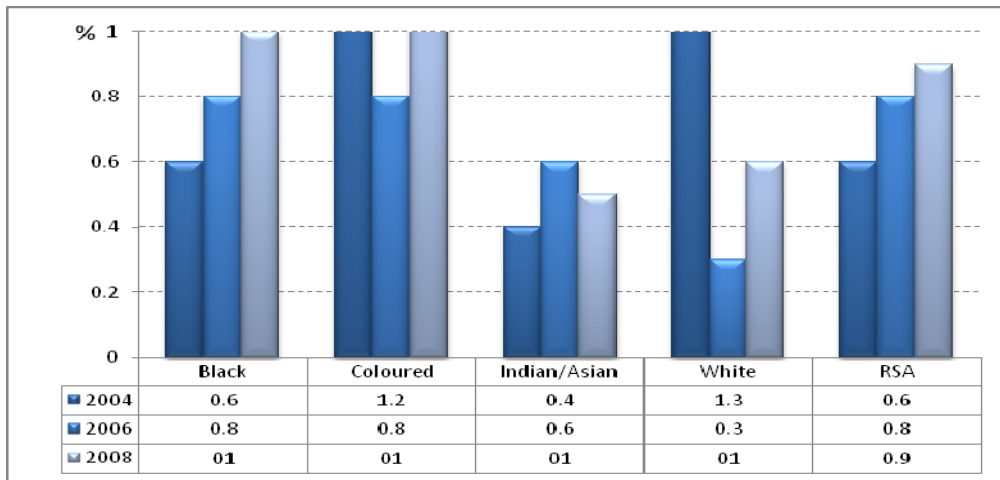


Figure 4: Mental health illness by population group

Figure 4 shows that the proportion of individuals reporting mental health illness among the Black population has been consistently increasing between 2004, 2006 and 2008. In 2004 and 2006, the percentage of the population who reported suffering from mental health illness differed by population group: 2004 ($p < 0,001$), 2006 ($p < 0,001$). In 2008 however, these differences were no longer statistically significant ($p = 0,09$). In 2004, the highest proportion of individuals reporting mental health illness within a population group was found among White individuals (1,3%) followed by Coloured people (1,2%), and lowest among the Indian/Asian population (0,4%). By the year 2008, however, the likelihood of reporting mental health illness was highest among Coloured individuals (1,1%) followed by Black people (1,0%).

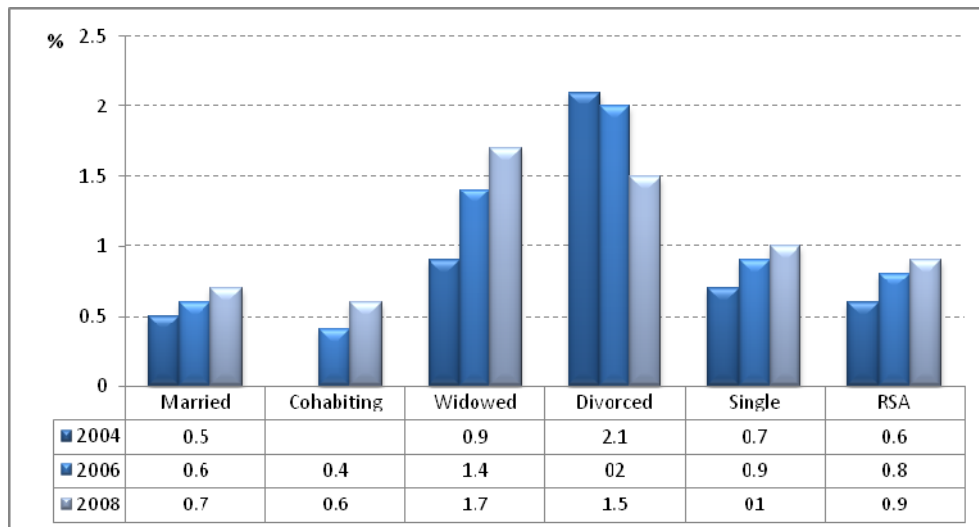


Figure 5: Mental health illness by marital status

* In 2004, the variable 'married' in the GHS dataset, also included individuals that were cohabiting

Figure 5 indicates that the proportion of the population reporting mental health illness significantly differed by marital status, that is, ($p < 0.001$) over the five year period of reporting (2004 to 2008). In 2004 and 2006, the highest proportions of persons suffering from mental health illness were observed among divorced individuals. This number has however, been decreasing. Conversely, there was a gradual increase in the proportion of persons reporting mental health illnesses among married, cohabiting, widowed and single people. The biggest increase was observed among widowed people whose levels of mental health illness had also been consistently higher than the national average since 2004.

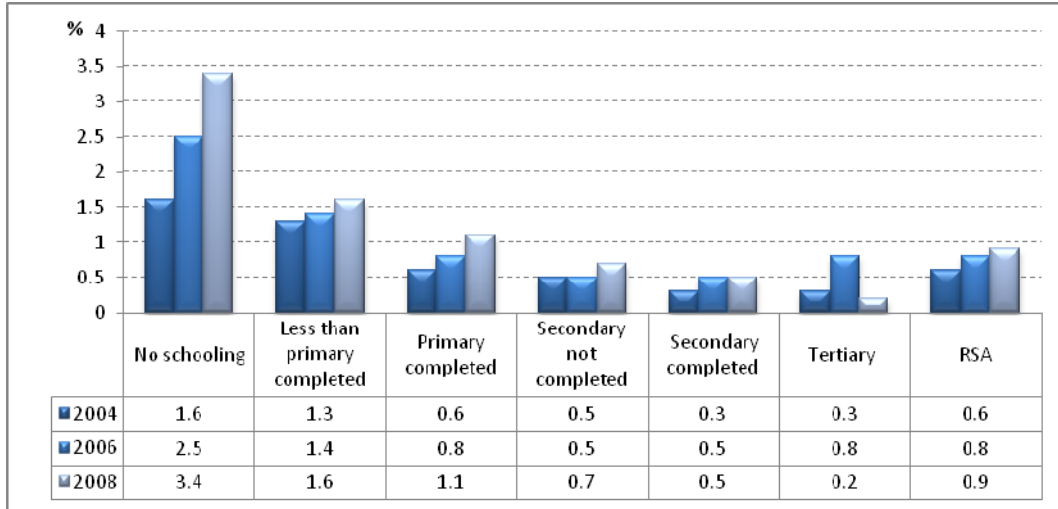


Figure 6: Metal health illness by education

Education matters. This is shown in Figure 6. Since 2004, the proportion of persons suffering from mental health illnesses among individuals with no education has been the highest, followed by those with less than a primary education (on average twice as much as those with at least secondary education). The largest growth in the proportion of persons reporting mental health illnesses was observed among those with no schooling, that is, from 1,6% in 2004, to 2,5% in 2006 and reaching a peak of 3,4% in 2008. These differences were statistically significant in all years of reporting ($p < 0.001$).

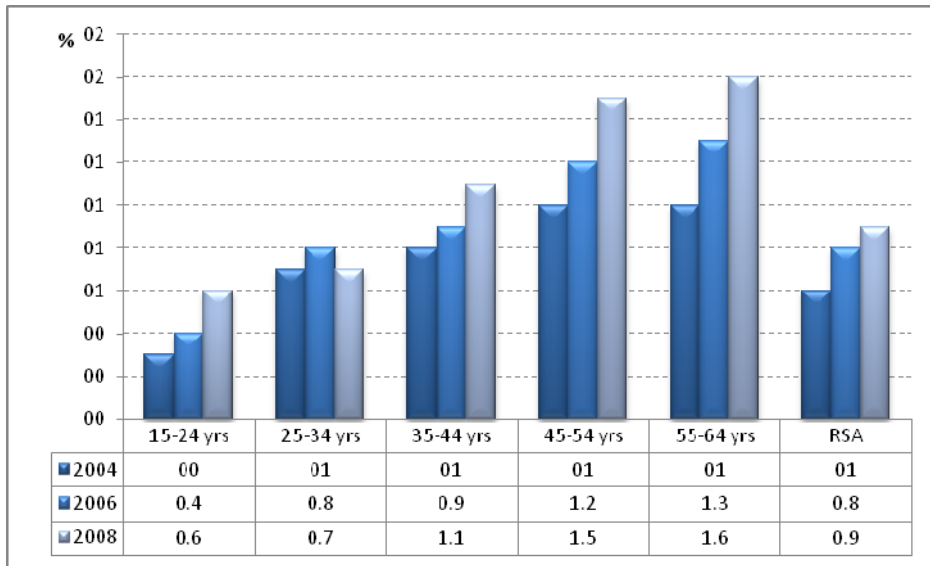


Figure 7: Mental health illness by age

Figure 7 shows a general increase in the proportion of persons reporting mental health illnesses across all age groups. The incidence of mental health illness among the working age population gradually increases with age. Again, these differences were statistically significant for all years of reporting ($p < 0.001$).

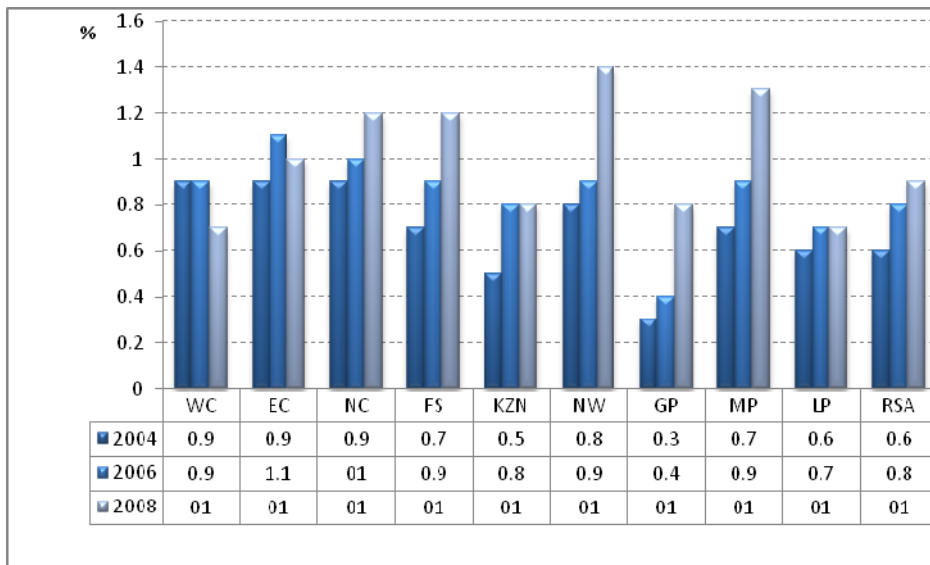


Figure 8: Mental health illnesses by province

Figure 8 shows a consistent increase in the proportion of persons suffering from mental health illnesses among persons living in five of the nine provinces, Northern Cape, Free state North West, Gauteng and Mpumalanga (i.e., from 2004 to 2008). To the contrary, there was a gradual decline in the proportions of cases of mental health illness among people living in the Western Cape. In 2008, the highest proportion of persons suffering from mental health illnesses was reported in North West (1,4%), Mpumalanga (1,3%), Northern Cape and Free State (1,2% respectively). The lowest proportion of persons suffering from mental health illness was reported among those living in Gauteng and Limpopo since 2004.

Employment status and mental health

This section presents the analysis of employment status and its effects on mental health. Descriptive analyses at a bivariate level were the first step of analysis to test for the effects of employment status on mental health. A t-test was then used to test the first hypothesis, that is, unemployment has a negative impact on the mental well-being of the South African working age population.

Table 2: Working age population by employment status

Working age population	2004		2006		2008	
	Number	Per cent	Number	Per cent	Number	Per cent
Not employed	17 772 203	61,7	17 893 874	60,0	17 801 363	58,2
Employed	11 049 341	38,3	11 915 670	40,0	12 767 163	41,8
Total	28 821 544	100,0	29 809 544	100,0	30 568 526	100,0

Table 2 shows the proportions of the working age population who are either employed or unemployed. With an average of 60,0% over the period 2004 to

2008, a higher proportion of the South African working age population was not employed.

Table 3: Mental health illness by employment status of those afflicted

Suffer from at least one mental health illness	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
Not employed	154470	85,2	186357	80,4	218232	77,2
Employed	26913	14,8	45288	19,6	64383	22,8
Total	181383	100,0	231645	100,0	282615	100,0
Per cent of total population suffering from at least one mental health illness						
Not employed		0,9		1,0		1,2
Employed		0,2		0,4		0,5
Total		0,6		0,8		0,9
Chi ² p-value		0,000		0,000		0,000

Table 3 contains figures for individuals reporting to be suffering from atleast one type of mental health illness, as well as their employment status. It can be seen that mental health illnesses are over represented among persons who are not employed. For instance, Table 2 showed that in 2008, 58,2% of the working age population was not employed, yet they made up 77,2% of those reporting mental health illnesses (Table 3). On the other hand, the employed accounted for 41,8% of the working age population in the same year but only made up 22,8% of those reporting incidences of mental health illnesses.

Table 4: Type of mental health illness by employment status

	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
Depression						
Not employed	82557	81,5	100404	73,2	106648	71,8
Employed	18776	18,5	36754	26,8	41882	28,2
Total	101333	100,0	137158	100,0	148530	100,0
<i>chi² p-value</i>		0,000		0,076		0,001
Substance abuse						
Not employed	3441	43,2	12958	75,3	18492	58,8
Employed	4526	56,8	4251	24,7	12955	41,2
Total	7967	100,0	17209	100,0	31447	100,0
<i>chi² p-value</i>		0,116		0,096		0,948
Behavioural problems associated with psychological disturbances						
Not employed	76877	92,5	90777	91,8	110301	87,8
Employed	6209	7,5	8083	8,2	15396	12,2
Total	83086	100,0	98860	100,0	125697	100,0
<i>chi² p-value</i>		0,000		0,000		0,000

Depression

Table 4 shows that since 2004, depression was consistently higher among persons who are not employed compared to those that were employed. This difference was however not statistically significant in 2006 ($p=0,08$). Although the proportions are still lower than that of unemployed persons, Table 4 above also indicates a steady increase in the proportion of employed persons reporting to be suffering from depression (i.e., from 18,5% in 2004 to 28,2% in 2008).

Substance abuse

In 2004, a higher proportion of employed persons were most likely to report substance abuse compared to persons who were not employed. Conversely, in 2006 and 2008 substance abuse was higher among individuals who were unemployed. These differences were however not statistically significant for all years of reporting.

Behavioural problems associated with physiological disturbances

With an average of 90,7% over the five year period of reporting, persons who were not employed were most likely to suffer from behavioural disorders such as eating and sleeping disorders, as well as sexual dysfunction and the abuse of non-dependence-producing substances when compared to employed persons.

Table 5: Score on the mental health index

	2004	2006	2008
Scored 1 on the mental health index			
Not employed	85,7	80,3	77,2
Employed	14,3	19,7	22,8
Scored 2 on the mental health index			
Not employed	76,4	81,5	77,1
Employed	23,6	18,5	22,9
Scored 3 on the mental health index			
Not employed	—	100,0	62,9
Employed	—	0,0	37,1
<i>Chi2 p-value</i>	0,000	0,002	0,000

Table 5 shows that since 2004, a higher proportion of individuals not employed were most likely to report suffering from more than one type of mental health illness.

Testing of the first hypothesis: Unemployment has a negative impact on the mental well-being of the South African working age population

Table 6: Effects of employment status among persons reporting poor mental health

	2004	2006	2008
Number of observations	96542	105247	64280
df	2965	2981	3006
t-value	-7,97	-5,71	-7,92
p-value	0,000	0,000	0,000

A paired-samples t-test was conducted to test for the effects of employment status on poor mental health and to test the first hypothesis in the study, that is, persons not employed are more likely to report mental health illness compared to those that are employed. Table 6 shows that over the period, 2004 to 2008, there was a significant effect for employment status on mental health, with employed persons receiving lower scores on the mental health illness index compared to persons who were not employed.

Profiling the socio-economic and demographic status of persons who are not employed and suffering from poor mental well-being

Since the results above indicate that persons who are not employed were most likely to report mental health illnesses compared to those that were employed, the next section provides the demographic profile of those persons who were not employed according to their mental health status.

Mental health illnesses among persons not employed by gender

The period 2004 to 2008 saw significant gender differences in the reporting of mental health illnesses among persons who were not employed, with males scoring higher on the mental health illness index compared to females (see below t-test results)

2004 - $t(2856) = 2.55, p=0.011$

2006 - $t(2905) = 4.92, p=0.000$

2008 - $t(2932) = 2.86, p=0.004$

Mental health illnesses among persons not employed by race

Table 7: Mental health illnesses among persons not employed by population groups (One-way ANOVA)

	2004	2006	2008
df between groups	3	3	3
df within groups	38310	42233	36738
F-ratio	19,23	1,33	2,54
p-value	0,000	0,260	0,054

Table 7 shows that in 2004, there was a significant main effect in the reporting of mental health illnesses between the four main racial groups, $F(3)=19.23, p=0.000$, and a significant interaction within the groups $F(38310)=19.23, p=0.000$. Coloured ($M=0.023, SD=0.16$) and Black persons ($M=0.009, SD=0.10$) were most likely to report mental health illnesses compared to Indian/Asian and White people. Although Coloured people were still most likely to report mental health

illnesses in 2008, White people were second most likely to report mental health illnesses ($M=0.017$, $SD=0.14$) after Coloured people ($M=0.0211$, $SD=0.16$).

Mental health illnesses among persons not employed by marital status

Table 8: Mental health illnesses among persons not employed and marital status (One-way ANOVA)

	2004	2006	2008
df between groups	3	4	4
df within groups	38310	42232	36737
F-ratio	8,40	16,16	10,36
p-value	0,000	0,000	0,000

Table 8 illustrates that throughout the years 2004 to 2008, there was a significant difference in the reporting of mental health illnesses among those of different marital status. The results of the anova analysis for 2008 shows variability between the groups as $F(4)=10.36, p=0.000$ and within, the groups as $F(36737)=10.36, p=0.000$. People that were divorced and not employed were generally more likely to report incidences of mental health illnesses compared to married, cohabiting, widowed or single persons who are also not employed.

Divorced individuals that were not employed, were generally ($M=0.038$, $SD=0.21$) more likely to report incidences of mental health illnesses compared to married ($M=0.013$, $SD=0.12$), cohabiting ($M=0.009$, $SD=0.10$), widowed ($M=0.028$, $SD=0.17$) or single persons ($M=0.015$, $SD=0.13$)² who are also not employed.

Mental health illnesses among persons not employed and education

Table 9: Mental health illnesses among persons not employed by level of education (One-way ANOVA)

	2004	2006	2008
df between groups	5	5	5
df within groups	38308	42231	36736
F-ratio	35,31	63,64	60,50
p-value	0,000	0,000	0,000

From the year 2004, a significant difference in the reporting of mental health illness was observed (Table 9). The variability between the different levels of education for those persons who were not employed, was shown in 2008 to be $F(5)=60.50$, $p=0.000$ and within these groups as $F(36736)=60.50$, $p=0.000$. In general, individuals who had less than primary school education were most likely to report mental health illness compared to those with at least some secondary education. Surprisingly, in 2004 and 2006 persons not employed with tertiary education were more likely to report similar levels of mental health illnesses as those with completed primary level education.

Age and mental health illnesses among persons not employed

Table 10: Mental health illnesses among persons not employed by age (One-way ANOVA)

	2004	2006	2008
df between groups	4	4	4
df within groups	38309	42232	36737
F-ratio	45,58	49,54	53,23
p-value	0,000	0,000	0,000

Table 10 shows that since 2004, there were significant differences in the reporting of mental health illnesses between $F(4)=53.23$ $p=0.000$ and within

$F(36737)=53.23, p=0.000^3$ different age groups. Between the years 2004 to 2008, incidences of mental health illnesses have consistently been reported mostly among persons that were between the ages of 35 and 54 years.

Mental health illnesses among persons not employed by location

Table 11: Mental health illnesses among persons not employed by province (One-way ANOVA)

	2004	2006	2008
df between groups	8	8	8
df within groups	38305	42228	36733
F-ratio	5,37	3,41	5,04
p-value	0,000	0,000	0,000

The analysis depicted in Table 11 indicates a significant difference in the reporting of mental health illnesses according to unemployed persons' geographical location between $F(8)=5.04$ $p=0.000$ and within $F(36733)=5.04, p=0.0003$ groups. In 2004, incidences of mental health illnesses were more likely to be reported among persons that were residing in the Western Cape. In 2006 and 2008 however, unemployed persons living in Mpumalanga were more likely to report mental health illnesses compared to those living in other provinces.

³2008 figures reported in this paragraph

Mental health illnesses among persons not employed by number of employed persons in a household

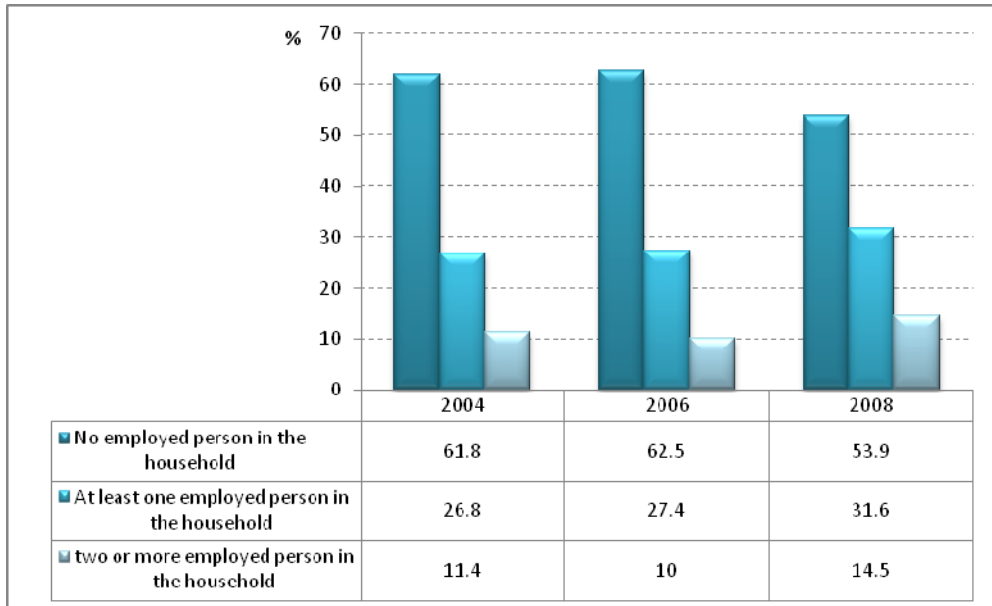


Figure 9: Mental health among persons not employed by the employment status of other household members

Although it has been shown that persons who are not employed are more likely to suffer from one or more type of mental health illness, it is likely that this condition is less likely to occur the larger the number of employed persons in the same household. An indicator variable representing the number of employed household members was created by counting the number of persons 15 years old and older whose employment status was equal to 1 (i.e., employed). The number of employed persons within a household was then reduced into three categories, that is, no employed persons in the household, at least one employed persons in the household and two or more employed persons in the household.

It will be noted that, for each year of reporting, the likelihood of reporting mental health illnesses among persons not employed, generally decreases with an increase in the number of employed persons within the household (Figure 9).

Table 3: Mental health illness among persons not employed by the number of employed household members (One way ANOVA)

	2004	2006	2008
df between groups	2	2	2
df within groups	38311	42234	36739
F-ratio	4,95	9,41	4,13
p-value	0,000	0,000	0,016

A one-way ANOVA test was performed in order to test the significance of the number of other household members who are employed (Table 12). As it can be seen, throughout the years 2004 to 2008 there were significant differences in the reporting of mental health illnesses among persons who were not employed according to the presence of other employed persons within the household. This was true for both between $F(2)=4.13$, $p=0.016$ and within $F(36739)=4.13$, $p=0.0164$ groups

Predicting the likelihood of reporting mental health illnesses using multivariate analysis

In this section, the effects of the various predictive demographic and socio-economic variables on the likelihood of reporting mental health illnesses in the country are examined through bivariate (independent effect) and multivariate (dependent effect) modelling. Multinomial logistic regression was used to

⁴2008 figures reported in this paragraph

ascertain these predictors using the mental health illness index. Table 13 gives the relative risk ratios of scoring 1 on the mental health index (i.e., suffering from at least one of the mental health illnesses identified in the study) relative to scoring 0 (reporting no incidence of mental health illness) for each predictive variable.

It should be noted that the mental health index in the multinomial logistic regression model has been reduced to only three levels, i.e., 0, 1, 2. The reduction of levels within the index was necessitated by the fact that the score of 3 in the original index did not yield any significant effects on the model. Therefore, scores of 2 and 3 on the mental health index discussed below were merged, so that a score of 2 is representative of individuals who had indicated suffering from two or three types of mental health illness.

Table 4: Model 1- Predicting the likelihood of reporting one type of mental health illness relative to no mental health illness among the working age population using multinomial logistic regression model (relative risk ratios)

Base outcome mental health index = 0		NOTE: Maritalstatus was discarded from the model					
Mental health index score = 1	2004		2006		2008		
	Independent effect	Dependent effect	Independent effect	Dependent effect	Independent effect	Dependent effect	
Gender							
Male	1,00	1,00	1,00	1,00	1,00	1,00	
Female	0,94***	0,71***	0,93***	0,70***	0,95***	0,74***	
Population group							
Black	1,00	1,00	1,00	1,00	1,00	1,00	
Coloured	2,02***	2,35***	0,99	0,74***	0,99	1,79***	
Indian/Asian	0,66***	1,32***	0,61***	0,95**	0,54***	0,97	
White	0,40***	0,94***	0,31***	0,47***	0,62***	1,29***	
Education							
No schooling	1,00	1,00	1,00	1,00	1,00	1,00	
Less than primary completed	0,82***	0,93***	0,59***	0,66***	0,47***	0,51***	
Primary completed	0,36***	0,46***	0,31***	0,40***	0,31***	0,36***	
Secondary not completed	0,31***	0,46***	0,20***	0,32***	0,19***	0,25***	
Secondary completed	0,18***	0,32***	0,19***	0,39***	0,15***	0,21***	
Tertiary	0,18***	0,55***	0,15***	0,43***	0,07***	0,12***	
Age groups							
15-24 yrs	1,00	1,00	1,00	1,00	1,00	1,00	
25-34 yrs	2,13***	3,13***	1,84***	2,43***	1,22***	1,62***	
35-44 yrs	2,52***	3,64***	2,14***	2,82***	1,94***	2,42***	
45-54 yrs	3,31***	3,89***	2,92***	3,28***	2,46***	2,37***	
55-64 yrs	3,32***	2,77***	3,34***	2,70***	2,53***	1,74***	
Province							
Western Cape	1,00	1,00	1,00	1,00	1,00	1,00	
Eastern Cape	1,08***	1,07***	1,11***	0,59***	2,09***	2,17***	
Northern Cape	1,08***	0,78***	1,08***	0,59***	2,44***	1,67***	
Free State	0,76***	0,95***	0,93***	0,57***	2,03***	2,22***	
KwaZulu-Natal	0,58***	0,65***	0,85***	0,44***	1,54***	1,58***	
North West	0,92***	0,97*	0,96***	0,52***	2,69***	2,42***	
Gauteng	0,36***	0,57***	0,34***	0,25***	1,62***	2,24***	
Mpumalanga	0,81***	1,01	0,80***	0,43***	2,48***	2,55***	
Limpopo	0,71***	0,81***	0,57***	0,28***	1,39***	1,27***	
Employment status							
Employed	1,00	1,00	1,00	1,00	1,00	1,00	
Not employed	3,76***	4,20***	2,73***	2,76***	2,47***	2,72***	
No. Of employed persons in the household							
No employed person in the household	1,00	1,00	1,00	1,00	1,00	1,00	
At least one employed person in the household	0,46***	0,76***	0,49***	0,75***	0,61***	0,93***	
two or more employed person in the	0,28***	0,61***	0,29***	0,59***	0,38***	0,79***	

***p<0,001 **p<=0,02 *p<=0,05

The relative risk of reporting one type of mental health illness relative to no illness by gender

The independent effect

For females, the relative risk for reporting one type of mental health illness relative to reporting no mental health illness was slightly lower relative to males, that is, expected to decrease by 0,06% ($p < 0.001$) in 2004 and 0,05% ($p < 0.001$) in 2008

The dependent effect

When other variables in the model were controlled for, the relative risk for females relative to males reporting one type of mental health illness relative to no mental health illness is expected to decrease even further. Starting at a decrease of 0,29% ($p < 0.001$) in 2004 to 0,26% ($p < 0.001$) in 2008, given that the other variables in the model are held constant.

The relative risk of reporting one type of mental health illness relative to no illness by Population Group

The independent effect

In 2004, for Coloured people, the relative risk for reporting at least one mental health illness relative to reporting no mental health illness was expected to be twice as much ($p < 0.001$) compared to Black people and is expected to decrease ($p < 0.001$) among Indian/Asian and White people ($p < 0.001$). By 2006 and 2008 however, no significant difference was observed in the likelihood of reporting one type of mental health illness relative to reporting no mental health illness between Coloured and Black people. White and Indian/Asian people,

however, continued to be less likely to report some type of mental health illness compared to both Black and Coloured people ($p < 0.001$).

The dependent effect

Table 4 shows that when a range of socio-economic and demographic variables were introduced in the model, the likelihood of Indian/Asian people reporting an incidence of mental health illness in 2004 was also above (0,32%, $p < 0.001$) that of Black people after Coloured individuals (1,35%, $p < 0.001$). Conversely, in 2008 White people were second most likely (0,29%, $p < 0.001$) to report at least one type of mental health illness after Coloureds (0,79%, $p < 0.001$) relative to Black people.

The relative risk of reporting one type of mental health illness relative to no illness by Education

The independent effect

On a bivariate level (i.e., when education is used as a predictor on its own without taking into account other variables), education is seen to be a strong determinant for the absence of mental health illness. Table 13 above, indicates that the relative risk of reporting at least one type of mental health illness relative to no mental health illness decreases by level of education, particularly for those with secondary and tertiary education. This finding is true for all years of reporting 2004, 2006 and 2008.

The dependent effect

The same pattern of findings as discussed above was also confirmed in the dependent effect. The relative risk for individuals with higher education relative

to those with no education reporting one type of mental health illness relative to no mental health illness was expected to decrease as the level of education increased. In 2008, the likelihood of individuals with tertiary education relative to those with no schooling reporting at least one type of mental health illness was expected to decrease by 0,88% ($p < 0.001$).

The relative risk of reporting one type of mental health illness relative to no illness by age

The independent effect

The relative risk of reporting one type of mental health illness relative to no mental health illness are lowest for persons between the ages of 15 and 24 and generally increased with age. Between the years 2004 and 2008, the relative risk of individuals 45 to 54 years and those between 55 to 64 years, relative to the reference group (15-24yrs) were on average three times more likely to report one type of mental health illness relative to reporting no mental health illness in 2004 and 2006 although there was a slight decrease in this regard in 2008.

The dependent effect

The same pattern of results found above was also evident in the dependant model. The relative risk of reporting one type of mental health illness relative to no mental health illness was significant on all levels and lowest among the 15 and 24 years group. Between 2004 and 2006, the relative risk of reporting some type of mental health illness relative to no mental health illness was highest among individuals aged 45 to 54. By 2008, although the relative risk of reporting at least one type of mental health illness relative to no mental health illness was still high among persons aged 45 to 54 years of age, the group's risk had dropped

by 0,40% ($p < 0.001$) relative to the reference group. Within the same year, persons aged 35 to 44 years were now the highest most likely to report an incidence of mental health illness compared to the reference group.

The relative risk of reporting one type of mental health illness relative to no illness by geographical location

The independent effect

In 2004 and in 2006 the relative risk of reporting at least one type of mental health illness relative to no mental health illness was expected to increase by an average of 0,1% ($p < 0.001$) in the Eastern and Northern Cape relative to the Western Cape and expected to decrease in the rest of the other provinces particularly in Gauteng (i.e., an expected decrease of 0,64%, $p < 0.001$ over the two years). In 2008, however, the relative risk of reporting at least one type of mental health illness was expected to increase in all provinces relative to the Western Cape, particularly in North West ($p < 0.001$), Mpumalanga ($p < 0.001$), and the Eastern Cape ($p < 0.001$).

The dependent effect

Between 2004 and 2006 the relative risk of reporting at least one type of mental health illness relative to no mental health illness was lower across all eight provinces, except Mpumalanga during 2006, relative to the Western Cape, when other variables in the model were controlled for, with individuals living in Gauteng least likely to report mental health illness over the three year period, that is, 0,43% lower than Western Cape in 2004 ($p < 0.001$) and 0,75% lower in 2006 ($p < 0.001$). In 2008, however the relative risk for reporting at least one type of mental health illness relative to no mental health illness was expected to be

higher in all provinces relative to the Western Cape. In 2008, persons living in the Eastern Cape, Free State, North West, Gauteng and Mpumalanga were twice more likely to report an incidence of mental health illness relative to individuals residing in the Western Cape

The relative risk of reporting one type of mental health illness relative to no illness by employment status

For all the years of reporting, that is, 2004 to 2008, the relative risk of reporting at least one type of mental health illness relative to no mental health illness was expected to increase significantly for persons who were not employed both in the independent and dependent models. In 2004, the relative risk for reporting an incidence of mental health illness was four times more likely for persons who were not employed relative to those that were employed ($p < 0.001$), when other socio-economic and demographic variables were controlled for. By the year 2008, this risk had declined by almost half as much as it was in 2004 but still remained higher compared to the reference group. These findings concur with earlier findings when testing the hypothesis of the effects of employment on mental health on a bivariate level using a t-test. This analysis also found that the likelihood of reporting at least one type of mental health illness was significantly lower among employed persons.

The relative risk of reporting one type of mental health illness relative to no illness by the number of employed persons in the household

The independent effect

For persons with at least one employed persons in the household, the relative risk for reporting one type of mental health illness relative to reporting no mental health illnesses was lower relative to persons living in household where there were no employed persons, that is, expected to decrease by 0,39% ($p < 0.001$) for persons not employed living with one employed person and 0,62% ($p < 0.001$) for persons not employed living with two or more employed person their households in 2008.

The dependent effect

This pattern of results was further repeated when other variables in the model were controlled for - although the risk was lower compared to the risk in the independent model, that is, from 0,39% ($p < 0.001$) in 2004 and 0,21% ($p < 0.001$) in 2008. These results were again in agreement with the bivariate analysis made earlier where the effect of having employed household members was found to mitigate the impact of mental health illness among persons who were not employed.

Table 5: Model 2- Predicting the likelihood of reporting two or more mental health illness relative to no mental health illness among the working age population using multinomial logistic regression model (relative risk ratios)

NOTE: Marital status was excluded from the model

Base outcome mental health index = 0

Mental health index score =2	Dependent effect		
	2004	2006	2008
Gender			
Male	1,00	1,00	1,00
Female	0,42***	0,20***	0,51***
Population group			
Black	1,00	1,00	1,00
Coloured	6,01***	3,87***	1,71***
Indian/Asian	6,93	3,03***	1,91***
White	8,10***	0,46***	0,950
Education			
No schooling	1,00	1,00	1,00
Less than primary completed	0,24***	0,30***	0,35***
Primary completed	0,19***	0,60***	0,59***
Secondary not completed	0,07***	0,25***	0,36***
Secondary completed	0,09***	0,14***	0,36***
Tertiary	9,32	2,25	3,38
Age groups			
15-24 yrs	1,00	1,00	1,00
25-34 yrs	3,60***	6,52***	2,41***
35-44 yrs	2,87***	8,94***	0,61***
45-54 yrs	1,35***	5,31***	6,42***
55-64 yrs	1,01	2,33***	5,34***
Province			
Western Cape	1,00	1,00	1,00
Eastern Cape	0,68***	5,52***	0,16***
Northern Cape	1,69	2,16***	0,15***
Free State	1,54***	18,11***	1,31***
KwaZulu-Natal	0,64***	9,92***	0,17***
North West	1,20***	10,54***	0,55***
Gauteng	1,39***	18,42***	0,44***
Mpumalanga	1,69***	27,40***	0,38***
Limpopo	0,41***	52,20***	0,30***
Employment status			
Employed	1,00	1,00	1,00
Not employed	1,63***	6,00***	3,13***
No. of employed persons in the household			
No employed person in the household	1,00	1,00	1,00
At least one employed person in the household	0,45***	1,02***	1,10***
Two or more employed person in the household	0,09***	1,73***	0,86***

*** = $p \leq 0,001$ ** = $p \leq 0,02$ * = $p \leq 0,05$

Table 5 above, provides the relative risk ratios of scoring 2 on the mental health index (i.e., reporting on two or all three mental health illness indicators) relative to scoring 0 (reporting no incidence of mental health illnesses) for each predictive dependant variable. The figures presented in Table 14 represent the dependant effects of each predictor variable.

The relative risk of reporting two or more mental health illnesses relative to no mental health illness by gender

As with the first model, when other variables in the model are controlled for, the relative risk for females relative to males reporting two or more mental health illnesses relative to no mental health illnesses is expected to decrease. The risk however drops even lower compared to reporting one type of mental health illness, for example 2008 figures depicted in the first dependent model show a decrease of 0,29% ($p < 0.001$) relative to males while the model shown in Table 14 indicate a decline of 0,49% ($p < 0.001$).

The relative risk of reporting two or more mental health illnesses relative to no mental health illness by race

Table 13 shows that in 2004, the relative risk ratio of Coloured persons reporting two or more mental health illnesses relative to no mental health illnesses was expected to be six times more ($p < 0.001$) than the relative risk of Black persons. These ratios were expected to increase to 8 times more ($p < 0.001$) for White persons relative to the reference group (i.e., black African people). By 2008, the risk for Coloureds had dropped to 0,71% ($p < 0.001$) higher than Black people while no significant difference was found in the relative risk of reporting two or

more mental health illnesses relative to no mental health illnesses between Black and White people. Again, the patterns of results contained in the second model are consistent with those reported in the first model. However, the risk for Coloured people is considerably higher in the second model relative to the reference group compared to that shown in the first model.

The relative risk of reporting two or more mental health illnesses relative to no mental health illness by Education

Over the period 2004 to 2008, the relative risk of reporting more than one type of mental health illnesses relative to no mental health illnesses was expected to decrease the higher the level of education. Although this was found to be true for all higher levels of education up to secondary school level, those individuals with tertiary education are shown to be at a significantly higher risk of reporting two or more mental health illnesses than those with no schooling.

The relative risk of reporting two or more mental health illnesses relative to no mental health illness by Age

Contrary to the first model, the relative risk ratios for persons suffering from two or more mental health illnesses were found to be higher between the ages of 25 and 44 for 2004 and 2006. Additionally, the relative risk ratios depicted in the second model were on average two to three times higher than those shown in model 1.

The relative risk of reporting two or more mental health illnesses relative to no illness by Province

No consistent pattern was observed in the prediction of the relative risk for reporting more than one mental health illnesses relative to no mental health illnesses across the different provinces relative to the Western Cape. In 2004, four of the eight provinces reported relative risk ratios that were significantly higher than the reference province, that is, Mpumalanga (0,69%, $p < 0.001$), Free State (0,54%, $p < 0.001$), Gauteng (0,39%, $p < 0.001$) and North West (0,20%, $p < 0.001$), while the risks for people living in Limpopo and Eastern Cape were significantly lower. In 2006 the risk in the first four mentioned provinces had increased by between 8 to 26 times higher than the reference province. By the year 2008, the relative risk of reporting two or more mental health illnesses relative to no illnesses was only higher for individuals residing in Free State compared to the Western Cape.

The relative risk of reporting two or more mental health illnesses relative to no illness by the employment status

The relative risk for reporting more than one mental health illnesses relative to no mental health illnesses for persons not employed increases relative to those that are employed. These findings not only agree with the analysis made earlier in the first model but also shows relative risk ratios that are twice as much as those reported in model 1, for all the years of reporting.

The relative risk of reporting two or more mental health illnesses relative to no illness by the number of employed persons in the household

The number of household member was positively related to mental health when it came to the likelihood of reporting only one type of mental health illness. Figures shown in model 2 indicate that for 2006 that the relative risk ratio of reporting more than one type of mental health illnesses actually increases with an increase in the number of working household working members. In 2008, this likelihood increases with at least one employed member.

The first part of the analysis in this section looked at mental well-being and the impact of employment on individuals' mental health. It was ascertained that both on a bivariate and multivariate level, persons of working age who were not employed were more likely to report lower levels of mental health. On a multivariate level however, it was shown that the impact of employment on individuals' mental health could be mitigated by other factors such as individual's age, race, gender, level of education and the number of employment household members.

The second part of the analysis, tests for the effect of government intervention on mental health using again, descriptive statistics on a bivariate level and the F-test to investigate the second hypothesis in the study (i.e., the effect of government intervention on mental health). The section is concluded with the construction of two additional multinomial logistic regression models used at the multivariate level to ascertain the best predictors of mental health illness using socio-economic demographic variables as well as three indicator variables used to test for state intervention.

Government intervention and mental well-being

Before I begin investigating the relationship between state intervention and mental health, I saw it fit to first look at some of the general support that government has in place for individuals who may be suffering from mental health illnesses. Support in this context is ascertained in terms of the availability and quality of health care facilities. The subsequent sections then determine the viability of state intervention possibility ameliorating the impact of unemployment through programmes specifically targeted at persons who are not employed. This kind of government intervention is ascertained through individuals' involvement in various welfare programmes such as social welfare assistance, social grants and poverty alleviation services.

Use of health care facility among persons suffering from mental health illness

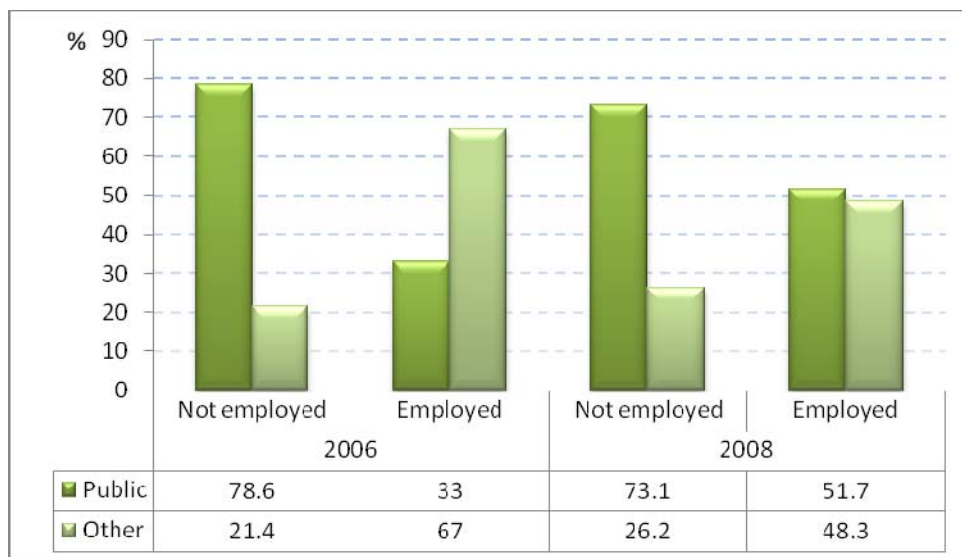


Figure 10: Use of health care facilities among persons who suffer from mental health illness by employment status

Figure 10 shows that between 2006 and 2008 a higher proportion among individuals who were not employed and suffering from mental health illness were more likely to use public health facilities compared to employed persons (i.e., an average of 75,9% over the two year period compared to 42,4% among the employed). Of note however is that, although public health care use remained high among persons not employed in 2008, it had declined by 5,5 percentage points since 2006 while a noticeable increase of 18,7 percentage points was observed among employed persons making use of public health care facilities.

Health facility satisfaction among persons suffering from mental health illness

The GHS questionnaire contains eight set of questions that measure individuals' satisfaction with regard to the health care facility last visited for consultation. These questions include the cleanliness of the facility, satisfaction about opening and waiting times, the availability of medication, friendliness of staff and the accuracy of diagnosis. A health facilitation satisfaction index was derived using the above mentioned set of questions. A score of at least 1 on the index represented facility dissatisfaction.

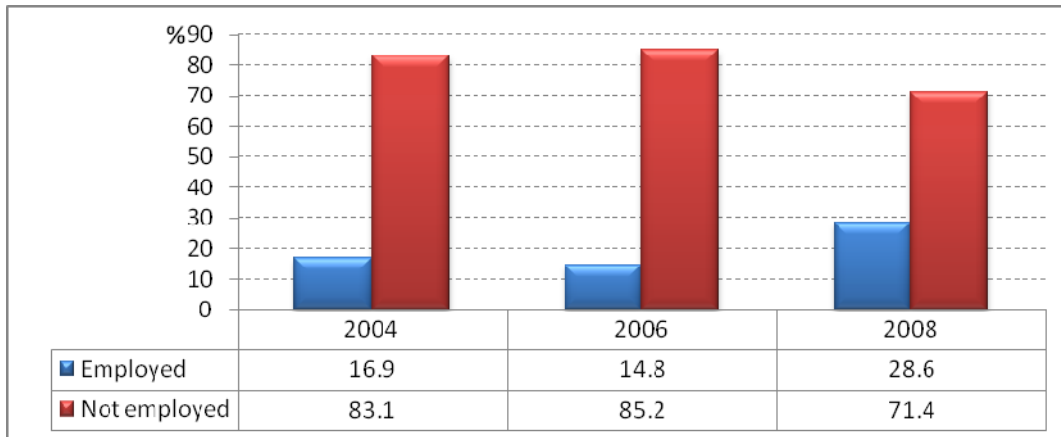


Figure 11: Health care facility dissatisfaction among persons suffering from mental health illness by employment status

The analysis in Table 11 shows that in 2004 and 2006, persons who were not employed were approximately three times more likely to be dissatisfied with the health care facility they had visited compared to those that were employed. By 2008, proportions of dissatisfaction were still highest among individuals that were not employed (although these proportions had dropped by 13,8 percentage points compared to 2006). Over the five year period, health care facility dissatisfaction was consistently low among the employed, even with the noticeable increase of 13,8% between 2006 and 2008.

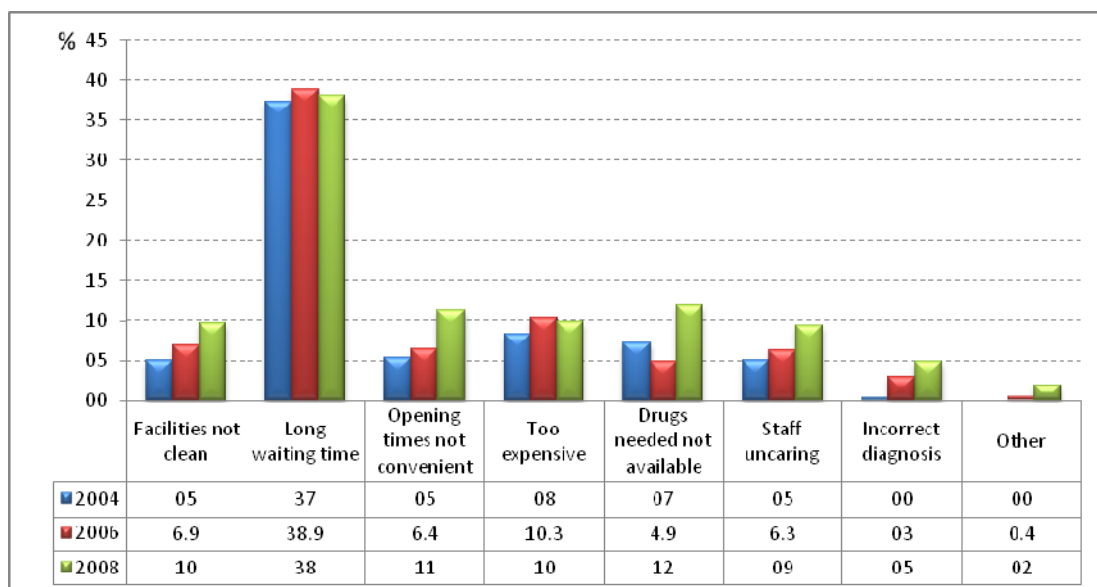


Figure 12: Health care facility dissatisfaction among persons not employed and suffering from mental health illness by type of dissatisfaction

Figure 12 indicates that among individuals that were not employed and suffering from mental health illnesses, a higher proportion was dissatisfied with the amount of time they had to wait to be seen by a health care provider. This reason was consistently highest within the five years of reporting (2004-2008). In 2008, the second most mentioned reason for dissatisfaction was the lack of medication, which was closely followed by inconvenient opening times.

Use of welfare services

Another aspect of government intervention investigated in relation to mental health among persons not employed was the use of state welfare services. The GHS questionnaire asks individuals if they had accessed welfare services in the past 12 months. The analysis below examines the use of welfare services so as to establish the extent to which support received from the state through the

government welfare system would mitigate the impact of unemployment on mental health.

Table 6: Welfare use among not employed persons

	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
Not on welfare	15 111 330	85,0	14 450 412	80,8	14 405 400	80,9
On welfare	2 660 872	15,0	3 443 462	19,2	3 395 962	19,1
Total	17 772 202	100,0	17 893 874	100,0	17 801 362	100,0

The period 2004 to 2008 saw an average of 17,8% of unemployed state welfare recipients (Table 15). In 2008, there were approximately 3,4 million welfare recipients who were not employed in the country, an increase of almost 700 000 (19,.1%) individuals since 2004.

Persons not employed using welfare services by demographic and socio-economic variables

Table 7: Percentage of persons not employed using welfare services by demographic and socio-economic variables

Year		2004	2006	2008
Sex	Male	2,5	3,1	2,9
	Female	12,4	16,1	16,1
Race	Black	13,1	16,8	17,5
	Coloured	1,4	1,7	1,2
	Indian/Asian	0,3	0,1	0,2
	White	0,2	0,6	0,3
Age	15-24 yrs	2,8	3,1	3,2
	25-34 yrs	4,5	5,7	5,7
	35-44 yrs	2,6	3,6	3,4
	45-54 yrs	2,0	2,7	2,8
	55-64 yrs	3,1	4,1	4,0
Marital Status	Married	6,7	6,1	5,8
	Cohabiting	—	2,3	2,1
	Widowed	1,5	2,0	1,8
	Divorced	0,6	0,7	0,6
	Single	6,1	8,1	8,8
Education	No schooling	2,4	2,8	2,8
	Less than primary completed	3,3	4,1	4,1
	Primary completed	1,4	1,8	1,7
	Secondary not completed	5,7	7,8	7,7
	Secondary completed	2,2	2,6	2,7
	Tertiary	0,0	0,1	0,0
Province	Western Cape	1,5	1,6	1,0
	Eastern Cape	2,5	3,3	3,0
	Northern Cape	0,4	0,5	0,5
	Free State	1,4	1,4	1,5
	KwaZulu-Natal	2,4	3,3	4,9
	North West	1,3	1,4	1,7
	Gauteng	1,2	3,2	2,3
	Mpumalanga	1,6	1,5	1,1
	Limpopo	2,7	3,0	3,1
Total		15,0	19,2	19,1

Percentage of persons not employed using welfare services by gender

Table 7 shows the percentage of total unemployed persons by various demographic/socio-economic variables who are recipients of welfare services. Welfare use was highest among females compared to males. Figures depicted in Table 16 further shows an increase of welfare use among both men and women, with the biggest increase noted among women (i.e., an increase of 3,7 percentage points between 2004 and 2006, but staying constant for 2008).

Percentage of persons not employed using welfare services by population group

Black people maintain the highest proportion of state welfare users, ranging from 13,1% in 2004 to 17,5% in 2008. The use of welfare services are much lower for the other population groups. That of Coloured people remain slightly higher than that of Indians/Asians and Whites, averaging 1.4% between 2004 and 2008. An average of 0,2% of Asians/Indians and 0,4% of Whites used welfare services in that period. Although welfare recipients among Blacks are shown to be rising, that of the other population groups remain constant.

Percentage of persons not employed using welfare services by age

The proportions of state welfare use over the period 2004 to 2008, within different age groups, are also shown in Table 16. It can be seen that welfare use is highest among the age groups 25 to 34 while it is consistently lowest among those between the ages of 45 to 54. The use of welfare services rose for all ages in 2006, but usage stayed constant between 2006 and 2008.

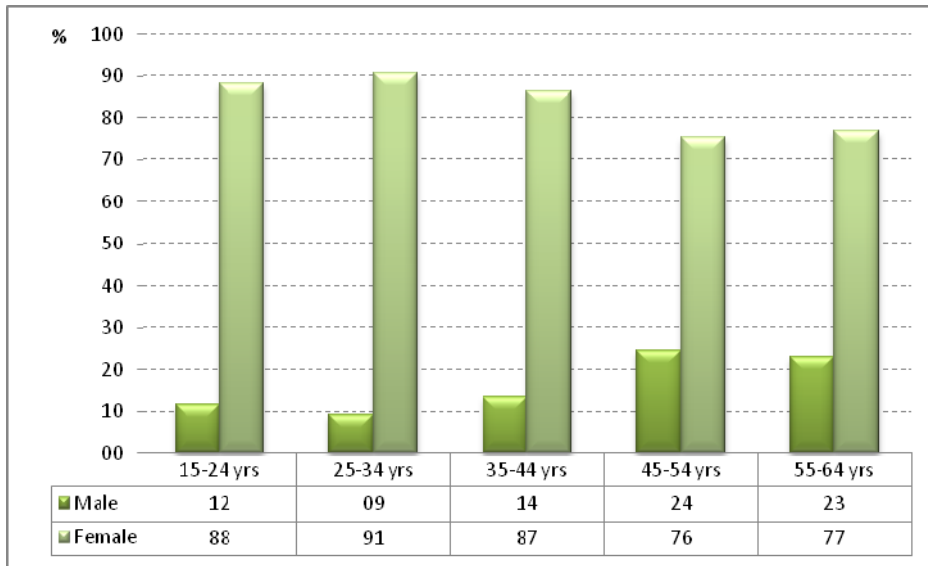


Figure 13: State welfare use by gender and age, 2008

Figure 13 shows that among males, a higher proportion of welfare users in the year 2008 belonged in the older age group category (i.e., between the ages 45 to 64), while a higher proportion among females is mostly young (15 to 34 years), suggesting different needs and uses for welfare among men and women according to age.

Percentage of persons not employed using welfare services by marital status

Table 15 indicates that welfare use was highest among single and married persons. However, while there was a noticeable increase among single individuals using the welfare system between 2004 and 2008, there was a slight decline among those that were married over the same period.

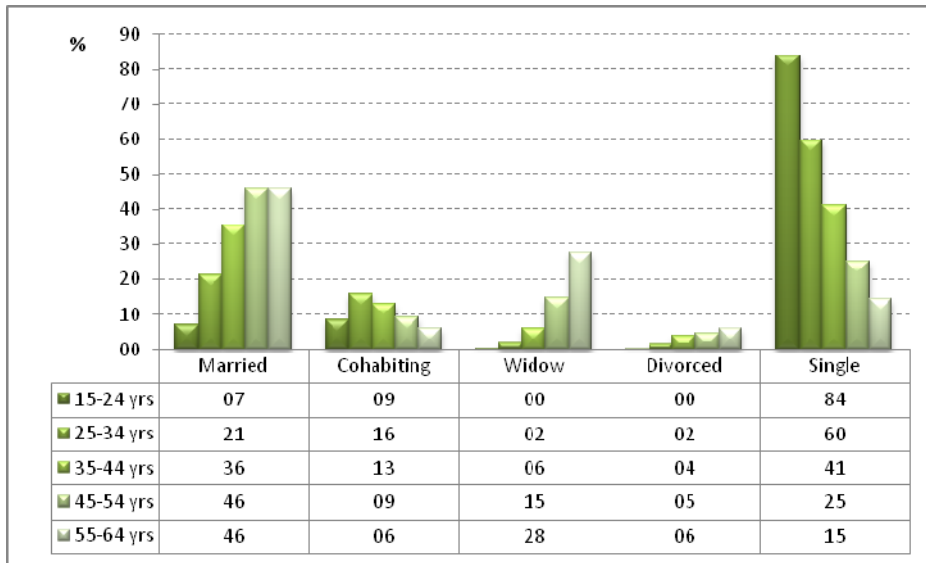


Figure 14: State welfare use by age and marital status, 2008

Figure 14 introduces age to the analysis of the use of state welfare by marital status. In 2008, Although welfare use is shown to be higher among single and married people for all age groups, a significantly higher proportion of single welfare users was young (i.e., between the ages 15-34 years) and married welfare users were found to be mostly older people (45 to 64 years).

Percentage of persons not employed using welfare services by education

Persons with at least a tertiary qualification were significantly less likely to be on the state welfare system compared to all other levels of education. In fact, the data seem to indicate that they generally do not make use of welfare services at all. Welfare use was consistently highest over the period 2004 to 2008 among those who had some secondary education but had not completed it. The use of welfare among this group increased from 5,7% in 2004 to 7,7% in 2008 an increase of 2 percentage points while only a slight increase of less than a

percentage point, was observed among those with no schooling, less than primary and those with a secondary school qualification.

Percentage of persons not employed using welfare services by province

Although the provincial use of state welfare varied between 2004 and 2008, Kwa-Zulu Natal, Limpopo and the Eastern Cape consistently recorded the highest proportions of persons not employed using welfare services. Increases were also noted among individuals residing in the three afore mentioned provinces over the period, 2004 to 2008. In 2008, welfare use among persons living in Kwa-Zulu Natal more than doubled and was substantially higher than in any of the other provinces while welfare use increased by an average of 1,4 percentage points among those residing in Limpopo and the Eastern Cape. Although the use of welfare services in Gauteng increased in 2006, it decreased in 2008. Welfare use was consistently lowest among persons living in the Northern Cape. Overall, the use of welfare services among persons who are not employed is highest in Kwa-Zulu Natal and lowest in the Northern Cape.

Type of welfare assistance received among persons who are not employed

Table 8: Type of welfare assistance received among not employed persons

	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
Social worker	382 179	13,9	375 793	10,8	317 996	9,5
Social grant	2 329 749	84,6	3 073 232	88,3	2 991 462	89,8
Poverty relief	40 879	1,5	31 282	0,9	23 335	0,7
Total	2 752 807	100,0	3 480 307	100,0	3 332 793	100,0

The results in Table 8 show that a higher proportion of welfare users who are not employed were most likely to be accessing government assistance in the form of social grants. In 2008, there were almost 3 million social grant beneficiaries in the country, 662 000 more persons than were in 2004. The second most accessed welfare assistance was a state welfare social worker. However, figures above indicate a gradual decline in the number of persons not employed accessing this type of assistance over time (a decline of 4,4 percentage points since 2004). Poverty relief was the least accessed form of government assistance among persons not employed.

State welfare index score among not employed persons who are suffering from mental health illness

As it was done previously with other indicators, an index of state welfare was again created to ascertain the extent to which individuals accessed more than one type of government assistance. Table 9 shows that since 2004, a higher

proportion of individuals not employed accessed at least one type of government assistance, while on average of 3,8% accessed two kinds of state assistance.

Table 9: State welfare index score among not employed persons

	2004		2006		2008	
	Number	Percent	Number	Percent	Number	Percent
Accessed one type of welfare assistance	2 499 572	95,2	3 251 959	96,6	3 091 032	96,2
Accessed two types of welfare assistance	122 326	4,7	110 505	3,3	111 645	3,5
Accessed all three types of welfare assistance	3 367	0,1	2 446	0,1	11 125	0,3
Total	2 625 265	100,0	3 364 910	100,0	3 213 802	100,0

Government intervention and mental health

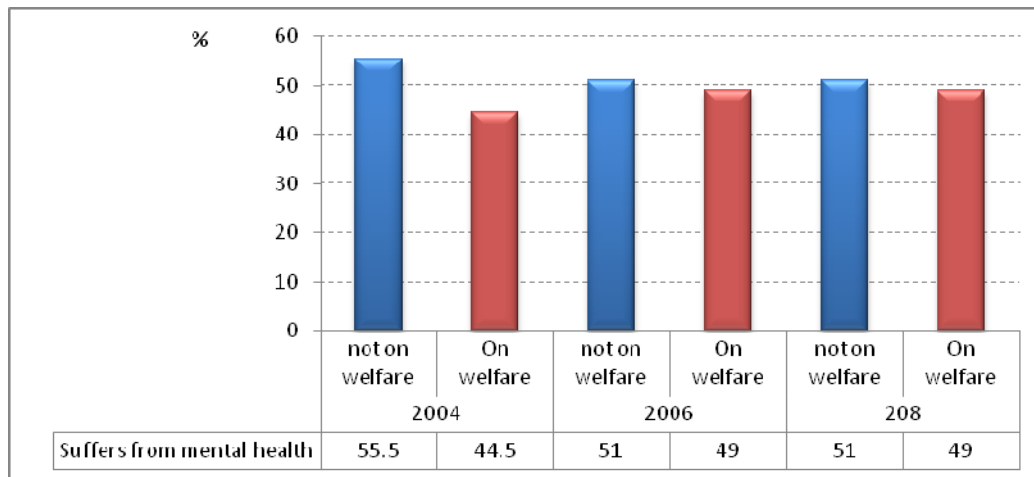


Figure 15: Mental health among not employed persons by whether they receive state assistance

Figure 15 shows that over the period 2004 to 2008 approximately half of the people that were not employed continued to receive state assistance, although the proportion of recipients dropped slightly since 2004.

Testing the second hypothesis: Accessing government's social intervention programmes reduces the likelihood of self-reported incidences of mental health illnesses among persons not employed

In terms of the second hypothesis tabled in this study, Table 10 below determines differences in the likelihood of reporting mental health illnesses among persons not employed in relation to whether they are receiving government social grants or not. P-values calculated from an Anova test are used to determine the significance level of differences found between and within groups.

Table 10: Likelihood of reporting mental health illnesses between unemployed persons receiving and those not receiving government assistance

	2004	2006	2008
Number of observations	154 470	186 357	218 232
Not receiving state assistance (mean)	0,0069	0,0082	0,0098
Receiving one type of state assistance (mean)	0,0389	0,0345	0,0373
Receiving two or more types of state assistance (mean)	0,0455	0,0466	0,1096
df	3	3	3
F-ratio	99,41	102,79	118,84
p-value	0,000	0,000	0,000

The analysis shown in Table 10 indicate that among those not employed, there was a significant difference in the reporting of mental health illness between $F(3)=99.41$, $p=0.000$ and within $F(38310)=99.41$, $p=0.000$ individuals not receiving state assistance and those receiving one or more types of welfare

assistance, over the period 2004 to 2008. These results provide support to the second hypothesis and reject the second null hypothesis.

Predicting the effects of socio-economic and demographic factors on the mental health of persons not employed when government intervention is applied

A multinomial logistic regression model (Table 11) similar to the first two models including government intervention in the form of having accessed a social worker, receiving state social grants or poverty relief was included. The dependent variable had a possibility of three different outcomes: suffering from either no mental health illness, no more than one mental health illness or suffering from two or more mental health illnesses. This was done so as to determine what the outcome on mental health illness would be, when government assistance and other socio-economic and demographic were controlled for.

Table 11: Model 3 - Predicting the effects of government intervention on unemployed persons reporting one type of mental health illness relative to no mental health illness using multinomial logistic regression model (relative risk ratios)

Base outcome mental health index = 0		NOTE: Marital status was discarded from the model		
Mental health index score =1	2004	2006	2008	
Dependent effect				
Gender				
Male	1,00	1,00	1,00	
Female	0,45***	0,44***	0,41***	
Population group				
Black	1,00	1,00	1,00	
Coloured	1,78**	0,89	1,65**	
Indian/Asian	1,34	0,99	1,62	
White	1,17	1,22	2,56***	
Education				
No schooling	1,00	1,00	1,00	
Less than primary completed	1,20	0,64***	0,47***	
Primary completed	0,73	0,38***	0,36***	
Secondary not completed	0,54***	0,34***	0,28***	
Secondary completed	0,45***	0,29***	0,22***	
Tertiary	0,81	0,50	0,29	
Age groups				
15-24 yrs	1,00	1,00	1,00	
25-34 yrs	3,18***	1,90***	1,74***	
35-44 yrs	4,28***	2,48***	2,65***	
45-54 yrs	3,72***	2,47***	1,34***	
55-64 yrs	2,55***	1,59**	1,11	
Province				
Western Cape	1,00	1,00	1,00	
Eastern Cape	0,93	1,62	2,02**	
Northern Cape	0,98	1,87**	1,83*	
Free State	0,70	1,47	2,50***	
KwaZulu-Natal	0,67	1,33	1,40	
North West	0,99	1,97**	2,49***	
Gauteng	0,72	0,94	2,05**	
Mpumalanga	0,88	1,64	3,09***	
Limpopo	1,03	0,93	1,19	
No. Of employed persons in the household				
No employed person in the household	1,00	1,00	1,00	
At least one employed person in the household	0,99	0,96	0,91	
Two or more employed person in the household	1,05	1,02	1,13	
Government intervention				
Not receiving welfare	1,00	1,00	1,00	
Social worker	0,40***	0,39***	0,30***	
Social grant	0,33***	0,33***	0,27***	
poverty relief	2,86	0,55	1,66	

*** = $p \leq 0,001$ ** = $p \leq 0,02$ * = $p \leq 0,05$

The relative risk of reporting one type of mental health illness relative to no mental health illness by government intervention and socio-economic and demographic variables factors

Model 3 above, provides the relative risk ratios of scoring 1 on the mental health index (i.e., reporting on no more than one type of mental health illness) relative to scoring 0 (reporting no incidence of mental health illness) for each predictive dependent variable - including variables used to measure state welfare assistance.

Gender

When government assistance and other variables in the model were controlled for, the relative risk for unemployed females, as opposed to unemployed males, reporting one type of mental health illness relative to no mental health illness was expected to decrease by an average of 0,43% ($p < 0.001$) for all the years of reporting (2004 to 2008), given the other variables in the model are controlled for.

Population Group

In 2004 and 2008, the relative risk for Coloured people who are not employed reporting at least one mental health illness relative to reporting no mental health illness was expected to increase by over 0,60% ($p < 0.001$), compared to unemployed black African people. In 2006, no statistical differences were observed in the likelihood of reporting one type of mental health illness relative to reporting no mental health illness between unemployed black African, Coloured, Indian/Asian and White people. In 2008 however, White people were almost three times ($p < 0.001$) more likely to report some kind of mental health

illness compared to the reference group, when government assistance and a range of socio-economic and demographic variables were held constant in the model.

Education

The independent effect of education on reporting mental health illness among persons not employed shows education to be a strong determinant for the absence of mental health illness (Table 11). The same pattern of findings as discussed in the previous models was also confirmed when government assistance and other variables in the model were controlled for. The relative risk of reporting at least one type of mental health illness relative to no mental health illness decreases by level of education up to secondary level education. No significant difference was found between unemployed individuals with no schooling and those with tertiary education. This finding was different to the first model where individuals' status in employment was included as one of the predictor variables. In model 1, tertiary education was the highest predictor of the absence of mental health illness.

Age

The relative risks of persons not employed reporting one type of mental health illness relative to no mental health illness were lowest for persons between the ages of 15 and 24 and highest for those between the ages of 34 and 44. These findings are consistent over the period 2004 to 2008. In 2004, individuals aged 25 to 55 years, were on average 2,5% more likely to report one type of mental health illness relative to reporting no mental health illness compared with those

aged 15-24 years. Although the relative risk ratios remained higher than the 15 to 24 age group among the above-mentioned groups over the period 2004 to 2008, the period 2006 to 2008 saw a gradual decline in the risk of reporting at least one type of mental health illness amongst those aged 25 to 34 years (0,74% in 2008 compared to 2,18 in 2004, $p < 0.001$), the 35 to 44 years (1,65% in 2008 compared to 3,28 in 2004, $p < 0.001$) and the 45 to 54 year (0,34% in 2008 compared to 2,72 in 2004, $p < 0.001$).

Provincial effect

The provincial effect of mental health was only evident in 2006 and in 2008. In 2006 the relative risk of the unemployed reporting at least one type of mental health illness relative to no mental health illness, when government intervention and other demographic variables were controlled for, was highest in the North West ($p < 0.02$, 0,97%) and Northern Cape ($p < 0.02$, 0,87%) provinces relative to the Western Cape. No statistical differences were observed between Western Cape and the rest of the other provinces. By the year 2008, Individuals living in Mpumalanga were now three times more likely to report some type of mental health illness relative to the reference province. This was followed by Free State, North West, Gauteng and the Eastern Cape provinces, who were all twice as likely to report mental health illness compared to individuals residing in the Western Cape. The results depicted in model 3 are similar to those reported in model 1 where the likelihood of reporting mental health illness was also higher among the latter provinces (except for Gauteng). This indicates that provincial location does not affect the results of government intervention in the likelihood of ameliorating mental health illness.

Number of employed persons in the household

Contrary to model 1 where the relative risk of reporting at least one type of mental health illness relative to no mental health illness among the general working age population was expected to increase for persons residing in households with at least one employed household member, there were no significant differences between unemployed persons living in households with employed members and those without when government intervention was factored into model 3. This indicates that the presence of state intervention can mitigate the likelihood of unemployed persons reporting at least one type of mental health illness irrespective of the number of working people in the household. These findings can be used to argue for the second hypothesis of using government intervention to mitigate effects of employment on mental health.

The relative risk of reporting one type of mental health illness relative to no illness by state welfare assistance

Unemployed individuals who had reported accessing assistance from a social worker in the preceding twelve months were less likely to report at least one type of mental health illness relative to those who had not made use of any type of state welfare assistance. With an average relative risk of 0,64% less than those who do not access the services of a social worker, $p < 0.001$, this statement was true for all the years of reporting (2004 to 2008). Likewise, the relative risk ratio of reporting at least one type mental health illness relative to reporting no mental health illness among individuals who were not employed and receiving various forms of government social grants was expected to decrease relative to persons not accessing state welfare services. In 2004, unemployed social grants recipients were 0,67% ($p < 0.001$) less likely to report a type of mental health

illness compared to those not accessing state welfare. By 2008 the relative risk ratio among this group declined further (0,73%) ($p < 0.001$) given other variables in the model are held constant. Persons who were not employed and involved in poverty relief programs showed no statistical differences in the likelihood of reporting mental health illness compared to those not involved in accessing state welfare assistance.

Model 4 as shown in Table 12 below contains multinomial logistic regression results for predicting the effects of government intervention on reporting the incidence of two or more mental health illness among persons who are not employed, controlling for various socio-economic and demographic factors. The analysis discussed below mainly focuses on comparisons between this model and the third model.

Table 12: Model 4 - Predicting the effects of government intervention on unemployed persons reporting the incidence of two or more mental health illness relative to no mental health illness using multinomial logistic regression model (relative risk ratios)

Base outcome mental health index = 0		NOTE: Marital status was discarded from the model		
Mental health index score =2	2004	2006	2008	
Dependent effect				
Gender				
Male	1,00	1,00	1,00	
Female	0,36**	0,18***	0,35***	
Population group				
Black	1,00	1,00	1,00	
Coloured	4,7	1,12	1,46	
Indian/Asian	5,68	6,22	4,72	
White	5,65	2,03	1,56	
Education				
No schooling	1,00	1,00	1,00	
Less than primary completed	0,31*	0,500	0,31***	
Primary completed	0,09*	0,22*	0,350	
Secondary not completed	0,09***	0,15***	0,17***	
Secondary completed	0,03**	0,06***	0,13**	
Tertiary	7,01	4,80	7,78	
Age groups				
15-24 yrs	1,00	1,00	1,00	
25-34 yrs	3,51	4,72**	3,99**	
35-44 yrs	1,95	4,08**	0,87	
45-54 yrs	1,51	2,37	5,55***	
55-64 yrs	0,95	0,99	2,01	
Province				
Western Cape	1,00	1,00	1,00	
Eastern Cape	0,49	2,50	0,12**	
Northern Cape	8,75	1,15	0,17**	
Free State	1,14	1,52	0,62	
KwaZulu-Natal	0,54	1,75	0,10*	
North West	1,28	3,01	0,30	
Gauteng	2,16	4,53	0,22*	
Mpumalanga	1,24	5,62	0,41	
Limpopo	0,86	5,60	0,22*	
No. Of employed persons in the household				
No employed person in the household	1,00	1,00	1,00	
At least one employed person in the household	0,6	1,12	1,41***	
Two or more employed person in the household	0,2	1,29	1,63	
Government intervention				
Not receiving welfare	1,00	1,00	1,00	
Social worker	0,13***	0,36	0,13***	
Social grant	0,36*	0,21***	0,35***	
poverty relief	5,08	1,58	1,40	

*** = p ≤0,001 ** = p ≤0,02 * = p ≤0,05

The relative risk of unemployed persons reporting two or more types of mental health illness relative to no mental health illness by government intervention and socio-economic and demographic variables factors

Gender

As with the first model, when other variables in the model are controlled for, the relative risk for unemployed females relative to males reporting two or more mental health illness relative to no mental health illness is expected to decrease. The risk however drops even lower compared to reporting one type of mental health illness, for example 2008 figures depicted in the first dependent model show a decrease of 0,59% ($p < 0.001$) relative to males while the model shown in Table 20 indicate a slight increase in the decline (0,65%, $p < 0.001$).

Population Group

In contrast to model 3, no significant differences were found in the relative risk of reporting two or more mental health illnesses relative to no mental health illness between all four unemployed population groups.

Education

Similar to model 3, the relative risk of persons not employed reporting more than one type of mental health illness relative to no mental health illness was expected to decrease with higher levels of education particularly among those with completed secondary education. This was true for all the years of reporting. Moreover, this decline was expected to decrease even further when reporting two or more mental health illness in 2008 (i.e., 0,78%, $p < 0.001$ in model 3

compared to 0,87%, $p < 0.001$ in model 4)⁵. Those with tertiary education are shown to have a relative risk of more than 6 times of that shown in respect of people with no education, but this was not found to be significant in the model.

Age

As found in model 3 relative risks ratios of individuals who are not employed reporting at least one type of mental health illness were generally highest among the 35 to 44 year age group, although the relative risk ratios for reporting two or more mental health illness relative to no mental health illness were exceeded by that of persons aged 45 and 54 during 2008.

Province

In 2008, the relative risk for persons not employed reporting more than one mental health illness relative to no mental health illness was statistically different to the reference province in five of the eight provinces with the relative risk ratios of individuals residing in the Eastern and Northern Cape expected to be lowest (0,88%, $p < 0.002$ and 0,83%, $p < 0.002$, respectively). No significant differences were observed across all nine provinces in the preceding two years of reporting (i.e., 2004 and 2006), except for the Northern Cape which reflected a risk ratio almost seven times that of the Western Cape, in 2004 although this was not statistically significant. These results were not consistent with model 3.

⁵2008 figures reported

Presence of employed persons in the household

Figures shown in model 3 show that between 2004 and 2008, the presence or absence of employed household members made no statistical difference in the likelihood of reporting one type of mental health illness among persons who are not employed. This finding continued to be true in the first two years of reporting (2004 and 2006) in the fourth model. In 2008 however, the relative risk ratio of reporting more than one type of mental health illnesses among unemployed persons living with at least one employed person in the household compared to those living with no employed household members was statistically expected to increase by 0,41% ($p < 0.001$).

State welfare assistance

As with model 3, persons who were not employed and receiving government assistance were less likely to report mental health illness compared to those not accessing state welfare assistance. In addition this likelihood was expected to decrease even further when reporting two or more mental health illness compared to reporting one type of mental health illness. Whereas model 3 showed that the relative risk ratio of reporting one type of mental health illness relative to reporting no illnesses was consistently lower among persons not employed and accessing social grants compared to those accessing social workers (2008 figures in that model show a decline of 73% ($p < 0.001$) among social grant recipients and 70% ($p < 0.001$) among those who had accessed the assistance of a social worker), model 4 conversely shows that the help of a social worker decreases the likelihood of reporting multiple incidences of mental health illness even further compared to receiving social grants among persons not employed (i.e., 87%, $p < 0.001$ compared to 65%, $p < 0.001$). Again, no statistical differences were observed in the reporting of multiple mental health illnesses

among persons who were not employed and benefiting from a poverty relief program and those who were not accessing any type of government welfare assistance.

The first part of analysis in this chapter focussed on the quantitative aspect of the study and attempted to provide answers as to what the relationship between mental health and employment status was as well as that between mental health and government interventions. These analyses were conducted using various methods of quantitative data analyses including the use of multinomial logistic regression models to establish the best predictors of mental health using various socio-economic and demographic variables. As mentioned earlier, part of the quantitative analysis above focussed on the role of government intervention in ameliorating the impact of unemployment on mental health. The last part of this chapter, applies qualitative methods of data analysis to not only further examine but also to understand this relationship.

Qualitative analysis: Unemployment, mental well-being and government Intervention:

Introduction

This part of the results focuses on the qualitative component of the study, where content analysis was used to analyse the data. The summary of the interview results are given. As discussed in the previous chapter, the importance of this part of the study is to explore the role of government intervention in ameliorating the impact of unemployment by evaluating individual perceptions.

Semi-structured interviews were conducted with four unemployed social grant beneficiaries. A semi-structured interview schedule (Annexure B) was drawn up and used to ascertain how these individuals experienced unemployment, how they felt about government assistance and to assess if state intervention in the form of providing social grants has made difference in their lives. The questions contained in the interview schedule related to three general themes; Access, Use and Impact of social grants on the unemployed. Interviews were done confidentially and the results from respondents regarded as confidential due to the sensitive nature of the study.

Content analysis as illustrated in Table 13 was used to translate data into meaningful and manageable themes. Data from the interviews were restructured into manageable groupings and organised in order to be more accurate. The summarised answers of each question were then analysed across respondents, and either identical or similar concepts identified in order to allow analysis of general trends across the respondents. The identification of trends within specific areas was also conducted in a similar fashion, by visually identifying and tallying the number of responses from research participants.

Findings from the interviews

Table 13: Content analysis generated from interviews

	Respondent 1	Respondent 2	Respondent 3	Respondent 4
Unemployment				
<i>Length of unemployment</i>	One year	Over two years	Five months	Five months
<i>Worked before</i>	Yes	Yes	Yes	Yes
<i>Job-search activity</i>	Handed CV's to companies	Handed, faxed CV's, asked people around	Newspaper, email and fax CVs	Newspapers, ask friends and other people, hand in CVs
<i>Reasons for not getting a job</i>	Don't have matric	All jobs hard to find, no connections, I am qualified	No qualifications	Need connections
<i>Effect of not being employed on self</i>	Inadequate parent, can't afford to buy child basic necessities	Depressed, no confidence around friends, cannot provide for my child	Financially affected, cannot maintain my kids	Stressed, limited in terms of what I am able to do for my family
<i>Effect of not being employed on family</i>	Burden, since they constantly have to help me with taking care of my child	Useless, cannot contribute to family expenses, family understand, No pressure on me	I cannot afford to assist them	My family not affected, are employed
<i>What difference would being employed make to your life</i>	Productive, useful, take care of responsibilities	Useful, help my family, less stressed, more independent, won't need help from anyone, better mother	Afford to maintain my kids and myself properly	Independence, better child education, provide children with basic needs
Government Assistance				
Type of support and application process				
<i>Kind of support received</i>	Child support grant	Child support	Child support	Child support
<i>How did you know about government social grants</i>	Relatives and friends	Word of mouth from friends	My grandmother who is receiving pension told me	From my children's school
<i>Length of receiving assistance</i>	Less than a year	Eleven months	About eight years	Four years
<i>Application process</i>	Difficult, took three months for my application to be processed	Easy, the forms were filled in for us	Easy	Simple
Access				
<i>How money is being accessed</i>	Bank	Bank	Post office and ATM	Bank
<i>Distance travelled to access money</i>	Short,	A bit far, I sometimes do not have money	Not far	Not far,

<i>Mode of transport</i>	Walking	Taxi	Walking	Taxi
<i>Any problems experienced with accessing money</i>	No	No	No	Not really, but times not always the same
<i>Availability of support if needed (where problems are experienced with accessing the grant)</i>	Support is there, social welfare offices, where I made my initial application	I would go to the social welfare	I would go to SASSA offices	Social welfare office where you applied, receive cell phone updates
Impact and use				
<i>Availability of other sources of income other than the grant money</i>	Grandmother's pension grant	My family and friends help me	Child maintenance money from the father of my children	My family assists me.
<i>Use of grant money</i>	child basic necessities, nappies, food	School transport, not enough	children school necessities	Pay child's crèche
<i>Dependency of other family members on respondents' grant money</i>	No, I use all the money I receive on my child	No	No	No
<i>Has the respondent ever been unemployed and without social grant assistance</i>	No	Yes, life worse than it is now. At least able to help with the school	Yes, struggled more than I am struggling now	No
<i>How different would your life be without the grant</i>	Very difficult since, wouldn't maintain child	not enough, able to do some things, really helped	It would be harder, can buy necessities for my kids	Money does help, things are expensive, able to do something with the grant
<i>improvements suggested to better service social grant beneficiaries</i>	None, government must continue to assist	Increase money, give food vouchers, cash can be used for other things such as school transport and fees	Food stamps as an addition, stop women who abuse their children's grant	If we get food vouchers then the money would be enough

Effect of not being employment on well-being

Feelings of inadequacy were generally shared among all four women. These women did not feel like they were good enough parents since they were unable to provide their children with what they need. Statements such as 'I feel like an inadequate parent since I can't afford to buy my child basic necessities' and 'I feel very stressed as I am limited in terms of what I am able to do for my family' were generally uttered among the women. In addition, respondents also compared their social standing to that of their peers and indicated to having lack of confidence when around them '...I have no confidence around friends...' One

woman (who had been unemployed the longest among the group) said that she spends most of her days depressed because she thinks about her situation every day and wonders if it will ever improve.

Effect of not being employed on family

When asked about how their families felt about their unemployment status and if they are affected by it, it was interesting to observe that even though respondents indicated that their families were supportive and did not pressurise them into finding employment, respondents mostly talked about how they felt about being unemployed within their families. Feelings of uselessness and feeling like a burden to their families were mostly expressed '...I feel like I'm a burden since they constantly have to help me with taking care of my child' and 'I feel useless since I cannot contribute to family expenses but they understand my situation.' This suggests that even with family support, respondents were unable to dissociate feelings regarding their situations from themselves. Only one responded felt confident that her family was not affected by her situation and never related the question being asked to herself 'My family is not affected since most of them are employed'.

What difference would being employed make to your life?

The responses to this question were overall centred on being better parents. Moreover, respondents also indicated that having money would provide them with a sense of independence, the ability to make choices regarding not only their lives, but also that of their own children, as well as the authority to have a say in what happens to their families. The women also believed that having a job

would remove the stresses they are currently experiencing in their lives and that they would feel more positive about themselves as indicated in statements below:

‘I would feel useful as I’ll be able to help my family, I would be less stressed and feel more independent as I won’t need help from anyone and would be a better mother.’

‘I would feel more productive and useful as I would be able to proudly take care of my responsibilities...’

‘It would give me independence, I would send my children to a school I think they should attend to get a better education and also to provide them with their basic needs.’

Government assistance

All four women were child grant recipients who had been beneficiaries for a period of less than a year to eight years. Most women found out about this form of state assistance through word of mouth from family and friends (only one said that she been referred by the school which her child attends), and generally found the grant application process to have been easy and quick.

Access

All women indicated that accessing money paid out was easy and accessed through local banks in their township. Two of them used taxis to get to the banks, while the other half were within walking distance of their banks. All

women also indicated that they would know exactly where to go if they ever experienced problems with accessing their grant money as pointed out in these statements: 'Support is there, I would go to the social welfare offices around Mafikeng where I made my initial application' and 'Yes, social welfare office where you applied and we also receive cell phone updates regarding new developments of our grants.'

Impact and use

Money received was largely used towards taking care of children, 'I buy my child her basic necessities such as nappies and food', 'I pay my child's school transport but it's not enough' and 'I pay my child's crèche'. This reason was stated as the sole use of the money.

Availability of other sources of income other than the grant money

The majority of the respondents appeared to have other sources of income within their households. This additional sources of income were mostly in the form of other employed family members. For one respondent however, the only other source of income within her household came from her grandmother who supported the family with her pension money, while another respondent received child maintenance from the father of her children. These findings again indicate family as the greatest support for persons not employed.

Impact of social assistance on beneficiaries

Although the women all indicated that the social grant was not enough, the grant appeared to have had a positive impact on their lives: 'Although it is not enough I am able to do some things, so it has really helped', 'The money does help even though things are expensive, I am able to do something with the grant'. Two of the women indicated improved lives when comparing before and after they were social grant beneficiaries: '... my life was even worse than it is now. At least I am able to help with the school transport while my family helps with other things', 'I struggled even more than I am struggling now'.

Recommendations to improving service to beneficiaries

Beneficiaries appear to be satisfied with the service received from government. Three women however, suggested that the addition of food vouchers to the grant would make the money go further '...give vouchers for food so that the cash can be used for other things such as school transport and fees' and 'If we get food vouchers then the money would be enough'. One respondent added that the vouchers would also benefit children whose mothers abuse the money (use the grant for other purposes other than what it was intended for), 'food stamps as an addition would be great, they would also stop women who abuse their children's grant'.

The purpose of conducting these interviews was to find out how not being employed affected individuals' well-being, to assess how these women experienced unemployment and also how government intervention is not only

experienced but also to establish its place in possibly ameliorating the negative impact of unemployment. At the end of the day however, I obtained answers to all of these questions and I learnt something new. It became clear to me that the negative feelings among these women of not being employed, were mostly affecting their self-worth as related to the extent to which their employment status inhibits them as parents. More specifically, the perception they all shared around how their not being employed prevented them from considering themselves as good parents.

Chapter summary and reflection

As I began writing the qualitative part of the study, I was taken back to the day of the interviews. At this stage of my research, I have read plenty about unemployment and its effects on mental well-being. I had my base and knowledge on the subject matter covered and possibly even some preconceived ideas about what kind of government assistance is needed. However, by the end of conducting the interviews, I couldn't help but feel like I understood my topic a bit more than what I had initially thought, that I *feel* just a little bit more. I am impressed or rather astonished at the resilience demonstrated by each woman interviewed. I try to put myself in their position and imagine how I would fare under similar conditions and come to only one conclusion. I can only wonder.

In this chapter both the quantitative and qualitative results of the study were presented. The qualitative part of this chapter provided insight from the interviewees. Although, the interpretation of both the quantitative and qualitative

part of the results indicated that unemployment had a negative impact on individuals' mental well-being and that government intervention can mitigate this impact, the qualitative part gave more insight as to how this impact is experienced by those that are affected. It can therefore be concluded that the result of the qualitative research not only confirms the quantitative research but also strengthens the bases for conducting this study.

Chapter 5 discusses the results as shown in Chapter 4, and provides more insight into the findings.

CHAPTER 5: DISCUSSION

The first part of the analysis in chapter 4 introduced mental well-being by first giving a background into the state of mental health in the country. This analysis provided a much needed context into measuring where South Africa is as far as mental well-being is concerned. Accordingly, the discussion in this chapter builds from this background. It will be determined or judged whether the country is improving or not. If mental health is an issue, then the background provides us with a base for improvement. This evaluation is also critical if South Africa is to be compared to other similar countries.

Another point of importance in the discussions, detailed in this chapter, is determining the role of socio-economic and demographic effects on mental health illness. This effect is determined both as part of the background, as well as in predicting the likelihood of reporting mental health illnesses among the South African working age population. The evaluation and discussion of the impact of socio-economic and demographic variables prior to looking into the effect of not being employed are critical in isolating additional factors that could influence mental well-being among the population under study. Lastly, chapter 5 is concluded with discussions around evidence found on the impact of government intervention.

Mental health among the working age population

The results presented in the previous chapter showed that the proportion of persons reporting mental health illness among the South African working age population has been gradually increasing since 2004. In chapter 1, it was

reported that 10,8 percent (668 000) persons living in the sub-Saharan Africa suffered from mental health illnesses (WHO,2001). Although the prevalence of mental health illnesses reported in this study appears to be lower than the 2001 WHO study, the figure reported by WHO (2001) represented a number of countries among the Southern African Development Communities (SADC), the study was also conducted back in 2001. The prevalence reported in this study (for the year 2008) is comparable to the figure reported by Kessler et al. (2007) for South Africa - although this figure was slightly higher at 1,5% - . More recent studies however report prevalence rates ranging from 4,0% to 16,5% for South Africa alone (Myer, 2009; Williams et. al., 2008). For example, in 2008, Williams et al. (2008)reported a prevalence of 16,5% for any Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or Composite International Diagnostic Interview (CIDI) disorder for a duration of 12-months.

The extent to which the different profiles of mental health illnesses differ could be due to a number of reasons. Firstly, studies used for comparisons in this study used different methods. As indicated in chapter one and three of this study, the instrument used in this study considered three types of mental health illnesses while comparative studies used a wider list of mental disorders to measure mental health illness. Secondly, while analyses and diagnoses in this study were based on self-reported incidences of mental health, the prevalence of mental health illnesses in the comparative studies were based on clinical diagnostics. In addition, and perhaps the most important factor is the time frame. The large amount of literature used for comparison purposes used a 12 month time frame for reporting any illnesses, while the current study used one month. Lastly, studies also show that under-estimation of reporting of mental health illnesses in studies can often be linked to research showing that people with disorders are less likely than others to participate in mental health surveys (Kessler et al., 1998; Kessler et al., 2007). These studies indicate that often, there is a bias against reporting embarrassing behaviors and that there are also age-related

underestimations of illness and failures to report past disorders. On the other hand, reports also talk about '*the interviewer error*' which is reported to sometimes lead to over-estimating prevalence when the interview thresholds for defining disorders are too liberal (Kessler et al., 2007).

In spite of the differences reported in the prevalence of mental health illnesses shown and discussed above, it is envisaged that the figures and the prevalence reported in this study will add on to the much needed documentation of mental health in South Africa.

Types of mental health illnesses among the working age population

In 2008, the most prevalent class of disorder in this study was depression. Depression is estimated to be present in about 31% of all those seeking care at primary health care facilities worldwide and 21,6% in the sub-Saharan Africa (WHO, 2001). Alcohol and substance abuse accounted for 10,3%(WHO, 2001). The estimated prevalence of substance abuse among the South African working age population reported in this study was under 5% for the year 2004. This figure is comparable to figures reported both locally (Williams et al., 2008) and in countries outside South Africa such as the Ukraine, which reported a slightly higher rate of 6,4% (Demyttenaere et al., 2004)for the same year of reporting. Although the prevalence of substance abuse shown in the present study was markedly lower compared to other reported mental health illnesses, the proportion of individuals reporting substance abuse more than doubled in the study's five year period of reporting (i.e., from 4,1% in 2004 to 10,3% in 2008). Prior research has also reported increasing levels of risky drinking and symptoms of alcohol problems in the country (Parry et al., 2005). Socio-economic factors such as poverty, family breakdown and peer pressure have been linked to the increase in substance abuse in South Africa (Parry & Bennets, 1998).

Combinations of mental health illnesses among the working age population

Among persons reporting disorders, 91,2% met criteria for only one disorder, 7,8% suffered two disorders or more disorders. Although figures reported above are slightly higher compared to those reported in similar studies (Williams et al., 2008), there is consensus among different studies that fewer proportions of individuals are likely to report suffering from more than one type of mental health illness (Williams et al., 2008; Stein et al., 2008).

Mental health illnesses and socio-economic and demographic factors among the working age population

Examining the association of socio-demographic variables with mental health conditions provides an initial approach to understanding contributors to the prevalence among the general South African working age population. The discussion below accordingly looks at the socio-demographic profile of mental health illnesses among the South African working age population.

Gender

No statistically significant gender differences in overall prevalence among persons reporting themselves as suffering from any type one mental health illness were found in the present study. This finding confirms studies reported elsewhere that found that men and women had similar overall prevalence rates of mental disorder (ABS, 1997, 2008). Multivariate analysis predicting likelihood of reporting mental health illness however showed that women are least likely to

report one or multiple types of mental health illness. In contrast, literature suggests that women are prone to suffer from depressive and anxiety disorders while men are most likely to suffer from substance abuse (Affifi, 2007; Williams et al., 2008). Future studies, adapting a gender analytical approach, would prove to be invaluable in providing better understanding of mental health problems, decisions and treatment of these problems among the two gender groups.

Population group

Descriptive analysis indicated that the likelihood of reporting mental health illnesses in this study was consistently lower among white persons compared to other racial groups, with coloured people more likely to report mental health illnesses. This finding is consistent with that reported in a study by Williams et al. (2008). Of interest however, is the noticeable increase in the proportion of individuals reporting mental health illness among the black African population from 2004 to 2008. In deed multinomial predictive analysis show that the relative risk of reporting any type of mental health illness (one or multiple) relative to reporting no illness was generally higher among Coloured persons compared to the reference group (black African), when a range of socio-economic and demographic variables were controlled for in the models. The differences reported on mental health illnesses among racial groups are often attributed to factors such as western definitions of mental health illness and instruments used to measure mental health illnesses; cultural differences between races such as the expression of distress; the stigmatisation and the misunderstanding of mental health illness among the different cultures; and difficulties with access to and use of mental health services often faced by disadvantaged communities (Gollust, Lantz,& Ubel, 2010; Hunt, 2007; Moolman, 2009; Olafsdottir & Pescosolido, 2009;Schnittker, Freese,& Powel, 2000; Stein et al., 2008; Stone & Finlay, 2008).

Marital status

Although the multivariate analyses indicated that marital status had no predictive effect on mental health among the working age population, bivariate descriptive analyses showed that formerly married persons (i.e., separated, widowed or divorced persons) were more likely to report mental health illnesses. This finding is consistent with that reported in research conducted by Williams et al. (2008). In 2004 and 2006, the highest proportions of persons suffering from mental health illness in this study were observed among divorced individuals, while the biggest increase over the five year period was observed among widowed people. The effect of marital status on health is generally assumed to be mediated by psychosocial factors, material circumstances and health related behaviours (House, Umberson & Landis, 1988; Pearlin & Johnson, 1977; Ross, 1995; Schaefer, Quesenberry, & Wi, 1995; Umberson, 1992). Marital status groups are assumed to differ in both their exposure and vulnerability to psychosocial stress (Pearlin & Johnson, 1977). Bereavement and divorce have been found to be the most obvious sources of psychological distress among those affected (Schaefer et al., 1995). This psychological distress is often accompanied by feelings of loss, grief and other stressful life events, such as changes in parental responsibilities and loss of spousal social support, which has been found to buffer the negative health impact of stress (House et al., 1988). In terms of material circumstances, people who share a household are generally able to benefit financially from a shared household income (Ross, 1995). Bereavement and divorce often imply loss of some household income and consequently, a deterioration of other structural living circumstances such as housing. This could also lead to distress among those affected (Ross, 1995). Lastly, differences in health behaviours among marital status groups have also been found to act as intermediaries between marital status and health. Married people have generally

been found to engage less in unfavourable health behaviours, such as smoking and excessive drinking than unmarried people (Umberson, 1992).

Education

In this study, the proportion of persons suffering from only one mental health illnesses among individuals with less than primary education has been on average twice as much as those with at least secondary education. When predicting the likelihood of reporting a single incidence of mental health illnesses, individuals with higher education were also least likely to report mental health illness. These results were consistent over the five year period of reporting (2004 to 2008). These analyses demonstrate that high prevalence of mental disorders are associated with reduced educational achievement and are consistent with findings from Europe, North America and Australia (Patel et al., 2008; Townsend, Flisher, & King, 2007). Given the high prevalence of mental disorders among persons with lower educational achievement reported not only in the present study regarding this country, but also in other countries, any intervention aimed at increasing levels of mental well-being among the population should take into consideration, the role of education and its impact on mental health. Taking this approach could have important implications for the way mental health policy is assessed. The results differed for persons reporting more than one type of mental health illness. Persons with a tertiary education were found to be more at risk of having more than one type of mental health illness than those with no or a very low level of education. It is perhaps an indication that having a tertiary education brings with it the expectation that a high level of education would ensure not only employment, but also employment that would offer high rewards in earnings. The resulting devastation as a result of the unrealised expectations would consequently have a much more drastic

effect on these persons than those of lower educational levels whose expectations would not be as high.

Age

The incidence of mental health illness among the working age population in this study was found to gradually increase with age. Predictive analysis supported this finding, showing that the relative risks of reporting mental health illness relative to no mental health illnesses was consistently higher for persons between the ages of 45 and 54, relative to those aged 15 to 24. These results are consistent with those reported in previous research (He et al., 2008; Kessler et al., 2007; Kessler et al., 2009; Ormel et al., 2007). Mental disorders are known to have earlier ages of onset, with older persons more likely to report mental health illnesses. The analysis conducted by Kessler et al. (2009) showed that early-onset mental disorders were significant predictors of the subsequent onset and persistence of a wide range of physical disorders later in life. This fits into a larger pattern of associations between early onset of mental disorders and a variety of factors such as reduced educational attainment, early marriage, marriage instability and low occupational and financial status (Kessler et al., 1995; Kessler et al., 1997; Kessler et al., 1998). As far as intervention is concerned, literature is rather vague as to whether the relationship between the associations and age is causal or not. As a result it is difficult to decide if these outcomes are consequences of mental health or vice versa.

Geographical area

The results discussed in the previous chapter showed that there was a consistent increase in the proportion of persons suffering from mental health illnesses among persons living in five of the nine provinces, Northern Cape, Free state, North West, Gauteng and Mpumalanga over the period 2004 to 2008. Conversely, there was a gradual decline in the proportions of cases of mental health illness among people living in the Western Cape. The lowest proportion of persons suffering from mental health illness was reported among those living in Gauteng and Limpopo since 2004. No other South African studies have compared mental health illness across provinces. Studies generally tend to focus on mental health trends within the country or on a specific province (Corrigall et al., 2007; Myer, 2009; Pillay & Kriel, 2006; Stein et al., 2008; Williams et al., 2008).

Employment status and mental health

This section discusses the findings of employment status and its effects on mental health.

In chapter 4, descriptive analyses showed that a higher proportion of men and women of working age, who were not employed, suffered from some kind of mental health illness compared to those that were employed. These results were consistently the same over the five years of reporting (i.e., 2004 to 2008). This finding was further strengthened and confirmed by applying bivariate statistics in the form of a t-test, which tested the hypothesis that the employed working age population is less likely to report mental health illnesses compared to those who are not employed. The hypothesis also determined the significance of any occurring differences between the two groups. The results of the test confirmed

that of the chi-square test in descriptive and multivariate predictive analysis. There was a significant effect for employment status on mental health, with employed persons receiving lower scores on mental health illnesses compared to persons who were not employed. Moreover, the presence of at least one employed household member in a household where an unemployed individual lived was found to mitigate the impact of having one type of mental health illness among persons who were not employed.

The results presented are supported by literature found and discussed in Chapter 2 of the study where persons who were not employed were shown to have poorer mental health than employed people (Flatau et al., 2000; Halvorsen, 1998; Murphy & Athanasou, 1999; NSDUH, 2006; Walsh & Jackson, 1995). Copious amounts of research has additionally attempted to establish a link between unemployment and poor mental health, in other words: does the status of not being employed causes psychological problems or vice versa.

Many alternative explanations have been put forward regarding the issue. For example, Schaufeli (1997) argued that people with pre-existing psychological problems are more likely to become unemployed (the 'selection hypothesis'). However, while those with pre-existing psychological problems do appear among persons not employed, they are unlikely to account for the majority of the unemployed (Fryer, 1997; Hannan et al., 1997). In addition, various longitudinal studies (that are able to track psychological changes in individuals over time) have shown that people's mental well-being changes as their employment status changes. For example, in studies reviewed by Murphy and Athanasou (1999), evidence was found of both decreased mental health for those moving from employment to unemployment and increased mental health for those moving from not being employed to being employed. Murphy and Athanasou (1999), therefore, concluded that the 'selection' effect did not seem to apply in the majority of the surveyed studies, and that the studies best placed to control for

such potential confounding variables concluded that unemployment *per se* had an effect on mental health. In addition, two studies reviewed by Graetz (1993) and Morrell et al. (1994) found lower levels of mental health disorders among persons who were employed compared to those who were not employed and also attributed this to employment status itself, and not to pre-disposing health differences. Morrell et al. (1994) subsequently concluded that the status of not being employed was a significant cause of poor mental health, and suggested that an effective cure for poor mental health resulting from not being employed was having a job. Halvorsen (1998) also cited studies showing improvement in the mental health of persons not employed when they become re-employed.

Types of mental health illness by employment status

The results in this study showed that since 2004, depression was consistently higher among persons who were not employed compared to those that were employed. Between 2004 and 2006, substance abuse was highest among those who were not employed. In 2008, however, substance abuse was surprisingly proportionally higher among individuals that were employed (these differences were not, however, statistically significant). This phenomenon can be explained by the view that the misuse of alcohol, one of the substances subjected to abuse, is a growing problem affecting the general South Africa population and leading to an increase in alcohol related deaths (Plüddemann et al., 2010; Schneider et al., 2007; Wechsberg et al., 2008). An average of 90,7% of people suffering from a behavioural disorder reported in this study over the five year period (2004 to 2008) were not employed. In addition, a higher proportion of individuals not employed were also most likely to report suffering from more than one type of mental health illness compared to those that were employed. The results reported above further solidify previous findings reported in this chapter that

employment status plays a pivotal role in mental well-being, with those not employed most likely to report mental disorders compared to persons who are employed.

Why does unemployment lead to poor mental well-being? Theories of the impact of socio-economic status on mental health outcomes

Common mental disorders have been reported to be most prevalent among those with a poor standard of living, independent of occupational social class (Blazer et al., 1994; Rodgers, 1991; Weich & Lewis, 1998). In the introductory chapter of this study, it was shown that unemployment is widely recognised as the most important cause of poverty (UN, 2005). The discussion in chapter 1 also showed that 55% of people from poor households were not employed compared with 14% from non-poor households (UNDP, 1998). The link between unemployment and poverty has been found to be particularly strong in the case where individuals have been unemployed over long periods of time, as well as among those that are not actively involved in the labour market (World Bank, 2001). Research by Gallie et al. (2003) also provided evidence indicating that unemployment increases the risks of poverty.

In chapter 2 (Literature Review), it was argued that economic distress had significant effects on health indicators which would also include mental health. For example, Townsend et al.'s (1992) artefact theory which looked at class and health, suggested that both class and health are artificial variables, and that the relationship between them may itself be an artefact. Townsend et al. (1992) further argued that the failure to reduce the gap between classes has been counterbalanced by the shrinkage in the relative size of the lower socio-economic classes themselves. The Natural selection theory on the other hand (Built on Charles Darwin's (1859) concept of the 'struggle for existence') suggested that, a

higher social class has the lowest rate of premature mortality because it is made up of the strongest and most robust men and women in the population, and that the lower social class has the weakest people. Another theory that was assessed was the materialist theory, which emphasised the role of economic impact and associated socio-structural factors in the distribution of health (Shaw, 2004; Townsend et al., 1992). According to this theory, people belonging to a low socioeconomic class were relatively disadvantaged in relation to the risks of illness, or to the factors that promote a healthy lifestyle. Lastly, Behavioural theories suggested that poor health in modern society is the result of reckless lifestyles, wherein people harm themselves by their excessive consumption of harmful commodities, and by their underutilisation of preventive health care. Furthermore, the theory implies that there are sub-cultural lifestyles, entrenched in personal characteristics, which govern behaviour. Poor health is thereby firmly attributed to the behaviour of people themselves, and by implication makes them fully responsible for the problematic outcomes.

From the results presented earlier, research conducted, as well as theories discussed above, it is argued that employment status can be one of the indicators of socio-economic or financial standing, where employed individuals are viewed as being in a better socio-economic standpoint and thus less likely to report mental health illness. In contrast, unemployment can represent financial strain and as discussed above, this could increase the likelihood of reporting poor mental health. Before concluding this section, it is important to note that although mental disorders have been reported to be most prevalent among those with a poor standard of living and social class, longitudinal findings regarding the subject matter have been inconsistent. Despite reports of associations between low income (Bruce, Takeuch, & Leaf, 1991), few possessions, and onset of common mental disorders these risk factors have been more consistently associated with longer episodes (Murphy et al., 1991). The connection between

socio-economic status and mental well-being therefore needs to be evaluated prospectively.

In chapter one, I argued that understanding the socio-economic and psychological connectedness of the topic being studied was a critical factor in targeting effective policy. The policy that I am referring to here is one that could mitigate the adverse impact of unemployment when addressing questions about the effect of poverty and unemployment on mental health. As pointed out earlier, according to some opinion within both the psychological and economic disciplines, policy that responds to unemployment should be effective enough to facilitate good mental health during periods of unemployment so individuals can engage in activities that can lead to employment/re-employment such as job search activity (Cahuc& Lehmann, 2000; Kudoh, 2007; Vinokur&Caplan, 1987; Xiaowan, 2010). Failure to recognise this link (mental well-being and socio-economic factors) could leave affected individuals too discouraged to look for work. This state of mind decreases their probability of finding employment and thus perpetuates the cycle of poverty among them. Research by Gallie et al. (2003) also provided evidence showing that not only does unemployment increase the risks of poverty; poverty itself can in turn also make it more difficult for people to return to work.

Profiling the socio-economic and demographic status of persons who are not employed and suffering from poor mental well-being

Although the discussions above revealed a negative relationship between unemployment and mental well-being, it is worth noting that the effect of unemployment on individuals may vary according to a wide range of factors among those affected (Dew et al., 1992; Hannan et al., 1997; Muller et al., 1993; Rodgers, 1991; Theodossiou, 1998; Turner et al., 1991; Vinokur et al., 1996). It is therefore important to highlight at this point, that one of the main reasons for undertaking this research study is to provide answers to the important question of how to best help afflicted individuals by providing data that are not only relevant but that can also be useful in developing targeted intervention. One of the ways that the study attempts to achieve this goal is to compile a comprehensive socio-economic and demographic profile of unemployed South Africans of working age suffering from poor mental health so as to determine the ultimate effect of unemployment on mental health.

Gender

The period 2004 to 2008 saw significant gender differences in the reporting of mental health illnesses among persons who were not employed, with males scoring higher on the mental health illness index compared to females. This finding is different to that reflecting mental health among the general population where no significant gender differences are found and concurs with research conducted by Dew et al. (1992), Muller et al. (1993) and Lahelma (1992) who found that the adverse impact of unemployment on mental well-being is stronger among men than women. According to Dew et al. (1992), the impact of unemployment on women has been largely ignored. This according to Dew et al.

(1992) is attributed to an assumption that employment is less important to women than men because of alternative homemaking and parenting roles.

Population group

When the racial profile of unemployed individuals suffering from mental health illnesses was assessed in this study, the results also differed from that of the general working age population. The results indicated that Coloured and Black persons were most likely to report mental health illnesses compared to Indian and White people, suggesting that unemployment has a greater impact on the mental well-being of Coloured and Black persons compared to other racial groups.

Marital status

Both divorced/separated and widowed persons were more likely to suffer from mental health illnesses among persons not employed compared to married, cohabiting, or single persons. This finding reflects that of the general working age population and is consistent with research conducted by Williams et al. (2008). The effect of employment status therefore does not appear to play a role in ameliorating the impact of mental health illness among persons who were formerly married. However,

Education

As with the results of mental health among the general working age population, unemployed individuals with less than primary school education were most likely to report mental health illness compared to those who have at least some secondary education. Surprisingly, in 2004 and 2006 persons not employed with tertiary education were more likely to report similar levels of mental health illnesses as those who have completed only primary level education. The finding that unemployed individuals with tertiary education showed similar levels of mental health illness as those with primary level education over that period could point to the ever increasing problem currently facing the country of unemployed graduates who, because of their qualifications, are devastated when their expectations of obtaining rewarding employment have not been met. This issue is highlighted in reports presented by researchers such as Moleke (2005) and Altman (2007) who call for the South African Government's urgent action in addressing the matter.

Age

Between the years 2004 to 2008, incidences of mental health illnesses have been consistently been reported mostly among persons not employed between the ages of 35 and 54 years. These results are also similar to those reported on mental health among the general working age population and are supported by research conducted by Creed (1999), Halvorsen (1998), and Theodossiou (1998) who all show that unemployment has a more negative psychological effect on older than younger people.

The effect employment status of other household members

For each year of reporting, the likelihood of reporting mental health illnesses among persons not employed generally decreased with an increase in the number of employed persons within the household. Moreover, this difference was statistically significant over the five years of reporting. This finding suggests individuals who are not employed but residing in households where other household members are employed maybe financially better off. This reduces their likelihood of reporting mental health illnesses as previously discussed. The results also indicate that efforts aimed at creating employment for persons not employed do not only positively impact the mental well-being of the unemployed individual him/herself but could also play a role in mediating the impact of unemployment on the mental health of other family members (who may also be unemployed).

Effect of unemployment on mental well-being: Qualitative analysis

As previously indicated, qualitative analysis was used to provide a deeper understanding into the relationship between unemployment and mental well-being. The purpose of conducting the qualitative interviews was to find out how not being employed affected individuals' well-being from a personal point of view. In discussing the findings of this qualitative analysis, two theories (as presented in Chapter 2) with opposing perspectives are juxtaposed to not only explain the effect of unemployment on mental participants' well-being but to also provide a greater understanding on how different individuals may experience this effect. The two theories referred to are: Victor Frankl's (1984) theory on unemployment neurosis and logotherapy, based on *Man's Search for meaning*, and the 'Agency restriction' theory as described by Fryer (1986).

Qualitative results of the content analysis as reported in chapter 4 indicated that not being employed was associated with negative feelings of mental well-being. Feelings of inadequacy, hopelessness, low self-esteem, helplessness and despondency were generally shared among all four unemployed women interviewed; indicative of low levels of mental well-being. This was revealed in statements such as *'I feel very stressed as I am limited in terms of what I am able to do for my family'*; *'...I have no confidence around friends...'*; *'I spend most of my days depressed because I think about my situation every day and wonder if it will ever improve'*; *'...I feel like I'm a burden since they constantly have to help me with taking care of my child'* and *'I feel useless since I cannot contribute to family expenses, but they understand my situation.'*

According to the agency restriction theory (Fryer, 1986), being unemployed is a tragedy because a job is the only source of livelihood for most people and it is this financial strain associated with not being employed that often leads to poor mental health. This point of view is supported by other research (Creed&Macintyre, 2001; Halvorsen, 1998; Price, Choi, & Vinokur, 2002). The negative feelings voiced by women interviewed mostly resulted from the respondents feeling that they were not good enough parents since they were unable to provide their children with what they need. Statements such as *'I feel like an inadequate parent since I can't afford to buy my child basic necessities'* and *'I feel very stressed as I am limited in terms of what I am able to do for my family'* were generally uttered among the women. Researchers following the agency restriction theory therefore argue that these negative feelings are driven by the lack of money which excludes affected individuals from modern life where people define themselves increasingly in terms of their access to everything that money can buy. Hence, without sufficient income, it becomes difficult for individuals to maintain various social roles in society, personal identity and self-esteem as seen in statements made above. Another aspect of the agency restriction theory is the importance of people to see themselves as active agents,

striving to control their own situation and working towards their own goals. Some of the interviewed women pointed out that their depression and frustration came from not being able to make decisions and choices regarding their lives and that of their children: *'being employed would give me independence, I would send my children to a school I think they should attend to get a better education...'*. According to the Agency restriction theory, unemployment restricts affected individuals in the ability to control what happens to their own lives (primarily due to financial constraints).

Another theory discussed in chapter two regarding unemployment and mental well-being was Victor Frankl's (1984) theory on unemployment neurosis based on *Man's search for meaning*. Contrary to Agency restriction theory, which determines poor mental well-being as the result of the financial strain that comes with joblessness, Frankl adopts an existential point of view in explaining unemployment neurosis. From this view, the negative feelings experienced by the group of unemployed women interviewed are a result of the void or emptiness left by having no work. These women subsequently internalise this emptiness (of their time) as inner emptiness. According to Frankl (1984), people who are not employed feel useless because they are unoccupied and, because they have no work, they think life has no meaning (Frankl, 1984). Frankl (1984) further argues that, much of the way people relate to the world and the meaning they derive from their lives are based upon the work they do. For this reason, unemployment is a dual crisis for those without jobs. In addition to the financial strain the unemployed face, they also face an existential crisis as they are deprived of the meaning motivating their lives. Frankl characterised this as 'unemployment neurosis' that resulted from 'a twofold erroneous identification: being jobless is equated with being useless, and being useless is equated with having a meaningless life' (Frankl 1984, p.142). Like other neuroses, this, according to Frankl is manifested in the personal lives of those not employed.

The manner in which respondents internalised their unemployment situation can also be viewed when assessing their responses to how they felt their status of not being employed affected other family members. When asked about this, it was interesting to observe that even though respondents indicated that their families were supportive and did not pressurise them into finding employment, respondents mostly talked about how they felt about being unemployed within their respective families. Again, feelings of uselessness and being burdensome to family members were mostly expressed '*...I feel like I'm a burden since they constantly have to help me with taking care of my child*' and '*I feel useless since I cannot contribute to family expenses but they understand my situation.*' This suggests that even with family support, respondents were unable to dissociate feelings regarding their situations from themselves. Only one respondent felt confident that her family was not affected by her situation saying that '*My family is not affected since most of them are employed*'.

In dealing with unemployment, Frankl's (1984) Logotherapy claims that although work - a process that takes a lot of time from individual's lives - may be a source of meaning, direction or fulfilment, choosing one's attitude in dealing with problems is also important. As Frankl puts it 'Everything can be taken from man but ...the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way' (Frankl, 1959, p.176). In this, Frankl discusses how different men chose different attitudes. Some people can remain positive, while others choose to become despondent. It was, however, found that Positive mental well-being among the respondents was only possible if they were able to find jobs, indicating the degree to which respondents relied on external factors to determine their emotional outcome. Respondents stated that being employed would generally mean being better parents, that they would feel less stressed and that they would feel more positive about themselves. These responses indicate that, for these group of women, a job was not only a

necessary and unavoidable way of earning one's living work, but was also central in providing positive self-worth and meaning to their lives.

How can poor mental well-being be mitigated among those not employed? Frankl (1984) vs. Fryer (1986)

Poor mental health may reduce access to opportunities that could reduce financial strain through reemployment. A study by Savolainen (2008) identified that job-seeking that is not motivated (ineffective half-hearted job seeking fostered in feelings of hopelessness by job seekers) was very common amongst job seekers. In other words, negative effects of unemployment in the form of reduced economic resources, depression, increased anxiety, shame, a sense of helplessness, lack of confidence and uncertainty about the future helped to foster within the job seekers the sense that their job seeking efforts were a futile activity that would yield fruitless results (Savolainen, 2008). From these findings, a dangerous cycle between unemployment and mental health is implied where joblessness leads to poor mental well-being while poor mental well-being leads to joblessness. This complex cycle may contain spirals of disadvantages that reduce the life chances of affected individuals still further (Price et al., 2002).

According to Fryer (1986), financial freedom (primarily achieved through a job) can improve negative mental well-being. The employment or reemployment of individuals who were not employed, according to this theory, will aid individuals to start seeing themselves as active agents, free to control their lives and to work towards achieving their own goals. Frankl (1984) on the other hand, explains that one's own meaning is constantly changing and, therefore, the means for one's suffering is also constantly changing. Frankl explains, 'What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment.' According to Frankl, meaning in life can be

discovered in three different ways: (1) by doing a deed; (2) by experiencing a value; and (3) by suffering. In trying to break this vicious cycle, Frankl suggests that people, who are not employed, volunteer their time during periods of unemployment by engaging in meaningful projects. By doing this, he argues, neurosis can be halted. The volunteering activity becomes that source of meaning and fulfilment. The activity itself does not have to require specialised skills. One has only to find the meaning in that activity, make it a part of one's personality. The significance here is that, although the financial strain on the affected individuals has not changed, their self-worth or meaning has.

The first part of the discussion looked at mental well-being and the impact of employment on individuals' mental health. Persons of working age who were not employed were more likely to report lower levels of mental health. On a multivariate level, however, it was shown that the impact of employment on individuals' mental health could be mediated by other factors such as individual's age, race, gender, level of education and employment status. The second part of the discussion looked at government intervention (in the form of social grants) and its effect on and predictor of mental health.

Government intervention and mental well-being

As shown and discussed earlier, being deprived of the means through which one supports the lives and livelihood of themselves and their families can have a negative impact on mental well-being. With an unemployment rate of 35,4% (using the expanded definition) in the country (StatsSA, 2009), unemployment is not merely a notion but a terrifying reality for many South Africans. The resulting effects upon these individuals and families can be devastating and the burden

upon the resources of governments and agencies to support affected individuals can be overwhelming.

This section introduces government intervention by first assessing the type of general support that government had in place for individuals suffering from mental health illnesses. Support was ascertained in terms of the availability and quality of health care facilities. Subsequent sections then determine the possibility of state intervention ameliorating the impact of unemployment through social welfare programmes among persons not employed.

Use of health care facility among persons suffering from mental health illness

The assessment of the use of health care facilities among persons suffering from mental health illness is important both for service planning and for research. For service planning this information can be useful in designing targeted placements of health care professionals in relation to illnesses and in identifying underserved groups needing outreach or education. This can also assist in uncovering reasons that predispose individuals to use particular types of health care facilities. For research purpose, the information can help pinpoint sources of bias in studies using samples from treatment.

The South African healthcare system varies from the most basic primary healthcare, offered free-of-charge by the state, to highly specialised health care services available in both the public and private sectors. In chapter 4, it was found that a higher proportion of individuals who were not employed and suffering from mental health illness were more likely to use public health facilities compared to employed persons. Between 2004 and 2008, an average of 75,9% of people, who were not employed, used public health care facilities. With the

ever increasing unemployment rate (from 35% in 2008 to 35,9% in 2011) (StatsSA, 2008c, 2011a), it is expected that the number of unemployed people relying on this sector for health care services can only increase. The results also showed an increase of 18,7 percentage points among employed persons making use of public health care facilities over the period, 2004 to 2008. This finding also suggests that the already burdened sector will be even more stretched as more and more South Africans begin to rely on it.

Health facility satisfaction among persons suffering from mental health illness

The findings suggest that there is a high level of unmet need for mental health care services in the country. In 2004 and 2006, persons who were not employed were approximately three times more likely to be dissatisfied with the health care facilities they had visited compared to those that were employed - who were more likely to be accessing private health care. By 2008, levels of dissatisfaction were still highest among individuals that were not employed (although the levels had dropped by 13,8 percentage points compared to 2006). The results further showed that a higher proportion of individuals who were dissatisfied were also unhappy with the amount of time they had to wait before being able to consult a health care provider. This reason, among other reasons for dissatisfaction, was consistently highest within the five years of reporting (2004-2008). In 2008, the second most mentioned reason for dissatisfaction was the lack of medication, which was closely followed by inconvenient opening times. Reports indicate that the South African public sector is generally over-stretched and under-resourced (Burns, 2011; Omar et al., 2010; WHO, 2004; Williams et al., 2008). In terms of mental health care services, specifically, a report by Burns (2011) showed that South African psychiatric hospitals remain outdated, falling into disrepair, and were unfit for human beings. The report also indicated a serious shortage of

mental health professionals and revealed that community and mental health as well as psychosocial rehabilitation in the country remain underdeveloped. These findings were prominent despite the legislated commitments to reform mental health care as detailed by the Mental Health Care Act of 2002, which aims to provide care, treatment and rehabilitation for persons who are mentally ill. The implication thereof is that people affected by mental health illnesses experience difficulties with accessing the right standard of health care by the government.

Use of welfare services

Another aspect of government intervention investigated in relation to mental health among persons not employed was the utilisation of state welfare services. Research indicates that social grants have continued to be a major source of poverty reduction for millions of South Africans (Patel & Wilson, 2003; Triegaardt, 2006). The results in this study showed that in 2008, there were approximately 3,4 million welfare recipients who were not employed in the country, an increase of almost 700 000 individuals since 2004. The South African Social Security Agency (SASSA) reports that in the fourth quarter of 2011, South Africa had about 10,1 million grant recipients (SASSA, 2011). The report also showed that the total number of grants in payment increased by 295 467 from the third quarter and that the overall percentage growth was 2.02% with an average 2% quarterly percentage growth rate in grants payment between any given two quarters (approximately 300 thousand persons) (SASSA, 2011). Figures reported in this study appear to be aligned with those reported by the Agency.

When looking at use of welfare by demographic and socio-economic variable, the results showed that welfare use was highest among females compared to males. And that the proportion of women on welfare was slightly higher to that of men over the five year period (from 2004 to 2008). These results could be expected

as reports show that the child support grant is not only the highest grant accessed on social welfare, but it also had the highest quarterly growth rate (SASSA, 2010, 2011). The finding of this study showed that welfare use was highest among the age groups 25 to 34 and 55 to 64, these mostly consisted of younger women receiving child support grant and older people accessing old age pension which was the second most highest grant being accessed (SASSA, 2011). Black African people maintained the highest proportion of state welfare users followed by Coloured people. Moreover, the proportion of welfare recipients among black African people increased from 2004 to 2008 while it declined among the three other population groups. These findings can also be expected since unemployment has consistently been higher among the black African population (StatsSA, 2008a). In 2008, the unemployment rate (expanded definition) of black people in the country was 35,5%. By 2011, this figure had increased to 41,9% (34,0% more than that of white people and 14,6% more than Coloureds). Persons with a tertiary qualification were less likely to be on the state welfare system compared to those without. Moreover, between 2004 and 2008, welfare use was consistently highest among those who had some secondary education but had not completed it. The use of welfare among this group increased from 5,7% in 2004 to 7,7% in 2008; an increase of 2 percentage points while only a slight increase of less than a percentage point, was observed among those with no schooling, less than primary and those with a secondary school qualification. Labour market figures released by Statistics South Africa indicate that over 60% of the unemployed did not have matric in the fourth quarter of 2011 (StatsSA, 2011a). The implication thereof is that these individuals will need to rely on the state for assistance. Although the provincial use of state welfare varied between 2004 and 2008, Kwa-Zulu Natal, Limpopo and the Eastern Cape consistently recorded the highest proportions of persons not employed using welfare services. Again, the relationship between levels of unemployment and welfare use seem evident as official labour market figures show that unemployment rates (official definition) in the three aforementioned

provinces are higher compared to other provinces, with Limpopo consistently recording the highest rate (43,5% in 2008 and 44,7% in 2011) (StatsSA, 2008c; StatsSA, 2011a).

Type of welfare assistance received among persons not employed

The results showed that a higher proportion of welfare users who are not employed were most likely to be accessing government assistance in the form of social grants. In 2008, there were almost 3 million social grant beneficiaries in the country, 662 000 more persons than in 2004. Research has demonstrated that the Child support grant (which was shown in the section above to be the most accessed social grant) has made a significant difference to poverty stricken households (CASE, 2000). The grant was mainly used for food, clothes and education. Research has also confirmed that social pensions provide considerable poverty relief to extended households, particularly in the rural areas (Ardington & Lund, 1995).

The second most accessed welfare assistance was a state welfare social worker. Moreover, figures shown in Chapter 4, indicate a gradual decline in the number of persons not employed accessing this type of assistance over time (a decline of 4,4 percentage points from 2004 to 2008), indicative that unemployment compensation in the form of money is the most preferred and accessed form of government assistance among persons not employed. The implication of this finding is that social assistance can mitigate the impact of unemployment on mental well-being. For example, research has shown that the types of unemployment benefits received are important in providing a protective effect on health for the unemployed (Rodriguez, 1994; Rodriguez et al., 1999). In his studies, Rodriguez (1994) and Rodriguez et al. (1999) showed that in order to have a buffering effect, formal social support systems should not only provide

sufficient economic provisions but should also do so while alleviating the additional sociologic and psychological impacts of unemployment and the stigma associated with receiving means-tested benefits (Rodriguez, 1994; Rodriguez et al., 1999). The results of this study showing that accessing the services of state welfare social workers among persons who are not employed is minimal compared to social grants and has been declining over the years can, therefore, have implications in regard to government's effort in playing an effective role in ameliorating the negative impact of unemployment on mental well-being.

Government intervention and mental health

In 2006, descriptive statistics shown in the previous chapter indicated that a higher proportion of individuals not employed and suffering from mental health illnesses, were not accessing state welfare assistance. Between 2006 and 2008 however, there were no major differences in the state of mental health between those accessing and not accessing this service. On the other hand, positive mental well-being was shown to be positively related to access of social welfare services (in the form of social grants) during the testing of the second hypothesis of this study using a t-test. This finding was true for all the years of reporting (i.e., 2004 to 2008). The second hypothesis tested for the effects of social intervention programmes on incidences of self-reported mental health illnesses among persons who are not employed postulated that persons who were not employed and accessing government's social welfare services were less likely to report incidences of mental health illnesses.

As discussed in Chapter 2 (Literature Review) of the study, although sometimes contradictory, there is evidence regarding the importance of social support in protecting health (Havolsen, 1998; Rodriguez et al., 1997). The contradiction is mostly related to the effects of socio-economic factors and the different levels of

social benefits and institutional support available to unemployed people. Different countries mostly differ regarding this issue and depending on where a study was conducted, results could vary.

A study by Rodriguez et al. (1999) revealed that the effects of unemployment on depression depend on gender and on participation in governmental assistance programmes in a complex way. Kessler et al. (1987) found that unemployed individuals receiving unemployment compensation or benefits from other entitlement programmes did not report significantly higher depression relative to the employed. Thus unemployment compensation may play an important role in ameliorating the impact of unemployment on depression. In another study (Rodriguez et al., 1997), unemployed women, who were receiving entitlement benefits, reported less symptoms of depression than employed women. This finding gave support to the hypothesis that the receipt of entitled government assistance may have a long-term protective effect on unemployed women.

Predicting the effects of mental health using government intervention and socio economic and demographic factors

The multinomial logistic regression analysis showed that the effect of most of the demographic variables were similar to the first model when employment status was removed from the model and replaced with government assistance in predicting mental health. The only differences noted between the models were in the effect of socioeconomic variables, that is, education and the number of employed persons in the household.

Effects of education

In terms of education, although the relative risk of reporting mental health illness decreased by level of education up to secondary level education as with the first model, no significant differences were found between individuals with no schooling and those with tertiary education. This finding was different to the first model.

Number of employed persons in the household

Contrary to both Models 1 and 2 where the relative risk of reporting at least one type of mental health illness relative to no mental health illness was expected to increase for the number of unemployed persons residing in households with at least one employed household member, there were no significant differences between those living in households with employed members and those without when government intervention was factored into the Model. This finding was true irrespective of the number of mental health illnesses being predicted. This indicates that the presence of state intervention can mitigate the likelihood of reporting at least one type of mental health illness. These findings can be used to also argue for the second alternative hypothesis (i.e., the effectiveness of government intervention to mitigate effects of employment on mental health).

The effect of state welfare assistance

Unemployed individuals who reported to have accessed assistance from a social worker in the past twelve months were less likely to report at least one type of

mental health illness relative to those who had not made use of any type of state welfare assistance. Furthermore, this likelihood was expected to decrease even further when reporting two or more mental health illness compared to reporting one type of mental health illness. Whereas the third model in the results chapter showed that the relative risk ratio of reporting one type of mental health illness relative to reporting no illnesses was consistently lower among unemployed individuals accessing social grants compared to those accessing social workers, the fourth model showed that the help of a social worker decreases the likelihood of reporting multiple incidences of mental health illness even further compared to those receiving social grants. This finding is consistent with research showing that social welfare support can be even more effective if it also alleviates the sociologic and psychological impacts of unemployment (Rodriguez, 1994; Rodriguez et al., 1999).

Unemployment and Government Intervention: Qualitative analysis

Perceptions of government assistance among social grant recipients were explored using content analysis in order to assess how government intervention can be used to mitigate the impact of unemployment and also how this role is perceived by the affected individuals. The discussion below relates to findings of interviews conducted with four unemployed women and explores a number of relevant issues in terms of the three central themes of intervention: access, use and impact of social grants on the unemployed.

Impact and use

Although all women reported that their main financial support came from other family members, they nonetheless indicated that the money received from the state in a form of a child grant made a difference to their well-being. This money was largely used towards child care (mostly food and education).

The impact that the social grants have in improving well-being among the unemployed women was further analysed. The findings revealed that although the women all indicated that the income received as social grants was not enough, the women reported that this money has had a positive impact on their lives. These women indicated that their lives had improved when comparing before and after they were social grant beneficiaries, as one woman put it ‘...at least I am able to help with the school transport while my family helps with other things’.

Access

All women indicated that accessing money paid out was easy and accessed through local banks in their township. The women also indicated that they would know exactly where to go if they ever experienced problems with accessing their grant money.

Improving service to beneficiaries

Although respondents indicated that they were not satisfied with the money they received from government, they were nonetheless satisfied with how state grants were administered in terms of access. The only recommendation made was that

Government should add food vouchers on to the grant so that the money would go further. The vouchers were also seen to be useful in benefitting children whose mothers abused the social grant money.

In terms of the service delivery of social welfare grants, Government appears to have been successful. The money received from the state is also shown to have a positive impact on affected individual's well-being.

Limitations of the study

The first limitation of the study lies in the fact that the study follows a cohort study design. One of the disadvantages in cohort studies is that it is difficult to assess whether associations between cohort and dependent variables derived from the studies are of a causal nature or not (Power & Elliott, 2006). Cohort studies are subject to the influence of factors over which the investigator most often does not have full control. For example, it could be that persons who are not employed tend to have less money than those who are employed, and thus have less access to health care. Any mental health differences between these two groups could therefore be influenced by *additional factors* including employment status.

By using longitudinal data where the same individuals are followed over a period of time, the study is better suited to further explore the possible differences of mental health status between respondents in relation to their employment status and to better understand how men and women are affected in different ways. However, since indicated earlier, the role that government can play in mediating the effects of negative mental health among persons who are not employed using various social intervention programmes has been overlooked, particularly in South Africa. Given its importance (based on the literature reviewed in other previously discussed studies), this study aims to highlight this role while, at the

same time, providing a South African context in the study of mental health and employment status.

The second limitation of the study is that the incidence of mental health illnesses is not obtained by clinical diagnosis. Diagnoses were based on self-reported incidences of mental health illnesses collected by lay interviewers. Self-diagnosis could lead to very low or high prevalence rates as it depends on how respondents understood terms such as depression, substance abuse, eating or sleeping disorders. Prevalence could also have depended on how respondents felt emotionally or physically on the day of the interview. Another issue that could have impacted on prevalence rates in this study is the stigma associated with the mental health illnesses. In non-clinical samples, measures of social desirability are negatively related to the self-reporting of symptoms (Gollust, Lantz, & Ubel, 2010; Moolman, 2009; Stein et al., 2008).

In order to mitigate the impact of the limitations indicated above, mental health indicators used in the present study followed both the DSM-IV and ICD-10 criteria for mental health illnesses. Secondly, although GHS interviewers were not medical officers, all interviewers received adequate training on the health indicators. Moreover, interviewers were mostly black African and could therefore handle issues of translation when conducting interviews. Lastly the use of self-reported mental health illnesses as a measure of the prevalence of mental health illnesses is accepted and widely used within scientific research (Hustache et al., 2009; Moomal et al., 2009; Myer et al., 2009).

In terms of the study design, one of the main limitations of the study is that the qualitative part of the study was not done on the same depth and scale as the quantitative part and thus, analysis in this part is not exhaustive. Although resources were not available to undertake the qualitative survey on the same scale, the qualitative analysis carried out in this study was nonetheless

introduced so as to obtain an indication of individual perceptions regarding the effectiveness of government intervention on mental well-being. It serves as a base for a much need understanding of the relationship between mental health and government intervention and complements the quantitative part of the study. Future research adopting a more in-depth qualitative analysis on the research topic will add superior value to the subject of mental well-being.

Despite these limitations, the study scientifically measures prevalence of mental well-being among the general South African working age population in relation to employment status. It is envisaged, that the present study will lay a foundation for future studies to follow. This future research will include longitudinal studies using clinical diagnosis to provide more insight into the relationship between mental well-being, unemployment and government intervention.

Chapter summary

In this chapter, the results of both the quantitative and qualitative findings of the study were discussed. While the discussions and arguments made were backed by the quantitative findings in terms of figures presented, the qualitative part of the discussions provided insight from a personal perspective. The discussions and interpretation of both the quantitative and qualitative findings indicated that unemployment had a negative impact on individuals' well-being and that government intervention can mitigate this impact. This was also found to be supported by existing literature.

Given the findings and the discussion thereof, chapter 6 concludes the study by ascertaining whether the research objectives were met and providing recommendations regarding the significance of the research.

CHAPTER 6: CONCLUSION

Chapter six of this thesis summarises the findings of the study and makes concluding remarks. Policy recommendations using multidisciplinary approaches from psychology, economics and social disciplines are also discussed in this concluding chapter. The aim of using a multidisciplinary approach is to achieve effective targeted intervention within the study of unemployment and mental well-being.

The findings presented in this study are disconcerting. Increasing levels of reported incidences of mental health illness among the general South African working age population have been observed since 2004. The results shown in this study indicated an increase of more than 101 thousand reported incidences (of at least one type of mental health illnesses) among the working age population over the period, 2004 and 2008. With an incident rate of 48,6% of all types of self-reported incidences in 2008, depression was the most prevalent class of mental disorders among the working age population reported in this study. The current study further revealed that in 2008, alcohol and substance abuse accounted for just over 10% of all self-reported mental health incidences however; this incidence was more than twice the figure reported in 2004.

Unemployment and mental well-being

The main purpose of conducting this study was to ascertain the impact of the status of employment on the mental well-being of the South African working age population. Working from the premise that persons who are not employed in the labour market were most likely to report incidences of mental health illnesses when compared to their employed counterparts, the study aimed to provide evidence that unemployment resulted in an adverse impact on individuals' mental

well-being. Indeed, the results of the study showed that incidences of self-reported mental health illnesses were most likely found among individuals who were not employed as compared to those that were employed. This finding proved to be consistent using both descriptive and multivariate statistics which included predictive models and was supported by copious amounts of literature.

The socio-economic and psychological connectedness of this study was seen as a critical factor to be targeted by policy. A profile of unemployed people, who were shown to have poor mental health, was compared to the profile of persons reporting mental health illnesses among the general working age population. The socio-demographic profiles among the two groups differed in some aspects, suggesting that intervention strategies to address poor mental health of the unemployed should differ from those aimed at the employed.

When predicting factors associated with the likelihood of reporting mental health illnesses among the working age population, employment status accounted for the biggest contributor, specifically not being employed. Other socio-demographic contributors included gender (males were most likely to report mental health illnesses), population group (with the Coloured and the black African population groups more likely to be at risk), age (the relative risk for older persons reporting mental health illnesses was higher than it was for younger persons) and education (having lower levels of educational resulted in increased chances of reporting mental well-being). The risk of reporting both single and multiple types of mental health illnesses relative to no mental health illnesses for persons who were not employed was found to be higher than for those who were employed.

Of particular interest was also the exploration of different reasons explaining how the negative relationship between mental well-being and unemployment was manifested. This was conducted by analysing arguments from different

theoretical perspectives, with each providing a rationale for poor mental well-being among persons who are not employed. In chapters 2, 4 and 5, economic and psychological theories explaining reasons why unemployed people are most likely to suffer psychologically were discussed. Psychological theories such as Headey's (2002) and Flatau et al.'s (2000) 'theory of grief', Fryer's (1986) 'agency restriction', Jahoda's (1982) 'latent deprivation theory' and Victor Frankl's (1984) theory on finding meaning to life, examined different perspectives as to how poor mental well-being manifests as a result of unemployment. The general premise among the afore-mentioned psychological theories is based on the relative importance of financial versus non-financial losses that comes with unemployment. Some theories (e.g., Fryer's (1986) 'agency restriction') theorised that financial loss that comes with unemployment played a significant role in psychological well-being, while others (e.g., Jahoda (1982) and Frankl (1984)) postulated that it was the loss of psychological benefits such as social contact and participation in collective and meaningful purposes that result in unemployment neurosis. On the other hand, economic theories such as Kasl's (1982) 'reverse causation theory' and Darity and Goldsmith's (1993) 'theory of hysteresis' focused on how poor mental health (e.g., low self-esteem, hopelessness or depression) among persons who are not employed interferes with individuals' ability or desire to find work, that is, the discouraged work-seeker concept, and how this concept reduces a country's potential labour supply as individuals drop out of the labour force. A growing economically inactive population has negative implications for the economy of a developing country such as South Africa.

Government intervention

An additional aspect of this study was determining the impact of government intervention among the unemployed. Working from the premise that individuals who were not employed, but benefitting from government assistance, were less likely to report poor mental health compared to those who were not receiving government assistance. It is postulated that the Government can play an effective role in ameliorating the impact of unemployment. Certainly, the results indicate that persons who were not employed but accessing social welfare grants, reported fewer incidences of mental health illnesses compared to those who were not accessing welfare benefits.

The qualitative part of this study, which explored not only the state of mental well-being among four unemployed individuals, but also the role of government assistance in moderating the impact of unemployment on mental well-being, had a number of outcomes. Firstly, by capturing the experiences of unemployed grant recipients, the qualitative part of this study provided a deeper understanding into the role that government has towards individuals who are not employed and how this role is perceived by those affected. Secondly, it provided further evidence of lower levels of mental health among those not employed. Lastly, by exploring the four women's experiences under their own social settings, the findings not only supported the quantitative finding that government assistance can mitigate the negative impact of unemployment but also assisted in understanding how this can be done.

Recommendations

The results of this study are twofold; on one hand, unemployment was found to have a negative impact of mental well-being and on the other, government intervention was shown to positively mitigate this impact, thereby giving hope to an otherwise hopeless situation. The role that the South African Government has towards its unemployed population can, therefore, not be under-estimated.

How can South Africa's unemployment policy be effective in ameliorating the impact of unemployment among those affected? Theories discussed in Chapter 2 of the study (literature review) showed that unemployment and its impact on individuals' mental well-being is a complex subject and solutions to it require multidisciplinary approaches. Accordingly, the recommendations suggested below cut across various psychological, economic and social disciplines. The recommendations are grouped into three main categories: labour market policy, policy on health care, community involvement and social welfare.

Labour market policy

At a macro level, the challenge is to create an environment with sufficient employment opportunities. Both descriptive and multivariate results of this study showed that employed persons reported fewer incidences of mental health illnesses when compared to their unemployed counterparts. In addition, the study also revealed that for each year of reporting, the likelihood of reporting mental health illnesses among persons who were not employed generally decreased with an increase in the number of employed persons within the household. This shows that even though an individual may not gain employment him or herself, the employment of a household member does partially mitigate the negative impact of the unemployment on the individual's mental well-being.

That being the case, the current soaring unemployment rates in South Africa call for not only a rethinking of current labour market economic policies, but also for both the government and economists to re-examine the different ways in which the country is developing and suggest an improved labour market framework that will enable sustainable employment opportunities and assist in the fight to eliminate poverty.

The discussion below examines the current South African labour market policy (National Treasury, 2011a). Each policy discussion begins with a brief description that includes the policy's main objective. Recommendations for each policy are then suggested based on the findings of the study. According to the National Treasury (2011a), the South African labour market policy currently involves:

Focus on ***training programmes through initiatives such as the newly-established National Skills Development Strategy (NSDS)***. This policy seeks to ensure that the labour market is able to cope with developmental challenges such as poverty, inequality and unemployment through responsive education and training (National Treasury, 2011a). The issue of education and training is an important one. In the previous chapter, unemployed individuals with less than primary school education were most likely to report mental health illness compared to those who have at least some secondary education. Of concern however was the finding that in 2008, unemployed individuals with tertiary education showed similar levels of poor mental health as those with lower levels of education. This finding implies that even with adequate training and higher education qualifications the mental health of individuals without employment remains in danger. Additionally, these findings also reveal a rather complex relationship between education and unemployment raising issues that surpasses the provision of basic and high education and training.

The present study also raises serious concern about the matter of the unemployed graduate and labour market and skills mismatch. The long-term solution to solving the issue of improving skills as well as unemployment among graduates would be to fix the education system and to direct the economy onto a growth path that is better aligned to absorb the country's labour force. Tertiary education should be focused on the knowledge and skills that are required in the labour market. Irrelevant tertiary qualifications would not necessarily give graduates an advantage in the labour market and it could be the realisation that potential employers do not view their qualifications as being of any value, as well as the shattering of their expectations of being among the elite in the labour force, that results in poor mental well-being. In the short- to medium-term, however, it is recommended that more dynamic and larger interventions that address unemployment in relation to educational skills be prioritised. This will ensure that the country doesn't focus on providing education and training in a vacuum but rather to ensure that education and skills development are relevant to the country's labour market requirements.

The second potential labour market policy under this discussion is ***focussing on employment services for job search and job matching*** . This policy would look at services measures which are aimed at improving job-search efficiency and the job-matching process in the labour market (National Treasury, 2011a). Kluve (2006) argues that these measures can be an effective means of reducing unemployment in a cost-effective manner with both job-search assistance and sanctions found to have a positive effect on employment and re-employment rates. However, in both chapters 2 and 5, it was revealed that mental well-being had a great impact on job seeking behaviour. For example, building on Kasl's (1982) 'reverse causation theory' and Darity and Goldsmith's (1993) 'theory of hysteresis', Savolainen (2008) found that job seeking that is not motivated (due to depression or feelings of hopelessness by job seekers) was very common amongst job seekers. The negative effects of unemployment helped to foster

within the job seekers the sense that their job seeking efforts were futile and would only yield fruitless results (Savolainen, 2008).

From these findings, a dangerous cycle between unemployment and mental health is implied where joblessness leads to poor mental well-being while poor mental well-being leads to joblessness. This complex cycle may contain spirals of disadvantages that reduce the life chances of affected individuals still further (Price et al., 2002). Indeed, Statistics South Africa's QLFS annual report titled '*Labour Market Dynamics in South Africa*' shows that the number of discouraged work seekers (persons of working age who have dropped out of the labour force due to having lost hope of ever finding employment) in the country has been on the rise, from around 1,1 million in the year 2008 to approximately 2, 2 million in 2011 (StatsSA, 2011b). Given the study findings, it is therefore recommended that such programmes should also include counselling interventions that would not only assess the mental state of job seekers but would also assist them in understanding the general process of job seeking and prevent them from losing hope and dropping out of the labour force (i.e., discouraged work seekers).

Another labour market policy under this review is ***employment incentives and subsidies***. In spite of the finance minister announcing in his 2011 Budget speech that R5 billion will be allocated to government's youth wage subsidy programme the policy is still being debated by the National Economic Development and Labour Council in the first fiscal quarter of 2012 (National Treasury, 2011b). Implementation has also been hindered by political and labour union interference (Donnelly, 2012; Sapa, 2012). Studies such as The 2007 World Bank's Youth Employment Inventory and the African Development Bank(AfDB, 2012),found evidence that wage subsidies are successful in increasing the employment or re-employment, prospects of the unemployed.

Given the high unemployment rates particularly among the youth who made up over 70% of the unemployed population in 2011 (StatsSA, 2011b) and evidence that such programmes can work, South Africa cannot afford to delay implementation. Given that the mental well-being of its working age population is affected by unemployment can the country continue to be indecisive about this programme? Given that poor mental health leads to economic inactivity (the discouraged work seeker effect) and that if a substantial number of people experience this effect these individually-based productivity and attachment affects are likely to manifest themselves in observable impacts upon South Africa's aggregate labour supply and demand (Goldsmith et al., 1996), can the country afford to prolong the implementation of these programmes? The response to the questions above is a simple 'no'. It is therefore, recommended that issues prohibiting effective implementation of these be urgently addressed.

Direct public sector employment through programmes such as the expanded Publics Works Program (EPWP) is the fourth labour market policy the government is currently focussing on. In general, public works programmes have little effect on self-sustaining job creation. Evidence showing that direct job creation by the government has an insignificant or even negative impact on an individual's probability of finding employment due to lack of appropriate skills was detailed in a study by Kluve (2006). In addition, EPWP data collected by Statistics South Africa shows that in 2012, among the approximately 142 thousand individuals who reported to be on the programme, around 19% received permanent jobs while another 4,1% started their own businesses (StatsSA, 2012). It is therefore recommended that public sector job creation programmes be reviewed to ensure that the outcome of such programmes begins to produce employable people with the skills required to navigate their way through the modern labour market.

The fifth labour market policy to be discussed is the ***funding of transformation and entrepreneurial schemes***. This is achieved mainly through the Department of Trade and Industry (DTI). The aim of such schemes is to develop small and medium enterprises owned by marginalised groups through funding. Entrepreneurial schemes such as the Women Entrepreneurial Fund, Community Fund, the Equity Contribution Fund and the National Youth Development Agency (NYDA) can be an effective mechanism of implementing targeted economic reform to communities (Delonno, 2010). There are however two major concerns regarding the implementation of this policy.

Firstly, although some reports (Endeavor SA, 2010; DTI, 2004) indicate that the small business sector has grown in the recent years, the Global Entrepreneurship Monitor 2009 report, revealed that the percentage of South Africans involved in early-stage entrepreneurial activity slid from 7,8% to 5,9%, in 2008. The conflicting nature of these reports is clearly evident. The main issue in assessing the progress of these programmes is the lack of monitoring which is backed by scientific statistics. Given their importance in providing targeted intervention, policymakers in South Africa need to re-focus on improving the collection of statistics on small businesses in order to target more innovative and knowledge based strategies that will ensure success within these schemes. A lack of clear and accurate statistics is also a major stumbling block to South Africa developing more effective policies and support schemes for small enterprises.

Secondly, the findings of the unemployed profile and the multivariate analysis presented in this study (in relation to mental health) showed that the socio-demographic profile of persons, who are not employed and reporting incidences of mental health illnesses differed slightly from the profile of an average person reporting poor mental health among the general South African working age population. For instance, unlike in the general population where no significant

gender differences were found, men who were not employed were more likely to report mental health illnesses compared to women. Although it is understandable that the focus of these programmes is on targeting marginalised groups, which include women, the focus in this regard should not be restricted to women. Programmes aimed at assisting South African communities should not be implemented in silos but should rather adopt a holistic approach where psychological aspects of unemployment are also taken into account. In this case men are more affected by unemployment. Given these discussions it is recommended that empirical research recommended above should also be used in streamlining the profile of beneficiaries for such schemes so that targeted intervention is maximised.

Lastly, South African labour policy also takes into account actual ***spending on active labour market policies***. Currently expenditure data for South Africa shows that spending is concentrated on direct job creation efforts through the EPWP (about 81%), skills development via the National Skills Fund (NSF) and learnership programme (about 17% respectively) (National Treasury, 2011b). Spending on public employment services and private sector incentives is very low as a share of GDP (National Treasury, 2011b). It is ironic that the one programme that the government is currently spending the most money on is the one that the discussions above have shown to be the least effective in creating sustainable employment. Nonetheless, the present study has shown, and provided arguments for, the re-assessment of expenditure allocation within current labour market policies. It is recommended that this expenditure re-assessment prioritise additional funding for existing policies to expand their functions on matters such as:

- Realigning education and training with the demand of the labour market; Implementing strategies to enhance the collecting of statistics on small businesses for accurate monitoring within the sector and;

- Providing holistic employment intervention approaches that include psychological counselling services for example, within job search/job matching employment service programmes.

Economic growth

Because job creation relies on a strong growing economy, it is imperative to also consider policy around economic growth in the country. Some of South Africa's economic growth strategies (as outlined in the 2007 National Treasury document New Growth Paths(S.A. government, 2007)) currently include:

- Creating and monitoring implementation policies that encourage both foreign and local investments;
- Prioritising policies that focus on foreign exchange control;
- Minimising bottlenecks (red tape) that hamper new participants in the economy;
- Protecting local trade by offering government subsidies such as tax incentives to local industries and;
- Growing the manufacturing and agricultural sectors and raising mining output.

The effectiveness of the policies listed above in achieving long-term sustainable and inclusive economic growth will also depend on how they link to the creation of sustainable employment for the South African working population. This will be the driving force for poverty reduction and for healthy mental well-being among the country's working population. It is, therefore, recommended that continuous research into measuring the effectiveness of these policies linked to job creation

be strengthened. It is recommended that continuous research into measuring the effectiveness of these policies in achieving long-term sustainable and inclusive economic growth will also depend on how they link to creating sustainable employment for the South African working population. This will be the driving force for poverty reduction and for sustaining healthy mental well-being among the country's working age population.

There is no question that the strategies and policies outlined in this section can generally be effective. Recommendations made, are therefore, not necessarily aimed at coming up with completely new policies but rather a thorough re-evaluation of what works, what needs to change and what needs to be newly introduced. Like all learning ventures, the labour market and economic development thinking is bound to be a continuous process of discovery, continuity, and reinvention (as shown in research by Growth Commission, 2008; Lin & Monga, 2010; Rostow, 1990). The existing stock of knowledge has been the result of many decades of work by thinkers from various backgrounds and disciplines and has come to light through several waves of theoretical and empirical research. It is not only expected but also only natural, that current suggestions mostly relating to policy review and effective implementation (to enable the acceleration of sustainable job creation) will have some similarities to and differences from existing policies. The main value added to the suggested policy review will be assessed on providing new policy insights and the significance of this process in the research agenda ahead. The recommendations made in subsequent sections will now focus on health care, community involvement and social welfare.

Health care policy

An additional aspect of determining government intervention among individuals who were not employed was assessing use of the health care facilities among persons suffering from mental health illness. This assessment was particularly important for informing not only service delivery and planning but also research. The results indicated that a much higher proportion of individuals who were not employed and suffering from mental health illness were more likely to use public health facilities compared to employed persons (an average of 75,9% between 2004 to 2008). Interestingly, the analysis also showed an increase of 18,7 percentage points among employed persons making use of public health care facilities over the same period, suggesting that the sector could be even more burdened in the future. It was however, disappointing to discover that persons who were not employed were approximately three times more likely to be dissatisfied with health care facilities visited compared to their employed counterparts - who were more likely to be accessing private health care.

Given the increasing levels of mental health illness among the general South African working age population as reported in this study; given the increasing levels of unemployment in the country coupled with the negative impact that unemployment has on mental health, the South African public health sector cannot afford to be ineffective in supporting those in need.

The failing South African public health care system has been mostly linked to administrative and capacity issues and to the general lower priority given to mental health by health departments, even with the passing of legislation such as the Mental Health Care Act 17 of 2002 (Lund et al., 2010). According to Lund et al. (2010), this has resulted in: (i) public hospitals remaining outdated, falling into disrepair, and often unfit for human use; (ii) serious shortages of mental health

professionals; and (iii) community mental health and psychosocial rehabilitation services remaining undeveloped.

Research conducted by Jonathan Burns (2011) shows that in terms of hospital resources for psychiatry, South Africa had just over 60% of the beds required to comply with norms established by the National Department of Health (2003). With only 80 day treatment facilities available in the country (for a population of over 50 million according to the StatsSA's (2011c) Census mid-year population estimates), community-based services were worse off. Jonathan Burns (2011) further indicates that the staffing of mental health care facilities (i.e., nurses and medical doctors) in the country is insufficient. A national survey conducted by Lund and colleagues (2010) concluded that, per 100,000 population, South Africa had only 0,28 psychiatrists; 0,32 psychologists; 0,4 social workers; 0,13 occupational therapists and 10 nurses. Thus, as far as psychiatrists were concerned, South Africa had less than 30% of the number required to comply with national guidelines of 1 per 100,000 population. Furthermore, according to the World Health Organisation (2005) this figure (0,28 per 100,000 population) fell well below the average for comparable middle-income countries (which was approximately 5 per 100,000 population). Another disturbing aspect of insufficient human resources is that most mental health professionals tend to be located within urban areas, leaving most rural areas of the country without services offered by such professionals.

The inadequate resources of mental health care in South Africa mean that there is a considerable gap between the needs of those affected and the services that are aimed to assist them. Government's failure to provide health care through the provision of resources therefore suggests that people with mental health illnesses experience a fundamental violation of their basic right to health care by the state which is enshrined under section 27 of the South African constitution.

Building on Burns' (2011) recommendations, this study supports a human rights approach based on the right to life in tackling the issue of improving mental health care services in the country. This approach would ensure that South African men and women without money equally enjoy the same kind of health care as those with money. An important aspect of this approach should be related to the issue of accessibility. Accessibility to health services should be increased by ensuring that more health care services are built in previously disadvantaged areas such as townships and rural areas. Moreover, the enhancement of strategies attracting professionals with scarce skills in such areas should be strengthened. Government should also take into account that for many non-white communities, mental health illnesses continue to have a stigma attached to them. This often prevents individuals belonging to certain race groups from accessing health care (Gollust et al., 2010; Moolman et al., 2009; Olafsdottir & Pescosolido, 2009). Health care seeking behaviour for all needing assistance can be increased by promoting awareness and use of services. Promoting awareness can also have the following additional benefits:

- It can improve health seeking behaviour among not only certain race groups by removing the negative stigma related to mental health illnesses (follow the same methods as those used for HIV/AIDS campaigns), but also among the general South African population and;
- As unemployed men were found to be most likely to suffer from mental health illnesses, mental health awareness can also assist improve health seeking behaviour among men who may feel emasculated by having to seek help for a mental health illness.
- Lastly, because mental health is defined and understood differently by different cultures in the country (as indicated above), it is possible that mental health illnesses also manifest in different ways within various South African cultures. It is therefore recommended that research focuses

also on enhancing culturally friendlier instruments in the measurement of mental health. These culturally sensitive measures will go a long way in understanding mental health within different cultural contexts.

Community involvement

Persons reporting incidences of mental health illnesses can also be assisted in taking advantage of available opportunities through social intervention programmes to deal with the negative impacts of unemployment. In chapter 5, Victor Frankl's (1984) theory on logotherapy was discussed where he suggested that unemployment neurosis can be mediated by engaging in meaningful projects such as volunteering. In line with this thought, is the latent deprivation theory (Jahoda, 1982), wherein the inability of unemployed individuals to meet psychological needs such as time structure, social contacts, participation in collective purposes, status and identity, and regular activity - which being at work provides - was the main cause of high levels of distress among persons who are not employed. Given these findings, there is scope for policy consideration of how to respond holistically to the needs of the unemployed. In this respect, the government's role would be to re-focus on setting up social programs through art or cultural, sport and entertainment programmes to assist the community to come together and participate meaningfully.

Supporting Non-Governmental Organisations (NGOs) through monetary resources, infrastructure or other forms of assistance to set up structures within communities is another way that government can ensure that persons who are unemployed are not only aided in a passive way, but can actually become active

participants through assisting others in programmes that are set up to help the unemployed in a community thus simultaneously giving them self-worth.

As shown in the discussion under 'health care policy', half of the 80-day treatment mental health care facilities currently available in the country are provided and run by a nongovernmental organisation (SAFMH). NGOs are usually involved in various multidisciplinary programmes for the unemployed. These programmes range from providing health care (both psychological and physical) to providing education, training and skills development and running social programmes whereby they assist unemployed mothers by providing their children with basic amenities such as food and clothing. An important aspect of NGOs is that because they largely rely on donor funding, their success depends on individuals volunteering their time to assist. These facilities are therefore suitable for individuals who are not employed to meaningfully invest their time, thus boosting their own self-esteem, in activities that could also assist others in a meaningful way. Many of these NGOs however collapse due to, among other things, a lack of funding (Seabe, 2011). Government support is therefore highly recommended as it will enable these structures to continue their work by involving and assisting the unemployed and treat among their numbers conditions of poor mental well-being.

Another aspect involving the community is to look at economic development initiatives from a community based perspective. For example, well-meaning community-based job creation programmes, mainly funded by the Development Bank of South Africa (DPSA), exist. The success of such initiatives is imperative since community members are the main beneficiaries. The problem however, is that many of these programs are seldom successful mainly due to improper programme monitoring, insufficient programme evaluation and inadequate skills to implement the programmes (Nel & Binns, 2000; Taylor & Mackenzie, 1992). Thus, the re-evaluation of such programmes is crucial (often outdated out of

context models are followed). It is essential to involve the community from programme inception to implementation and even after implementation. This is because they more than likely already know what has worked for them before, what hasn't worked (and therefore lessons learned) and what will work in a sustainable way. The benefit of involving the community in this way is that the community becomes part of any efforts aimed at finding solutions affecting their own communities.

Welfare services

Social grants have continued to be a major source of poverty reduction for millions of South Africans (Patel & Wilson, 2003; Triegaardt & Patel, 2005). The results in this study showed that, in 2008 there were approximately 3,4 million welfare recipients who were not employed in the country, an increase of almost 700 000 individuals since 2004. The results further showed that a higher proportion of welfare users, who are not employed, were most likely to be accessing government assistance in the form of social grants. The second most accessed welfare assistance was a state welfare social worker. However, the gradual decline in the number of persons not employed accessing this type of assistance over time cause concern and has implications regarding the extent to which government can have an effective role in ameliorating the impact of unemployment on mental well-being. This is because research has shown that in order to have a buffering effect, formal social support systems that provide sufficient economic provisions should be accompanied by sociological and psychological support (Rodriguez, 1994; Rodriguez et al., 1999). One of the main findings of the present study was that the use of social welfare services in the form of social welfare grants positively impacted on mental well-being.

Although grant beneficiaries interviewed in the qualitative part of this study appeared to be satisfied with the service received from the South African Social Agency (SASSA), the results of the study also showed a significantly increased number of welfare recipients. Efforts there need be fortified to not only monitor and strengthen this system (thereby preventing it from being over-burdened), but also to ensure that the effectiveness of government's role towards its unemployed population is maximised. It is recommended that this be achieved through the following:

Strengthening the monitoring and evaluation process and reporting systems to curb the current corruption within the system and to enforce compliance;

The decline in the use of government social workers as the study revealed could suggest the following: Shortages of specialised health care professionals (as reported earlier, South Africa has only 0,4 social workers per 100,000 population (Burns, 2011)) could affect health seeking behaviour for persons requiring those skills because community members get accustomed to not receiving assistance due to the lack of health professionals; secondly, community members could be completely unaware of social work services existing within their communities or if they do, they do not comprehend the importance of accessing such services. It is therefore recommended that in addition to increasing the number of social workers in the country, the government should also promote awareness and highlight the benefits of using state welfare social workers within communities so as to maximise its effectiveness in moderating the negative impact of unemployment among its people.

Government can assist persons who are not employed through social welfare services by also speeding up the implementation of the Basic Income Grant (BIG). The introduction of the BIG was meant to mainly provide everyone with a minimum level of income and stimulate equitable economic development (Meth,

2008). Because the BIG has no means test, it is thought to avoid many of the impediments that are inherent in other social assistance systems (Haarmann, 2000; Haarman & Haarmann, 1998; Meth, 2008). Much of the South African research on the BIG has found that a basic income grant enables the social security system to reduce the poverty gap by 73,7%, compared to 22,9% without the grant; With full take-up, the number of poor South Africans excluded from the social security system could be reduced to zero (Haarmann, 2000; Haarmann, 1998). For households with children, but no pensioners, the poverty gap is closed by two thirds, and for households with children and pensioners, the gap is closed even more successfully (Haarman & Haarmann, 1998; Samson et al., 2001). Research also provides strong evidence of the capacity of a BIG to also have positive labour market effects. For example, theoretical and empirical evidence demonstrates that the basic income grant positively influences both the supply and demand sides of the labour market (Louw & Shaw, 1997; Moser, Holland, & Adam, 1996; Subbarao, Bonnerjee, & Braithwaite, 1997).

An interesting recommendation suggested by the four women interviewed in the qualitative part of this study was that Government should look into providing food vouchers with the child support grant. According to the women, the vouchers would be beneficial for children whose parents abuse the money (i.e., those who use the grant for other purposes other than what it was intended for). The author of this thesis strongly supports this recommendation since currently SASSA has no process in place for monitoring how grant funds are being used by beneficiaries.

Lastly, intergovernmental cooperation between departments such as labour, social development, Department of Trade and Industry (DTI), South African Social Services Agency (SASSA) and the department of health to create partnerships in dealing with unemployment and its impact by sharing knowledge

and skills as well as responsibility towards the unemployed in order to contribute towards the problem is highly recommended.

Implications for the study

The results of the study show that joblessness negatively impacted on mental well-being but that government intervention in the form of social grant can mitigate this impact. The results also point to additional socio-political and health implications:

The study also supports the initiatives of the South African Department of health (SADoH). Realising that mental health illness has profound effects on the functioning of individuals and their families, the department of health has moved towards prioritising non-communicable diseases, making the timing of the study extremely relevant.

Advocacy groups, NGO's and other community-based organisations will be able to utilise the study to lobby for support around issues of health and joblessness from a scientifically based perspective. For example, demographic and socio-economic factors related to self-reported symptoms of mental health illnesses among the working age population in the country were examined to determine the best predictors of mental health illness. The present study used population survey data to examine these factors. The implication thereof is that the likelihood of reporting mental health illnesses in this study can have greater generalisation than those previously reported in studies that are based on characteristics of confined population groups such as those found in clinics or hospitals. An additional strength of this analysis is that it is one of the few investigations employing multinomial logistic regression analysis in predicting mental health illness. This technique allowed for distinctive prediction in the

likelihood of reporting one type or multiple types of mental health illnesses relative to reporting no mental health illnesses.

Most importantly, the study provides scientific evidence that encourages integrated intervention strategies when addressing issues of unemployment in South Africa. The thesis will therefore become a great source of information in National planning documents such as the National Development Plan (NDP) which lists joblessness as a priority in the country.

Chapter summary and reflection

The issue of unemployment undoubtedly remains one of South Africa's major concerns, particularly as it largely contributes to poverty. As the study has shown, the impact of unemployment on mental health is equally disturbing; however there are various ways in which this impact can be mitigated. From the government's perspective, effective labour market, health care as well as social welfare policy, implementation and policy evaluation can go a long way to creating an environment whereby the effects of unemployment and its impact on mental well-being are moderated. The effectiveness of these policies will also largely depend on how they address issues in holistic manner. In other words, the extent to which a policy on job creation, for example, would also encompass issues on health care, community involvement and empowerment. On an individual and community level, affected individuals have to in some way find means to review their life's purposes, as Victor Frankl puts it 'find a new meaning to life'. They have to come together with other members of their communities and assist each other in a meaningful way, so as to not only preserve, but also re-claim a healthy mental state while continuing the fight against unemployment.

My Reflection

Four years ago when I embarked on this research, I had many preconceived ideas about the concepts 'unemployment', 'the unemployed', the impact of 'mental well-being' and what the South African government should be doing to assist those impacted. I also knew exactly how to go about researching this study including which methodologies to employ. However, the journey to completing this study saw me finding new personal meaning to the concepts mentioned above. It also saw me embracing the use of different research methodologies in a complementary manner.

Using qualitative and quantitative methods allowed me to gain a deeper insight into my research topic from different perspectives. While the quantitative part provided me the numbers with which I could measure the incidences and impact of unemployment and mental health, qualitative analysis allowed me to explore the relationship between these concepts in a meaningful way. I particularly enjoyed conducting personal interviews with the four unemployed women referred to in this study. Through conducting these interviews, the quantitative numbers that I had been analysing and the impact of unemployment on mental health that I had been observing, all of the sudden had a face attributed to them. The role of government intervention also took on a whole new personal meaning to me through conducting these interviews. The initial stages of my study included reading and evaluating copious amounts of literature on different government labour market, health care and social welfare policies. The motivating factor behind conducting the latter research was to assess how affected individuals could be best served from a policy perspective. However, listening to the women's suggestions, regarding how they felt they could be best served by their government, it became evident that successful government intervention will have to take on a bottom-up approach, whereby affected communities become part of the solutions that are aimed at improving their lives.

Another advantage of conducting the phenomenology interviews was that, even though both quantitative numbers and the personal interviews showed poor mental health among the unemployed, the personal interviews revealed something more. It revealed, human strength, perseverance, resilience and, it revealed hope among those affected. This experience has taught me that even in suffering, human beings are able to transcend beyond their circumstances and continue to dream and have hope both for themselves and for their significant others.

In terms of my career, I envisage moving towards working more on research-based projects. I would also, when doing future research, be interested in seeing how the trends and potential relationships identified in this study are confirmed or whether any marked improvements may be noted over time. If the latter, what could be resulting in such improvements? In addition, I look forward to the results of two forthcoming Statistics South Africa's surveys which are planned to be undertaken during in the year 2013: the Living Conditions Survey (LCS) and the Domestic Health Survey (DHS), where richer data covering my interests, as expressed in mydoctoral studies, could become available resulting in an even better understanding of factors that either directly or indirectly (through mediation/intervention) affect mental well-being among the unemployed.

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General Household Survey

2008

Questionnaire ID

Particulars of the dwelling

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no. for this household (for persons no. 01 - 10 = 1, etc.)

Households at the selected dwelling

Household number for this household

Total number of households at the selected dwelling

Field staff

Interviewer

Number

Interview date

Supervisor

Number

Date checked

R / PSM / QA

Number

Date checked

Survey start date

UNIQUE NO

Response details

Visit no	Date (actual)	Result code	Next visit (planned)
1			
2			
3			
4			

FINAL RESULT

Comments and full details for result codes 2-11

RESULT CODES (for response details)

01	Completed	07	Listing error
02	Non-contact	08	Demolished
03	Refused	09	Change of status
04	Partly completed	10	Other non response
05	No usable information	11	Ended at question B
06	Vacant/unoccupied dwelling		

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SECTION 1 This section covers particulars of each person in the household

		01	02	03	04	05	06	07	08	09	10	
1.1	What is’s relationship to the head of the household? (i.e. to the person in column 1) 1 = Mark the head/acting head 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = BROTHER/SISTER/STEP BROTHER/STEP SISTER 5 = FATHER/MOTHER/STEP FATHER/STEP MOTHER 6 = GRANDPARENT/GREAT GRANDPARENT 7 = GRANDCHILD/GREAT GRANDCHILD 8 = OTHER RELATIVE (E.G. IN-LAWS OR AUNT/UNCLE) 9 = NON-RELATED PERSONS	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
		<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
		<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
		1.2.a	What is’s present marital status? 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED 5 = NEVER MARRIED } → Go to Q 1.3.a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2			<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	<input type="checkbox"/> 3			<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<input type="checkbox"/> 4	<input type="checkbox"/> 4			<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	<input type="checkbox"/> 5			<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
1.2.b	Does ..’s spouse/partner live in this household? 1 = YES 2 = NO → Go to Q 1.3.a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
1.2.c	Which person is the spouse/partner of? Give person number											
1.3.a	Is’s biological father still alive? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q1.4.a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
1.3.b	Is ...’s biological father part of this household? 1 = YES 2 = No → Go to Q1.4.a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	

Questionnaire ID

Locality Information:

Plot / stand no.:

Street no:

Street name:

Street type:

Village / suburb / locality:

Identifiers (unit / other no):

Building / school / flat / farm name:

Further identification:

Surname of household head:

First name of household head:

For hostels:

Block no:

Room no:

Bed no:

Codes for street type:

Street type	Abbreviation	Street type	Abbreviation
Avenue/Laan	AVE	Road	RD
Circle/sirkel	CR	Ryiaan	RLA
Close	CL	Singel	SGL
Crescent	CRES	Street/Straat	STR
Drive	DR	Way	W
Grove	GR	Boulevard	BVR
Lane	LN		

INTERVIEW START TIME:

FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.

Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person (respondent) number									
		01	02	03	04	05	06	07	08	09	10
	Ask who the head (or the acting head) of the household is and record that person in column 01.										
A	First name and surname First name: Write down first name and surname of each member of the household, starting with the head or acting head.										
	If more than one head or acting head, take the oldest Write sideways if necessary Surname:										
B	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C	Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
D	How old is? (In completed years - In whole numbers) Less than 1 year = 00										
E	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify in the box at the bottom	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
F	Is there any other person residing in this household, other than those already mentioned, who is not presently here? <input type="checkbox"/> YES <input type="checkbox"/> NO	→ If "YES", Go back to A									

		01	02	03	04	05	06	07	08	09	10
1.3.c	Which person is 's biological father? <i>Give person number</i>										
1.4.a	Is 's biological mother still alive? 1 = YES 2 = No 3 = DON'T KNOW } → <i>Go to Q1.5.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.4.b	Is 's biological mother part of this household? 1 = YES 2 = No → <i>Go to Q1.5.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4.c	Which person is 's biological mother? <i>Give person number</i>										
1.5.a	In the last seven days, did spend at least one hour fetching water for home use (not for sale) from a source outside the property? 1 = YES 2 = No → <i>Go to Q 1.6.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.5.b	How many hours did spend on fetching water from a source outside the property in the last seven days?										
1.6.a	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale) from a source outside the property? 1 = YES 2 = No → <i>Go to Q 1.7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.6.b	How many hours did spend on fetching wood/dung from a source outside the property in the last seven days?										

Questionnaire ID

EDUCATION*Ask for everyone in the household**Read out: Now I am going to ask you questions related to education for each member of the household*

		01	02	03	04	05	06	07	08	09	10
1.7	Can read in at least one language?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
1.8	Can write in at least one language?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10
1.9	What is the highest level of education that has successfully completed?										
	00 = NO SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = GRADE 1/ SUB A	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GRADE 2 / SUB B	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = Grade 4/ STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = GRADE 5/ STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = GRADE 10/ STANDARD 8/ FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = GRADE 11/ STANDARD 9/ FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE 12/STD 10	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24
	25 = OTHER, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25
	26 = DON'T KNOW	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26
	Diplomas or certificates should be at least six months study duration full-time (or equivalent)										

		01	02	03	04	05	06	07	08	09	10
1.10	Is currently attending school or any other educational institution? 1 = YES 2 = No → Go to Q 1.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.11	Which of the following educational institutions does attend? <i>Include distance and correspondence education</i> 1 = Pre-school (including day care, crèche, pre-primary) 2 = School 3 = University 4 = Technikon 5 = College 6 = Adult basic education and training/literacy classes 7 = Other adult educational classes 8 = Other than any of the above	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
1.12	Is it a correspondence/distance educational institution? 1 = YES → Go to Q 1.14 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.13	How long does it take to get to the school/educational institution where he/she attends? 1 = LESS THAN 15 MINUTES 2 = 15 - 30 MINUTES 3 = MORE THAN 30 MINUTES 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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		01	02	03	04	05	06	07	08	09	10
1.14	What is the total amount of tuition fees paid for in a year?										
	<i>Do not include the cost of uniforms, books and other learning materials.</i>										
	01 = R1 – R100	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = R101 – R200	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = R201 – R300	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = R301 – R500	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = R501 – R1000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = R1001 – R2000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = R2001 – R3000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = R3001 – R4000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = R4001 – R8000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = R8001 – R12000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = MORE THAN R12000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = NONE	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = DON'T KNOW	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	
1.15	This academic year, has benefited from any fee exemptions and/or bursaries?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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		01	02	03	04	05	06	07	08	09	10	
1.16	During the past 12 months, what problems, if any, did experience at the school (or other educational institution)?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
	1 = Lack of books	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Poor teaching	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Lack of teachers	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Facilities in bad condition	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Fees too high	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Classes too large/too many learners	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
→ Go to Q 1.18												

Ask if "no" in Q1.10

1.17	What is the main reason why is currently not attending school or any other education institution?	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	01 = TOO OLD/YOUNG	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	02 = HAS COMPLETED SCHOOL/EDUCATION	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	03 = SCHOOL/EDUCATION INSTITUTION IS TOO FAR AWAY	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	04 = NO MONEY FOR FEES	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	05 = HE/SHE IS WORKING (AT HOME OR JOB)	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	06 = EDUCATION IS USELESS OR UNINTERESTING	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	07 = ILLNESS	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	08 = PREGNANCY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	09 = FAILED EXAMS	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	10 = GOT MARRIED	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	11 = FAMILY COMMITMENT (CHILD MINDING, ETC.)	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
12 = OTHER, <i>specify in the box at the bottom</i>											

HEALTH

Ask for everyone in the household

Read out: Now I am going to ask you health-related questions for each member of the household

		01	02	03	04	05	06	07	08	09	10
1.18	<p>Is covered by a medical aid or medical benefit scheme or other private health insurance?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.19	<p>During the past month, did suffer from any illnesses or injuries?</p> <p>1 = YES 2 = NO → Go to Q 1.28</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.20	<p>What sort of illnesses or injuries did suffer from? Did suffer from</p> <p>01 = Flu or acute respiratory tract infection 02 = Diarrhoea 03 = Severe trauma (e.g. due to violence, motor vehicle accident, gunshot, assault, beating) 04 = TB or severe cough with blood 05 = Abuse of alcohol or drugs 06 = Depression or mental illness 07 = Diabetes 08 = High or low blood pressure 09 = HIV/AIDS 10 = Other sexually transmitted disease 11 = Other illness or injury</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2
1.21	<p>During the past month, did consult a health worker such as a nurse, doctor or traditional healer as a result of illness or injury?</p> <p>1 = YES 2 = NO → Go to Q 1.27</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

		01	02	03	04	05	06	07	08	09	10
1.22	For 's most recent consultation, what kind of health worker did he/she consult?										
	1 = NURSE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = DOCTOR	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = MEDICAL SPECIALIST	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = PHARMACIST/CHEMIST	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = DENTIST	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = SPIRITUAL HEALER (CHURCH RELATED)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	7 = TRADITIONAL HEALER	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	8 = ANY OTHER HEALTH CARE PROVIDER <i>Including psychologist, physiotherapist, chiropractor, homeopath, optometrist</i>	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	9 = DON'T KNOW	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
1.23	Where did the consultation take place? <i>If more than one consultation, ask about the most recent one.</i> Public sector (i.e. government, provincial or community institution)										
	01 = HOSPITAL	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = CLINIC	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = OTHER IN PUBLIC SECTOR, <i>specify</i>	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	Private sector (including private clinics, surgery, private hospitals and sangomas)										
	04 = HOSPITAL	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = CLINIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = PRIVATE DOCTOR/SPECIALIST	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TRADITIONAL HEALER	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PHARMACY/CHEMIST	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = HEALTH FACILITY PROVIDED BY EMPLOYER	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHIST	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER IN PRIVATE SECTOR, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = DON'T KNOW	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12

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		01	02	03	04	05	06	07	08	09	10	
1.24	Did experience any of the following during this particular visit to the health worker?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
	1 = Facilities not clean	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Long waiting time	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Opening times not convenient	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Too expensive	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Drugs that were needed, not available	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Staff rude or uncaring or turned patient away	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Incorrect diagnosis	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.25	How satisfied was with the service he/she received?											
	1 = VERY SATISFIED	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	2 = SOMEWHAT SATISFIED	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	3 = NEITHER SATISFIED NOR DISSATISFIED	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
	4 = SOMEWHAT DISSATISFIED	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
	5 = VERY DISSATISFIED	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
	6 = DON'T KNOW	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
1.26	Did have to pay for this service?											
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
	→ Go to Q 1.28											

Questionnaire ID

Ask only if "No" to Q 1.21

		01	02	03	04	05	06	07	08	09	10
1.27	Why did not consult any health worker during the past month?										
	1 = TOO EXPENSIVE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = TOO FAR	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Not necessary	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Don't know	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other, specify in the box at the bottom	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

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DISABILITY

Ask for everyone in the household

Read out: I am now going to ask about disabilities experienced by any persons within the household.

		01	02	03	04	05	06	07	08	09	10		
1.28	Is limited in his/her daily activities, at home, at work or at school, because of a long-term physical, sensory, hearing, intellectual, or psychological condition, lasting six months or more? 1 = YES 2 = No → Go to Q1.30	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2		
1.29	What difficulty or difficulties does have? Is it 1 = Sight (<i>blind/severe visual limitation</i>) 2 = Hearing (<i>deaf, profoundly hard of hearing</i>) 3 = Communicating (<i>speech impairment</i>) 4 = Physical (<i>e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation</i>) 5 = Intellectual (<i>serious difficulties in learning, mental retardation</i>) 6 = Emotional (<i>behavioural, psychological problems</i>) 7 = Other, <i>specify in the box at the bottom</i>	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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WELFARE

Ask for everyone in the household

Read out: I am now going to ask about the use of a welfare office or services.

		01	02	03	04	05	06	07	08	09	10		
1.30	During the past 12 months, did make use of a welfare office or services? 1 = YES 2 = No 3 = DON'T KNOW } → <i>Go to Q1.33</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2		
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3		
1.31	Which of the following services/assistance did ... make use of? a. Social worker 1 = YES 2 = No 3 = DON'T KNOW b. Social grant 1 = YES 2 = No 3 = DON'T KNOW c. Poverty relief 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
1.32	Ask only if there is a "YES" in any part of Q 1.31 How satisfied was with the service/assistance rendered at the welfare office? 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2		
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4		
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5		
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6		

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Read out: Now I am going to ask you about social grants for each member in the household		01	02	03	04	05	06	07	08	09	10
1.33	Does ... receive any of the following Welfare grants?										
	a) Old age pension	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	b) Disability grant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	c) Child support grant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	d) Care dependency grant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	e) Foster care grant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	f) Grant in aid	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										
	g) Social relief	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	3 = Don't know										

SECTION 2 This section covers activities of household members aged 15 and above in the last seven days, unemployment and non-economic activities. Ask for all household members aged 15 and above. *It is very important that you try to ask these questions of each person themselves if at all possible. Read out:* Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above

		01	02	03	04	05	06	07	08	09	10
2.0	<p><i>Interviewer to answer</i></p> <p>Is the person him/herself responding to questions?</p> <p>1 = YES</p> <p>2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.1	<p>In the last seven days did do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i></p> <p>1 = YES → Go to Q 2.5</p> <p>2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10	
2.2	In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
	a) Run or do any kind of business, big or small, for himself/herself or with one or more partners?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i>											
	b) Do any work as a domestic worker for a wage, salary, or any payment in kind?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	c) Help unpaid in a household business of any kind?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i>											
	d) Do any work on his/her own or the household's plot, farm, food garden, cattle post or kraal or help in growing farm produce or in looking after animals for the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<i>Examples: ploughing, harvesting, looking after livestock.</i>											
e) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
f) Catch any fish, prawns, shells, wild animals or other food for sale or household food?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
g) Beg for money or food in public?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

If "Yes" for a person to any part of Question 2.2 → Go to Q 2.5 for that person.

If "No" to all options for a person, continue with next question

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10
2.5	<p><i>Read out:</i> You said was doing these activities during the last seven days (or was temporarily absent). <i>Refer to Q 2.1</i></p> <p>What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i> <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i> <i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
2.6	<p>What were 's <u>main</u> tasks or duties in this job? <i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i></p>										
	CODE BOX FOR OFFICE USE										

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10
2.7	<p>What is the name of’s place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div.</i> <i>Write ‘Own house’ or ‘No fixed location’, if relevant.</i></p>										
2.8	<p>What are the main goods and services produced at’s place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/restaurant, Primary Education, Delivering newspapers to homes.</i></p>										
	CODE BOX FOR OFFICE USE										

→ Go to Q 2.19

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		01	02	03	04	05	06	07	08	09	10
2.9	<p>What is’s total salary/pay at his/her <u>main</u> job? Including overtime, allowances and bonus, before any tax or deductions.</p> <p>Give amount in whole figures, without any text or decimals If “NONE”, “REFUSE” or “DON’T KNOW” → Go to Q 2.11</p>										
2.10	<p>Ask only if an amount is given in Q 2.9 Is this</p> <p>1 = Per week 2 = Per month 3 = Annually</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2.11	<p>Only if “NONE”, “REFUSE” or “DON’T KNOW” in Q 2.9 Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card 3 and mark the applicable code.</p>										
		Weekly	Monthly	Annually							
01	NONE	NONE	NONE	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02	R1 - R46	R1 - R200	R1 - R2 400	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03	R47 - R115	R201 - R500	R2 401 - R6 000	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04	R116 - R231	R501 - R1 000	R6 001 - R12 000	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06	R347 - R577	R1 501 - R2 500	R18 001 - R30 000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07	R578 - R808	R2 501 - R3 500	R30 001 - R42 000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08	R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09	R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10	R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11	R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12	R2 541 - R3 695	R11 001 - R16 000	R132 001 - R192 000	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13	R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
14	R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
15	DON'T KNOW	DON'T KNOW	DON'T KNOW	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
16	REFUSE	REFUSE	REFUSE	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

The following questions cover unemployment and non-economic activities

Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.3 = 2).

Read out: Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier

		01	02	03	04	05	06	07	08	09	10	
2.12	How does support him/herself?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
	1 = Did odd jobs during the past seven days	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Supported by persons in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Supported by persons not in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Supported by charity, church, welfare, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Unemployment Insurance Fund (UIF)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Savings or money previously earned	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Old age or disability pension	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Other sources, e.g. bursary, study loan, specify in the box at the bottom	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<i>If "YES" to response category 1 → Go back to Q 2.1 for that person</i>											

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10
2.13	Why did not work during the past seven days?										
	01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE → Go to Q 2.17	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = TOO YOUNG OR TOO OLD TO WORK	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = CANNOT FIND ANY WORK	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = RETRENCHED	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER REASON	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13

		01	02	03	04	05	06	07	08	09	10	
2.14	If a suitable job is offered, will accept it? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q 2.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
2.15	How soon can start work? 1 = WITHIN A WEEK 2 = WITHIN TWO WEEKS 3 = WITHIN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW 5 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2.16	During the past four weeks, has taken any action 1 = to look for any kind of work 2 = to start any kind of business	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
2.17	Has ever worked before? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q 2.19	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
2.18	How long ago was it since last worked? 01 = 1 WEEK - LESS THAN 1 MONTH 02 = 1 MONTH - LESS THAN 2 MONTHS 03 = 2 MONTHS - LESS THAN 3 MONTHS 04 = 3 MONTHS - LESS THAN 4 MONTHS 05 = 4 MONTHS - LESS THAN 5 MONTHS 06 = 5 MONTHS - LESS THAN 6 MONTHS 07 = 6 MONTHS - LESS THAN 1 YEAR 08 = 1 YEAR - LESS THAN 2 YEARS 09 = 2 YEARS - LESS THAN 3 YEARS 10 = 3 YEARS OR MORE 11 = DON'T KNOW	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11

Ask everyone in the household

Questionnaire ID

		01	02	03	04	05	06	07	08	09	10	
2.19	<p>Has participated in a job creation programme or expanded public works programme in the past 6 months?</p> <p>1 = YES 2 = NO → Go to Section 3</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
2.20	<p>What, if any, were the benefits of attending this programme?</p> <p>a) Acquired new skills b) Got a sustainable job (job lasting six months or more) c) Started own business using skills and experience acquired d) Opportunity for further training e) Other</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.21	<p>What kind of skills didacquire during the programme?</p> <p>a) Construction related b) Home based care c) Early childhood development d) Forestry e) Agriculture and animal husbandry f) Numeracy /literacy g) HIV/AIDS awareness h) Environmental awareness i) Career awareness j) Business skills h) Other</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

SECTION 3 This section covers information about trips taken by one or more members of the household in the past 12 months that lasted at least one night away from home where a person/s did not receive any remuneration (did not make any profit) at that destination.

Note: People who went on business or professional trips do qualify for this section since they do not get paid at their destination.

Read out: Now I am going to ask some questions about trips undertaken in the past 12 months that lasted at least one night away from home for each household member.

3.1	<p>During the past 12 months did one or more members of the household undertake any trip/s that lasted at least one night away from home?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW } → Go to section 4</p>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.2	<p>How many trips of this nature did one or more members of the household take ...</p> <p>In the past 4 weeks?</p> <p>In the past 12 months?</p>		
3.3	<p>How many of these trips were ...</p>	NUMBER OF TRIPS	DON'T KNOW
	1. Trips where all nights were spent only in South Africa.		<input type="checkbox"/>
	2. Trips where all nights were spent only outside South Africa.		<input type="checkbox"/>
	3. Trips that included nights spent in South Africa and outside South Africa.		<input type="checkbox"/>
	4. Total		<input type="checkbox"/>

Add 1 + 2 + 3 to confirm 4

If response only 2 and 3 go to Section 4

Read out: I am now going to ask you some questions about the last domestic trip

3.4	<p>Considering the last domestic trip undertaken by one or more members of the household, what was the main reason for this trip? Was it a ...</p> <p>1 = Leisure/vacation/holiday trip 2 = Trip visiting friends or family 3 = Business/conference or professional trip 4 = Medical 5 = Religious 6 = Funeral 7 = Study trip 8 = Other</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
3.5	<p>What was the household's principal destination in this last domestic trip? Was it...</p> <p>1 = Western Cape 2 = Eastern Cape 3 = Northern Cape 4 = Free State 5 = Kwa-Zulu Natal 6 = North West 7 = Gauteng 8 = Mpumalanga 9 = Limpopo</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Questionnaire ID

3.6	How many nights were members of this household away from home on the last domestic trip?	NUMBER OF NIGHTS	DON'T KNOW
	a. Number of nights spent away from home?		<input type="checkbox"/>
3.7	How many members of this household went on this last domestic trip?	NUMBER OF HOUSEHOLD MEMBERS	DON'T KNOW
	a. Children aged 12 years or less		<input type="checkbox"/>
	b. Persons aged 13 to 20 years		<input type="checkbox"/>
	c. Persons aged 21 to 64 years		<input type="checkbox"/>
	d. Persons aged 65 years or more		<input type="checkbox"/>
	e. Total		<input type="checkbox"/>
<i>Add a + b + c + d to confirm e.</i>			

3.8	Was this last domestic trip a package deal with an all-inclusive price?	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Don't know	<input type="checkbox"/> 3
} → <i>GO TO Q3.11</i>		

3.9	Please indicate which of the following items were included in the package and state the value of each item,	INCLUDED		VALUE	DON'T KNOW
		YES	NO		
	a. Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	b. Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	c. Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	d. Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	e. Recreation and entertainment (e.g. payments to a botanical garden, zoo etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	f. Medical expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	g. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	h. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
	i. Total trip				<input type="checkbox"/>
<i>Add a – h to confirm i</i>					

Questionnaire ID

3.10	How much did the members of the household spend/consume/ use on the following, which was NOT included in the package, during this last domestic trip?	AMOUNT SPENT/ CONSUMED/ USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertainment (eg payments to a botanical garden, zoo etc)		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
<i>Add a-h to confirm i</i>			
Go to Q3.12			

Ask only if "No" or "Don't know" to Q 3.8

3.11	How much did the members of the household spend/consume/ use on the following during this last domestic trip?	AMOUNT SPENT/ CONSUMED/ USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertainment (e.g payments to a botanical garden, zoo etc)		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
<i>Add a-h to confirm i</i>			

3.12	What type of accommodation did the members of the household use during the stay on this last domestic trip? 1 = Hotel 2 = Bed and breakfast establishment 3 = Guest House 4 = Lodge 5 = Self catering establishment 6 = Stayed with friends or family 7 = Other (specify).....	YES NO	If yes, number of nights spent _____ _____ _____ _____ _____ _____
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
3.13	What was the principal mode of transport that the members of the household used during this last domestic trip? 1 = TRAIN 2 = BUS 3 = TAXI 4 = AIRCRAFT 5= OTHER (Specify).....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

14	Did this household incur any trip-related expenses before setting out on the last domestic trip (including travel insurance, buying clothes for the trip, camera film, batteries, etc)? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q3.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.15	If yes in Q3.14 How much did the household spend (total pre-trip spend)? (R)	
3.16	Did this household incur any trip-related expenses after returning from the last domestic trip (including development of films, etc)? 1 = YES 2 = NO 3 = DON'T KNOW } → Go to section 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.17	If yes in Q3.16 How much did the household spend (total post-trip spend)? (Rands)	

SECTION 4 This section covers information regarding the Household.

Ask a responsible adult in the household

4.1	Indicate the type of main dwelling and other dwelling that the household occupies?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS QUARTERS/GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.2	Thinking back five years ago, what type of dwelling/dwellings did this household occupy?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS QUARTERS/GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 12	<input type="checkbox"/> 12

4.3	What is the main material used for the walls and the roof of the main dwelling? <i>Mark one code in each column.</i> 01 = BRICKS 02 = CEMENT BLOCK/CONCRETE 03 = CORRUGATED IRON/ZINC 04 = WOOD 05 = PLASTIC 06 = CARDBOARD 07 = MIXTURE OF MUD AND CEMENT 08 = WATTLE AND DAUB 09 = TILE 10 = MUD 11 = THATCHING 12 = ASBESTOS 13 = OTHER, <i>specify</i>	Walls <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	Roof <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
	4.4 In what condition are the walls and the roof of the main dwelling? 1 = Very weak 2 = Weak 3 = Needs minor repairs 4 = Good 5 = Very good	Walls <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Roof <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

4.5	What is the total number of rooms in the dwelling(s) that the household occupies? <i>Excluding toilets and bathrooms</i>	
4.6	Is the dwelling 1 = Owned and fully paid off → <i>Go to Q4.12.3</i> 2 = Owned, but not yet fully paid off → <i>Go to Q4.12</i> 3 = Rented → <i>Go to Q4.7.a</i> 4 = Occupied rent-free as part of employment contract of family member or yourself → <i>Go to Q4.7.b</i> 5 = Occupied rent-free not as part of employment contract of family member → <i>Go to Q4.7.b</i> 6 = Occupied as a Boarder → <i>Go to Q4.8</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Questionnaire ID

Ask if answer to Q4.6 is 3 (dwelling rented)

4.7.a	What is the amount of rent paid for this dwelling?	Costs for the past month
	1.1 Amount paid by you excluding amount subsidised	
	1.2 Amount subsidised (e.g. by employer)	
	1.3 Amount paid for garage and/or domestic worker's room if rented separately	
	1.4 Total rent paid , for this dwelling unit <i>Add 1.1, 1.2 and 1.3 to confirm 1.4</i>	
Go to Q4.9		

Ask if answer to Q4.6 is 4 or 5 (dwelling occupied rent-free)

4.7.b	What is the value of monthly rent you would pay? <i>(for only those who occupy dwellings rent free Q4.6)</i> → <i>Go to Q4.10</i>	
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Ask if answer to Q4.6 is 6 (dwelling occupied as a boarder)

4.8	What is the amount of boarding or lodging (in this dwelling) paid for the past month? (This item only covers permanent boarding and also includes amounts paid to members of your family if you board with them, excluding meals) (Rands) → <i>Go to Q4.10</i>	
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4.9	How much levy did you pay in the last month? <i>(in the case of dwelling-units under sectional title or share-holding / block scheme)</i>	
4.10	Does the rent / boarding include ...? 1 = Electricity 2 = Water 3 = Garage/parking space 4 = Refuse removal 5 = Levy 6 = Other, specify	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
4.11	Is this dwelling unit rented with or without furniture? 1 = UNFURNISHED 2 = SEMI-FURNISHED 3 = FURNISHED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

→ **GO TO Q4.18**

Questionnaire ID

Ask if answer to Q4.6 is 2(dwelling owned but not fully paid off)

4.12	PAYMENT ON THE DWELLING <i>(including additional payments for immovable improvements) you can ask for a copy of mortgage bond statement).</i>	Cost for the past month
4.12.1	Monthly instalment for the past month (including voluntary additional monthly payment but excluding insurance) a. Capital b. Interest c. Total (a+b)	
4.12.2	Subsidy (Amount received from employer, or value of reduction in instalment if loan is repaid at a rate lower than the current interest rate)	

Ask if answer to Q4.6 is 1 or 2 (dwelling owned)

4.12.3	Please state the amount of <u>levy</u> paid for the past month (Rands)	
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Ask if answer to Q4.6 is 1 or 2 (dwelling owned) otherwise go to Q4.18

4.13	ADDITIONAL SINGLE AMOUNT PAID TO BANK/BUILDING SOCIETY REGARDING MORTGAGE BOND <i>(You can ask for a copy of the loan statement)</i>	Cost for the past 12 months
4.13.1	Capital payments (including deposit)	
4.13.2	Other payments such as transfers duty and transfer costs and registration of mortgage bond	
4.13.3	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)	
4.13.4	Payment for right to access a piece of land (tribal/shacks)	

4.14	Did the household do any repairs and improvements to this dwelling-unit of which payments were not included in the dwelling-unit mortgage bond above in the past 12 months? 1 = YES 2 = NO → Go to Q4.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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Questionnaire ID

4.15	Amount paid on:	Cost for the past 12 months
	a. Maintenance and repair of dwelling (existing buildings, swimming pools, etc. Including paints, wallpaper, etc.)	
	b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)	
	c. Improvements (Additions and alterations including installation of security systems, build-in furniture, solar energy systems, swimming pools and garden lay-outs)	
	d. Services for improvements (carpenters, electricians, etc)	
	e. Security structures (including fences, electric gates)	
	f. Security systems (including alarms, panic buttons)	
	g. Security Services (including reaction services and neighbourhood watch)	
	h. Building materials not included in (a) or (c) (e.g. for building houses)	
4.16	What is the value of rent you could collect per month, if you were to rent this dwelling out?	

4.17	State the estimated reasonable market value for which this property could be sold (Rands)	Amount	Don't know
			<input type="checkbox"/>

Ask all household members

4.18	<p>Did any member of this household receive a government housing subsidy, such as RDP housing subsidy, to obtain this dwelling or any other dwelling? Do not include housing subsidies for government employees.</p> <p>1 = YES 2 = No 3 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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WATER

Ask all households

4.19	<p>What is the household's main source of water? Mark one code for each column</p> <p>01 = PIPED (TAP) WATER IN DWELLING 02 = PIPED (TAP) WATER ON SITE OR IN YARD } <i>Go to Q 4.21</i> 03 = BOREHOLE ON SITE 04 = RAIN-WATER TANK ON SITE 05 = NEIGHBOUR'S TAP 06 = PUBLIC/COMMUNAL TAP 07 = WATER-CARRIER/TANKER 08 = BOREHOLE OFF SITE/COMMUNAL 09 = FLOWING WATER/STREAM/RIVER 10 = STAGNANT WATER/DAM/POOL 11 = WELL 12 = SPRING 13 = OTHER, specify</p>	<p>Drinking</p> <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<p>Other</p> <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
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Ask if water is not in dwelling, yard or on site, otherwise go to Q4.21

4.20	How far is the water source from the dwelling, yard or site (200m is equal to two football fields)? 1 = LESS THAN 200M 2 = BETWEEN 201M – 500M 3 = BETWEEN 501M – 1KM 4 = MORE THAN 1 KM 5 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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4.21	Is the water from the main source of drinking water.....	YES	NO
	1 = Safe to drink?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Clear (have no colour / free of mud)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Good in taste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Free from bad smells?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.22	Do household members treat the water used for drinking? 1 = Yes, always 2 = Yes, sometimes 3 = No, never	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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4.23	Does this household have access to piped water from a local municipality? 1 = Yes, always 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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→ Go to Q 4.27

Questionnaire ID

4.24	How do you rate the municipal water services you receive? 1 = GOOD 2 = AVERAGE 3 = POOR	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																				
4.25	Does the household pay for water? 1 = YES → Go to Q 4.27 2 = No → Go to Q 4.26	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				
4.26	Why does the household not pay for water? 01 = Metering system is irregular 02 = No metering system is in place 03 = Billing system is irregular 04 = No billing system is in place 05 = Meter is broken 06 = Can't afford to pay for water 07 = Unhappy with the level of service provided 08 = The government should supply all water free 09 = Others do not pay for water 10 = The household only uses the free basic amount 11 = Other, specify.....	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>	YES	NO	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																					
<input type="checkbox"/> 1	<input type="checkbox"/> 2																					

4.27	<p>How often does the household have water interruptions in its piped water supply?</p> <p>1 = DAILY 2 = WEEKLY 3 = MONTHLY 4 = 6 MONTHLY 5 = YEARLY 6 = ALMOST NEVER → <i>Go to Q 4.30</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.28	<p>What normally causes the interruption?</p> <p>1 = Burst Pipes 2 = Pump not working 3 = General Maintenance 4 = Not enough water in the system (demand too high) 5 = Water only delivered at fixed times 6 = non-payment for services (cutt off) 7 = Vandalism 8 = Other, specify 9 = Don't know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
4.29	<p>The last time it happened, when was the problem rectified?</p> <p>1 = THE SAME DAY 2 = WITHIN TWO DAYS 3 = WITHIN A WEEK 4 = LONGER THAN A WEEK 5 = LONGER THAN A MONTH, specify..... 6 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

SANITATION				
<i>Ask all households</i>				
4.30	What type of toilet facility is available for this household? <i>Main type</i>	In dwelling	On site	Off site
Toilet facility				
1 = FLUSH TOILET WITH OFFSITE DISPOSAL		<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
2 = FLUSH TOILET WITH ON SITE DISPOSAL(SEPTIC TANK)		<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
3 = CHEMICAL TOILET		<input type="checkbox"/>	<input type="checkbox"/> 32	<input type="checkbox"/> 33
4 = PIT LATRINE WITH VENTILATION PIPE		<input type="checkbox"/>	<input type="checkbox"/> 42	<input type="checkbox"/> 43
5 = PIT LATRINE WITHOUT VENTILATION PIPE		<input type="checkbox"/>	<input type="checkbox"/> 52	<input type="checkbox"/> 53
6 = BUCKET TOILET		<input type="checkbox"/>	<input type="checkbox"/> 62	<input type="checkbox"/> 63
7 = NONE → <i>Go to Q 4.34</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 73

Questionnaire ID

Ask if the toilet is not in dwelling, otherwise Go to Q 4.32

4.31	How far is the nearest toilet facility to which the household has access?	
	1 = LESS THAN 2 MINUTES (LESS THAN 200M)	<input type="checkbox"/> 1
	2 = 2 MINUTES BUT LESS THAN 5 MINUTES (201M - 500M)	<input type="checkbox"/> 2
	3 = MORE THAN 5 MINUTES (MORE THAN 500M)	<input type="checkbox"/> 3

4.32	Is the toilet facility shared with other households?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

Ask if answer to Q 4.30 is "BUCKET TOILET". Otherwise Go to Q 4.34

4.33	How frequently is it removed?	
	1 = ONCE A WEEK OR MORE OFTEN	<input type="checkbox"/> 1
	2 = ABOUT ONCE A FORTNIGHT	<input type="checkbox"/> 2
	3 = ABOUT ONCE A MONTH	<input type="checkbox"/> 3
	4 = LESS OFTEN THAN ONCE A MONTH	<input type="checkbox"/> 4

ELECTRICITY

Ask all households

4.34	Does this household have a connection to the MAINS electricity supply?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q 4.37	<input type="checkbox"/> 2
4.35	Does this household receive free electricity?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

4.36	Was electricity cut off for non-payment for this household in the past month?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

4.37	What is the main source of Energy/fuel for this household?	Cooking	Heating	Lighting
	01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = WOOD	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = CANDLES	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = OTHER, specify.....	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.38	Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4

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Questionnaire ID

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4.39	How is the refuse or rubbish for this household taken care of?	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE WEEK	<input type="checkbox"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 5
	6 = OWN REFUSE DUMP	<input type="checkbox"/> 6
	7 = NO RUBBISH REMOVAL	<input type="checkbox"/> 7
8 = OTHER, specify.....	<input type="checkbox"/> 8	

Ask if answer to Q4.39 is 3, 4, 5, 6, 7 or 8 otherwise go to Q4.41

4.40	Would this household be willing to pay rates for a refuse service?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	3 = ALREADY PAYING	<input type="checkbox"/> 3
4 = DON'T KNOW	<input type="checkbox"/> 4	

Ask for all households

4.41	How far is the nearest buy back center, if any, from this dwelling? (e.g. a recycling center that exchanges recyclables for cash)	
	1 = LESS THAN 100 M	<input type="checkbox"/> 1
	2 = 100 M – LESS THAN 200 M	<input type="checkbox"/> 2
	3 = 200 M - LESS THAN 1 KM	<input type="checkbox"/> 3
	4 = 1 KM – LESS THAN 5 KM	<input type="checkbox"/> 4
	5 = 5 KM – LESS THAN 10 KM	<input type="checkbox"/> 5
	6 = 10 KM OR MORE	<input type="checkbox"/> 6
	7 = DON'T KNOW THE DISTANCE TO BUY BACK CENTRE	<input type="checkbox"/> 7
	8 = DON'T KNOW IF THERE IS ANY BUY BACK CENTER NEARBY	<input type="checkbox"/> 8
9 = NO BUY BACK CENTRE	<input type="checkbox"/> 9	
4.42	Does your neighbourhood have a community / school programme for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
3 = DON'T KNOW	<input type="checkbox"/> 3	
4.43	Does this household collect waste for recycling?	
	1 = YES	<input type="checkbox"/> 1
2 = NO	<input type="checkbox"/> 2	
	→ Go to Q 4.47	

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4.44	<p>Which of the following does the household collect for recycling?</p> <p>a) Paper, cardboard / boxes</p> <p>b) Glass / glass bottles</p> <p>c) Plastic/plastic bags / plastic bottles</p> <p>d) Aluminium cans / metal</p> <p>e) Oil (household / automotive)</p> <p>f) Ash, rubble and bricks</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.45	<p>Why does the household collect waste for recycling?</p> <p>a) To reduce waste</p> <p>b) To get money from recycled items</p> <p>c) To save energy/natural resources</p> <p>d) To save landfill space</p> <p>e) To reduce litter and pollution</p> <p>f) Don't know</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.46	<p>Does any member of this household earn a living by collecting waste for recycling?</p> <p>1 = YES</p> <p>2 = NO</p> <p>→ Go to Q 4.49</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>

Ask if answer is "No" to Q 4.43. Otherwise Go to Q4.49

4.47	How does this household currently dispose of the following?	THROUGH GENERAL GARBAGE DISPOSAL	OWN REFUSE DUMP	OTHER
	<p>a) Paper, cardboard / boxes</p> <p>b) Glass / glass bottles</p> <p>c) Plastic bags / plastic bottles</p> <p>d) Aluminium cans / metal</p> <p>e) Oil (household / automotive)</p> <p>f) Ash, rubble and bricks</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p>
4.48	<p>Why does the household not collect waste for recycling?</p> <p>1 = THROWN OUT INTO DUSTBIN FOR REFUSE COLLECTION</p> <p>2 = DON'T THINK IT IS IMPORTANT</p> <p>3 = DO NOT HAVE ADEQUATE FACILITIES</p> <p>4 = TOO FEW RECYCLABLES</p> <p>5 = NOT ENOUGH FINANCIAL BENEFIT</p> <p>6 = NO TIME TO COLLECT WASTE</p> <p>7 = DON'T KNOW</p>			<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p>

4.49	Does this household make compost from	YES	NO
	1 = Kitchen waste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Garden waste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>If No to both Go to Q 4.51</i>			

4.50	How much waste does this household compost on average per week from	LESS THAN 1 LARGE REFUSE REMOV AL BAG	1-3 LARGE REFUSE REMOV AL BAGS	MORE THAN 3 LARGE REFUSE REMOV AL BAGS	NO COMPOST FROM THIS SOURCE
		a) Kitchen waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Garden waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

4.51	Which of the following environmental problems do you experience in your community?	YES	NO
	a) Waste removal / littering	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Water pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Outdoor/indoor air pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) Land degradation / overutilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) Excessive noise/noise pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f) Other, specify	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.52	In the past 12 months have you or any member of your household	YES	NO
	1 = Deliberately used public transport, walked or cycled instead of using a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Used pesticides in your dwelling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Used pesticides in your garden/yard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.53	Does the household	YES	NO
	a) Deliberately cut down on the amount of water use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Deliberately cut down on the use of electricity/gas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Make sure that your noises do not disturb others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.54	Does this household have a functional/working landline telephone in the dwelling?		
	1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
4.55	Is there a cellular telephone available to this household for regular use?		
	1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

Questionnaire ID

Ask if answer is "No" to both Q 4.54 and Q 4.55 Otherwise Go to 4.57

4.56	<p>How far does it take from here, to the nearest accessible telephone, using your usual means of transport?</p> <p>1 = 14 MIN OR LESS</p> <p>2 = 15 - 29 MIN</p> <p>3 = 30 -- 44 MIN</p> <p>4 = 45 -- 59 MIN</p> <p>5 = 60 MIN OR MORE</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Ask for all households

4.57	<p>Thinking back five years ago, did this household have a functional/working landline telephone in the dwelling then?</p> <p>1 = YES</p> <p>2 = NO</p> <p>3 = HOUSEHOLD DID NOT EXIST</p> <p>4 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4.58	<p>How does this household receive most of its mail/post?</p> <p>1 = DELIVERED TO THE DWELLING</p> <p>2 = DELIVERED TO A POST BOX/PRIVATE BAG</p> <p>3 = THROUGH FRIEND OR NEIGHBOUR</p> <p>4 = THROUGH A SHOP</p> <p>5 = THROUGH A SCHOOL</p> <p>6 = THROUGH A WORKPLACE</p> <p>7 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE</p> <p>8 = DO NOT RECEIVE MAIL</p> <p>9 = OTHER, specify.....</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

4.59	<p>What means of transport are usually, or would usually be used by members of this household to get to the nearest of each of these facilities?</p> <p><i>If more than one means of transport, take the one used over the longest distance</i></p>					
Facility	WALK-ING	MINIBUS TAXI	BUS (PUBLIC)	TRAIN	OWN TRANS-PORT	OTHER, specify below
a) Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g) Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h) Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i) Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

If "other" in Q4.59, specify:.....

.....

4.60 How long in minutes does it take or would it take, from here to reach the nearestusing the usual means of transport?						
Facility	14 MIN OR LESS	15 - 29 MIN	30 - 44 MIN	45 - 59 MIN	60 MIN OR MORE	DON'T KNOW
a)Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b)Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c)Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d)Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e)Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f)Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g)Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h)Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i) Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4.61	Does this household have access to land that is or could be used for agricultural purposes? 1 = YES (Exclude communal grazing land) 2 = No → Go to Q 4.65	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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4.62	How many square meters or hectares of land does the household have access to for agricultural purposes, if any? 1 = LESS THAN 5000 M ² (5000 m ² is approximately one soccer field) 2 = 5000M ² - 9999M ² 3 = 1 BUT LESS THAN 5 HA 4 = 5 BUT LESS THAN 10 HA 5 = 10 BUT LESS THAN 20 HA 6 = 20 HA OR MORE 7 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
4.63	On what basis does the household have access to the land? 1 = OWNS THE LAND 2 = RENTS THE LAND 3 = SHARECROPPING 4 = TRIBAL AUTHORITY 5 = OTHER, specify..... 6 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.64	What farming activities, if any, take place on the land? Is it.....?	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

Ask for all households

4.65	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?</p> <p>1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO ADULTS IN HOUSEHOLD)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.66	<p>In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food?</p> <p>1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.67	<p>In the past 12 months, was there any young person, aged 5 – 17 years, who has left this household, and you do not know his/her whereabouts or to live on the streets?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW 4 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

4.68	<p>What is the main source of income for this household?</p> <p>1 = SALARIES AND/OR WAGES 2 = REMITTANCES 3 = PENSIONS AND GRANTS 4 = SALES OF FARM PRODUCTS AND SERVICES 5 = OTHER NON-FARM INCOME 6 = NO INCOME</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.69	<p>What was the total household expenditure in the last month?</p> <p><i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i></p> <p>01 = R 0 – R 399 02 = R 400 – R 799 03 = R 800 – R 1 199 04 = R 1 200 – R 1 799 05 = R 1 800 – R 2 499 06 = R 2 500 – R 4 999 07 = R 5 000 – R 9 999 08 = 10 000 OR MORE 09 = DON'T KNOW 10 = REFUSE</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10

4.70	How much did this household spend on the following in the last month? (Rands only)	
	a) Transport	
	b) Housing	
	c) Clothing	
	d) Food	
	e) Personal appearance	
f) Other		
4.71	During the past 12 months, has any member of this household	YES NO
	a) had things stolen?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	b) been harassed or threatened by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	c) been harassed or threatened by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	d) been sexually molested by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	e) been sexually molested by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	f) been beaten up or hurt by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	g) been beaten up or hurt by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	h) been murdered by a household member	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	i) been murdered by someone outside the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2

4.72	If anyone in this household gets ill and decides to seek medical help, where do they usually go first?	
	Public sector (i.e. government, provincial or community institution)	<input type="checkbox"/> 01
	01 = HOSPITAL	<input type="checkbox"/> 02
	02 = CLINIC	<input type="checkbox"/> 03
	03 = OTHER IN PUBLIC SECTOR, <i>specify</i>	
	Private sector (including private clinics, surgery, private hospitals and sangomas)	<input type="checkbox"/> 04
	04 = Hospital	<input type="checkbox"/> 05
	05 = Clinic	<input type="checkbox"/> 06
	06 = Private doctor/specialist	<input type="checkbox"/> 07
	07 = Traditional healer	<input type="checkbox"/> 08
	08 = Pharmacy/chemist	<input type="checkbox"/> 09
09 = Health facility provided by employer	<input type="checkbox"/> 10	
10 = Other in private sector, <i>specify</i>	<input type="checkbox"/> 11	
11 = Don't know		
4.73	Is the facility you / this household consult(s) open 24 hours?	
	1= YES <i>Go to Q4.76</i> 2= No <i>CONTINUE</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Questionnaire ID

4.74	From what time does the facility you / this household consult(s) open?	H	H	M	M

4.75	From what time does the facility you / this household consult(s) close?	H	H	M	M

4.76	Does the household own any of the following?	YES	NO
	1 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Books	<input type="checkbox"/> 1	<input type="checkbox"/> 2

End of interview.

Thank the respondent!

Interviewer to answer questions on next page.

INTERVIEW END TIME:

4.77	Indicate the column number of the person who answered the questions in Section 4	
4.78	In what language was the main part of the interview conducted? 01 = AFRIKAANS <input type="checkbox"/> 01 02 = ENGLISH <input type="checkbox"/> 02 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE <input type="checkbox"/> 03 04 = ISIXHOSA/XHOSA <input type="checkbox"/> 04 05 = ISIZULU/ZULU <input type="checkbox"/> 05 06 = SEPEDI/NORTHERN SOTHO <input type="checkbox"/> 06 07 = SESOTHO/SOUTHERN SOTHO/SOTHO <input type="checkbox"/> 07 08 = SETSWANA/TSWANA <input type="checkbox"/> 08 09 = SISWATI/SWAZI <input type="checkbox"/> 09 10 = TSHIVENDA/VENDA <input type="checkbox"/> 10 11 = XITSONGA/TSONGA <input type="checkbox"/> 11 12 = OTHER, <i>specify</i>	
4.79	What is the type of these living quarters? 1 = PRIVATE DWELLING <input type="checkbox"/> 1 2 = WORKERS HOSTEL <input type="checkbox"/> 2	

Questionnaire ID

FOR PROCESSING

	NAME
HQ CHECKING	
CODING	

APPENDIX B: INTERVIEW GUIDELINE QUESTIONS

CODE

Demographic Information

Name

Age

Sex

Highest education completed

Marital status

Race

Area

A: Unemployment

How long have you've been unemployed?

Have you ever worked before?

What have you done to look for work?

Why do you think you can't find a job?

How has being unemployed affected you?

How has being unemployed affected the people around you e.g. your family?

What difference would being employed make to your life?

B: Social Grant system

Type of grant and application process

What kind of social grant do you receive?

How did you find out about government social grants? E.g. through the media, friend or relatives

When did you start receiving the grant?

How easy/difficult was the application process?

How long did your application take to be processed?

Access

How do you receive the grant money (pay point),? E.g. accessed through bank account, have to go to the SASSA office to collect cash etc

What is the distance you have to travel to get to the pay point?

What mode of transport to you use to get to the pay point? e.g. travel using taxi, walk etc

Have you ever had problems accessing your grant money? If yes, what kind of problems have you had?

Would you know what to do or where to go if you had problems with accessing your social grant?

Impact and use

Do you have any other sources of income other than the grant money? E.g. is anyone else in your family employed or run a business?

What do you use the money that you receive (grant money) for?

Are other members of your family also depend the grant money that you receive?

Has there ever been a period when you've been unemployed and not receiving a social grant?

If yes, is there any difference in your well-being between the periods when you were unemployed and not receiving government social assistance and now?

How different would your life be if you were not receiving the grant?

What difference has the grant money made to your life?

If government were to ask your opinion on how to better service its social grant beneficiaries, what suggestions would you make?

APPENDIX C: RESEARCH PARTICIPATION CONSENT FORM

(For interview participants over the age of 15)

Part A: Introduction and information regarding the study

My name is Constance Sarah Mabela and I am a student at the University of South Africa in the Psychology department. I am doing research on assessing mental health among the unemployed and the role of government intervention. I am interested in exploring perceptions around government assistance among unemployed social grant recipients to determine how government intervention can be used to ameliorate the impact of unemployment. I would therefore like to interview you to learn about your experiences as an unemployed social grant beneficiary.

During our interview, I will ask you some questions about your experiences and your ideas about the social grant system. If there are any questions that I ask that you would prefer not to answer, please feel free to tell me and we will move on to another question. If you would like to stop the interview at any time, please tell me and we will end our interview immediately. During our interview, I will take some notes of the things that you say. There are no risks to you in this study.

All your background information will remain confidential and will not be released without your prior expressed personal approval. You may choose to go by your real name or by a false name in the study. Any of your statements that we use from the interview will be credited to you, unless you decide to use a false name. If you would like a copy of the study, please provide me with your address and I will send you a copy in the future.

Your participation in this interview is completely voluntary and you may refuse to participate at any time with no penalty. If you have any questions about this research, you can call me on 0829419383 or 012 310 8587. You may also contact Prof. Fourie my dissertation supervisor, at this email address: Fourime@unisa.ac.za.

Part B: Signed copy of the consent form

Thank you for your consideration. I will give you a copy of this form to take with you. If you agree to participate in this research project, please sign below:

I am over 15 and eligible to participate in this study [Circle one]: Yes No

I agree to be interviewed for this project [Circle one]: Yes No

Participant's name printed

Participant's signature

Date

Researcher's name printed

Researcher's signature

Date