NEEDS OF POVERTY-STRICKEN FAMILIES: PERSPECTIVES FROM ADULT MEMBERS

by

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DECLARATION

I declare that **NEEDS OF POVERTY-STRICKEN FAMILIES: PERSPECTIVES FROM ADULT MEMBERS** is my own work and that all the sources that I have used or quoted have been identified or acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

SIGNATURE..... **DATE**:.....

(Gratitude Bulelwa Manuel)

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ABSTRACT

Many families have been deprived access to basic human needs like food, clothing, shelter, protection, education and health services because of poverty. In South Africa poverty remains a challenge, resulting from economic and social inequalities, where 40% of its population still live in poverty (Landman, Bhorat, Van der Berg & Van Aardt 2003). The study aimed at ascertaining and describing the needs identified by adult members living in poverty, in the Lukhanji Municipality.

The researcher used a probability, systematic, random sampling method to obtain respondents for the study. A non-experimental, descriptive, quantitative research approach was adopted. A questionnaire was used to collect data from 150 respondents, after which a numerical data analysis was done with the assistance of a statistician.

Unemployment could be ascribed to lack of education and skills, which exposed families to poor living conditions, ill-health, insecurity and other social ills. Recommendations were made to solve these problems.

Key words: *adult members; deprivation; family; health problems; municipality; needs*; *poverty; poverty line; socio-economic inequality; unemployment*

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LIST OF ABBREVIATIONS AND ACRONYMS

AA Alcoholics Anonymous

ANOVA Analysis of variance

CBE Community Based Education

CIA Central Intelligence Agency

CBO Community Based Organisations

FAMSA Family and Marriage Society of South Africa

FBO Faith Based Organisations

GDP Gross Domestic Product

ILO International Labour Organisation

MDGs Millennium Development Goals

MEC Member of Executive Council

NGO's Non-Governmental Organisations

NICE National Institute for Health and Care Excellence

PSNP Primary School Nutrition Programme

RDP Reconstruction and Development Programme

SA South Africa

SPSS Statistical Package for Social Sciences

TB Tuberculosis

UNICEF United Nations International Children's Emergency Fund

Unisa University of South Africa

USA United States of America

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Extreme poverty is the greatest cause of ill-health and suffering across the globe. Coupled with economic and social inequality, poverty is responsible for more physical, mental ill-health and most of the social problems within the communities than any other cause. The health risks of the poor are different from those of the rich; where the mortality rate increases in poor communities and declines in the rich (Helman 2007:426). According to the current Central Intelligence Agency (CIA) Factbook, estimates of the crude death rate worldwide were at 8.37 per 1000 per year in 2009.

Among the ten countries with highest crude death rate identified by the CIA in 2012,

South Africa was first on the list at 17.23 and Swaziland tenth at 14.21. The last crude death rate measured in South Africa recorded 14.89 (World Bank … 2010).

In 2010, the global financial crisis sharply increased unemployment across the world to more than 210 million people, which is an increase of over 30 million since 2007. The advanced economies were hit very hard, resulting in long-term social repercussions on health and children's education (Sharp rise … 2010).

South Africa did not escape the decline in the economy and this decline hit the young and upcoming economy hard. The transition to a democratically elected government filled millions of South Africans with new expectations and hope for a better life. Unfortunately this is not the case as poverty is still rife in South Africa almost twenty years after the transition to democracy and it remains a challenge to break the grip of poverty on the substantial portion of the South African citizens. Poverty is multi-dimensional and complex based on social, economic, political, power and cultural issues. Those communities living in rural, developing and underdeveloped areas and

those in under- resourced areas are the most vulnerable groups (Duncan, Bowman, Naidoo, Pillay & Roos 2007:258).

One of the biggest challenges facing communities and healthcare sectors is the increasing poverty, especially in rural areas. Lukhanji Municipality is a sub-municipality of the Chris Hani District Municipality in the Eastern Cape Province, which is mostly rural in nature and therefore not an exception to poverty.

In the Daily Dispatch (2010a:4) (see Annexure G), Deputy President Kgalema Montlanthe identified poverty in Lusikisiki in Eastern Cape and called for a "War on Poverty" to improve the quality of life of people and to address their priority needs.

1.2 RESEARCH PROBLEM

According to Burns and Grove (2009:68) a research problem is an area of concern in which there is a gap or a situation in need of solution, improvement or alteration or where there is a discrepancy between the way things are and the way they ought to be.

1.2.1Source of the research problem

Currently, as a national concern in South Africa (SA) , a number of nursing education institutions have in 1990 changed to Community Based Education (CBE) as a paradigm shift from hospital based, curative focused education to primary healthcare orientation. This has compelled nurse educators to accompany students-on-training during community visits in order to identify community health needs and to serve the medically under-served areas (Lekalakala-Mokgele 2006:62).

It was during these community visits that the researcher in her capacity as a lecturer at a nursing college visited Lukhanji Municipal areas where students-on- training are exposed to the field, and observed that most households were headed by females who are virtually uneducated, unskilled and unemployed. Some of the households were headed by single parents who live with low income. The dwellings are mostly informal settlements and overcrowded. Children are out in the streets begging for food and not properly dressed for the extreme cold winters and the hot summer sun.

Most of the children are not attending school and are malnourished. A report obtained from the professional nurses in the clinics shows that diarrhoea and skin infections like scabies are common in most children. Infectious diseases such as tuberculosis (TB) and measles, which had been eradicated in other developing areas, are prevailing in this community. Observations made from the immunisation records in the clinics reflected that parents defaulted to take children to the local clinics for regular immunisation.

1.2.2 Background of the research problem

Poverty and homelessness are two circumstances that have profound effects on the health of individuals, families and communities. Poverty results in important physical, psychological and spiritual outcomes, with multiple stresses (Stanhope & Lancaster 2008:737).

According to Statistics South Africa (2012) in keeping with practice in many other countries, an official poverty line has been proposed for South Africa to assist in measuring the extent of household poverty and maintaining progress in poverty reduction. The Department of Social Development consent a Child Support Grant where the child's primary caregiver and his/her spouse earn jointly less than R1100 in rural areas or R800 or less in urban areas (Leibbrandt & Woolard 2006:22).

Bezuidenhout (2008:201) states that economic indicators are used as evaluation measures to determine whether a person is poor or not. This can be defined by using either the absolute or the relative approaches. The absolute approach is objective and is linked to the income, using a poverty line to categorise a person's poverty status. The poverty line is an estimated level of income that is needed to secure basic needs of life (South African Concise Oxford Dictionary 2007:916). If the family's income is lower than what is necessary for the essential items, the family is living below the poverty line (Du Toit & Van Staden 2006:209). The relative approach is subjective and is used to categorise persons who are considered poor and in their opinion, if they are experiencing poverty relative to the rest of the population (Du Toit & Van Staden 2006:209).

Mooney, Knox and Schacht (2007:194) stated that poverty in the United States of America (USA) is more prevalent among female-headed single parent households than among other family structures. Poverty is associated with health problems that undermine key human attributes, including health. Poor families have a higher risk of illness and disability. According to the United Nations International Children's Emergency Fund (UNICEF) report, more than 30 million children are unimmunized. These children die because they are poor; they do not have access to routine immunisation or health services, their diet lacks sufficient vitamin A and other essential micronutrients and they live in circumstances that allow pathogens to thrive (Every child … 2014).

According to Carter and May (2001:1987) the analysis of South Africa's first national representative household income and living standards survey indicates that half of all black South Africans lived in poverty in 1993, portraying material deprivation and inequality that dispossesses and limits their ability to accumulate and use assets. Godlonton and Keswell (2005:133) explain that within and across the country, a significant correlation exists between income levels and health status. They further explained that in South Africa households that contain more unhealthy individuals are 60% more likely to be income poor than households that contain fewer unhealthy individuals.

Mbuli (2008:80) states that women in rural areas often headed their households with a limited asset base to rely on, resulting in these households being trapped in poverty. Their male partners die from AIDS and high levels of unemployment. He further reported that the evidence from studies conducted pertaining to the profile of poverty in South Africa suggests that the incidence of poverty is indeed higher in female-headed households than in male-headed households.

Du Toit and Van Staden (2006:210) reported that some poor people in the society experience health problems because they have no skills to offer them an occupation. Poverty breeds health problems, crime, family problems, economic problems, which in turn result in a vicious circle of poverty. Swanepoel and De Beer (2007:4) state that in

the African context poverty as well as the resulting ill-health affects the masses, not merely individuals, and these masses are trapped in deprivation.

The way of life of the poor people can be explored in terms of jobs, money, hunger and morbidity. In South Africa it is indicated that transitions in and out of poverty, relate to changes in employment status, particularly wage labour and transitory poverty correlates with employment stability. Men are more likely to obtain paid jobs than females and youth unemployment is high. The educational level of the individuals is likely to influence their employment opportunities and ability to obtain well-paid jobs. Most households depend on other sources of income, ranging from wages, social grants and seasonal work in order to support their families (De Swardt & Theron 2007:22).

According to Du Plessis and Conley (2007:050) poverty is one of the major threats to the realization of children's rights worldwide and also in South Africa. Currently, more than 66% of South African children live in severe poverty. Infant mortality rates are rising, the prevalence of preventable illnesses and malnutrition in children is increasing. Unemployment has become chronic. They further state that more than 22 million people (over 50%) of the South African population live in poverty on an income of less than R160 per month. According to Parsons (2008) the number of poor people in Africa has nearly doubled over the period of globalization; from 200 million in 1981 to 380 million in 2005. India has the largest number of extremely poor people, where more than 4 out of 10 Indians or 41.6% of the entire population survive on less than $1.25 a day.

It is not only people in the rural areas of South Africa that suffer unemployment and poverty. Oldewage-Theron and Slabbert (2010:2) reported that the degree of poverty existing in developing countries, including South Africa, has increased dramatically because of the migration of people from rural areas to urban areas in search for work and the increasing number of illegal immigrants who flock to these areas. In the Vaal region, with a population of 749 599, approximately 48% are employed and 46% of households live in poverty.

Jubane (2012) reported at a Millennium Development Goal (MDG) summit that sub-Saharan Africa is the world's poorest and least developed region. He further stated

that Africa entered the new millennium with the highest poverty and child mortality rates and the lowest school enrolment figures in the world. The child mortality rate changed little during the 1990s due to the HIV/AIDS pandemic.

According to Trollip (2011), the Eastern Cape, where this study was conducted, is trapped in poverty that has negative effects on the province's health and socio-economical profile, and poverty has become a national disaster. People migrate to other provinces in search for better livelihood, especially young males in the active age of 25-39 years.

According to Coetzee (2012:3), the Member of the Executive Council (MEC) for Economic Development, Environmental Affairs and Tourism, Mr Mcebisi Jonas, stated that Eastern Cape is a marginal province and needs to find urgent innovative solutions to deal with massive unemployment, extreme poverty, inequality and lack of skills. Its growth has centered around Nelson Mandela Bay and Buffalo City Metro, while the rest of the province remains poor and disadvantaged. Critical skills are required to grow industries and improve people's living standards. (Annexure G).

Table 1.1 displays the per capita income in South Africa. Gauteng Province is listed first and Eastern Cape last on the list emphasising the concerns of Mr Mcebisi Jonas.

Table 1.1 Gross Domestic Product (GDP) per capita of all provinces (Trollip … 2011)

Province	**Per capita income**
1.Gauteng	R80.198
2.Western Cape	R72.031
3.Northen Cape	R55.417
4.North West	R55.320
5.Mpumalanga	R51.793
6.Free State	R51.480
7.KwaZulu - Natal	R39.514
8.Limpopo	R35.285
9. Eastern Cape	R30.249

1.2.3 Statement of the research problem

Community members are encouraged to make use of their local clinics as their first line of contact for healthcare services before going to the hospitals. During this encounter, professional nurses in the clinics have identified an increase in malnutrition and teenage pregnancy in Lukhanji Municipality. Most households are headed by females who are uneducated, unskilled and unemployed. A small percentage of households are headed by males who are employed but live with low income.

Elderly females look after young children who are orphaned or left by their biological parents to relocate to big cities in search for jobs. Children drop out of schools and wander the streets in search for food. People, male, female and children are queuing in the streets, waiting to be picked up by anyone, to be used temporarily for cheap labour. The aim is to get income to counteract poverty.

During the accompaniment of students on family case-study home visits, the researcher observed and identified that a number of families are experiencing poverty, where some of the family members indicated that at times they go to bed sleeping without dinner, as they depend on part-time jobs. They cannot provide the daily needs for their family members.

Little is known about the needs identified by adult members of poverty-stricken families in Lukhanji Municipality. Identifying and describing the needs experienced by poverty-stricken families in their everyday lives will add more knowledge to the little information already known.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to ascertain and describe the needs identified by adult members of poverty-stricken families in Lukhanji Municipality (Queenstown).

1.3.1Research objectives

The specific objectives of the study were to:

- ascertain and describe the socio- demographics of the poverty stricken families.
- ascertain and describe the needs of the adult members of the poverty- stricken families.

1.3.2 Research questions

The research questions were as follows:

- What are the socio-demographic characteristics of the poverty-stricken families?
- What are the needs of adult members of the poverty-stricken families?

1.4 SIGNIFICANCE OF THE STUDY

The findings of the study will contribute to the existing body of knowledge about needs identified and the effects of poverty on poverty-stricken families and the health system. Findings generated will assist the Eastern Cape Department of Health and the Chris Hani District Management under which the Lukhanji sub-district falls to develop strategies to fight poverty and promote the quality of community health. Findings will also provide insight and awareness to health professionals to anticipate and understand health and socially-related problems encountered by poor families.

1.5. THEORETICAL AND OPERATIONAL DEFINITIONS OF CONCEPTS

The following key concepts were defined:

1.5.1 Needs

Needs relate to necessities, requisites or longings. Needs are requirements because they are essential or very important, rather than just a desire (South African Concise Oxford Dictionary 2007:778).

In this study, needs refer to basic human necessities, e.g. food, clothes, shelter, sanitation and good environment. It includes the emotional and psychological aspects that every human being requires for survival.

1.5.2 Adult

An adult is a human being or a living organism that is of a relatively mature age, is self-sufficient and legally responsible and is 18 years or older and is able to manage his/her own affairs (South African Concise Oxford Dictionary 2007: 20).

In this study, an adult refers to a person who is between 18-65 years of age, is the head of the family and is responsible for the running of the household and for the emotional, social and healthcare of the family.

1.5.3 Member

A member is a person, an animal, plant or group that is part of the society, party, community or other body (South African Concise Oxford Dictionary 2007:808).

In this study, a member refers to any human being who is part of the family and shares one roof and resources.

1.5.4 Poverty

Poverty denotes lack of adequate resources. There are simply too many people for the available resources (Du Toit & Van Staden 2006:208).

In this study, poverty refers to a state where people lack the means to provide in their material needs and comfort, and whose minimum income cannot provide in their needs and for a decent standard of living.

1.5.5 Stricken

Stricken denotes any person or thing who is seriously affected by an undesirable condition or unpleasant feeling (South African Concise Oxford Dictionary 2007:1420).

In this study, “stricken” refers to the negative and undesirable effects of poverty on adult members of the poverty-stricken families.

1.5.6 Family

Family is a group of people who consider themselves related by blood, marriage or adoption. These people live together for a long period of time and adults in the group assume responsibility for children, forming a productive economic unit (Du Toit & Van Staden 2006:143).

In this study, a family refers to all members of the household who are related and share one domestic house and resources.

1.6 FOUNDATION OF THE STUDY

1.6.1Conceptual framework

To conceptualise the study, the researcher used the theoretical model of Maslow’s hierarchy of human needs which identifies lower order needs as physiological, security and social needs and higher order needs as status and respect and selfactualisation. One will experience higher order needs after the lower order needs have been satisfied (Glassman & Hadad 2009:298). Virginia Henderson’s model of fourteen basic human needs was incorporated into the framework (George 2008:90). This will be discussed in more detail in Chapter 2.

1.7 THE RESEARCH DESIGN AND METHODS

1.7.1 Research design

Polit and Beck (2008:220) refer to research design as the researcher’s overall plan to obtain answers to the research questions or to test the research hypotheses. It spells out the strategies that the researcher will adopt to develop information that is objective.

A non-experimental, descriptive, quantitative research design was followed to identify and describe the needs of poverty-stricken families as described by adult members.

This study seeks to ascertain and describe how adults identify needs in “poverty” stricken families of Queenstown, in Lukhanji Municipality, where a wealth of descriptive information will be obtained.

1.7.2 Descriptive design

According to Burns and Grove (2009:237) and Polit and Beck (2008:274) the purpose of the descriptive design is to gain more information about characteristics within a particular field of study. It aims to provide a picture of situations as they occur naturally. It is used to develop theory, identify problems with current practice, justify current practice, make judgments and determine what others in similar situations do. It further aims to observe, describe and document aspects of a situation as it naturally occurs.

In this study, a descriptive design was used to identify and describe the needs of poverty-stricken families in Lukhanji Municipality.

1.7.3 Research methods

Burns and Grove (2009:15) define research methods as techniques researchers use to structure a study and to gather and analyse information relevant to the research questions.

□Research population

Burns and Grove (2009:714), Polit and Beck (2008:67) and Brink, Van der Walt and Van Rensburg (2006:123) refer to population as all the individuals or objects with common defining characteristics that meet the sample criteria for inclusion in the study.

In this study the population is comprised of families identified by clinic professional nurses and verified by Department of Social Development as living below the poverty line which is an equivalent of 1.25U$ or an equivalent of R17.00 (South African Rand) per day. The number of identified households within the Queenstown area is 1,500.

To be included in the study, the respondent should meet the following criteria:

- be an adult member of a family identified as living below the poverty line
- be willing to sign a consent form
- reside in Queenstown, Lukhanji Municipality
- be able to express themselves in English and/or isiXhosa.

Sampling

Sampling refers to a process of selecting a portion of the population to represent the entire population of interest in order to obtain information regarding the phenomenon under study (Polit & Beck 2008:339; Basavanthappa 2007:188). The logic behind sampling is that it is not feasible to study the entire population and therefore a portion of it is studied in order to make conclusions about the whole population (Brink et al 2006:124).

Sample selection

The study sample was selected from the population of the Queenstown area, which forms the greatest part of Lukhanji Municipality. The families would have been identified, assessed and verified by Department of Social Development as falling below the poverty line.

In this study, a probability, systematic random sampling approach was employed to obtain a sample of respondents from the list of identified poverty-stricken families supplied by the Department of Social Development to the clinic professional nurses. In this approach every element of the population will have an equal chance of being included in the sample (Polit & Beck 2008:343).

Systematic random sampling involves a sampling interval which is a standard distance between elements chosen from the list e.g. every *k*th case from the list (Polit & Beck 2008:347; Burns & Grove 2009:352). Every 10^{th} family was selected from the list until a total of 150 families were obtained. The study sample consisted of

adult family members between the ages of 18 and 65 who met the criteria for inclusion.

Sample size

The sample size was formed by 150 families who were systematically and randomly selected from the list of poverty-stricken families supplied by the Department of Social Development. Five adult members from these families were used in the pretesting of the instrument and did not take part in the main study.

Study setting

The study was conducted at Lukhanji Municipality, which is the sub-district of Chris Hani District, and focused on the adult members of the poverty-stricken families. It consists of four areas, namely; Queenstown, Lessyton, Ilinge and Whittlesea. The area of focus was Queenstown which forms the largest area of the four.
Lukhanji Municipality comprises 27 wards with an estimated population of 190 107.

1.7.4 Data collection

Data collection represents a precise and systematic gathering of information relevant to the research purpose or the specific objectives, question or hypothesis of the study (Burns & Grove 2009:43).

Data collection methods

Data were collected by means of a self-developed structured questionnaire that was delivered by hand to all the respondents. A structured questionnaire “enables the investigator to be consistent with asking questions and data yielded are easy to analyse” (Brink et al 2006:148). According to Leedy and Ormrod (2010:21) the use of questionnaires will enable the researcher to gather all necessary information in a systematic way and will make analysis of the findings easy.

Four fieldworkers assisted with the distribution of the questionnaires to those respondents who meet the criteria of inclusion. A consent form was obtained from

every respondent who partook in the study. The completion of the questionnaire was done by the respondents at a time convenient to them in their homes. A date was set for collection of the completed questionnaires from the respondents (De Vos, Strydom, Fouche & Delport 2005:174).

The fieldworkers were people with a Grade 12 certificate and a good command of isiXhosa and English. The researcher trained the field workers to correctly interpret for the respondents who were illiterate thus did not know English and unable to read and complete the consent form and the questionnaire. During the distribution of questionnaires, they gave the respondents an opportunity to ask questions to enable them to contribute more meaningfulness of the study.

The questionnaire (Annexure E) addresses the following questions:

- What are the socio-demographic characteristics of the poverty-stricken families?
- What are the needs expressed by adult members of the poverty-stricken families?

1.7.5 Data analysis

Brink et al (2006:171) state that data analysis relates to the methods chosen to organise the raw data and display them in a fashion that will provide answers to the research questions. It entails categorising, ordering, manipulating and summarising data and describing them in meaningful terms. Quantitative design uses statistical strategies which are mostly accompanied by graphs, tables and diagrams. The data analysis was done with the assistance of a statistician using the descriptive non-parametric statistical methods and the Statistical Package for Social Sciences (SPSS) Version 13.0 computer program and one-way Analysis of variance (ANOVA). According to De Vos, Strydom, Fouche and Delport (2011:251) descriptive statistics are methods that describe numerical data and assist in organising, summarising and interpreting sample data in a more manageable form.

1.8 VALIDITY AND RELIABILITY

Polit and Beck (2008:196) refer to validity and reliability as two important criteria that quantitative researchers use to assess the quality of a study. These are sometimes referred to as the scientific merits of a study.

1.8.1Validity

The validity of a measuring instrument refers to the accuracy with which the findings reflect the phenomenon being studied (Parahoo 2006:81). Three types of validity as identified by Polit and Beck (2008:458) were relevant to this study, namely; face, content and construct validity.

- **Face validity**

Face validity refers to whether the instrument looks as though it measures the appropriate construct (Polit & Beck 2008:458).

- **Content validity**

Content validity is concerned with the degree to which an instrument has an appropriate sample of items for the construct being measured and adequately covers the construct domain (Polit & Beck 2008:458).

- **Construct validity**

Construct validity is concerned with the “validity of inferences from the observed persons, settings, and cause-and–effect operations included in the study”. It concerns “the degree to which an intervention is a good representation of the underlying construct that was theorised as having the potential to cause beneficial outcomes” (Polit & Beck 2008:287).

The focus of this study was on content and constructs validities. A research expert and two colleagues who have already obtained Master’s degrees from other universities and who have a clear understanding and knowledge of research were

given the questionnaire to read in order to establish if the instrument covered all the features of the phenomenon under study.

1.8.2 Reliability

Reliability refers to the degree of consistency or dependability with which the instrument measures the attribute at different times. If the instrument is used on more than one occasion to measure constant behaviours, similar results are expected if it is reliable. Reliability relates to “coherence, precision, stability and homogeneity” (Polit & Beck 2008:377). To enhance reliability of the questionnaire, a pre-test was conducted to test if the respondents will be able to understand the questions and to estimate the time that will be taken to complete the questionnaire before it was distributed to the respondents (Campbell & Stanley 2006:67). Only five adults from poverty-stricken families participated in the pre-test and were not included in the main study.

1.9 ETHICAL CONSIDERATIONS

When human beings are used as study respondents, the researcher must address quite a range of ethical issues that address the rights of those humans. These include protecting respondents, respect for human dignity and justice (Polit & Beck 2008:167).

An ethical clearance certificate was obtained from the Higher Degrees Committee of the Department of Health Studies at Unisa (See Annexure A). Consent for the study was also requested and obtained from the Eastern Cape Provincial ethical research committee prior to data collection (Annexure B). An application letter requesting permission to conduct the study and to use the clinic records to obtain the contact details of the adult family members was also written to the Director of Community Services of the Lukhanji District Municipality. Consent for this was obtained from them (See Annexure C).

1.9.1Protecting the rights of the respondents

Three main ethical principles to be observed include the right to protection, respect for human dignity and justice (Polit & Beck 2008:170).

1.9.1.1Beneficence

Beneficence denotes that the researcher should minimize harm (non-maleficence) to the respondents and maximize benefits (Polit & Beck 2008:170).

The respondents were the main focus and were protected from the following;

- Any unanticipated harmful effects. By obtaining an informed written consent before the study was conducted, the researcher ensured that human respect and dignity would be maintained throughout the study.
- Temporary discomfort of any unusual level where the researcher ensured anonymity, confidentiality of information and privacy. There were no incidences of discomfort noted or voiced by any respondents. If the respondent wished to withdraw from the study for any discomfort, he/she was free to do so at any time. Questions were answered to allay fears and anxiety and misperceptions could be addressed.
- A risk of permanent damage where a counselor and a government psychologist were provided for professional intervention, should there be any emotional harm resulting from negative experiences that the respondent may have had. No respondents reflected any psychological damage as such these services were not used.

1.9.1.2 Right to human dignity

A consent form (Annexure D) was provided to obtain consent from the potential respondents to take part in this research after comprehensive information had been given by the researcher. To ensure freedom and autonomy, the researcher explained the right of the respondent to refuse to participate or to withdraw from participation at any time during the study without being penalised (Polit & Beck 2008:171; Gerrish & Lacey 2006:37). The researcher committed to giving the respondents summaries of the research findings on request.

1.9.1.3 Right to justice and privacy

Justice refers to the right of the respondent to fair treatment and a right to privacy. Justice entails fairness and equality which includes equal distribution of benefits and burdens of research throughout the research process. To ensure right to privacy, the researcher did not intrude into the personal lives of the respondents more than what was required (Polit & Beck 2008:173). Anonymity was maintained by making no attempt to link the respondents with specific information thus safeguarding their identity. Codes were used when auditing the questionnaires (Parahoo 2006:112). Records and other private information of respondents were protected by keeping them locked for safety. No unauthorised person had access to the records.

1.10 SCOPE AND LIMITATIONS OF THE STUDY

Only the adult members of the poverty-stricken families identified as living below the poverty line in Lukhanji Municipality who fall between the ages of 18 and 65 years and meet the criteria for inclusion were involved in research. The study could not generalise the findings because some adult family members might refuse participating in the study due to the stigma associated with poverty as a social problem.

1.11 STRUCTURE OF THE DISSERTATION

The dissertation consists of five chapters which are divided as follows:

Chapter 1: Orientation to the study

Chapter 2: Literature review

Chapter 3: Research design and research methods

Chapter 4: Data presentation, analysis and interpretation

Chapter 5: Conclusion and recommendations

1.12 CONCLUSION

This chapter introduced the “The needs identified by adult members of poverty-stricken families in Lukhanji Municipality” and presents a planned roadmap for the

actual study, which aims to ascertain and describe the needs of the adult members of the poverty- stricken families.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 introduced the study and gave an outline of the dissertation. The problem statement and research plan were described in order to guide the process of answering the research questions and achieve the stated objectives. This chapter deals with the literature review.

According to Holzemer (2010:73) the literature review is undertaken to give the reviewer an appropriation of how the research and knowledge in a particular field have developed and changed over time.
In this study, a literature review was undertaken about the needs identified by adult members of poverty-stricken families.

2.2 DEFINITION OF CONCEPTS

2.2.1 Poverty

Poverty denotes lack of adequate resources. There are simply too many people for the available resources (Du Toit & Van Staden 2006:208). According to Chitty and Black (2007:432) poverty relates to the lack of basic human needs for food, clean water, clothing, shelter, sanitation and access to health services.

Vasuthevan and Mthembu (2013:227) move the definition of poverty beyond the single dimension and extend it to include lack of political voice, discrimination, inequality and vulnerability to the environment in which they live, affecting families' lives and education.

2.2.2 Types of poverty

The following types of poverty exist:

- **Absolute poverty:** refers to the inability to survive physically on a long-term basis. It is related to an income which is lower than what is necessary in

practice to afford the goods registered for subsistence such as food, clothing and housing (Du Toit & Van Staden 2006:209).

- **Relative poverty**: relates to the extent of inability of one group to meet the basic needs of life as compared to another group. Thus, relative to the middle socio-economic class, the lower socio-economic class can be regarded as "poor" (Du Toit & Van Staden 2006:209).

2.2.3 Poverty line

The poverty line is an estimated level of income that is needed to secure basic needs of life. It is considered a minimum for a decent standard of living (South African Concise Oxford Dictionary 2007:916). Basic needs include essential items such as food, clothing, housing, medical costs and transport to and from work. If the family's income is lower than what is required for the essential items, the family is living below the poverty line (Du Toit & Van Staden 2006:209).

2.3 FACTORS THAT CONTRIBUTE TO POVERTY

There are eight factors discussed that make a major contribution to poverty. These are overpopulation, global distribution resources, high standards of living and cost of living, inadequate education and employment, environmental degradation, economic and demographic trends, individual responsibility and welfare dependency, and unemployment. Health and inequality are other factors that contribute to poverty (Bouwer, Dreyer, Herselman, Lock & Zeelie 2006:45).

2.3.1 Overpopulation

Overpopulation refers to a situation of having large numbers of people with too few resources and too little space. It is closely associated with poverty and can result in population density. Excessively high population density puts stress on available resources and only a certain number of people can be supported in a given space and that number depends on how much food and other resources that space can provide. In countries where people live primarily by means of simple farming,

gardening and herding, even large areas of land can support only a small number of people because these labour-intensive subsistence activities provide small amount of food. In developed countries such as the USA, Japan and Western Europe, overpopulation is not considered as a major cause of poverty. This is because these countries produce large quantities of food through mechanized farming and the amount of production provides enough food to support the high density of people in metropolitan areas. Many countries in sub-Saharan Africa have a high population density and these countries have infertile land and lack the economic resources and technology to boost production. High birth rates contribute to overpopulation in many developing countries. In these countries children are assets to many poor families because they provide cheap labour, usually for farming (Bouwer at al 2006:45).

2.3.2 Global distribution resources

The legacy of colonialism accounts for much of the unequal distribution of resources in the world economy. In many developing countries, the problem of poverty is massive and pervasive. Some nations, like Republic Indonesia, Malaysia, Singapore, South Korea and Thailand, have been fairly wealthy while many developing countries lack essential raw materials, knowledge and skills gained through formal education and training. These developing countries also lack the infrastructure provided by a transportation system and power-generating facilities which are necessary for the development of industry and therefore generally must rely on trade with developed countries for manufactured goods, yet they cannot afford much. Wealthier developed countries continue to practice a form of colonialism, where they get inexpensive natural resources and manufactured goods made by low-wage workers from poor countries in Asia, Africa and Latin America. This practice contributes to the dependency of poor countries, while not raising their standards of living (Bouwer et al 2006:45).

2.3.3 High standards of living and cost of living

According to Bouwer et al (2006:45), people in developed countries may have more wealth and resources than those in developing countries and their standard of living is also higher. Thus, people who have what would be considered adequate wealth

and resources in developing countries may be considered poor in developed countries. People in developing countries may consider themselves to be doing well if they have productive gardens, some livestock and a house of thatch or mud-brick. In rural areas people are used to not having plumbing, electricity or formal health care, while in developed countries such living conditions are considered a hallmark of poverty. Developed countries tend to have a high cost of living, where even the basic lifestyle in these countries, with few or no luxuries, can be relatively expensive. In some areas, even people with jobs that pay the legal minimum wage may not be able to cover their basic expenses. People who cannot find or maintain well-paying jobs often have no spare income for emergency expenses and may rely on government welfare payments for survival.

2.3.4 Inadequate education and employment

Illiteracy and lack of education are common in poor countries. The governments of developing countries often cannot afford to provide for good public schools, especially in rural areas. While all children in industrialized countries have access to an education, only 60% of children in sub-Saharan Africa attend elementary school. Without education, most people cannot find income-generating work. Most of the poor people drop out of school in order to concentrate on making a minimal living. Developing countries tend to have few employment opportunities, especially for women, and therefore people may see little reason to go to school. High unemployment rates lead to high levels of poverty. In countries with high populations, millions of working-age people cannot find work and earn an adequate income. Others may earn wages too low to support themselves (Bouwer et al 2006:45).

2.3.5 Environmental degradation

In many parts of the world, environmental degradation that is deterioration of the natural environment, including the atmosphere, water, soil and forests is cited as one of the important causes of poverty. Environmental problems lead to shortage of food, clean water, materials for shelter and other essential resources. As forests, lands, air and water are degraded, people who live directly off these natural resources suffer the most from these effects. In developed countries people have technologies and

conveniences, such as air and water filters, refined fuels and stored food to protect themselves from the effects of environmental degradation. Overpopulation can also result in global environmental degradation which includes overuse of land and other resources. Mining, power generation and chemical production can also result in environmental degradation. Many people in rural areas depend on forests as source of fuel and sell wood as sources of income, thus the damaging of trees eliminates these resources (Bouwer et al 2006:46).

2.3.6 Economic and demographic trends

In many developing countries poverty can be linked to economic trends. Periods of economic recession affect young and less-educated individuals who may have difficulty in finding work that pays enough to support themselves. In developed countries, labour markets have declined, leading to a number of high-paying manufacturing jobs declining, while the demand for workers in service and technology-related industries is on the rise. Jobs that were using skills obtained through on-the-job training or through vocational programmes are replaced by service and technology-related jobs therefore people are losing their jobs. Demographic shifts (changes in the makeup of populations) have been cited as having contributed in the overall poverty, especially among children in the United States where family structures have significantly changed, leading to an increase in single-parent families who tend to be poor (Bouwer et al 2006:46).

2.3.7 Individual responsibility and welfare dependency

Beliefs about the individual responsibility for poverty differ. Some believe that poverty is a symptom of social structures and that some proportion of any society will inevitably be poor. Some people feel that poverty is beyond the control of those who experience it. Some people intentionally and voluntarily become poor by using drugs and alcohol, thus spending too much money on these substances, which leads to poverty. In some families, fathers who are breadwinners engage in crime and end up in jail, leaving the family with no source of income and thus the family live in poverty. These people have themselves to blame. Many people in developed countries blame cycles of poverty or the tendency of the poor to remain poor

because they depend on welfare programmes. They believe that these programmes provide incentives for people to stay poor and therefore continue to receive payments and other support, rather than go out to look for work. The supporters of this way of thinking, suggests that welfare discourages people from seeking work (Bouwer et al 2006:46).

2.3.8 Unemployment

Unemployment (joblessness) occurs when people are without work and are actively seeking work. Lack of education, lack of skills, unavailability of jobs, being a pensioner and homelessness, which predisposes people to the onset of diseases, are some of the factors that contribute to unemployment. Across all ages, gender and racial groups, unemployment has been cited as a major factor that ultimately drives people out of their homes to look for greener pastures somewhere away from home and drives some out into the streets (Makiwane, Tamasane & Schneider 2010:43). Closely linked to unemployment are limitations such as lack of relevant job skills, retrenchments, diseases and disabilities, either from birth or through injury or accidents (Bouwer et al 2006:46).

2.3.9 Ill-health

Ill-health relates to the state of having poor health or being unwell or sick.

According to Bouwer et al (2006:45), consultation when ill-health strikes in poverty-stricken communities in South Africa may be a matter of convenience and economy because transport to hospital and clinics entails a great expenditure. People in urban areas have an advantage over rural people regarding the range of available health facilities and accessing them. Urban people walk to their health facilities rather than pay for transport, while in rural areas people are hindered by the proximity of these health facilities. Thus, to poor people consultation entails expenses and the lack of money is the dominant factor in many people's decision, regarding consultation. While many people are treated as state patients at the clinics and hospitals or pay minimal fees or nothing at all in terms of recent government announcements, many are faced with lack of funds. Poor people experience problems with their health needs because they reach health centres too late for effective treatment. According

to Senker (2007:10), most of the people in Kenya live in slum areas and deprived rural areas and are likely to become ill. Dirty and unhealthy living conditions result in the easy spread of diseases. Worldwide, 1.1 billion people still lack direct access to clean water and good sanitation. Children living in poverty suffer from many common illnesses such as measles, mumps and diarrhoea. According to the WHO, 88% of diseases linked to diarrhoea occur because of unsafe water supply and lack of or inadequate sanitation. Hunger and malnutrition result from an insufficient amount of food to provide energy requirements, and hunger has severe effects on health (WHO 2012).

From Bouwer et al (2006:47) a picture is created of what these people in poverty-stricken areas experience:

"You dream of food all the time. You fear the mornings because you will wake up hungry and hear children crying. I have picked up sugar cane that other people have eaten and thrown away, just to give children something to chew".

In the African context, poverty and the resulting ill-being affect the masses and not only the individual. They are trapped in deprivation and it is extremely difficult for them to break free of this trap (Swanepoel & De Beer 2007:9).

2.3.10 Inequality

Inequality refers to the social and economic disparity between people or groups (Blackwell's Nursing Dictionary 2005:300).

2.3.10.1 Measurement of inequality

According to Todaro and Smith (2011:204), there are two principal measures of income distribution for analysis and quantitative purposes; the personal or size distribution for income and the functional or factor share distribution of income.

Size distribution (Personal distribution)

This is a measure commonly used by economists that deals with an individual person or household and the total income they receive. The way in which the income was received is not considered, but what matters is how much each earns, irrespective of whether the income is derived from employment or comes from other sources, such as interests, profits, rents, gifts or inheritance. The location (urban or rural) and occupational source of the income are ignored (Todaro & Smith 2011:204).

Functional distribution (Factor share distribution)

This type of distribution attempts to explain the share of total national income that each of the factors of production (land, labour, and capital) receives. It does not look at the individuals as separate entities but the theory of functional income distribution enquires into the percentage that labour receives. This percentage is compared to the percentage of total income distribution in a form of rents, interests and profit (Todaro & Smith 2011:210).

2.4 FOUNDATION OF THE STUDY

Maslow's hierarchy of human needs and Virginia Henderson's components of human needs were incorporated in the conceptual framework of this study.

2.4.1 Maslow's hierarchy of needs

Maslow's model of basic human needs explains that the most basic needs fulfilled by working, relate to having money to buy food, have shelter, clothing and other necessities for survival. These needs are arranged in a hierarchical structure, ranging from physiological to self-actualisation. One will experience higher needs only once the more basic ones have been satisfied (Glassman & Hadad 2009:297).

Basic human needs are the necessities people cannot manage without. These are sub-divided into lower-order needs and higher-order needs.
Lower order needs relate to:

- physiological needs

- security needs
- social needs

Higher-order needs relate to:

- status and respect
- self-actualisation

2.4.1.1 Physiological needs

The physiological needs are the physical requirements for human survival. If these needs are not met, the human body cannot function properly, and therefore these must be met first. These include air, water, food, sleep, shelter and clothing.

2.4.1.2 Safety and security needs

With the physical needs being satisfied, safety needs take precedence. These needs include:

- personal security - including protection from natural disaster, family violence and child abuse
- financial security- including economic crisis and work opportunities, which manifest themselves in ways such as a preference for job security, saving accounts, insurance policies and accommodation
- health and welfare, which include medical insurances, accessibility to health services and protection from harmful environmental conditions such as extreme heat and cold
- safety net against accidents/ illness and their adverse impact

(Glassman & Hadad 2009:297).

2.4.1.3 Love and belonging

This need is especially strong in children who will cling even to abusive parents. Deficiencies on this level include negligence and shunning. This level includes significant relationships in general, such as friendships, intimate relationships and relationships with family members. It includes feeling a sense of belonging and acceptance among social groups, teams, clubs, co-workers and family members and

intimate partners. People feel lonely, isolated, depressed and suffer social anxiety in the absence of this level (Glassman & Hadad 2009:297).

2.4.1.4 Esteem

All human beings have a need to feel respected and this includes a need for self-esteem and self-respect. Self-esteem presents the typical human desire to be accepted and valued by others. People often engage in hobbies to gain recognition. Low self-esteem results from imbalances on this level. This level includes a need for status, recognition, fame, prestige and attention. Inferiority complex, weakness, helplessness and powerlessness result from deprivation of these needs (Glassman & Hadad 2009:298).

2.4.1.5 Self-actualisation

Maslow's words *"what a man can be, he must be"* is an expression that forms the basis of the perceived needs for self-actualisation and refers to what a person's full potential is as well as the realisation of that potential. Maslow describes this level as the desire to accomplish everything that one can accomplish and become the most that one can be (Glassman & Hadad 2009:298).

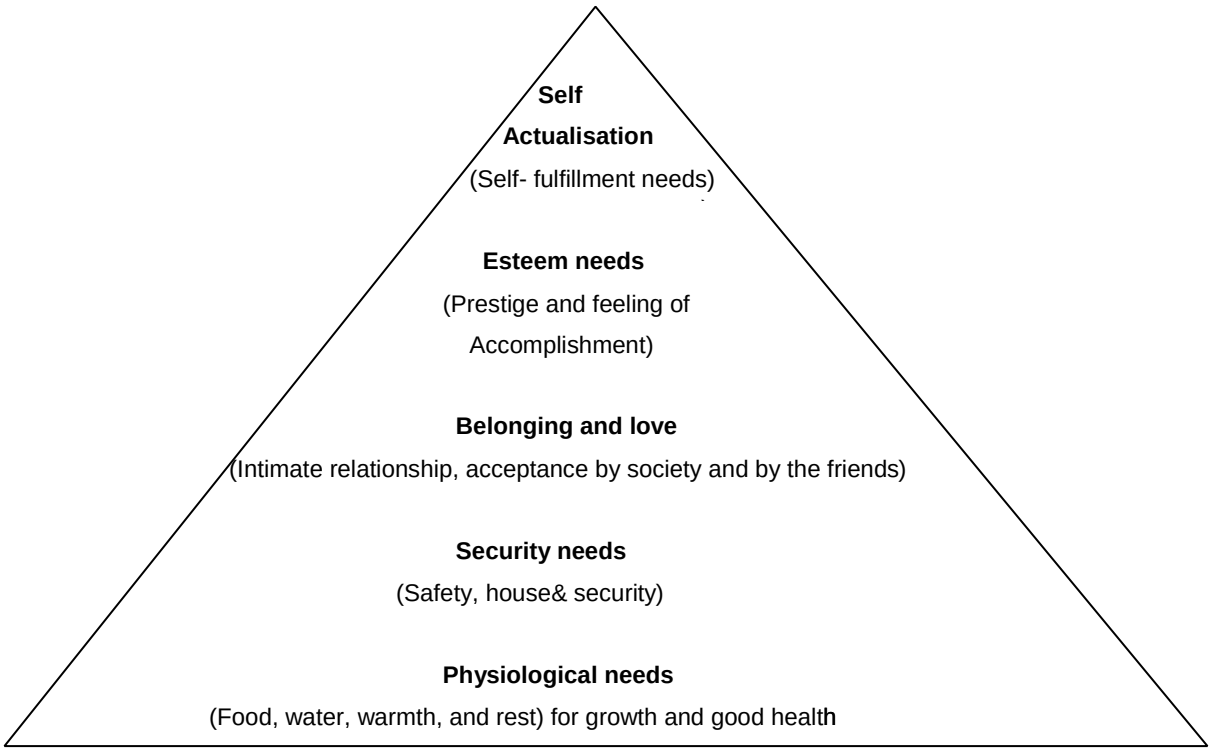

Figure 2.1 Maslow's hierarchy of human needs (Source: Glassman & Hadad 2009:298).

2.4.2 Virginia Henderson's components of human needs

Maslow's hierarchy of human needs fits well with the basic fourteen components identified by Virginia Henderson, where the first eight components are physiological and the ninth is for safety needs. The remaining five components deal with love and belonging, social esteem and self-actualisation (George 2008:101). The fourteen components of human basic needs are identified as follows:

- breathe normally, eat and drink adequately
- eliminate body wastes
- move and maintain desirable postures
- sleep and rest
- select suitable clothes-dress and undress
- maintain body temperature within normal range by adjusting and modifying environment
- keep the body clean and well groomed and protect the integument
- avoid dangers in the environment and avoid injuring others
- communicate with others in expressing emotions, needs, fears or opinions
- worship according to one's faith
- work in such a way that there is sense of accomplishment
- play or participate in various forms of recreation
- learn, discover or satisfy the curiosity that leads to normal development and health and use the available health facilities (Basavanthappa 2007:65).

Table 2.1 Comparison between Maslow's hierarchy of basic human needs and Virginia Henderson's components of human needs (Virginia Henderson's Nursing Theory - Current Nursing 2012).

Maslow's	**Henderson**
Physiological needs (Breathing, air, food, water, sleep and comfort)	Breathe normally, eat, drink adequately, eliminate body wastes and maintain desired posture. Sleep and rest, select suitable clothing, maintain body temperature, keep body clean, well groomed and covered at all times.
Safety needs (security, employment, resources, health, property, family)	Avoid environmental damage and avoid injuring others.
Love and belonging (friendship, family, intimacy, groups, colleagues)	Communicate with others, worship according to one's faith.
Self esteem (confidence, achievement, respect of others, respect by others)	Play or participate in various forms of recreation. Work at something providing a sense of accomplishment. Learn, discover or satisfy curiosity.
Self-actualisation (creativity, problem solving, morality, lack of prejudice)	_

2. 5 CONCEPTS ASSOCIATED WITH POVERTY

2.5.1 Malnutrition

Malnutrition refers to the state of being poorly nourished (Blackwell Nursing Dictionary 2005:346). Malnutrition lowers the resistance in those affected and leaves them vulnerable to infection. It is a form of disease and its presence is a major factor among children contracting diseases and dying from it (Todaro & Smith 2011:391; De Haan 2007:94). Poverty resulting from insufficient global food production is the root cause of malnutrition. Poor families lack economic, environmental and social

resources and/or the knowledge to purchase or produce enough food, either in quality and/or quantity. In the rural areas, land scarcity and degradation, water salinity, soil erosion, droughts and floods can undermine the family's ability to grow enough food. In urban areas, low wage, lack of employment and rapid changes in food prices often place food supplies out of reach for poor households (Hattingh, Dreyer & Roos 2010:167). Children are the most visible victims of under-nutrition. Poorly nourished children suffer up to 160 days of illness each year and poor nutrition plays a role in at least half of the 10.9 million child mortalities each year that is about 5 million deaths (Millennium Development … 2013).

2.5.2 Morbidity

Morbidity relates to the relative incidence of disease in a population, the ratio of the number of sick individuals to the total population (Allender, Rector & Warner 2010:192). In most parts of Africa, including South Africa, morbidity and mortality rates are higher in the rural areas than in towns and in cities. This occurs due to poor environmental hygiene and poverty resulting from few educational and employment opportunities, thus all the diseases related to poverty and deficiency diseases are common. There are also few medical care services available and the few facilities available are often inaccessible because of transport unavailability (De Haan 2007:6).

2.6 STRATEGIES USED TO DEAL WITH POVERTY

Duncan et al (2007:159) identify the three strategies that may be used to deal with poverty as poverty alleviation, poverty reduction and poverty eradication.

2.6.1 Poverty alleviation

Poverty alleviation relates to the intervention that provides the destitute with access to food, access to safe water, safety from abuse and the provision of shelter. Its aim is to reduce the negative impact of poverty on the lives of poor people. It includes the state's social grant programmes which alleviate the impact of poverty for many people. Poverty alleviation programmes tend to have longer-term goals and are in general more developmental than poverty relief programmes. The state's social grant

policies provide immediate relief but also motivate people to search for jobs (van Rensburg 2004: 209).

2.6.2 Poverty reduction

Poverty reduction denotes the deliberate action to reduce the depth of poverty that individuals and households experience. Interventions could include income, physical asset transfers, access to education, employment and business opportunities. These can result in the absolute number of the poor people but not address the structural conditions associated with poverty and inequality. It refers to the strategies and policies that reduce the number or percentage of people living in poverty or the severity of the impact of poverty on the lives of the poor people (van Rensburg 2004: 44).

2.6.3 Poverty eradication

Poverty eradication refers to the systemic reforms that increase the political empowerment of the poor to actively participate in measures aimed at addressing structural causes of poverty and chronic destitution. Policies are aimed at meeting communities' basic needs and enhancing human development and empowerment. The emphasis is on poor individuals and households to help themselves and pull themselves out of the poverty situation (van Rensburg 2004: 44).

According to Ruddick (2013:35), poverty and unemployment can have a devastating effect on communities, their members and on family life as well, in terms of deteriorating relationships and the stress that accompanies the inability to meet basic human needs. When poverty encompasses the whole community, the tendency is for the protective characteristics of that community to diminish. The causes of poverty may be complex and the solutions political. It is possible to tackle the effects of poverty at both individual and community levels but without the political will and more equitable distribution of wealth, many people will remain in a "poverty trap" that cultivates lack of aspiration, opportunity and hope thus in turn diminishing mental health.

Low income has been a major problem in the USA and is often described as having created a culture of poverty. A report of the US Census Bureau (2008) noted that an estimated 16% of the USA population have an income below the poverty threshold. (Uganda: Poverty … 2010). Poverty has long been a barrier to adequate health care and prevents many people from consistently meeting their basic human needs. In poor families, crowded living conditions foster depersonalization, high crime rates, psychological problems, lack of respect and worthlessness. There is also an increase of diseases and illnesses because of the proximity of people (Taylor, Lillis, Le Mone & Lynn 2011: 30).

In the USA and most developing countries, poverty has been a major problem and therefore, child labour child is widespread. In most cases children do not attend school altogether. Approximately 180 million children are either 14 years or younger and working in conditions that endanger their health and well-being, involving hazards, sexual exploitation and child trafficking. Poverty is evident, as a household with sufficiently high income would not send their children to work (Todaro & Smith 2011:379).

Cherry and Jacob (2011:214), state that most families in the USA with racial and ethnically diverse backgrounds, have a lower socio-economic status than does the population have at large. Changing world economics have had profound consequences, such as unemployment, destitution, poverty, anxiety, hopelessness, access to health insurances and healthcare. Feelings of anxiety, homelessness, depression and despair are commonly affecting individuals and the society. According to Nafzinger (2012:164) a list of psychological dimensions of poverty include powerlessness, voicelessness, dependency, shame and humiliation. It is only the maintenance of cultural identity and social norms of solidarity that helps poor people continue to believe in their own humanity, despite inhumane conditions that they find themselves in.

In New York, poverty is a serious social and personal crisis. Children who live in impoverished environments characterised by unemployment and substance abuse are prone to inadequate healthcare, poor quality childcare, high levels of child abuse

and negligence. Interventions to help poor children and families require broad-based efforts to find political and economic remedies (Webb 2011:4).

Graaff (2011:3) argues that in South Africa poverty is defined in more economic terms by the gross domestic product (GDP) per capita for countries and the psychological side of life and levels of inequality have been ignored. It is further explained that poverty and good life are multifaceted affairs. It is indicated that poverty is not only a lack of income, education and good health, but includes a range of aspects such as lack of affection, creativity or freedom, thus it is much more complex than just income.

Swanepoel and De Beer (2007:2) classify poverty according to absolute and relative poverty. Absolute poverty is defined as a situation where income is so low that even a minimal standard of nutrition, shelter and personal necessities cannot be maintained. Relative poverty relates to an expression of poverty of one entity in relation to other entities. It refers to people whose basic needs are met, but in terms of their social environment still experience some disadvantages.

According to Akarro and Mtweve (2011:203), poverty is the main cause of child labour, and child labour perpetuates poverty. One out of three children between the ages of five and fourteen years in sub-Saharan Africa is employed, compared to one out of twenty employed in Central and Eastern Europe. This makes sub-Saharan Africa and Tanzania the most dominant places of prevalent practice in child labour. Children in rural areas are more likely to be involved in child labour. Child labour is considered as work performed by children under eighteen years of age and is exploitative, hazardous, inappropriate and detrimental to the child's schooling, social, mental, spiritual and emotional development. This act of child labour violates international laws and national legislation of children's rights.

In Nigeria and in most third world countries, poverty is a socio-political issue and an issue of global concern. While the money is part of poverty, the people who live in it feel the lack of equality of opportunity and the lack of respect for others. Like anywhere in the world, unemployment has great implications for poverty like affecting

the ability of people to access good quality of health care, education, self-esteem, self-actualization and good health (Hassan, Idu, Uyo & Ogabole 2012:79).

According to the World Bank (2012), South Africa's performance in providing employment is hampered by slow job creation and high unequal access to the limited number of opportunities. South Africa has been shown by the global comparison to be an outlier in terms of the levels and inequality of employment opportunities. This is challenging for the younger labour force, residents of townships-informal settlements and rural areas and the non-white segments of the South African population. It was also highlighted that the progress has been much more mixed and unequal in provision of water, sanitation and health insurance, completion of primary school on time and addressing overcrowded living conditions. Progress on providing early childhood development programmes and safe neighbourhoods has been inadequate across groups living in all circumstances.

Vasuthevan and Mthembu (2013:226) state that people living in poverty are disempowered because they lack ability to make decisions or to influence those in their communities who have the authority to make the right decisions that will affect them.

In South Africa poverty has been linked to:

- lack of skills and experience
- lack of or poor education which leads to poor chances of employment
- unemployment
- corruption, which is the biggest problem in South Africa
- overpopulation
- increase in diseases like HIV/AIDS (Avert. Averting HIV …2014).

Some factors about South African poverty and inequality are:

- Approximately half the population of South Africa is defined as poor and living below the poverty line.

- Poverty is mainly rural, with about two thirds of the country's poor people living in rural areas and more than two thirds of these people are poor, opposed to the 28% living in urban areas.
- Racially, around 56% of black people are estimated to be poor, compared to 36% of coloured people, 15% of Indians and 7% of white people.
- About 60.5% of female-headed households are poor.
- South Africa has one of the highest rates of income inequality in the world. The richest 10% of the population gets almost half the income and the poorest 20% receives 3.3% of the income.
- There is a huge income inequality between provinces, where the average income per person in Gauteng is six times higher than the average income in the Limpopo Province.
- There are extreme differences between races and provinces. White South Africans are ranked 19th out of 173 on a global scale. Black South Africans are ranked at 117 out of 173. South Africa as a whole is ranked at 76th.
- Poverty is worse in those provinces that contain the former homelands, with Eastern Cape and Limpopo having the greatest percentage of the poor people.
- In 1998, the fertility rate in South Africa was 2.9, but as women get better access to education and economic opportunities, the fertility rate will continue to decrease and in 2013 the fertility rate stood at 2.3.
- In some countries, people with lower income tend to have large families because they do not have ready access to family planning methods and thus cannot provide their families with basic human needs.
- The South African's infant mortality rate (IMR) is 45.4. This means that out of every 1000 children born, 45.5 of them do not live to see their first birthday (Landman et al 2003).

The Green Paper reported that South Africa has experienced consistent economic growth in the past decade. The onset of the global financial crisis in the latter part of 2008 threatened the country's economic growth. Consequently, various industries were either closed down or had to reduce their work-force. The loss of hundreds of jobs meant that many families were facing a grim future, due to lack of income. The

way the economy is structured will determine whether family members are able to derive livelihood from decent work opportunities to, earn a living wage and have benefits that will enable them to have acceptable standards of living, the ability to access quality health care, quality education and decent employment. In the same vein, the burden of diseases or illiteracy due to lack of skills and income may be shouldered by the families (South Africa 2012:4).

In 2009 the South African economy shed over a million jobs, resulting in a decline in the employment rate from 45% to 41%. The recession in the country mainly affected the poor and the marginalised. The employment rate in rural areas has dropped below 15%. Unemployment in the former Bantustan is a long standing problem. Out of 100 people between the ages of 15 and 64, not even 15% earn an income. Fifty five percent, which is comprised of mostly females, start school at the age of 6 years and leave at about 19 years with poor Grade 10 certificates and thus sink into permanent unemployment (Westaway 2012:117).

According to Tregenna and Tsela (2008:117), levels of both inequality and unemployment in South Africa are among the highest in the world. Unemployment and earning inequality have declined in the recent years, while the trend in overall income inequality is unclear. Both levels remain extremely high by history and by international standards. People with access to wealth experience South Africa as a developed modern economy, while the poorest still struggle to access the most basic services. In this context of high inequality, the idea that South Africa has “two economies” can seem intuitively correct and has informed approaches that assume that there is a structural disconnection between the two economies.

It was discussed on television (e.tv, 2010. 3rd degree 3 May 2010, 21h30) that in South Africa it has been identified that black people are the poorest of the poor because they have been locked outside the economic frame. If poverty is not addressed, it will lead to anger between the black and white people in societies. Poverty is seen as a manifestation of deprivation which affects education and health and never acknowledges progress but instead brings along problems. South Africa during the apartheid regime was unequal. When black people’s wealth was

legitimate, it was dealt with anger because black people were thought to be essentially criminals. It was also said that the inspirations of the black youth are not met but instead are delegitimised.

During apartheid, income poverty was strikingly visible in South Africa because it coexisted with great affluence against a backdrop of high inequality and also because this inequality correlated with race. African people were those who were dispossessed of most of their land, faced restricted opportunities for employment or self-employment, were limited to low-quality public education, healthcare and were physically confined to impoverished parts of the country or cities (Seekings 2011:2).

Educational deficiencies and lack of crucial skills prevent low-income working families from thriving in the world where education and knowledge are prerequisites for success. Low levels of educational attainment limit the prospects of individual families. Skills need to be upgraded to allow adults to access family-supporting jobs. To curb this problem, there is a need to increase the educational opportunities for working adults (Povich 2008:3).

Duncan et al (2007:159) state that in 2003, South Africa pledged to support the Millennium Development Goal (MDG) in the eradication of poverty, which includes the following:

- commitment to eradicating extreme poverty and hunger
- achieving universal primary education
- promoting gender equality and the empowerment of women
- reducing child mortality
- improving maternal health
- combating HIV/AIDS and other diseases
- ensuring environmental sustainability
- developing a global partnership for development

The Eastern Cape is fast becoming entrenched as South Africa’s most poverty stricken province. Most women work in jobs meant for men and yet they are paid

less for doing the same work. Most skilled workers, mainly men, migrate to greener pastures. The issue of “out-migration” resulting from the burdens of heavy economic dependency is contributing to the disorganisation of families and breakdown of social fabric of the provincial population. In the report commissioned by the Social Development Department and undertaken by Dr Monde Makiwane and Prof. Dan Chimere (2007), Makiwane stated that the Eastern Cape is one of the poorest provinces that has led the nation, citing the problem of devastating rural and urban households in Eastern Cape and how it struggles to break free from economic deprivation of the past. The socio-economic profile in the province reflects impacts of historical politics and institutionalized patterns of privileged and deprivation. Most development indicators show a very low socio-economic status in the province in relation to other parts of South Africa (Makiwane & Chimere 2007:40).

According to Westaway (2012:117) most people living in the Eastern Cape survive below the poverty line and household income is made up primarily of welfare transfers, while the contribution of employment remittance and agriculture is negligible. The provision of education, health, water and sanitation, infrastructure and services has been inadequate. In the Daily Dispatch (2010b:15) it was reported that the government is criminalising poverty and demonising the poor, so much that there is an increase in the number of sex workers because of lack of jobs. (See Annexure G).

Mc Ewen and Pullis (2009:356) state that both urban and rural locations have significant poor communities. Many of the poor are employed, however, only a small fraction has full time jobs year round. Others have part-time employment, often in low-paying retail service industries or as migrant farm workers or day labourers. They further explain that people who live in poverty have higher rates of chronic illnesses, higher infant morbidity and mortality, shorter life expectancy, more complex health problems and physical limitations that result from chronic diseases. These poor health outcomes result from inability to pay for health services, lack of insurance, geographic location, mal distribution of provinces and transportation difficulties.

Women and adolescents from poor families experience greatest risks of poverty, including higher rates of sexually transmitted diseases, addiction to drugs and alcohol, malnutrition status, higher incidences of poor birth outcome, e.g. babies with low birth weight and premature birth. Other birth complications are related to inaccessibility to antenatal care and hunger (Stanhope & Lancaster 2008:745). The association between poverty and child maltreatment is one of the most consistent observations in the published research. Therefore preventing families from violence implies providing them with education and employment opportunities (Kassin, Fein & Markus 2011:478).

Crais (2011:96) states that some people, like people who have “little or no property” are entirely, destitute and own nothing. He further explains that there is scarcity, malnutrition and anxiety of not knowing if and how one might make ends meet. Women prostitute themselves in exchange for food. Locations are populated largely by children, women and old people, where able-bodied men are off, working on farms or in towns and cities.

According to Hoogeveen and Ozler (2006:59) post-apartheid crime has been so prevalent that it has led to the emigration of South African professionals of all ethnic groups and possibly also discourages foreign investment and stifles economic growth. Unemployment is estimated to be between 30% and 40% and has steadily increased since 1995, making South Africa’s unemployment rate one of the highest in the world. In the Eastern Cape, the labour force decreased by 235,000 persons between the third and the fourth quarter of 2012. This decrease was reflected in the decrease in numbers of both unemployed persons (166 000) and employed persons (68 000). This indicated that the employment rate declined by 0.6 of a percentage point from 25.5% to 24.9% in the fourth quarter of 2012. The decrease in employment was attributed to job losses experienced in the formal sector, which was down by 52 000 people and private households which was down by 8 000 people. The number of discouraged work-seekers increased by 87 000 while other non-economically active persons increased by 259 000 (Stats SA 2012).

Goldblatt and McLean (2011:2) state that poverty forces women to accept sexual commodification and subordination to men in order to survive. They engage in prostitution in order to get by and they lose their autonomy to choose freely with whom and when they will have sex and have children. Poverty makes them more vulnerable to rape, assault and sexual harassment because they live in unsafe places and are not free to walk from workplaces to their homes. They are not free to leave abusive relationships when destitution is the alternative.

In the “State of the Nation Address” of the President on 14 February 2013 (SABC1, 2013. The News at Seven, 14 February, 19:00) in Cape Town, President Jacob Zuma highlighted ten (10) key issues for the development plan. Among the key issues in his speech, he identified improvement to be taken in education, job creation, housing, sanitation, provision of water supply and houses, equal nutrition, quality healthcare and wage subsidies.

In the Daily Dispatch (2012:4), Zwelinzima Vavi, addressing the Seventh Annual Peace, Safety and Human Rights Memorial Lecture at the University of South Africa (Unisa), called on everybody to throw their weight behind the battle against greed, corruption and poverty, inequality and unemployment. He highlighted that the workers who engaged in labour strikes because of wage disputes indicated that the poor are not a subservient class. He added that in the Eastern Cape, 25% of the province’s children live in child-headed homes, second to Limpopo’s 31% (see Annexure G). In Johannesburg, young people who cannot find work are losing out on opportunities to expand and strengthen their skills. This increases the likelihood that the millions of South Africa’s unemployed youth become disconnected from the rest of society. Those who did not complete their high school certificate are three times less likely to find work.

James (2012) reported that the Eastern Cape is the country’s poorest region in the provincial per capita GDP figures, showing that it is significantly worse off than provinces such as Limpopo and Mpumalanga. According to Statistics South Africa, one tenth of all Eastern Cape residents are severely food insecure, meaning that one

person, out of every ten people in a household goes hungry. Malnourished children find it difficult to concentrate at school, leading to poor and declining educational standards and ultimately lower job prospects and potential earning power in the future.

The unemployment rate among the youth in Eastern Cape stands at 37%. According to the International Labour Organization (ILO), there are 77.7 million young unemployed people in the world. The global jobless rate for young people is at 12.6%. In South Africa figures are even higher at 35.9%. Of the 22 million people living in poverty in South Africa, nearly 3.9 million live in the Eastern Cape. It means that 44% of the South African's population and 57% of the Eastern Provinces' population lives in poverty (van der Berg 2010:4).

De Haan (2007:15) states that there is still a marked difference between the disease profiles of developed countries and developing countries, with developing countries having high incidence of communicable diseases and other preventable diseases, which are associated with the environment in which the people live. Also associated with these are lack of resources, insufficient income, homes, inadequate homes, a lack of access to food and safe water and poor sanitation. This status is also noted between rural and urban areas.

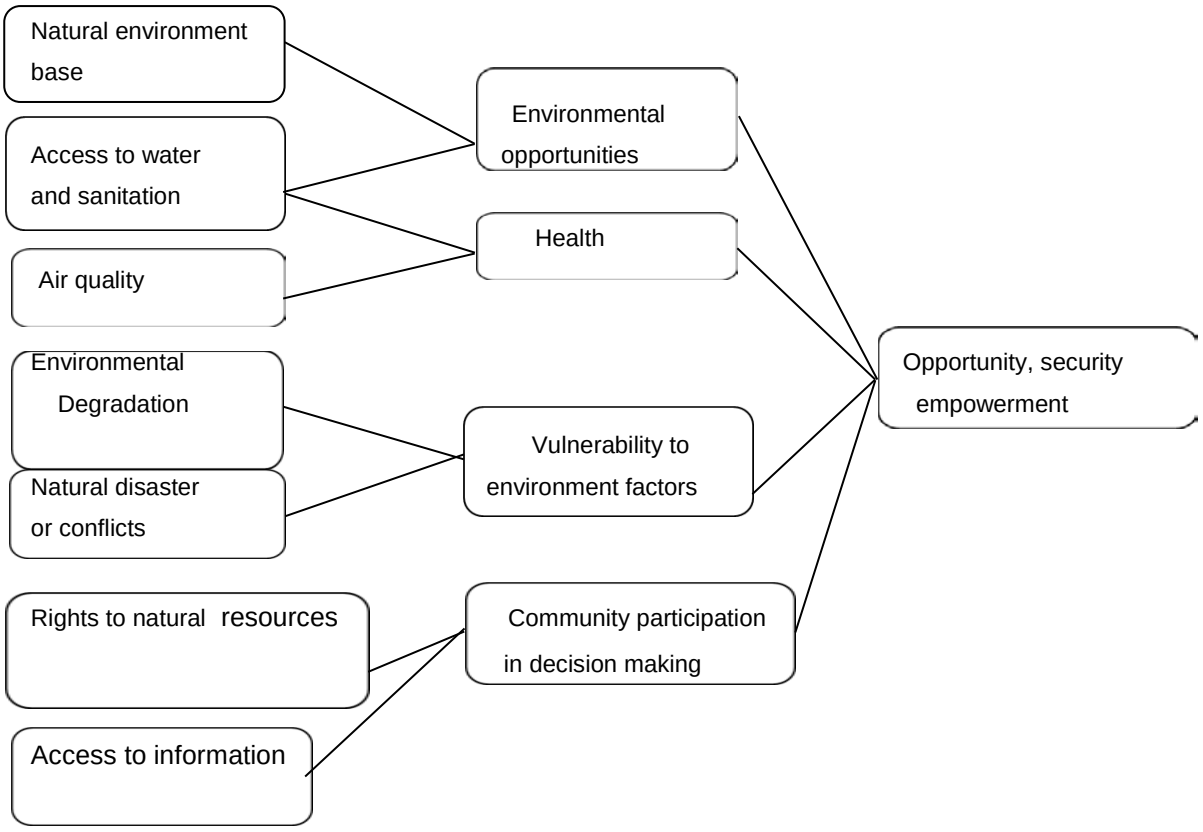

Figure 2.2 De Haan's (2007) diagrammatic environmental links to poverty

Naidoo and Wills (2009:33) state that income is a major determinant of the standard of living, and variations in ill health and premature deprivation reflects differences in levels of income and natural deprivation. Those likely to be affected are the unemployed, pensioners, single parents and families with many children who are low-paid. Poor people are likely to be affected physically by inadequate or unfit housing and a lack of food and fuel. Common psychological problems relate to stress and lack of social support. Behavioural challenges are associated with damaging behavioural practices, like alcohol abuses. Poverty limits peoples' choices to a healthier lifestyle (Mayer 2011).

Most of the population of Chris Hani District Municipality under which Lukhanji Municipality falls is rural and living in the former homeland of Transkei and Ciskei. The income of households is under minimum living levels, widespread and estimated at more than 70%. The unemployment rate is over 58%. As a home administrative centre of Queenstown, Lukhanji accounts for approximately one third of the district's GDP that is 37.2% and 31.9% of formal employment. Monthly income reveals that a bulk of employment is based on unskilled labour. More than 27% of the people earn

not more than R400 a month. Only 6% of employed persons earn more that R6000 a month (Eastern Cape … 2012).

According to the Daily Dispatch (2013a:3), the Premier of the Eastern Cape Noxolo Kiviet, in a food security seminar held in Mthatha, revealed that 57% of the Eastern Cape population still lives in poverty. Previously, poverty had been reduced by 12% and a lot more still needed to be done in order to address the challenge of the remaining 57%. She further urged the community to lead in fighting against poverty in the province. There has been a systemic destruction of the agricultural capacity by the repressive colonial and apartheid regimes. The agricultural sector only contributed 1.5% to the Provincial Gross Domestic Product (GDP).

Daily Dispatch (2013b:7) gave an account of how Dr Carol Hofmeyr witnessed shocking poverty in parts of the Eastern Cape and the desolation wrought by HIV/AIDS. In 2010 she became hurt by the on-going suffering of the poor.

"I have seen more people die than I ever imagined, but I have also seen more resilience in human beings than I believed possible. I feel I have lost something I once had, some way of perceiving the desperation in lives around me with open mind and eyes and heart. I have never seen poverty close-up. I have never been in homes where mothers wondered what they would find for four little children for supper," she said (see Annexure G).

It was then that she became involved in the ground-breaking work of fighting poverty and HIV/AIDS and upgrading the quality of life of many people in the Eastern Cape through the art project where women benefited by the income from the embroidery.

The Representative (2012:1), a local newspaper at Queenstown, reported that poverty has driven scores of local people to the Lukhanji Municipality refuse tip, as they try to survive. Adults, children and toddlers are seen scavenging. As soon as the trucks stop, people run to see what is being unloaded and fights break out as they try to get food. Statistics indicated that unemployment is currently at 29% and

people who are not actively looking for work at 40% and the only way out of scavenging is to find work, but chances are very slim (see Annexure G).

2.7 CONCLUSION

This chapter covered the literature review undertaken for the study to ascertain and describe the needs of adult members of poverty-stricken families.

Chapter 3 describes the research design and methodology to be used in this study.

CHAPTER 3
RESEARCH DESIGN AND RESEARCH METHODS

3. 1 INTRODUCTION

Chapter 2 dealt with the literature review for the study. This chapter provides a detailed description of the methods that ware used to achieve the objectives of this study. It focuses on how the planned methodology was implemented to describe the needs of the poverty-stricken families as identified by adult members. The premise is to give the reader a deeper understanding of how quantitative research methodology was applied to gain answers to the research questions.

3.2 PURPOSE OF THE STUDY

The purpose of the study was to ascertain and describe the needs identified by adult members of poverty-stricken families in Lukhanji Municipality (Queenstown).

3.2.1 Research objectives

The specific objectives of the study were to:

- ascertain and describe the socio-demographic characteristics of the poverty-stricken families
- ascertain and describe the needs of adult members of the poverty- stricken families

3.3 RESEARCH DESIGN

A research design is an overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process. It is also referred to as a blue-print for conducting a study and maximises the control over factors that could interfere with the validity of the findings (Polit & Beck 2008:66). It helps researchers to plan and implement the study in a way that

will help them obtain the intended results, thus the chances of obtaining information that could be associated with the real situation will be increased (Burns & Grove 2009:218).

This study used the quantitative approach to ascertain and describe the needs identified by the adult members of the poverty-stricken families in Lukhanji Municipality. A non- experimental, quantitative, descriptive design was utilised for this study.

3.3.1 Quantitative research

The study attempted to quantify the needs identified by adult members of the poverty-stricken families in Lukhanji Municipality.

According to Burns and Grove (2009:22) a quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information about the world. This type of research is predominantly used for scientific investigations in nursing.

3.3.2 Non- experimental

A non-experimental research is used when the researchers do not intervene by manipulating the independent variable, and the setting is not controlled. The study is carried out in a normal setting and the phenomena are observed as they occur. Most nursing studies are non-experimental because the vast number of human characteristics cannot be experimentally manipulated. According to ethical considerations, manipulation of human variables is not morally accepted (Polit & Beck 2008:271; Brink et al 2006:102).

In this study a non-experimental approach was appropriate, since the human characteristics of poverty-stricken adult members could not be manipulated.

3.3.3 Descriptive design

Burns and Grove (2009:237): Polit and Beck (2008:274) and Babbie and Mouton (2012: 81) state that a descriptive research design is used to gain more information about the characteristics within a particular field of study. It gives a complete account

of what has been observed from the research participants in response to the research question. The aim is to provide the picture of a situation as it naturally happens. It is accurate and precise.

According to Brink et al (2006:104) this design aims to obtain accurate and complete information and to describe the phenomenon for the purpose of providing new information about the phenomenon under study.
In this study a questionnaire was developed to obtain information about the needs identified by adult members in poverty-stricken families.

3.4 RESEARCH METHODOLOGY

Burns and Grove (2009:22) define research methods as techniques that researchers use to structure a study and to gather and analyse information relevant to the research questions.

3.5 POPULATION AND SAMPLING

3.5.1 Population

Burns and Grove (2009:714) and Polit and Beck(2008:67) describe the population as all the elements (individuals, events, objects or substances) that have common defining characteristics for inclusion in the study. It refers to the entire aggregation of cases that meet a designated set of criteria.

For inclusion in the study, respondents must meet the following criteria:

- be an adult member of a family identified as living below the poverty-line
- be willing to sign a consent form
- beside in Queenstown, Lukhanji Municipality
- be able to express themselves in English and/or isiXhosa

In this study, the population was comprised of 1500 households identified by professional clinic nurses as living below the poverty-line and verified by Department of Social Development in Lukhanji Municipality.

3.5.2 Sampling

Sampling comprises the elements of a population that are considered for the actual inclusion in the study and are a subset of the units comprising the population. It refers to the process of selecting a portion that represents the entire population (Polit & Beck 2008:339). A process of sampling is a scientific procedure or strategy that allows the researcher to determine and control the likelihood of specific individuals being selected for participation in the study (Burns & Grove 2009:35).

In this study a probability sampling method was used, where all the entire population had equal chance of being selected for the study. A systematic random selection of the respondents was used. Every 10^{th} household was selected from the list of 1500 households. The starting point on the list was the first household that was selected randomly.

3.5.3 Sample size

Every tenth family was systematically and randomly selected from the list of poverty stricken families provided by the Department of Social Services, until a total of 150 families were reached, that is, 150 respondents were selected.

3.6 DATA COLLECTION

Data collection involves obtaining numerical data to address the research objectives, questions or hypothesis. To collect data, consent to participate in the study must be obtained from the respondents and a consent form must be signed (Burns & Grove 2009:44).

3.6.1 Data collection instrument

According to Polit and Beck (2008:755) an instrument is a device used by the researcher to collect data, for example questionnaires, structured interviews, observation schedules and checklists. Polit and Beck (2008:755) and Brink et al (2006:191) define a questionnaire as “a method of gathering information from respondents about attitudes, knowledge, beliefs and feelings”. A description of all

tasks or types of activities that the subjects are asked to perform should be clear and well defined.

A questionnaire, as a data collection instrument, was designed in English by the researcher with the guidance of a supervisor. The researcher trained the field workers to correctly interpret for the respondents who were illiterate thus did not understand English and were unable to read or to complete the consent form and the questionnaire. The literate respondents completed the questionnaires themselves, while the field workers completed the questionnaires for those who were illiterate. A structured data collection instrument has a fixed set of pre-determined questions that are generally answered in a special order which enhances objectivity and reduces biases, e.g. a questionnaire which is a form of a self- report (Polit & Beck 2008:414).

3.6.1.1Characteristics of a questionnaire

According to Brink et al (2006:147) the characteristics of the questionnaire are as follows:

- questionnaires are the quickest way of obtaining data from a large group of people.
- questionnaires are less expensive in terms of time and money.
- questionnaires are one of the easiest research instruments to test for reliability and validity.
- participants feel a greater sense of anonymity and are more likely to provide honest answers.
- the format is standard for all participants and is not dependent on the mood of the interviewer.
- the researcher can keep track of the number of respondents completing the questionnaire and the evolving results.

In this study, a questionnaire was used by the researcher to obtain information from the respondents who met the criteria of inclusion. The questionnaire was designed in English and allowed the respondents to answer questions in writing, in the comfort of

their homes. The field workers interpreted the questionnaires to isiXhosa for those respondents who were illiterate and those who did not know English.

The structure of the questionnaire consists of three sections which are as follows:

Section A: Biographical information

Section B: Health experience

Section C: Psychosocial assessment

Items contained in these three sections were derived from the literature review and from the conceptual frameworks used for the study. These sections attempted to capture information regarding the needs identified by adult members of the poverty-stricken families.

3.6.2 Pre-test study

A pre-test study was conducted prior to commencement of the actual study with the purpose of determining the clarity of the questions and to detect whether the information being sought can indeed be obtained from the respondents.

In this study, the pre-test study was done with five families from the list of poverty-stricken families identified and approved by the Department of Social Development. The families used in the pre-test study did not participate in the main study. The respondents took between 20 and 25 minutes to complete the questionnaire. No adjustments were made to the questionnaire, as the respondents used in the pre-test study attempted all three sections with no problems identified.

According to Burns and Grove (2009:44), the pre-test study helps to:

- identify whether the proposed study is feasible, e.g. whether the subjects are available and whether the researcher has time and money to conduct the study
- develop or refine a research treatment or intervention

- develop a protocol for the implementation of a treatment
- identify problems with the study design
- determine whether the sample is representative of the population and whether the sampling technique is effective
- examine the reliability and validity of the research instrument
- determine or refine data collection instruments, refine the data collection and analysis plan.
- give the researcher experience with the subjects**,** setting, methodology and methods of measurement.

3.6.3 Research setting

According to Burns and Grove (2008:57) the research setting is the environment or specific place where information is gathered. Natural settings are real-life study environments without any alterations made to suite the study. The settings cannot be controlled.

In this study, the respondents completed their questionnaire in the natural setting, which is at their homes. The area of research is the Lukhanji Municipality, as indicated in Figure 3.1.

Figure 3.1 Lukhanji Municipality Locality Plan (http://.www.lukhanji.co.za).

3.7 PREPARATION FOR DATA COLLECTION

After the pre-test the fieldworkers were trained to correctly interpret for the respondents who were illiterate thus did not know English and unable to read, to

complete the consent form and the questionnaire. The field workers would be the ones who would complete the questionnaires on behalf of the illiterate respondents. The training was done before distributing the questionnaires. Each section of the questionnaire was explained to the fieldworkers by the researcher and questions were addressed.

For the main study, questionnaires were hand-distributed by the fieldworkers to selected respondents who met the criteria for inclusion in the study. The respondents completed questionnaires at their own convenient time at their homes. The researcher emphasised to the fieldworkers the importance of obtaining consent and having consent forms signed by the respondents before completing the questionnaire. Verbal consents were obtained from the respondents who could not write and were then assisted by the fieldworkers to complete the questionnaires. A date to collect the questionnaires from the respondents was secured with the respondents and the fieldworkers.

3.7.1Data collection

Data collection refers to gathering information necessary to deal with and answer the research problem (Burns & Grove 2009:441; Polit & Beck 2008:141). A self-report data collecting instrument was developed by the researcher with the help of the supervisor. A self- report instrument is a formal written instrument where the respondents complete the instrument themselves using paper-and-pencil instruments. For the purpose of this study, data collection was conducted through the use of a questionnaire to capture information from all the adult family members who meet the criteria of inclusion. The fieldworkers distributed the questionnaires to 150 respondents by hand. Consent was obtained and the consent form was signed prior to collection of data. Respondents completed the questionnaire at their homes.

3.7.2 The eligibility criteria

Polit and Beck (2008:338) describes eligibility criteria as criteria that specify population characteristics that must be possessed in order to be included in the study. They are sometimes called criteria for inclusion and are specified in section 3.5.1.

3.8 RELIABILITY AND VALIDITY

3.8.1 Reliability

According to Polit and Beck (2008:196) and Burns and Grove (2009:377) reliability relates to the consistency of the instrument in measuring the attribute at different times. Reliability refers to the degree to which the instrument can be dependent upon to yield consistent results if it is used repeatedly over time on the same person, or if used by two different researchers. If an instrument is used more than once to measure constant behaviours and still yields the same results, it is regarded as reliable. In this study, a pre-test of the questionnaire was conducted, where the respondents were given questionnaires to complete at their own time at home. According to Brink et al (2006:164) there are three characteristics of reliability namely; stability reliability, internal consistency and equivalence reliability.

- **Stability reliability**

The stability of a research instrument refers to its consistency over time. Stability is measured by giving the same individuals an instrument on two occasions within a short period of time and examining their responses for similarity. It is also called the "test-retest" method. This technique is used in interviewing and in questionnaires (Brink et al 2006:164).

- **Internal consistency reliability**

Internal consistency reliability is also referred to as "homogeneity" and it addresses the extent to which all items on an instrument measure the same variable and is appropriate only when the instrument is examining one concept or construct at a time. The common method that is employed to estimate internal consistency is the split-half method, where items on the instrument are split into two halves then correlations between the scores are computed. Statistical tests need to be developed in order to provide consistency measures of the questionnaire (Brink et al 2006:164).

Equivalence reliability

The tests of equivalence attempt to determine whether similar tests given at the same time yield the same results or whether the same results can be obtained by using different observers at the same time. The results of the tests are then consecutively administered by the researcher to the same objects and compared statistically to determine the degree of association or correlation between the tests (Brink et al 2006:165).

To establish reliability in this study, a pre-test was conducted with five respondents who have characteristics similar to the study sample. Each respondent completed the same questionnaire in their own time at home. The environmental context was therefore favourable. The five families were excluded from the actual study.

3.8.2 Validity

An instrument is referred to as valid if it actually measures what it is intended to measure. It is considered valid if it reflects the concept that it is supposed to measure. It refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under study. It further refers to truthfulness, accuracy, authenticity, genuineness and soundness of the measurement (De Vos et al 2011:172; Polit & Beck 2008:457).

3.8.2.1Types of validity

The types of validity applicable to the study were**:**

- **Content validity** refers to the degree to which the items in an instrument adequately represent an appropriate sample of items which form the construct being measured and adequately covers the construct domain. It is an assessment of how well the instrument represents all the components of the variable to be measured. It is also concerned with the representativeness of the content of an instrument and focuses on whether the full content of the conceptual definition is represented in the measure. This type of validity is mainly used in the development of questionnaires, interview schedules or interview guides. Usually the researcher who constructs the instrument bases

his/her claim on a literature review. The literature review reveals the essential aspects of the variable that must be included in the content (Polit & Beck 2008:458; De Vos et al 2011:173; Brink et al 2006:160).

- **Construct validity** denotes the degree to which an instrument measures the construct under investigation. It is concerned with the meaning of the instrument, that is, what it is measuring and why and how it operates the way it does. It seeks to answer the question “What construct is the instrument actually measuring?” It involves not only the validation of the instrument, but also the theory underlying it and is based on the logical relationship among variables. Construct validity is useful mainly for the measuring of traits or feelings, such as generosity, anxiety, grief, satisfaction, happiness or pain (Polit & Beck 2008:750; De Vos et al 2011:174; Brink et al 2006:162).

To check the construct validity index (CVI) of the questionnaire, the instrument was given to a person who obtained a Master’s degree from another university and who has used a quantitative design, and to two other lecturers in nursing who obtained BCur degree with Community Health Nursing Science as one of their major subjects and are currently engaged in the facilitation of the subject and thus are experts in the field of the topic under study. The CVI of the instrument was rated 4 (see Annexure F).

The field workers were also given the questionnaires to read and ask questions where there was no clarity of items of the questionnaire. The researcher trained the field workers to correctly interpret for the respondents who were illiterate thus did not know English thus unable to complete the consent form and the questionnaire on their own. The field workers could translate each item in the questionnaire clearly to isiXhosa and did not have questions or queries. No changes were made in the questionnaire.

3.8.3 Internal validity

According to Burns and Grove (2009:222) internal validity is the extent to which the effects detected in the study are a true reflection of reality, rather than the results of extraneous variables. It is addressed more commonly in relation to studies examining causality than in other studies. Internal validity was not applicable in this study as a non-experimental research design was used.

3.9 ETHICAL CONSIDERATIONS

Polit and Beck (2008:167) state that when humans are used as study participants in research, care must be taken in ensuring that the rights of these humans are protected. Throughout this study, the following ethical considerations and principles were implemented. The ethical principles were as follows:

3.9.1 Permission to conduct the study

An ethical clearance certificate was issued by the Higher Degrees Committee of the Department of Health Studies at Unisa and the Ref No: HSHDC/144/2013 (Annexure A) on approval of the research proposal.
Permission to conduct the study was also requested and obtained from the Eastern Cape Provincial Ethical Research Committee prior to data collection (Annexure B).

An application letter requesting permission to conduct the study and to use the clinic records to obtain the contact details of the adult family members was obtained from the Director of Community Services of the Lukhanji District Municipality (Annexure C).

3.9.2 Protecting the rights of the respondents

According to Burns and Grove (2009:189), researchers and reviewers of research have an ethical responsibility to recognise and protect the rights of human research objects. Three main ethical principles to be observed include the right to protection, respect for human dignity and justice (Polit & Beck 2008:170).

3.9.2.1 Beneficence

Beneficence denotes that the researcher should minimize harm (non-maleficence) to the respondents and maximise benefits (Polit & Beck 2008:170). To adhere to this principle, the researcher has to secure the well-being of the participant, who has the right to protection from discomfort and harm (Brink et al 2006:32).

The respondents were the main focus and were protected in the following ways:

- Any anticipated harmful effects were mentioned to the respondents by obtaining informed consent before the study was conducted. The researcher ensured that human respect and dignity was maintained throughout the study.
- In the case of temporary discomfort of any unusual level, the researcher ensured anonymity, confidentiality of information and privacy. If the respondent wished not to complete the questionnaire and to withdraw from the study for any discomfort, he/she was free to do so at any time. Any questions were answered honestly to allay fears and anxiety and misperceptions were addressed.
- Should a risk of permanent damage exist, a counselor and a government psychologist would be provided for professional intervention, should there be any emotional harm resulting from negative experiences that the respondent might have had.

3.9.3 Right to human dignity

Consent forms (Annexure D) were obtained from the potential respondents to take part in this research after comprehensive information has been provided by the by the researcher. To ensure freedom and autonomy, the researcher explained the rights of the respondents to refuse to participate and not to complete the questionnaire or to withdraw from participation at any time during the study without being penalised (Polit & Beck 2008:171; Gerrish & Lacey 2006:37). To ensure the right to full disclosure, the nature of the study was explained and that each respondent had a right to ask questions about anything that caused uncertainty. The researcher committed to giving the respondents summaries of the research findings on request. The researcher ensured human dignity and human respect of the

respondents by explaining that participation was voluntary, one was allowed to withdraw from the study at any time and that the research findings were available to all who participated on request. The information will not be linked to his/her name e.g. putting together the consent form and the questionnaire.

3.9.4 Right to justice and privacy

Justice refers to the right of the respondent to fair treatment and a right to privacy. Justice entails fairness and equality, which includes equal distribution of benefits and burdens of research throughout the research process. To ensure right to privacy, the researcher did not intrude into the personal lives of the respondents more than it was required and any sensitive questions were omitted (Polit & Beck 2008:173). Anonymity was maintained by making no attempt to link the respondents with specific information, thus identity was safeguarded. The signed consent forms were kept separately from the questionnaires to avoid any correlation. Codes were used when auditing completed questionnaires (Parahoo 2006:112). Records and other private information of prospective respondents were protected by keeping them locked up for safety. To allay fears and anxiety of the respondents, it was explained to the respondents that their participation was voluntary, were under no obligation to participate and no unauthorised person would access the records. The respondents were free to ask questions relating to their participation and the contact details of the researcher were given to them.

3.10 DATA ANALYSIS

The most powerful tool available to the researcher in analysing quantitative data is statistics. Without the aid of statistics, the quantitative data will be simply a chaotic mass of numbers. The statistical methods enable the researcher to reduce, summarise, organise, manipulate, evaluate, interpreted and communicate quantitative data (Brink et al 2006:171).

Data analysis was done soon after the data collection had been completed. The questionnaires that were completed and sent back were analysed using a descriptive statistical method. According to Brink et al (2006:171), descriptive statistics are used

to describe and summarise data, where they convert and condense a collection of data into an organised, visual representation or picture in a variety of ways so that the data have some meaning to the readers of the research topic.

The research analysis was sent to the statistician for statistical analysis and interpretation. Quantitative design uses statistical strategies which are mostly accompanied by graphs, tables and diagrams. The data analysis was done with the assistance of a statistician, using the descriptive non- parametric statistical methods and the Statistical Package for Social Sciences (SPSS) Version 13.0 computer program. According to De Vos et al (2012:251) descriptive statistics are methods that describe numerical data and assist in organising, summarising and interpreting sample data in a more manageable form. In this study ANOVA was used by the researcher with the help of the statistician to compare more than two means. ANOVA uses variances in calculating the value that reflects the differences between two or more means by calculating an F statistic or a ratio. A large F value denotes a greater variation or a difference between groups that are compared (Brink et al 2006:186).

3.11 CONCLUSION

Chapter 3 provided a detailed description of the methodology that was used in the study. Description of the research population, sampling, sample size, method of data collection, namely a self-developed questionnaire and pre-test of the questionnaire were discussed. Techniques of data analyzing were explained and methods to ensure reliability and validity were also described. Principles of ethical consideration were also discussed in this chapter.

Chapter 4 discusses the data presentation, analysis and data interpretation.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The objectives of this study were to ascertain and describe the socio-demographic characteristics of the adults of the poverty-stricken families and to ascertain and describe the needs identified by adult members of the poverty-stricken families. A questionnaire was used to collect data from the respondents who meet the criteria of inclusion. The questionnaire had three sections, namely:

- Section A: Biographical Information
- Section B: Health experience
- Section C: Psychosocial assessment

After data collection the data were entered into the computer using the Statistical Package for Social Sciences (SPSS), Version13.0 program. The data were analysed using the descriptive statistics and one-way Analysis of variance (ANOVA) with the assistance of a statistician.

This chapter discussed the research findings of the analysis performed on the collected data. The discussions were integrated in the findings and supported by literature. For anonymity, no names were attached to the completed questionnaires. The sample of the study consisted of 150 respondents who were selected using probability, systematic random sampling of adult members in poverty-stricken families. Out of 150 respondents 142 respondents completed and returned the questionnaires. Queenstown was the area of study, which forms the biggest area of Lukhanji Municipality where the study was conducted.

4.2 SECTION A: BIOGRAPHICAL INFORMATION

The biographical data consisted of the following categories, namely; age, gender, race, religion, marital status, number of children living with and who are financially dependent on the respondent, educational level of children, the employment status and highest level of education of the respondents, family's monthly income, number of people financially dependent on the respondent, and assistance received from the Department of Social Welfare.

4.2.1 Age

The ages of the respondents ranged between 18 to 61 years and older. Only 2.8% (n=4) were between 18 and 20 years, while the percentage of respondents 61 years and older was also low at 6.3% (n=9). Respondents were well represented in the age categories between 21 and 60 years, with the most respondents (27.5%; n=39) in the age group between 31 and 40 years and just below a quarter (24.6%; n=35) of the respondents in the age category of 41 to 50 years, as displayed in Figure 4.1. The unemployment rate of 25% in the fourth quarter of 2010 is among the highest in the world. Significantly, unemployment is concentrated in the 14–35 age cohorts which accounted for 72% of the unemployed in 2010 (Statistics South Africa 2011).

If this age group could receive better education and enough knowledge and skills, they would stand better chances of employment and maintaining good life standards for a long time because they are still far from the retirement age. Those who become highly skilled and can offer valuable services are more likely to be rewarded for their efforts than those who drop out of school and are unskilled. According to the report given by Nkoyoyo (2010:2), in Uganda employment separated youngsters from their aging parents in rural areas, known as the brain drain, where the skilled workers, usually from the developing countries, migrate from Uganda to Europe and America, looking for greener pastures.

Dieltiens and Meny-Gilbert (2008:8) state that a child at 15 years in South Africa shall only feel poverty if they didn't feel excluded from their families.

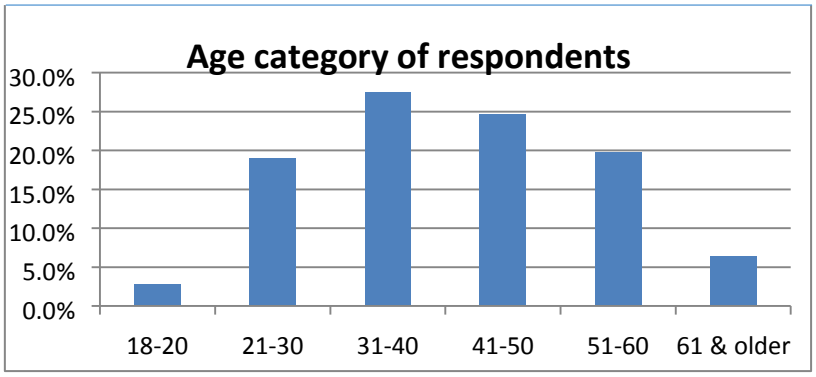

Figure 4.1 Respondents' age (n=142)

4.2.2 Gender

Of the respondents, 56.3% (n=80) were females and 43.7% (n=62) were males, as displayed in Figure 4.2. This implies that more households were headed by females. The results of the living conditions of households' survey indicate that a little more than three quarters (76.8%) of the households in South Africa were headed by black Africans during the period September 2008 to August 2009. About 12.5% of the households were headed by whites, 8.2% were headed by coloureds and 2.5% were headed by Indians/Asians. Of all the households, the majority were headed by males (60.2%). Among the black African-headed households, 56.2% were headed by males and 43.8% headed by females. This pattern (where the majority of households were headed by males) is observed in households headed by all other population groups. Households headed by black Africans had the highest proportion of households headed by females namely 43.8%. Females headed 34.0% coloured 24.9% Indian/Asian households 24.9% and 22.3% white households (Statistics South Africa 2011).

Approximately 60.5% of female-headed households are poor. This statement was supported by Shilubane (2007:26) in her study about employment of rural women in Mopani, which reported that black women in rural areas were submissive to their male partners and the role of women was to bear and rear children. African (Tsonga) culture regarded education for girls a taboo and they did not need to maintain their families economically but see that everything in the family is well- looked after.

Many males also left their families behind to seek employment in the big cities. This could be very disruptive for family life and might lead to all kinds of problems such as sexually transmitted infections and family disorganisation.

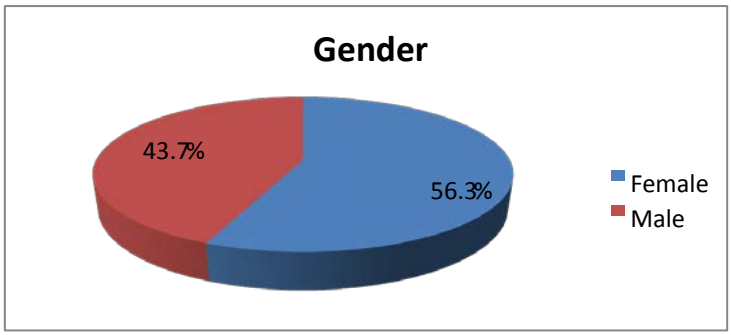

Figure 4.2 Respondents' gender (n=142)

4.2.3 Race

Of the respondents, 71.1 % (n=101) were blacks, 27.5% (n=39) coloureds and 1.4% (n=2) whites, as indicated in Figure 4.3. Cohen (2012) stated that under white segregationist rule before 1994, black South Africans were disadvantaged by poor education that confined many to unskilled and low-paying jobs. This statement was emphasized in a discussion on television (e.tv, 2010. 3rd degree May 2010, 21h30) that in South Africa, black South Africans were the poor of the poorest because they had been locked outside the economic frame (Eastern Cape … 2012).

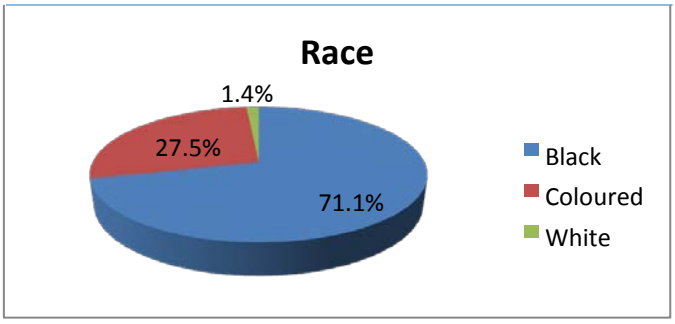

Figure 4.3 Respondents' race (n=142)

4.2.4 Religion

Of the respondents, 59.2% (n=84) were Christians, 23.2% (n=33) other and 17.6% (n=25) traditional, as displayed in Figure 4.4. This means that the area where the study was conducted consisted mainly out of Christians, as nearly 60% indicated that they were Christians. Although this information was not central to the study, the personal data obtained helped to contextualise findings and the information

regarding health practices of the families. Locally and elsewhere churches donate food, clothing and blankets in order to assist deprived families.

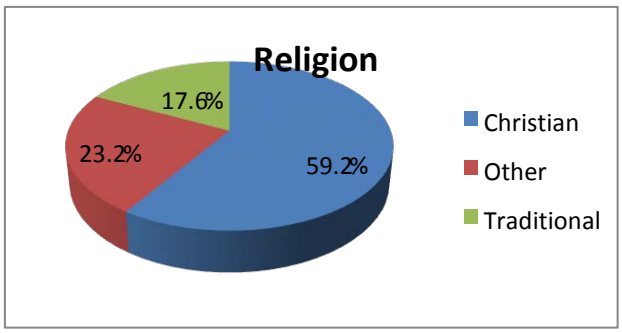

Figure 4.4 Respondents' religion (n=142)

4.2.5 Marital status

Figure 4.5 indicates that the largest percentage 36.6% (n=52) are married and therefore have to depend on their partners for financial support**.**

The second largest group at 25.4% (n=36) were single respondents. These behaviours could lead to the development of sexually transmitted infections. According to Cancian and Reed (2009), this pattern was also seen in the United States, where the family structures have significantly changed, leading to increased single-parent families which tend to be poor.

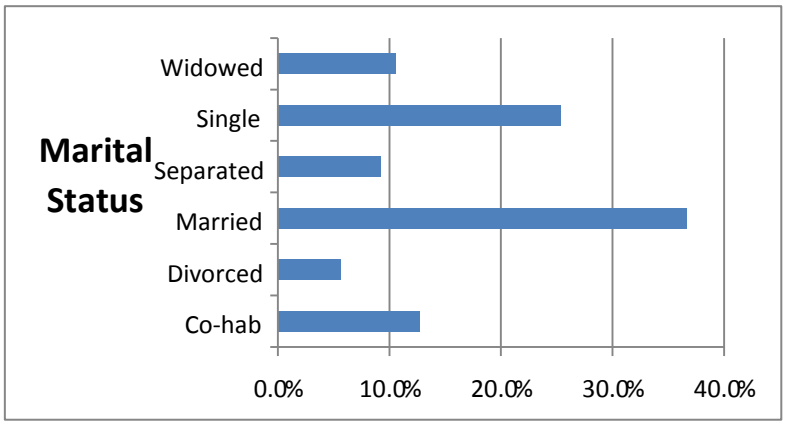

Figure 4.5 Respondents' marital status (n=142)

4.2.6 Age category of children

There were 553 children living in the 142 poverty-stricken families in the sample. The age category of children per family is displayed as Figure 4.6, where 2.5% (n=14)

were infants, 16.6% (n=92) were between 1 and 5 years, 42.1% (n=233) were between 6 and 11 years and 38.7% (n=214) were between 12 and 18 years.

The National Institute for Health and Care Excellence (NICE) advocates for children under 5 years of age to be supported in order for them to have a healthy social and emotional wellbeing. It further explains that children living in disadvantaged circumstances are more likely to experience social, emotional and behavioral difficulties and these result in poor health education and employment outcomes. The Primary School Nutrition Programme (PSNP) project benefits school children by providing food, creating employment and also by allowing participation by the community and local businesses (Pretorius, Matebese & Ackerman 2013:276).

According to Ruddick (2013:36) and Ross (2010:26), malnutrition can limit a child's ability to comprehend even basic skills and it also weakens the overall learning potential. Children and adolescents who are undernourished are more prone to irritability and lack of concentration, attain lower scores in tests and fall behind in class.

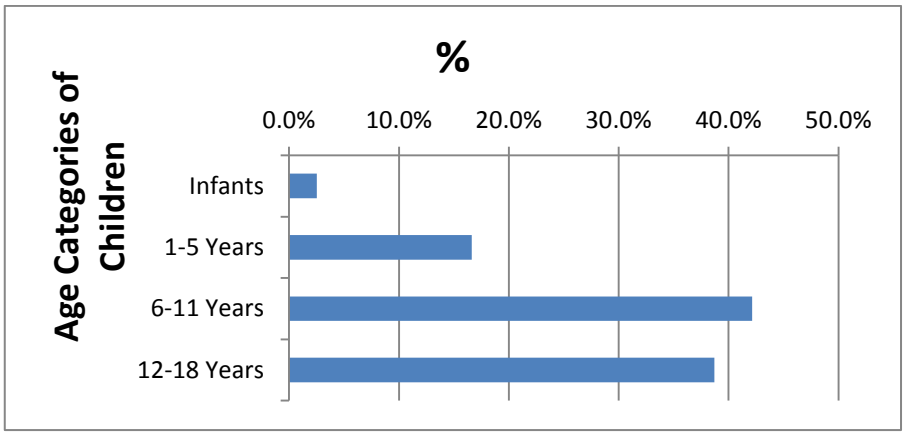

Figure 4.6 Age category of children (n=553)

4.2.7 Number of children per family

As reflected in Figure 4.7, of the households, 2.9% (n=4) had 1 child,12.1%(n=17) had 2 children, 23.6%(n=33) had 3 children, 26.4% (n=37) had 4 children, 22.9% (n=32) had 5 children, 8.6% (n=12) had 6 children, 2.9% (n=4) had 7 children and 0.7%(n=1) had 8 children. The highest percentage was 26.4% (n=37) which are

families with the maximum of 4 children per family, and only one (1) family at 0.7% had 8 children.

Together with the free healthcare government policy aimed at increasing the wellness of the population, especially pregnant mothers and children younger than six years, it was reported that family planning attendance and antenatal bookings in most facilities have increased (Makiwane & Chimere 2010:159).

Virola (2008) found that in Philippine poor families have more children because children are thought to be economic assets and would become working bodies later in the future. A large family size means large amounts of money and thus they do not bother to prevent having more children. Some families do not have access and knowledge about contraceptive measure and this contributes to large family sizes.

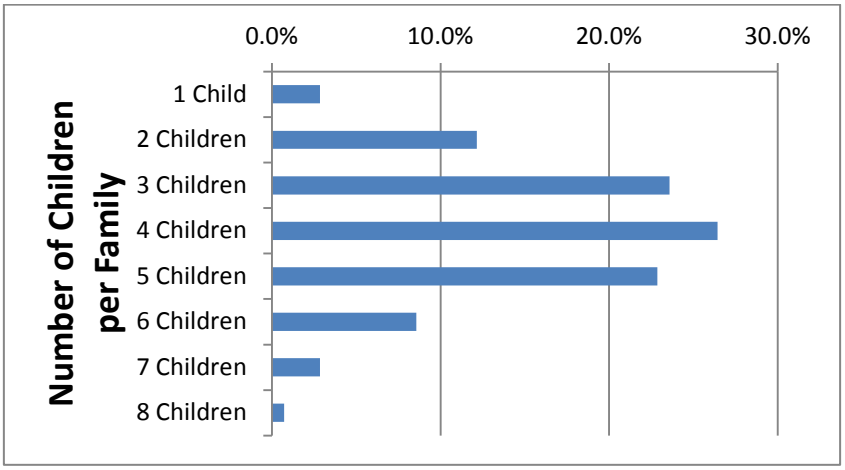

Figure 4.7 Number of children per family (n=140)

4.2.8 Percentage of children attending school

From the households, 56.3% (n=80) children were attending school, 41.5% (n=59) children were not attending school and 2.1% (n=3) indicated as the age bracket of non-school going children (infants), see Figure 4.8. Those who do not attend school will continue to live in poverty, come the time of their adulthood because they will not be empowered with education. As stated by Roux (2011:64), economic growth, education and training are crucial elements of a long-term solution to unemployment. High economic growth will not guarantee job creation if the labour force are not suitably equipped with skills and expertise, able to read and write and consequently

master basic technological skills effectively. Povich (2008:3) reported that educational deficiencies and lack of skills prevent low income working families from thriving in the world where education and knowledge are prerequisites for success.

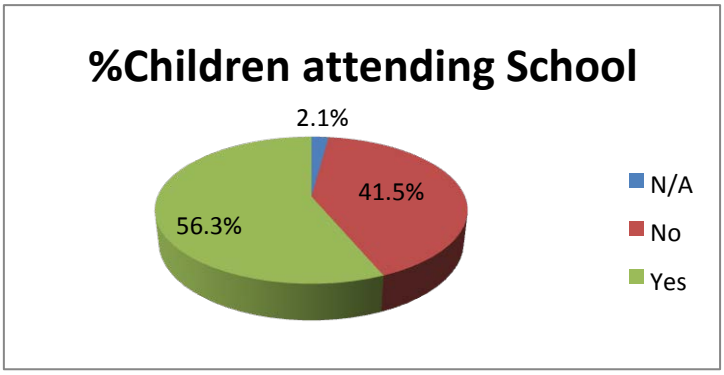

Figure 4.8 Percentage of children attending school (n=142)

Figures reflected in Table 4.1 indicate that there is a significant difference of ($p<0.05$) level between the mean scores of the stress effects of poverty upon children and their attendance of school.

There is a significant difference between the means scores of stress effect upon adults whose children are not attending school and that of those whose children are attending school.

Table 4.1 Stress and school attendance of children (n=142)

Attendance of school by children	N	Mean	Std Dev	ANOVA F-ratio $F_{2,140}$	p-value	Welch F-ratio DF=2	p-value	Kruskal-Wallis X_2 Value DF=2	p-value
No	59	3.866	0.4953	3.6391	0.0288	52.9436	0.0001	7.4411	0.0242
Yes	80	3.885	0.5857						
N/A	3	4.733	0.1154						

4.2.9 Respondents' employment status

The employment status of respondents reflect as 33.1% (n=47) for contract workers, 21.8% (n=31) permanently employed, 0.7% (n=1) on probation, 26.8% (n=38) temporarily employed, and 17.6% (n=25) unemployed, as depicted in Figure 4.9.

According to Statistics South Africa (2014), the share of employment in years 2008 and 2014, was substantially lower at 40.0%–45.0% in every province. The youngest working-age populations are found in Limpopo, Mpumalanga, Eastern Cape and KwaZulu-Natal, where in 2014 as many as 59.0%–63.0% of all workers were aged between 15-34 years.

Most respondents were contract workers and others on probation and thus they will remain uncertain about their state of employment. Dale (2010) stated that the biggest disadvantage of not being fully employed is the perceived lack of job security and lack of employer–paid benefits. This means that those unemployed together with their families will suffer consequences of poverty.

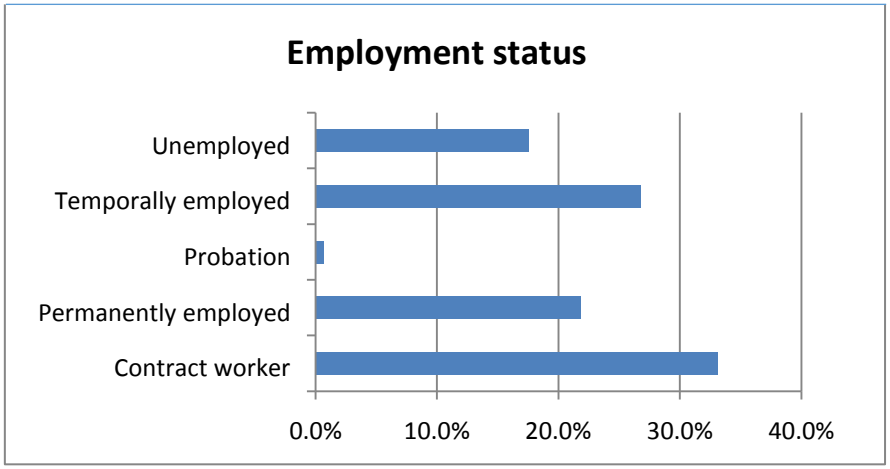

Figure 4.9 Employment status (n=142)

From the information depicted in Table 4.2, it is noted that there is a significant difference of ($p < 0.05$) level between the mean scores of the stress effects of poverty upon adult family members and their employment status.

Table 4.2 Stress and the employment status of respondents (n=142)

Race	N	Mean	Std Dev	ANOVA F-ratio $F_{4,140}$	p-value	Welch F-ratio DF=4	p-value	Kruskal-Wallis χ^2 Value DF=4	p-value
Contract worker	47	3.00	1.0771	5.0375	0.0008	66.886	0.0002	16.5922	0.0023
Permanently employed	31	3.59	0.5426						
Probation	1	2.00							
Temporally employed	38	3.26	0.7998						
Unemployed	25	2.58	1.0851						

4.2.10 Respondents' educational level

Of the respondents, 5.6% (n=8) did not have any education, 16.2% (n=23) completed between Grades 0 and 8, then 42.3 % (n=60) completed between Grade 9 and 12 and 35.9% (n=51) had tertiary education. As reflected in Figure 4.10, the highest percentage of respondents achieved a highest level of education between Grade 9 and 12 and the lowest percentage of respondents were those who had no education at all. If the government could create jobs, it would mean that 42.3% with this level of education could be employed, thus poverty could be reduced. The level of education was critical to the researcher as education influences job opportunities and employment. The indication is that with a poor level of education, chances of being accustomed to poverty are high. The effects of education (or non-education) are extensive throughout society. Education links directly to poverty-reduction efforts, with poverty levels tending to be lower among families in which the head of the household has had some education than in those where the head of the household has no education. Education is also directly related to improved health and impacts especially on premature death rates among children.

Even with improved education levels, jobs may still be hard to find, although education considerably enhances the chances of finding employment .The illiteracy rate in the Eastern Cape Province is relatively high with just under 20% of the

population being functionally illiterate. This has, however been improving, as the illiteracy rate has been dropping since 1995. The number of people of 15 years or older without any schooling is a matter of concern. Fortunately this number has also been coming down. In 2000 almost 700,000 adults had not received any schooling, but in 2010 this figure had dropped to just over 500,000. This represented 7.2% of the population as opposed to 10% in 1995. This is higher than the percentage for South Africa as a whole, which stood at 6.3% in 2010 (Eastern Cape … 2012).

According to Makiwane et al (2010:43) and Patel (2013:5) low levels of education and job skills are factors that limit the chances of employment or temporary casual work. Ebrahim (2009:23) highlights that unemployment is closely linked to lack of skills and education. Employees with a high level of education demonstrate to the employer their longevity in terms of commitment.

Dias and Posel (2007) state that in 2003 most South Africans of working-age had not matriculated (just over 30 per cent had), but from 1995 to 2003, the percentage of all working-age South Africans with at least a matric education had risen by four percentage points.

As reported by Bezuidenhout (2008:205) many people are unable to compete for higher paying jobs, due to low standard of education and these individuals are often the first to be retrenched in times of economic recession, resulting in parents failing to give their children education.

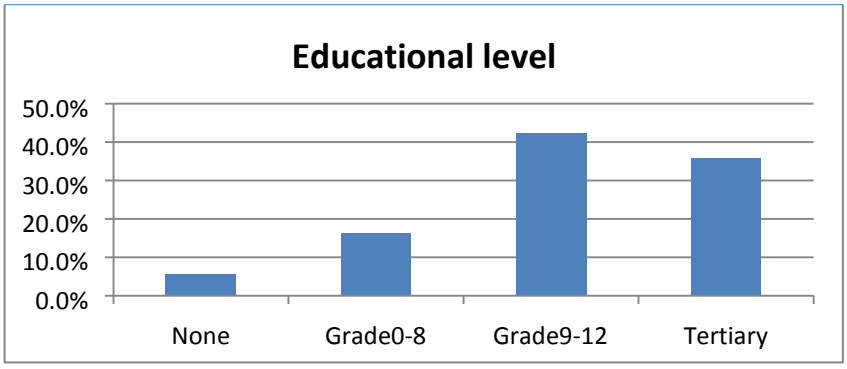

Figure 4.10 Educational level (n=142)

Table 4.3 Stress and the educational level of respondents (n=142)

Educational level	N	Mean	Std Dev	ANOVA F-ratio $F_{3.140}$	p-value	Welch F-ratio DF	p-value	KruskalWallis X^2 Value DF=3	pvalue
Grade 0-8	23	2.545	1.0540	3.4766	0.0176	2.8216	0.0573	9.4757	0.0236
Grade 9-12	60	3.187	0.9361						
Never	8	3.156	1.1254						
Tertiary	51	3.299	0.8558						

Equal variance was tested and confirmed with Levene's test, – thus the Welch test result was rejected.

There is a significant difference of ($p<0.05$) between the means scores of the stress effect of poverty upon adults and their level of education.

4.2.11 Respondents' family income

Figure 4.11 depicts that of the respondents' family monthly income as 16.9% (n=24) none, 9.2% (n=13) between R1000 and R1500, then 8.5% (n=12) earned between R1600 and R1700, 14.1% (n=20) earned between R1750 and R1900, 23.2% (n=33) earned between R2000 and R2900 and 28.2% (n=40) earned between R3000 and R5900.

The families with no income at all (16.9%; n= 24) and those with the lowest income were standing at 9.2% (n=13). Knowledge of the family income was important to understand the extent of poverty per household. Mbuli (2008:88) reported that there is a close relationship between poverty and unemployment in South Africa. This statement is supported by Todaro and Smith (2011:204), who reported that it is not the way in which income is received that matters, but the amount earned in order to meet the basic human needs. Also, according to Graaff (2011:3), income defines the extent and level of poverty.

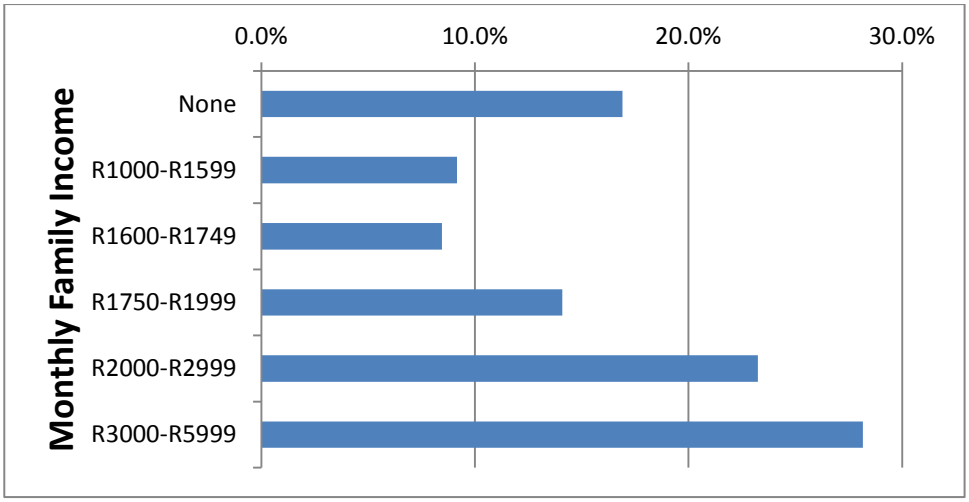

Figure 4.11 Respondents' family income (n=142)

There is a significant difference of ($p < 0.05$) level between the effects of the mean score of stress effect of poverty upon adult members of the poverty-stricken families in the various monthly income categories. (see Table 4.4)

Table 4.4 Stress levels and monthly family income (n=142)

Monthly Income	N	Mean	Std Dev	ANOVA F-ratio $F_{5.140}$	p-value	Welch F-ratio	p-value	Kruskal-Wallis X_2 Value DF=5	p-value
None	24	4.516	0.3171	9.9495	0.0001	17.8279	0.0001	41.6023	0.0001
R1000-R1599	13	3.830	0.6823						
R1600-R1749	12	3.666	0.6786						
R1750-R1999	20	3.860	0.4405						
R2000-R2999	33	3.703	0.4034						
R3000-R5999	40	3.787	0.5064						

The following correlation matrix investigated the strength of the linear relationship between:

- stress levels
- number of children and
- number of persons financially dependent upon respondent.

Table 4.5 The measurement of strength of the linear relationship between stress levels, number of children and number of persons financially dependent upon respondent

Correlation	Number of Children per family	Total number of people that you are financially responsible for.	Stress levels
Number of children per family	1.000	0.769	-0.174
Total number of people that respondent is financially responsible for	0.769	1.000	0.063
Stress levels	-0.174	0.063	1.000

The information gathered about family's monthly income shows that there is a strong correlation between number of children and number of persons financially dependent upon the adult family members, the more the number of dependents upon the respondent are, the more the financial burden is. However, there is a very weak and negative correlation between stress levels and number of children and number of people financially dependent upon the respondent. This depends on the total amount of income available or earned on monthly basis by the respondent and if it meets the basic needs of the family members.

4.2.12 Respondents' government financing

The respondents were asked what type of government support they receive. It was indicated that 0.7% (n=1), being the lowest percentage, received child support grants, foster care grants and disability grant. Five (3.5%), were on child support

grants and disability pension, 6.3% (n=9) received child support grants and old age pension and 45.8% (n=65) was the highest percentage, receiving child support only.

According to Hall and Wright (2010:63), social grants comprise a very important income stream for low-income households and without them the poverty rate would rise more than double. There is currently no social assistance for healthy unemployed adults of the working age.

As shown in Figure 4.12 and also reported by Liziwe and Kongolo (2011:58) and William (2007:28) most poor families derive most of their income from the child support grants. This number was followed by those who receive disability and old-age pensions. This denotes that there is no adult member employed or has a job to earn the household a salary.

Some of the poor families share the sentiment about the small amount of the child care grant they receive and yet they state that when it is incorporated into the household income, it is effective and has a positive impact. This means that the assistance by the government although not enough, is making a difference in the lives of the poor families. Westaway (2012:117) reported that most people in the Eastern Cape survived below the poverty line and the household income was made up primarily of welfare transfers.

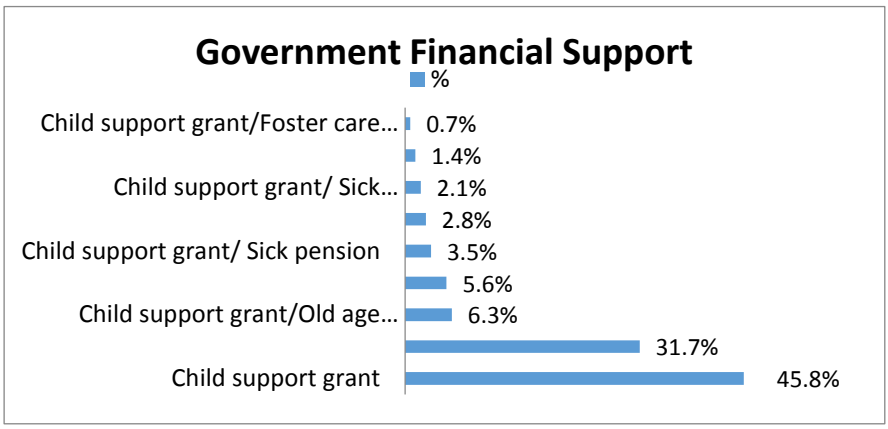

Figure 4.12 Government financial support (n=142)

4.3 SECTION B: HEALTH EXPERIENCE

Section B, covers the health status, provision of food, source of food and the number of full meals received by each family member on daily basis.

4.3.1 Health status

Table 4.6 depicts respondents' responses to whether the health status of each family member was good. Table 4.6 shows that of the disagreement response, the highest record was 64.7% (n=9) infants and the lowest 4.7% (n=11) on children between 6 and 11 years. This shows that there were more major health challenges in infants than in children between 6 and 11 years in poverty-stricken families. It could be that the children between 6 and 11 are part of a school feeding programme, while the infants and children between 1 to 5 years are poorly feed. There thus seems to be a need for provision of better health care for the infants and 1 to 5 years old. Another issue that could affect the infants and children between 1 to 5 years health status are that their immunization is not completed yet and as can be seen from Section 4.4.4 a high percentage (61.3%; n= 87) stayed in overcrowded households.

These results are supported by Helman (2007:5) who states that economic factors and social inequality are the most important causes of ill-health. People who live in poverty are exposed to physical and psychological violence, stress, drugs and alcohol abuse. The unequal distribution of wealth and resources also results in difficulty to access health facilities. The way the economy is structured, will determine whether the family members are able to derive livelihood, access benefits which will enable them to have acceptable standards of living, access quality healthcare and education and decent employment (World Bank 2007:93).

Myers (2010:551) reports that healthcare and nutritional factors explain the correlation between economic status and longevity. Poverty leads to reduced quality of health, onset of illnesses, unhealthy life styles and increased stress. All these help to explain the lower life expectancy of the disadvantaged communities. The highest percentage on "agree" (91.5%; n=196) were children between 12 and 18 years, followed by 89.8% (n=209) children between 6 and 11 years. Children of these age

groups are schooling and are getting food from the school feeding schemes. The lowest figure is 25.2% (n=18) reflected as spouses.

Table 4.6 Agreement that health status is good (n=142)

Health status	Disagree	Uncertain	Agree	N/A	Total
Myself	**9.2% (n=13)**	**8.5% (n=12)**	**82.3% (n=117)**	**0.0% (n=0)**	**(n=142)**
My spouse	**21.4% (n=15)**	**5.9% (n=4)**	**25.2% (n=18)**	**47.4% (n=33)**	**(n=70)**
Infant	**64.7% (n=9)**	**5.9% (n=1)**	**29.4% (n=4)**	**0.0% (n=0)**	**(n=14)**
Children 1-5	**37.8% (n=35)**	**0.0% (n=0)**	**62.2% (n=57)**	**0.0% (n=0)**	**(n=92)**
Children 6-11	**4.7% (n=11)**	**5.5% (n=13)**	**89.8% (n=209)**	**0.0% (n=0)**	**(n=233)**
Children 12-18	**5.7% (n=12)**	**2.8% (n=6)**	**91.5% (n=196)**	**0.0% (n=0)**	**(n=214)**
Father in law	**33.3% (n=3)**	**33.3% (n=3)**	**33.3% (n=3)**	**0.0% (n=0)**	**(n=9)**
Mother in law	**25.0% (n=3)**	**25.0% (n=3)**	**50.0% (n=6)**	**0.0% (n=0)**	**(n=12)**
Own father	**58.8% (n=21)**	**14.7% (n=5)**	**26.5% (n=10)**	**0.0% (n=0)**	**(n=36)**
Own mother	**55.6% (n=26)**	**16.7% (n=8)**	**27.8% (n=13)**	**0.0% (n=0)**	**(n=47)**
Others	**14.1% (n=20)**	**6.1% (n=9)**	**79.8% (n=115)**	**0.0% (n=0)**	**(n=144)**

4.3.2 Provision of food for the household

The respondents were asked who provides food for the households. It is understandable that 00.0% (n=0) children provide food for the household. As reflected in Figure 4.13, the main providers of food were the respondents themselves (57.5%; n=131) and 14.9% (n=34) were other and 14.0% (n=32) were by their

spouses. Fathers and mothers-in-law provide very little and none is provided by children of any age.
This shows that unemployed adults should engage in self-help projects e.g. handwork or cultivate vegetables. The handwork products can be sold to generate money to buy food and they can also provide their own fresh vegetables for nourishment.

Access to adequate food is a human right of every citizen and is constituted in the Bill of Rights of South African and lack of food is in violation of these basic human rights. Noted in his speech on television, President Jacob Zuma on the occasion of the national memorial service for the late former President of South Africa, Nelson Mandela's dream of providing food, houses, clean running water, sanitation and creating jobs to ensure that everyone has a better life. He stated that more still needs to be done for most South Africans who experience poverty in order to shorten the way to economic freedom (SABC 2, 2013. Special Programme. 10 December 2013, 09h00).

The absence of potable water and sanitation services makes people vulnerable to poor health, which in turn reduces the quality of life and productive capacity of people, burdens health care and social welfare services. Provision of dependable water supplies can have a strong positive effect on food security and income generation for rural women. Substantial livelihood gains are likely to be made by releasing labour time spent on obtaining water, and providing water for small farming and other enterprises. Only 21% of households have piped water, and 28% have sanitation facilities. In rural areas, more than 80% of poor households have no access to piped water or sanitation. About 74% of rural African households need to fetch water on a daily basis (Poverty and Inequality in South Africa 1998).

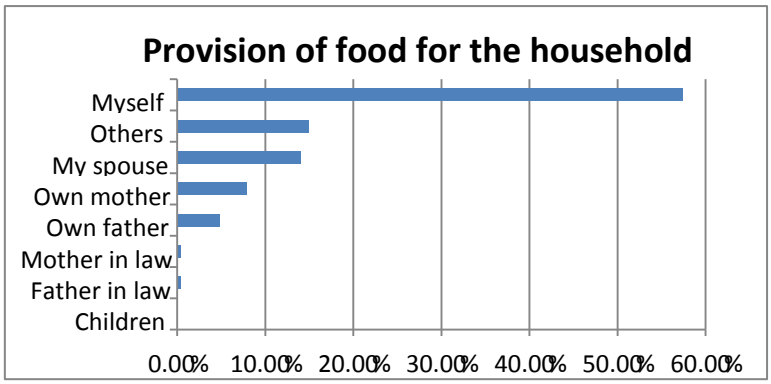

Figure 4.13 Provision of food for the household (n=229)

4.3.3 Source of food for the household

Of the respondents, the source of food are as 3.5% (n=5) get food parcels, 4.9% (n=7) buy food, have a garden and get food parcels, while 19.7% (n=28) buy food and cultivate their own gardens, 31.0% (n=44) only buy food, 40.8% (n=58) buy food and also receive food parcels, as depicted in Figure 4.14. The highest percentage of respondents indicated that they buy food and receives food parcels and the lowest percentage receive food parcels only and lack money to buy food. According to Talukdar (2012:6) the problem of poverty intensifies even more when the prices of commodities in general and of food in particular increase. According to Statistics South Africa, currently about 35% of the total population or 14.3 million South Africans are vulnerable to food insecurity. Among these, women, children and the elderly are particularly more vulnerable (Statistics South Africa 2000). The ability of the respondents to provide in their own feeding needs seems to be a problem as nearly 50% (49.2%; n=70) rely on some kind of support in the form of food parcels and 75.4% (n=107) indicated that they required food parcels when asked what type of support they required to fight poverty (Section 4.4.10).

It is stated by Sanchez (2010:103) that in South Africa, some public donations to the poor are through religious institutions like Community Base Organizations (CBOs) and Faith Based Organizations (FBOs) which support the poor spiritually, materially and financially. The Department of Social Development coordinated programmes which includes provision of food parcels and food growing starter packs for impoverished families, targeting very poor families, pensioners, child-headed families and households where the breadwinners are ill

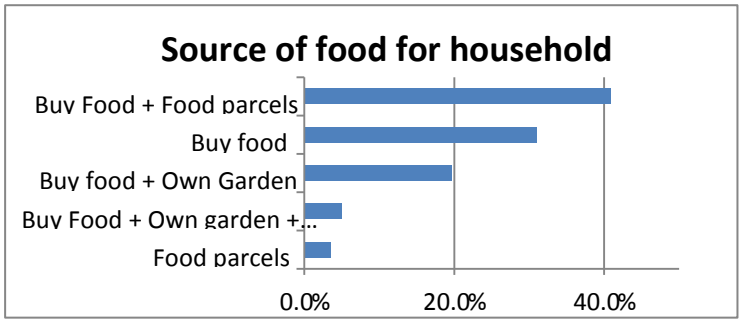

Figure 4.14 Source of food for household (n=142)

4.3.4 Number of meals taken per day

None of the family members get three full meals per day, as depicted in Figure 4.15. Most of the family members get one meal per day and the fathers and mothers-in-laws are in the highest percentage, which gets two full meals per day. Where family members get one full meal per day, they are prone to malnutrition, low resistance and other diseases related to malnutrition. This situation will decrease the mortality rate mostly of children, whose percentage of two full meals per day was 78.4% (n=43).

Fathers and mothers-in-law were at 100% in getting two full meals per day. To provide this meal, unemployed elderly people are adopted by some dedicated church members who assist them with an extra meal per day. Some are offered a meal by neighbours who are orientated with the culture of “ubuntu”. Clark (2008:498) highlighted the physical changes that develop with age which expose the elderly to “multiple pathology”. They are likely to develop illness and physical disabilities and have more than one medical condition which is disabling in nature and affects their quality of work. These health risks influence their chances of employment.

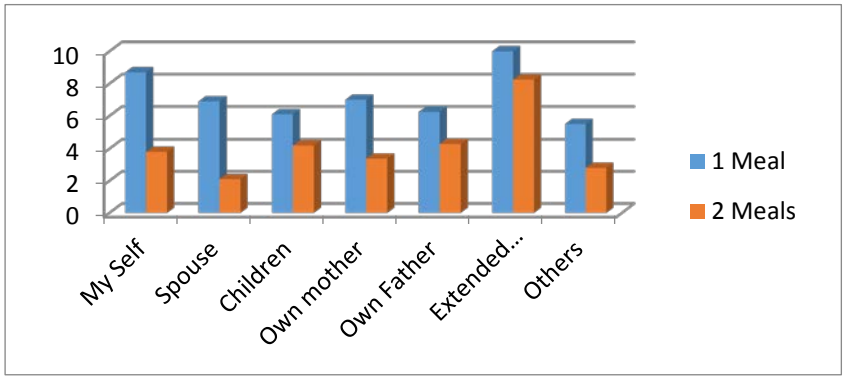

Figure 4.15 Number of meals taken per day

4.4 SECTION C: PSYCHO-SOCIAL ASSESSMENT

4.4.1 Effects of lack of income

The respondents responded to the statement referring to the effects of their lack of income. Large percentages were reflected under “agree” compared to 0.0% (n=0) to causes of stress in the family. As reflected in Table 4.7, the highest percentage was 98.6% (n=140) citing the major effect as stress in the family and the lowest 21.2% (n=30) reflecting as promotion of street kids. With “disagree”, the highest was 78.0% (n=111) to promotion of street kids and the lowest being 0.0% (n=0) to causing stress in the family. Heywood (2013:156) stated that poverty and inequality in the USA lead to shorter, unhealthier and unhappier lives being reflected and increased rates of teenage pregnancy, violence, obesity, imprisonment, drug addiction and stress related effects.

Depression had the highest recording of 92.3% (n=113) followed by 65.5% (n=93) of social isolation. In the area of study, poverty-stricken families were noted to be isolated. According to Teo, Choi, and Marcia (2013:4) poor families have restricted social networks within the community and some have no friends at all. Social relationships may be an important area to target among adults who are at risk of clinical depression. Due to lack of income, alcohol abuse is very high, with “agree” at 76.8% (n=109) and supports the high figure of stress which reflected at 98.6 %(n=140).

Vasuthevan and Mthembu (2013:201) highlighted the fact that alcohol abuse is evident in poor families and is commonly associated with home accidents e.g. burns and falls and other road accidents, as these people lack judgment when under the influence.

Crime was agreed by 66.2% (n=94) as an effect of lack of family income. In the National Youth Victimisation Survey it was reported that male youth and young adults from poor neighbourhoods, had been found to be primary perpetrators of violent crime, which included theft and rape. These perpetrators in turn become victims of mob assaults (Bray, Gooskens, Kahn, Moses & Seekings 2010:120).

According to the respondents, a lack of income negatively influences their relationship with their spouses (47.2%; n=67) and children (52.1%; n=74) respectively.
It should be noted that the largest percentage (49.3%; n=70) reported “not applicable” to the statement that a lack of income influence the relationship negatively with their spouses. The lack of income could have an effect on the group’s relationship by affecting their decision to get divorced or separated or to stay single. Family disorganisation has been noted as common in poverty-stricken families as 71.8% (n=102) agreed.

Wong (2007:49) in his study reported that unemployed adult men engage in marital or conjugal relationships and are less able to support their families. Unemployment and economic deprivation also contribute to divorce and separation and commonly includes out of wedlock childbearing. He further explained that female-headed households in turn contribute to the increase in crime and delinquency, due to lower levels of social control.

A large percentage (69.7%; n=99) of the respondents agreed that a lack of income affects the children’s progress at school negatively. Arber, Morris and Raver (2012:7) in their study reported that poverty serves as major risk factor for child development. Deep poverty in early childhood is associated with a broad range of problems in physical, cognitive and social development and these problems persist into adulthood. This is reflected in the health and academic gap between the high and low-income family backgrounds and by the high rate of school failure and dropouts of children from poor households.

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Table 4.7 Effects of lack of income on the family (n=142)

Label	Disagree	Uncertain	Agree	N/A	Total
17.1 Causes stress in the family	0.0% (n=0)	1.4% (n=2)	98.6% (n=140)	0.0% (n=0)	100% (n=142)
17.2 Causes depression	2.1% (n=3)	4.9% (n=7)	92.3% (n=131)	0.7% (n=1)	100% (n=142)
17.3 Promote low self esteem	16.9% (n=24)	17.6% (n=25)	65.5% (n=93)	0.0% (n=0)	100% (n=142)
17.4 Negatively influences the relationships with your spouse	2.8% (n=4)	0.7% (n= 1)	47.2% (n=67)	49.3% (n=70)	100% (n=142)
17.5 Negatively influences the relationships with your children	43.0% (n=61)	4.2% (n=6)	52.1% (n=74)	0.7% (n=1)	100% (n=142)
17.6 Promotes family disorganization	27.5% (n=39)	0.7% (n=1)	71.8% (n=102)	0.0% (n=0)	100% (n=142)
17.7 Promotes alcohol abuse	23.2% (n=33)	0.0% (n= 0)	76.8% (n=109)	0.0% (n=0)	100% (n=142)
17.8 Increases accidents	35.2% (n=50)	0.0% (n=0)	64.8% (n=92)	0.0% (n=0)	100% (n=142)
17.9 Promotes prostitution	40.1% (n=57)	1.4% (n=2)	57.8% (n=82)	0.7% (n=1)	100% (n=142)
17.10 Increases teenage pregnancy	69.7% (n= 99)	0.7% (n=1)	28.9% (n=41)	0.7% (n=1)	100% (n=142)
17.11 Promotes street kids	78.1% (n=111)	0.0% (n= 0)	21.2% (n=30)	0.7% (n=1)	100% (n=142)
17.12 Promotes crime by some family members	33.1% (n=47)	0.0% (n=0)	66.2% (n=94)	0.7% (n=1)	100% (n=142)
17.13 Affects children's progress at school	21.1% (n=30)	1.4% (n=2)	69.7% (n=99)	7.8% (n=11)	100% (n=142)
17.14 Affects absenteeism	26.7% (n=38)	3.5% (n=5)	62.0% (n=88)	7.8% (n=11)	100% (n=142)
17.15 Promotes social isolation	11.3% (n=16)	23.2% (n=33)	65.5% (n= 93)	0.0% (n=0)	100% (n=142)
17.16 Limits our recreation	8.5% (n=12)	21.8% (n= 31)	69.7% (n=99)	0.0% (n=0)	100% (n=142)

A large percentage (69.7%; n=99) of the respondents agreed that a lack of income affects the children's progress at school negatively. Arber, Morris and Raver (2012:7) in their study reported that poverty serves as major risk factor for child development. Deep poverty in early childhood is associated with a broad range of problems in physical, cognitive and social development and these problems persist into adulthood. This is reflected in the health and academic gap between the high and low-income family backgrounds and by the high rate of school failure and dropouts of children from poor households.

People living in poverty-stricken families engage in criminal activities, like stealing, house breaking and drug peddling in search for money and food. Duncan et al (2007: 249) explain that poverty is closely related to ill-health, malnutrition, social disruptions and crime.

4.4.2 Type of dwelling

As depicted in Figure 4.16, most of the families (71.1%; n=101) live in formal structures and just more than a quarter (28.9%; n=41) live in informal structure dwellings. The respondents who live in informal structures lack clean water and proper sanitation and were overcrowded with poor ventilation. These types of dwellings are not well structured and are hazardous to human beings. Gillan, Yates and Badrinath (2012:218) stated that an unhealthy environment that is, damp and overcrowded housing predisposes to infectious diseases, domestic violence and accidents and has a profound influence mostly on the lives of children.

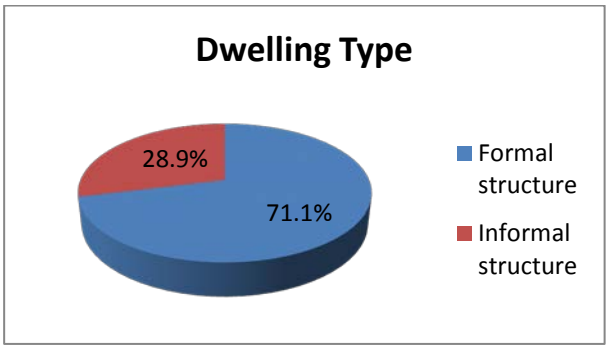

Figure 4.16 Dwelling type (n=142)

4.4.3 Number of rooms in dwelling

The dwellings in which most respondents (50%; n=71) stay had four rooms and only 2.8% (n=4) stayed in dwellings with only one room, as shown in Figure 4.17. Depending on the number of occupants living in a household, a four-roomed house may be as overcrowded as a single roomed house. In overcrowded households, family members are prone to spread of diseases and their comfort, safety, privacy and dignity are compromised. According to Suryakantha (2009:65), poor standard housing is associated with defective ventilation and overcrowding, affecting the

health of the residents physically, mentally and socially and resulting in increased morbidity and mortality.

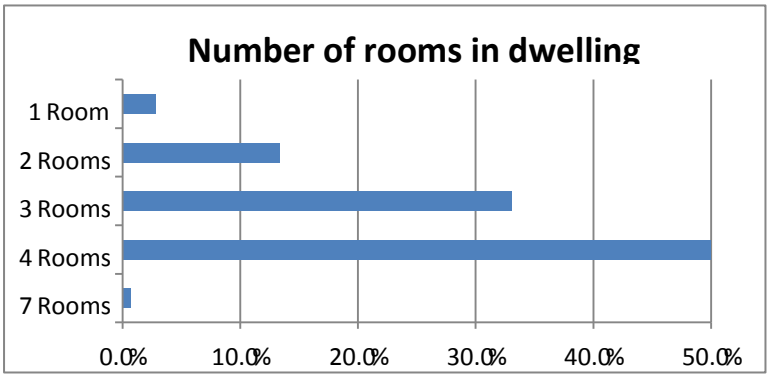

Figure 4.17 Number of rooms in dwelling (n=142)

4.4.4 Number of occupants in dwelling

A high percentage, of 61.3% (n=87) stayed in overcrowded households, where seven people and more stayed in one dwelling, while the smallest household consisted of only two persons (1.4%; n=2). It was reflected in Figure 4.18 that most of the families were still extended families and this could have worsened the state of poverty. According to Taylor et al (2011:30) in poor families, crowded conditions foster depersonalisation, high crime rates, psychological problems, lack of respect and worthlessness.

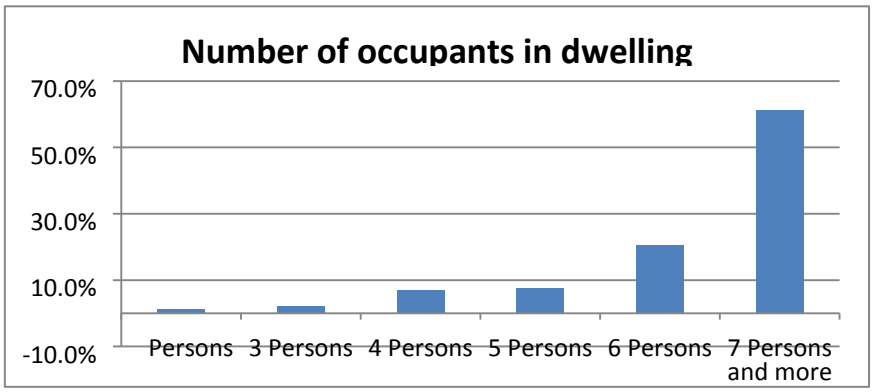

Figure 4.18 Number of occupants in dwelling (n=142)

4.4.5 Safety and comfort of households

Dwellings were mostly overcrowded and without enough comfortable clothing and blankets. As shown in Figure 4.19, a high percentage of the respondents (91.5%; n=130) indicated that their households were overcrowded, while 71.1% (n=101)

indicated that they had a lack of comfortable clothing. Hall and Barrett (2012:260) emphasises that shelter and access to adequate housing is an important human right. While these are considered commodities, they are important factors in shaping one's identity and determining one's security, comfort, wealth and status. Safety and security had been highlighted in Maslow's hierarchy of needs as basic human needs (Glassman & Hadad 2009:298). Living conditions are challenging, with a high risk of fire due to the type of building material used to build shelters. Density of buildings makes it difficult for emergency vehicles like ambulances and fire fighters to penetrate the settlements

Virginia Henderson in her fourteen components of human basic needs explained the avoidance of dangers and injuries within the environment as being crucial elements (George 2008:101).

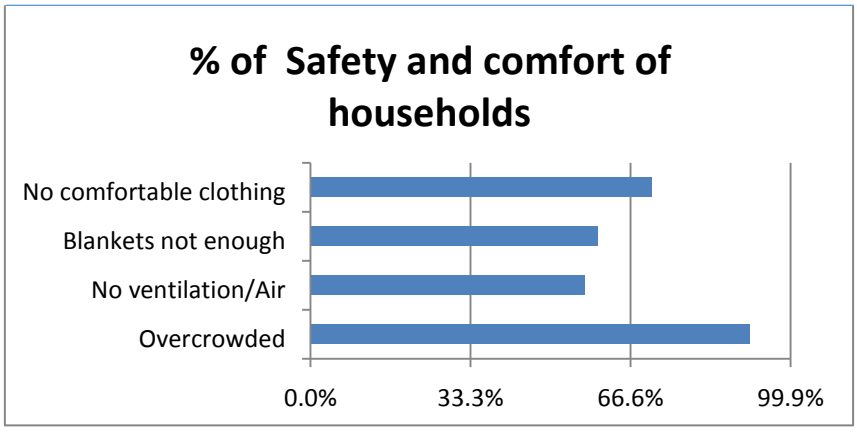

Figure 4.19 Safety and comfort of households (n=142)

4.4.6 Healthcare services visited

Most healthcare services that were visited by the respondents were local clinics (100.00%; n=142) and to a lesser extent government hospitals (33.1%; n=47) and traditional healers (9.2%; n=13), as reflected in Figure 4.20. Ross and Deverell (2010:141) stated that when people are confronted with the reality that treatment is not working or their health is declining, they resort to an alternative healing method, namely, traditional healers. These practitioners (traditional healers) mostly use herbal drugs which have no scientific grounding and tend to have toxic side-effects.

No family visited private hospitals. According to Taylor et al (2011:30) poverty has long been a barrier to adequate healthcare and prevents many people from consistently meeting their basic human needs.

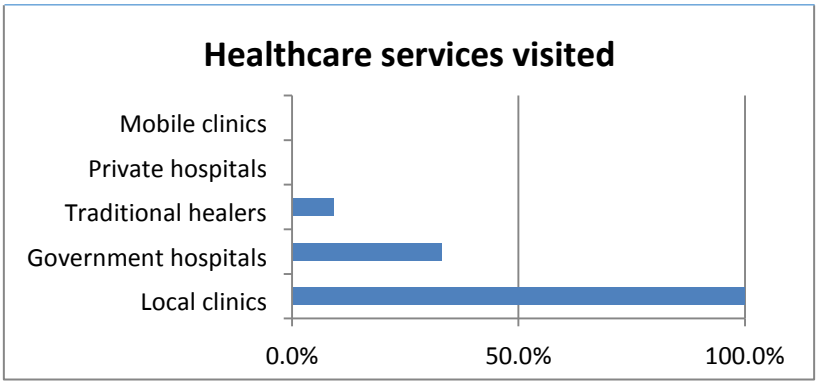

Figure 4.20 Healthcare services visited (n=202)

*The respondents could choose more than one option to this question.

4.4.7 Source of household water

Tap water was the commonest source of water for 79.6% (n=113) of the families while the remaining 10.6% (n=15) and 9.9% (n=14) used either tank or rainwater or river and streams respectively, as depicted in Figure 4.21. Health problems result from unsafe water. Those using river and stream water are prone to water-borne diseases like diarrhoea and cholera. Most commonly found in areas with no clean source of water, is diarrhoea which is the main cause of death in children, dysentery, typhoid fever and worm infections like bilharzia (WHO 2000). It seems that 20.5% (n=29) of the respondents are in need for a more hygienic source of water supply.

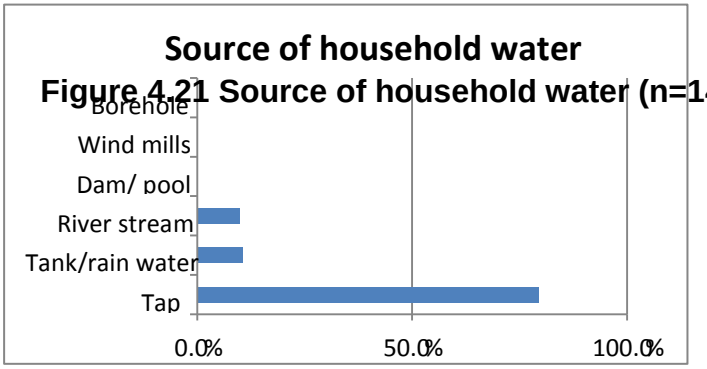

Figure 4.21 Source of household water (n=142)

4.4.8 Source of energy and heat

According to Figure 4.22, electricity is used by the majority of households (71.1%; n=101) while paraffin (52.8%; n=75) and wood fire (33.8%; n=48) are also used. Only a few respondents (1.4%; n=2) used candles. Those using wood fire and candles are at risk of smoke inhalation and other home accidents, like house fires and human burns. Pacione (2009:548) reported that in households where open fire or inefficient stoves are used for cooking or heating, smoke and fumes from coal, wood and other biomass fuels can cause serious respiratory problems. Carbon monoxide poisoning becomes a hazard in poorly ventilated dwellings. Infants and children may suffer growth retardation, leading to smaller lung development and higher prevalence to chronic bronchitis.

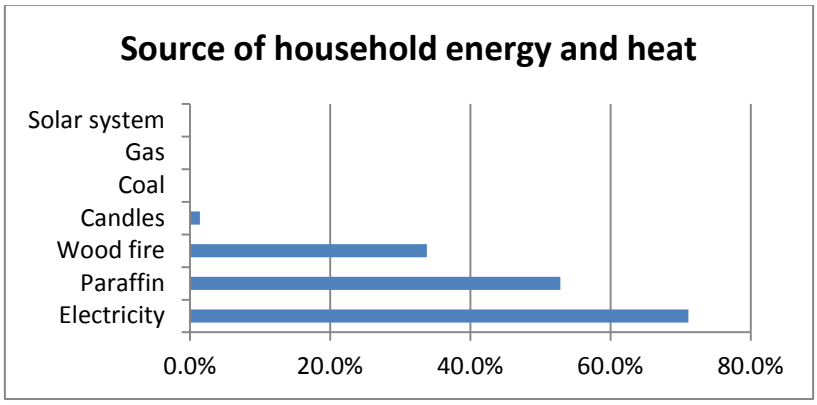

Figure 4.22 Source of energy and heat (n=226)

*The respondents could choose more than one option to this question.

4.4.9 Type of sanitation system available

According to Table 4.8, the respondents indicated that their households mostly make use of a water flushing system (69.7%; n=99), while 10.6% (n=15) make use of the pit privy system. The remaining 19.7% (n=28) did not have sanitation at all and the researcher assumed that this group was using open veld or dongas to relieve themselves. No chemical or bucket systems were available in the area of study. According to WHO (2012), some diseases are linked to unsafe water supply and lack of or inadequate sanitation, e.g. cholera.

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Table 4.8 Type of sanitation system available (n=142)

Type	n	%
No sanitation available	28	19.7%
Chemical toilets	0	0.0%
Pit privy system	15	10.6%
Bucket system	0	0.0%
Water flushing system	99	69.7%
Total	142	100.0

4.4.10 Support required to fight poverty

Figure 4.23 revealed that the largest number (75.4%; n=107) of respondents indicated that they required food parcels and the lowest percentage 1.4% (n=2) required grants/pensions. Other requirements ranged from skills training (52.8%; n=75) to sanitation (21.1%; n=30). Everyone has a right to good standard of living adequate for the health and well-being of himself and his family. These include food, clothing, housing, medical care and other necessary social services and the right to security in the event of unemployment, sickness, disability, old age or other lack of livelihood in all circumstances beyond his control.

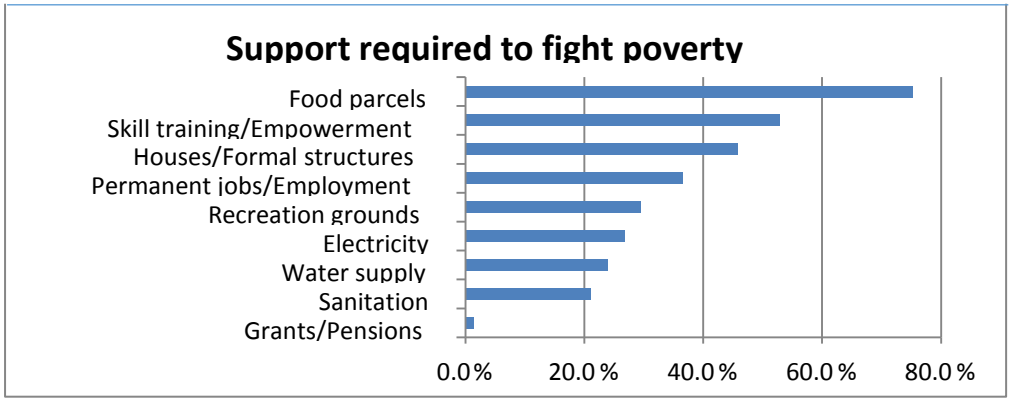

Figure 4.23 Support required to fight poverty (n= 445)

***The respondents could choose more than one option to this question.

High standard of living is reflected in health status and in the mortality rate, and these vary from high income to low income groups (Van Vuren & Kruger 2012:208; Pacione 2009:353). The requests by respondents for support to fight poverty are

necessary for good, healthy and decent lifestyles. To emphasise the situation under which poverty-stricken families lived, the researcher captured some respondents saying:

"We have been living with hunger and poverty throughout our lives, overworked and yet underpaid by farmers. Even in this era of democracy, we haven't seen the difference; instead, the integrity of our family lives is undermined".

The other respondent echoed almost the same words as above:

"Black Africans have suffered under the arm of those who are privileged and have all; our living conditions have not changed at all. We need better education for our children so that they have a brighter future and not suffer consequences of lack of education like we did".

The above statements were commonly shared by most of the respondents in the study who virtually showed the frustration and bitterness of the conditions under which they live.

While some of the respondents required that the government give them houses, the researcher discovered that some families who occupied informal settlements, actually owned Reconstruction and Development Programme (RDP) houses (low cost houses), but gave them out for renting to get money on a monthly basis and some sold them to get cash. This was voiced out by some of the respondents although this was not categorically stated in the questionnaire.

4.5 CONCLUSION

This chapter discussed the data presentation, analysis and interpretation of findings. The statistician assisted with the use of figures, diagrams and tables.

Chapter 5 concludes the study, highlights limitations and makes recommendations to address the needs identified by adult members of poverty-stricken families and for further studies on the topic.

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter gives a summary of the findings in relation to the study objectives, discusses the limitations of the study and makes recommendations for strategies to fight poverty and improve the living standards of poverty-stricken families, followed by the conclusion of the study.

5.2 SUMMARY OF FINDINGS

The purpose of the study was to ascertain and describe the socio-demographic characteristics, as well as the needs identified by of the adult members of poverty-stricken families in Lukhanji Municipality (Queenstown).

5.2.1The socio-demographic characteristics of the poverty-stricken households

- **Biographic information**

Of the 150 respondents who were selected as a sample, 142 respondents completed the questionnaires of whom 71.1% (n=101) were black persons, 27.5% (n=39) coloured persons and 1.4% (n=2) white persons. The collected data were expressed in numerical terms following the format of the questionnaire with the assistance of a statistician.

The age of the respondents ranged between 18 and 20 and 61 years and above with the highest percentage (27.5%; n=39) in the range of between 31 and 40 years. This group was still energetic, productive and employable. Given good education, knowledge and skills they will be able to maintain good standards of life.

Of the respondents 56.3% (n=80) were females and 43.7% (n=62) males illustrating that most house were headed by females.

With regard to religious affiliation, 59.2% (n=84) were Christians, 23.2% (n=33) other and 17.6% (n=25) had traditional beliefs. Most respondents were married couples at 36.6% (n=52), while 25.4% (n=36) were single and less than 10% were separated or divorced.

There were 553 children in 142 households, consisting of 2.5% (n=14) infants, 16.6% (n=92) between 1 and 5 years, 42.1% (n=233) were between 6 and 11 years and 38.7% (n=214) were between 12 and 18 years.

According to the results, of the households, 2.9 % (n=4) had 1 child, 12.1% (n=17) had 2 children, 23.6% (n=33) had 3 children, 26.4% (n=37) had 4 children, 22.9% (n=32) had 5 children, 8.6% (n=12) had 6 children and 2.9% (n=4) had 7 children. The highest percentage 26.4% (n=37) had 4 children and the lowest 0.7% (n=1) had 8 children.

The majority (56.3%; n=80) children attended school while 41.5% (n=59) children of school age did not attend school and 2.1% (n=3) were not applicable. The ANOVA suggests that there is a significance relationship between stress levels experience in poverty-stricken households and if the children attend school or not.

Only 21.8% (n=31) of the respondents were permanently employed, 31.1% (n=47) were contract workers, 0.7% (n=1) were on probation and 26.8% (n=38) temporarily employed.
The ANOVA indicated a significance relationship between stress levels experience and the employment status of the respondents.

Most respondents 42.3% (n=60) achieved between Grade 9 and 12, followed by (35.9%; n=51) with tertiary education.
Of the respondents, 16.2% (n=23) had achieved Grade 0 and 8 and 5.6% (n=8) did not have any education.

The study revealed that 28.2% (n=40) earned between R3000 and R5900, followed by 23.2% (n=33) that earned between R2000 and R2900 and 16.9% (n=24) that earned nothing at all.

According to the study findings, most households (45.8%; n=65) derived income from child support grants only, while 3.5% (n=5) received support grants and disability pension and 0.7% (n=1) received child support grants, foster care grants and disability pension.

- **The health experience**

The results showed major health challenges in infants, where the highest in

“disagree” to good health was recorded at 64.7% (n=9) and the lowest 4.7% (n=11) of children between 6 and 11 years.

According to the results, the respondents themselves were the main providers of food (57.5%; n=131) with 14.9% (n=34) and 14.0% (n=32) of this role being fulfilled by others and spouses respectively. Most families (40.8%; n=58) bought food and received food parcels, while 3.5% (n=5) only received food parcels.

None of the respondents or their family members had three meals a day. Children (78.4%; n=43) received two meals (one at home and an extra meal from the school feeding scheme) per day. The fathers and mothers-in- laws of the respondents were at 100% in getting two meals per day.

- **The psycho-social assessment**

It was agreed by 98.6% (n=140) respondents that a lack of income causes stress. The respondents did not think that a lack of income promotes street kids, as only 21.2% (n=30) agreed on that statement. The respondents however agreed (76.8%; n=109) that lack of income could cause alcohol abuse, promotes family disorganisation (71.8%; n=102), limits recreation (69.8%; n=99) and affects the children’s progress at school negatively (67.7%; n=99).

Most respondents (71.1%; n=101) lived in formal structures, and just more than a quarter (28.9%; n=41) lived in informal dwellings. Half of the respondents (50.0%; n=71) occupied four- roomed houses and only (2.8%; n=4) resided in dwellings with only one room. Of the respondents (61.3%; n=87) resided in overcrowded households where seven or more people stayed under one roof. The smallest household (1.4%; n=2) consisted of only two persons.

Of the respondents, 91.5% (n=130) indicated that their household was grossly overcrowded and without enough comfortable clothing (71.1%; n=101).
All the respondents (100.0%; n=142) indicated that they are visiting local clinics and to a lesser extent (33.1%; n= 47) the government hospital. A low percentage (9.2%; n=13) still agreed on visiting traditional healers to supplement the scientific medicine because of their cultural beliefs.

Of the respondents, 79.6% (n=113) accessed water from taps while 10.6% (n=15) and (9.9%; n=14) used either tanks or rain water or river and streams respectively.

A large proportion 71.1% (n=101) used electricity, 52.8% (n=75) paraffin and 33.8% (n= 75) used wood fire. Only a small percentage (1.4%; n=2) used candles. Flushing toilets were available to 69.7% (n=99), and 10.6% (n=15) used the pit privy system. A low percentage (19%; n=28) did not have sanitation at all and it was presumed by the researcher that these families were using open veld and dongas to relieve themselves.

5.2.2 The needs of adult members of the poverty-stricken households

Most respondents (75.4%; n=107) indicated that they needed food parcels and the lowest percentage requested grants (1.4%; n=2). Just more than half of the respondents (52.8%; n=75) indicated their need for skills training and 21.1% (n=-30) needed sanitation**.** Other needs indicated by respondents were employment (36.6%; n=52), recreation grounds (29.6%; n=42), electricity (26.8%; n=38) and water supply (23.9 %; n=34).

Table 5.1The needs of the poverty-stricken households in terms of Maslow's and Henderson's theories

Maslow's theory	Henderson's theory	The needs of the poverty-stricken households in terms of Maslow's and Henderson's theories.
Physiological needs (breathing, air, food, water, sleep and comfort)	Breathe normally, eat, drink adequately, eliminate by wastes and maintain desired posture. Sleep and rest, select suitable clothing, maintain body temperature, keep body clean and well groomed and protect integument	• Provision of food – main providers of food were respondents at 57.5%(n=131), 14.9%(n=34) provided by others. Less was provided by others and none at all by both father and mother in laws and children of any age. • Type of dwelling- Highest count of 71.1% (n=101) lived in formal structures. Just more than a quarter 28.9% (n=41) lived in informal structures with poor sanitation, water and lived in overcrowded conditions • Sources of energy and heat -The majority 71.1% (n=101) had electricity as they lived in formal houses and 1.4% (n=2) used candles which exposed them to health risks and domestic hazards. The rest used paraffin and fire wood • Sanitation system available -Recorded high was 69.7% (n=99), followed by 10.6% (n=15) using pit privy systems and 19.7% (n=28) did not have any of these facilities.
Safety needs (security, employment, resources, health, property, family)	Avoid environmental damage and avoid injuring others	• Only 21.8% (n=31) were permanently employed, leaving the rest of the respondents in uncertainty regarding receiving a steady income to secure their resources for themselves and their family members. • Family income and effect on family-28.2% (n= 40) earned R3000-R5000 and 16.9% (n=24) did not earn anything to support their families at all. Other families' income ranged between 9.2% (n=13) at R1000-R1500 to 23.2%(n=33) earned R2000-R2900 though it was not enough to meet their basic human needs. • Health issues -– Recorded high at "disagree" 64.7% (n=9) were infants and indicated major health challenges. The lowest 4.7% (n=11) were for children between 6-11 years and indicated that the economic factors are essential to curb ill-heath • Safety and comfort of households-Overcrowded families were at 91.5% (n=130) and 71.1% (n=101) where shelter was a challenge and they lacked comfortable clothing. These crucial elements were highlighted in Maslow's hierarchy of needs theory and in Virgina Henderson's theory of needs.

Love and belonging intimacy, (friendship, family, groups, colleagues)	Communicate with others, worship according to one's faith	• Most of the respondents indicated that they belonged to religious groups where this need could be fulfilled. It largely depends on the respondents to get involved in church activities. It should however be noted that a lack of money could prevent them from partake in these activities (for example lack of money to travel to church). • Although a large percentage (36.6%; n=52) indicated that they were married, the rest of the respondents indicated that they were widowed, divorced or single, in which case it could be indicative of a serious lack of a feeling of love and belonging of respondents.
Self-esteem (confidence, achievement, respect of others, respect by others)	Play or participate in various forms of recreation Work at something providing a sense of accomplishment Learn, discover or satisfy curiosity	☐Only a small percentage (5.6%; n=8) of the respondents indicated that they have no education. The rest of the respondents seem to have a good education. It is however a big concern that although the respondents appear to be well-educated, it doesn't secure a job for them. ☐The majority who experienced stress was at 35.9% (n=51) had tertiary education and experienced stress because they did not have employment thus also experienced poverty
Self-actualisation (creativity, problem solving, morality lack of prejudice)	–	☐52.8% (n=75) requested skills training that would enhance creativity, problem solving skills, and displaying lack of prejudice

5.3 CONCLUSION

Poverty remains a problem in Lukhanji Municipality in the Eastern Cape, South Africa and worldwide. Jobs are limited, resulting in a high unemployment rate. Most family members identified that poverty negatively affected their standards of living and their health. It is clear from the findings of this study that poverty left families with increased stress levels and other psychosocial problems.

5.4 LIMITATION OF THE STUDY

Chris Hani District Municipality, under which Lukhanji Municipality falls, is a large and mostly rural area. The Lukhanji Municipality is comprised of four areas, namely Queenstown, Lessyton, Whittlesea and Ilinge. The study was restricted to only one part of the Lukhanji Municipality, namely, Queenstown area, which forms the biggest of the four areas. The findings therefore cannot necessarily be generalised to the whole Lukhanji Municipality, as it cannot be assumed that other poor families who did not participate in the study would have identified the same needs.

5.5 RECOMMENDATIONS

Based on the findings of the study the researcher makes the following recommendations for other researchers, the Government, the Non-Governmental Organisations (NGO's) and the communities at large.

5.5.1To other researchers

The researcher recommends that:

- Further studies be undertaken to cover Chris Hani District as a whole, including other areas of the Eastern Cape Province and to extend to other provinces as well.
- The research population should be defined differently to include more race groups.

5.5.2 The Government

- The government must adopt a bottom–top approach, not just at the implementation phase, but at all stages of poverty eradication endeavours to be able to incorporate much needed elements of local knowledge and support for the programme.

- Jobs and stable employment opportunities must be created in order to relieve the burden of continuously providing food for the poor.

- The issuing of social grants to those who qualify should be speeded up by adapting those procedures which are already in place since the process usually takes a long period to process and approve the social grants.

- The government should build adequate formal houses, with enough ventilation, piped clean water, electricity and sanitation for families who live in informal settlements and those who live in overcrowded houses.

- The Department of Education should offer bursaries to underprivileged learners who want to proceed to tertiary level.

- School feeding schemes must be strengthened to meet the food requirements of schooling children. Handwork and gardening should be incorporated in school activities where the products can assist in school feeding schemes.

- Recreation centres should be built where the unemployed people and children can keep themselves occupied to relieve stress and enhance their feelings of love and belonging.

5.5.3 Non-Governmental Organisations (NGO's)

- Non-Governmental Organisations should engage in community development programmes to build capacity of self-help and promote self-reliance to families.

- NGO's should also support community-based groups, e.g. church organisations, Meals-on-Wheels and business people that strive to render assistance to needy families, donating food parcels, clothing and blankets and offer to accommodate the orphaned children in orphanage homes.

- Skills development centres must be used to equip community members with skills that will help them generate money from their products.

5.5.4 Community support systems

- Ward counselors need to organise gatherings in community centres with families of their wards/areas where community members can channel their needs.
- Unemployed adults should be encouraged to start vegetable gardens and develop other projects like sawing. Vegetables can be sold to get money and also provide a nourishing diet for their families.
- Soup kitchens could be set up at the pay points for social grants.

5.6 CONCLUDING REMARKS

Poverty is a major concern for the health profession. This study has a central and a significant role to play in the Department of Health, as the lives of people are affected. The needs identified by adult members of poverty-stricken families must not be ignored or underestimated. The study concurred with the two theories used, namely that of Maslow and Virginia Henderson who explained that fulfillment of individuals comes from satisfying and meeting their basic human needs. In the researcher's opinion, having a job is essential in order to maintain and sustain the lives of all family members. Being employed will ensure that families have a purpose in life, thus employment was seen as a pre- requisite to overcome poverty.

" *For the poor however, the demise of apartheid might have brought dignity, but it has not brought real opportunities; poor African children typically attend compromised and struggling schools; acquire neither skills nor qualifications; enter a labour market that offers no prospects for unskilled workers and struggle to access healthcare when they fall sick"* (Bray, Gooskens, Kahn, Moses & Seeking 2010: 22).

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ANNEXURE A

Ethical clearance certificate from the Higher Degrees Committee of the Department of Health Studies, Unisa

UNISA

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/144/2013

Date:	20 February 2013	Student No:	860-800-8
Project Title:	The needs identified by adult members of poverty stricken families.		
Researcher:	Gratitude Bulelwa Manuel		
Degree:	MA in Nursing Science	Code:	MPCHS94
Supervisor:	Prof JH Roos		
Qualification:	D Litt et Phil		
Joint Supervisor:	-		

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Dr MM Moleki
ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B

Consent for the study from the Eastern Cape Provincial Ethical Research Committee

Eastern Cape Department of Health

Enquiries: Zonwabele Merlie
Tel No: 083 378 1202
Date: 17th May 2013
e-mail address: zonwabele.merlie@impilo.ecprov.gov.za
Fax No: 043 642 1409

Dear Ms BG Manuel

Re: The needs identified by adult members of poverty stricken families

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You will observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not impose or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT

ANNEXURE C

Application letters to:

The Director of Community Service of Lukhanji District Municipality Eastern Cape Provincial Ethical Research Committee

P.O. Box 1169

Queenstown. 5320.

17 May 2013.

The District Manager Department

of Social Services

Queenstown.5320.

Dear Sir/Madam

APPLICATION TO CONDUCT RESEARCH

I hereby request permission to conduct a research project entitled "NEEDS OF POVERTY- STRICKEN FAMILIES: PERSPECTIVES FROM ADULT MEMBERS". This is part of the requirement for a Master's Degree in Health Studies at the University of South Africa where I am currently registered. I am being supported and guided by Prof. J.H. Roos of the Department of Health Studies at Unisa.

I am currently employed as a Lecturer (Nursing) at Lilitha College of Nursing, Queenstown Campus.

The objective of the study is to ascertain and describe the needs of poverty-stricken families, the perspectives from adult members and the findings will be used to make recommendations to the authorities to assist with the challenges that the families have in order to ensure the highest quality of health to the community.

Anonymity of respondents and confidentiality of information will be maintained throughout the study. The copy of the study will be made available to you should you wish to scrutinise it.

Please feel free to contact me at any time should you have any queries. The contact details are reflected below.

Thanking you in anticipation.

Yours sincerely

Mrs G.B. Manuel (Researcher)

Cell No: 072 181 4702.

P.O. Box 1169
Queenstown. 5320.
02 May 2013

The Deputy Director

Department of Epidemiology & Research
Bisho.

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

I am currently an MA student in (Health Studies) at the University of South Africa engaged in a research project entitled **"NEEDS OF POVERTY-STRICKEN FAMILIES: PERSPECTIVES FROM ADULT MEMBERS"** under the supervision of Professor J.H. Roos at Unisa.

The purpose of the study is to ascertain and describe the socio- demographic characteristics and the needs identified by adult members of the poverty-stricken families in Lukhanji Municipality.

In order to achieve the objectives of the study, data collection needs to be done through the completion of a self–developed questionnaire by all families who meet the criteria for inclusion in the study. Ethical consideration will be adhered to at all times. A written consent form will be obtained from all respondents who volunteer to take part in the study. The proposed period for data collection will be May/ June 2013.

An ethical clearance certificate has been obtained from the Higher Degrees committee of the Department of Health Studies of Unisa (Ref No: HSHDC/144/2013). Anonymity and confidentiality will be maintained throughout the study. The long-term benefits of this study are that the research findings will be used to assist the Eastern Cape Department of Health and Chris Hani District Municipality under which Lukhanji sub-municipality falls, to develop strategies to fight poverty and provide quality community health. Findings will also be used to formulate guidelines and make recommendations to the Department of Health and Social Development to address challenges faced by these families.

Thanking you in advance for your co-operation.

Yours sincerely

G.B. Manuel.

ANNEXURE D

INFORMED CONSENT FORM

Study title: "Needs of poverty-stricken families: Perspectives from adult members".

Researcher: Mrs Manuel Gratitude Bulelwa (Nurse Educator).

Mrs Manuel is a nurse educator studying the needs of poverty-stricken families: perspectives from adult members in Lukhanji Municipality. The study will benefit the community as a whole by providing information that will help to improve the social and health standards of the families in Lukhanji Municipality**.** The research study is a requirement for a Master's Degree in Health Studies at the University of South Africa. The study was approved by the Higher Degree Committee, Department of Health Studies, University of South Africa (Ref No: HSHDC/144/2013).There are no risks anticipated in the study**.** Questionnaires will be completed to obtain information about the needs identified by adult members of poverty-stricken families in the Lukhanji Municipality.

You are kindly requested to complete the questionnaire in your own time.

You are free to ask questions about the study or about being a respondent in the study. You may call Mrs Manuel at 072 181 4702 or (045) 839 2414(work) or at (045) 839 6668 (home), if you have any further questions.

Your participation in the study is voluntary and you are under no obligation to participate. You have the right not to participate in the study and the relationship, the health and social benefits of your family will not be affected.

The study data will be coded and will not be linked to your name. Your identity will not be revealed while the study is being conducted or when the study is reported or published. All study data will be collected by Mrs Manuel, handled safely and not shared with other person without your permission

I have read the consent form and voluntarily consent to participate in the study

Subject's signature…… Date…… .Legal representative……. Date……..

I have explained the study to the above subject and to have sought his/her understanding for informed consent.

Researcher's signature…….. Date……

ANNEXURE E

Questionnaire

Questionnaire No.	Office use only	
	V 1 ☐☐☐	1-3

Title: NEEDS OF POVERTY-STRICKEN FAMILIES: PERSPECTIVES FROM ADULT MEMBERS

Aim: The purpose of this questionnaire is to determine the needs identified by adult members of poverty stricken families in the Lukhanji municipality under the Chris Hani district.

Instructions:

1. Complete the questionnaire by marking the most appropriate space on the scale below with an **X.**

2. Please complete all the questions.

3. Do not write in the "**office use only**" sections.

4. Only indicate one choice/ answer per question except when instructed otherwise.

5. This questionnaire consists of **9** (nine) pages.

SECTION A: BIOGRAPHICAL INFORMATION

1.Age:

Item No.	Item	Indicate one choice	Office use only	
1.1	18-20		V2 ☐	4
1.2	21-30			
1.3	31-40			
1.4	41-50			
1.5	51-60			
1.6	61years and older			

2. Gender:

Item No.	Item	Indicate one choice	Office use only	
2.1	Male		V3 ☐	5
2.2	Female			

3. Race:

Item No.	Item	Indicate one choice	Office use only	
3.1	Black		V4 ☐	6
3.2	Coloured			
3.3	White			
3.4	Indian/Asian			

4. Religion

Item No.	Item	Indicate one choice	Office use only	
4.1	Christian		V5 ☐	7
4.2	Buddhism			
4.3	Hinduism			
4.4	Jewish			
4.5	Islamic			
4.6	Traditional			
4.7	Other			

5. Marital status.

Item No.	Item	Indicate one choice	Office use only	
5.1	Single		V6 ☐	8
5.2	Married			
5.3	Widowed			
5.4	Separated			
5.5	Divorced			
5.6	Co-habitation			

6. Indicate the number of children living with you and financially dependent on you

Item No.	Item	Number of children							
6.1	Infant (newborn -12 months)	0	1	2	3	4	5+	V7 ☐	9
6.2	1 – 5 years	0	1	2	3	4	5+	V8 ☐	10
6.3	6-11 years	0	1	2	3	4	5+	V9 ☐	11
6.4	12-18 years	0	1	2	3	4	5+	V10 ☐	12

7. Educational status of your children

Do all school going children attend school?

Item No.	Item	Indicate one choice	Office use only	
7.1	Yes		V11 ☐	13
7.2	No			

8. Employment status

What is your employment status?

Item No.	Item	Indicate one choice	Office use only	
8.1	Unemployed		V12 ☐	14
8.2	Employed as a contract worker			
8.3	Employed as temporary or probation			
8.4	Employed permanently			

9. Level of education

What is the highest level of education you achieved?

Item No.	Item	Indicate one choice	Office use only	
9.1	Never went to school		**V13** ☐	**15**
9.2	Grade 0 – Grade 8			
9.3	Grade 9 – Grade 12			
9.4	Tertiary / University			

10. Family monthly income

Item No.	Item	Indicate one choice	Office use only	
10.1	None		**V14** ☐	**16**
10.2	R1 000 – R1 599			
10.3	R1 600 – R1 749			
10.4	R1 750 – R1 999			
10.5	R2 000 – R2 999			
10.6	R3 000 – R5 999			
10.7	R6 000 – R8 000			
10.8	Above R8 001			

11. Indicate if your family receive any of the following form of income from the Department of Social Welfare

Item No.	Item	Yes	No	Office use only	
11.1	Child support grant			**V15** ☐	**17**
11.2	Foster care grant			**V16** ☐	**18**
11.3	Disability grant			**V17** ☐	**19**
11.4	Sick pension			**V18** ☐	**20**
11.5	Old age pension			**V19** ☐	**21**

12. Indicate the people you are financially responsible for in the list below

Item No.	Item	Yes	No	Office use only	
12.1	Myself			**V20** ☐	**22**
12.2	Spouse			**V21** ☐	**23**
12.3	Children (Insert number of children in the block) ☐			**V22** ☐	**24**
12.4	Father-in-law			**V23** ☐	**25**
12.5	Mother-in -law			**V24** ☐	**26**
12.6	Own father			**V25** ☐	**27**
12.7	Own mother			**V26** ☐	**28**
12.8	Others			**V27** ☐	**29**

Section B: HEALTH EXPERIENCE

Please identify the health status of each family member below who live with you. The health status is good		Level of agreement						Office use only	
		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Not applicable		
Item No.	**Item**								
13.1	My self	**1**	**2**	**3**	**4**	**5**	**6**	**V28** ☐	**30**
13.2	My spouse	**1**	**2**	**3**	**4**	**5**	**6**	**V29** ☐	**31**
13.3	Children: Infant Insert number in block ☐	**1**	**2**	**3**	**4**	**5**	**6**	**V30** ☐	**32**
13.3	Children :1-5 years Insert number in block ☐	**1**	**2**	**3**	**4**	**5**	**6**	**V31** ☐	**33**
13.4	Children :6-11 years ☐	**1**	**2**	**3**	**4**	**5**	**6**	**V32** ☐	**34**
13.5	Children : 12-18 years Insert number in block ☐	**1**	**2**	**3**	**4**	**5**	**6**	**V33** ☐	**35**
13.6	Father –in -law	**1**	**2**	**3**	**4**	**5**	**6**	**V34** ☐	**36**
13.7	Mother – in- law	**1**	**2**	**3**	**4**	**5**	**6**	**V35** ☐	**37**
13.8	Own father	**1**	**2**	**3**	**4**	**5**	**6**	**V36** ☐	**38**
13.9	Own mother	**1**	**2**	**3**	**4**	**5**	**6**	**V37** ☐	**39**
13.10	Others	**1**	**2**	**3**	**4**	**5**	**6**	**V38** ☐	**40**

14. Who provides food to your family?

Item No.	Item	Not applicable	Yes	No	Office use only	
14.1	Myself				**V39** ☐	**41**
14.2	Spouse				**V40** ☐	**42**
14.3	Children				**V41** ☐	**43**
14.4	Father-in-law				**V42** ☐	**44**
14.5	Mother-in -law				**V43** ☐	**45**
14.6	Own father				**V44** ☐	**46**
14.7	Own mother				**V45** ☐	**47**
14.8	Others				**V46** ☐	**48**

15. Source of food

Item No.	Item	Yes	No	Office use only	
15.1	Buy food			V47 ☐	49
15.2	From own food garden			V48 ☐	50
15.3	Receive food parcels			V49 ☐	51
15.4	School feeding programme			V50 ☐	52

16. Indicate the number of full meals received by your family members on a daily basis.

Item No.	Item	Not applicable	1	2	3	Office use only	
16.1	Myself					V51 ☐	53
16.2	Spouse					V52 ☐	54
16.3	Children					V53 ☐	55
16.4	Father-in-law					V54 ☐	56
16.5	Mother-in -law					V55 ☐	57
16.6	Own father					V56 ☐	58
16.7	Own mother					V57 ☐	59
16.8	Others					V58 ☐	60

Section C: PSYCHO-SOCIAL ASSESSMENT

Please indicate your agreement /disagreement with the following statement: **My lack of income**		Level of agreement						Office use only	
		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Not applicable		
Item No.	**Item**								
17.1	Causes stress in the family	**1**	**2**	**3**	**4**	**5**	**6**	**V59** ☐	**61**
17.2	Causes depression among myself and/or family members	**1**	**2**	**3**	**4**	**5**	**6**	**V60** ☐	**62**
17.3	Promotes low self -esteem and powerlessness amongst myself and other family members	**1**	**2**	**3**	**4**	**5**	**6**	**V61** ☐	**63**
17.3	Negatively influence the relationships with your spouse	**1**	**2**	**3**	**4**	**5**	**6**	**V62** ☐	**64**
17.4	Negatively influence the relationships with your children	**1**	**2**	**3**	**4**	**5**	**6**	**V63** ☐	**65**
17.5	Promotes family disorganisation	**1**	**2**	**3**	**4**	**5**	**6**	**V64** ☐	**66**
17.6	Promotes alcohol abuse in the family	**1**	**2**	**3**	**4**	**5**	**6**	**V65** ☐	**67**
17.7	Increases accidents in the family e.g. home accidents due to alcohol abuse	**1**	**2**	**3**	**4**	**5**	**6**	**V66** ☐	**68**
17.8	Promotes prostitution by some family members	**1**	**2**	**3**	**4**	**5**	**6**	**V67** ☐	**69**
17.9	Increases teenage pregnancy in the family	**1**	**2**	**3**	**4**	**5**	**6**	**V68** ☐	**70**
17.10	Promotes street kids in the family	**1**	**2**	**3**	**4**	**5**	**6**	**V69** ☐	**71**
17.10	Promotes crime by some family members, e.g. house breaking, stealing, drug peddling	**1**	**2**	**3**	**4**	**5**	**6**	**V70** ☐	**72**
17.10	Affects the progress of children at school	**1**	**2**	**3**	**4**	**5**	**6**	**V71** ☐	**73**
17.10	Affects the absenteeism rate of children at school	**1**	**2**	**3**	**4**	**5**	**6**	**V72** ☐	**74**
17.10	Promotes social isolation	**1**	**2**	**3**	**4**	**5**	**6**	**V73** ☐	**75**
17.10	Limit me and my families' opportunity for recreation	**1**	**2**	**3**	**4**	**5**	**6**	**V74** ☐	**76**

18. Indicate the type of dwelling you stay in

Item No.	Item	Yes	No	Office use only	
18.1	Formal structure			V75 ☐	77
18.2	Informal structure			V76 ☐	78

19. Indicate your sleeping pattern

Item No.	Item	Yes	No	Office use only	
19.1	Normal / Continuous			V77 ☐	79
19.2	Intermittent			V78 ☐	80
19.3	Insomnia			V79 ☐	81

20. Indicate the number of rooms in your house (choose only one option)

Item No.	Item		Office use only	
20.1	One		V80 ☐	82
20.2	Two			
20.3	Three			
20.4	Four			
20.5	Five			
20.6	Six			
20.7	Seven and more			

21. Indicate the number of occupants in your house, including yourself (choose only one option)

Item No.	Item		Office use only	
21.1	One		V81 ☐	83
21.2	Two			
21.3	Three			
21.4	Four			
21.5	Five			
21.6	Six			
21.7	Seven and more			

22. Indicate the safety and comfort in your house

Item No.	Item	Yes	No	Office use only	
22.1	Enough ventilation / Air			V82 ☐	84
22.2	Overcrowded			V83 ☐	85
22.3	Enough blankets			V84 ☐	86
22.4	Comfortable clothing for cold & hot weather conditions			V85 ☐	87

23. The clinic card for children up to five years of age.

Item No.	Item	Yes	No	Office use only	
23.1	Are available			V86 ☐	88
23.2	Are up to date			V87 ☐	89

24. Accessibility to health care facilities (you can choose more than one option)

Item No.	Item	Yes	No	Office use only	
24.1	Mobile clinics			V88 ☐	90
24.2	Local clinic			V89 ☐	91
24.3	Government hospital			V90 ☐	92
24.4	Private hospital			V91 ☐	93
24.5	Traditional healers			V/92 ☐	94

25. Source of water supply

Item No.	Item	Yes	No	Office use only	
25.1	Dam/pool			V93 ☐	95
25.2	River/stream			V94 ☐	96
25.3	Wind mills			V95 ☐	97
25.4	Tank/Rain water			V96 ☐	98
25.5	Borehole			V97 ☐	99
25.6	Tap			V98 ☐	100

26. Type of heating/power system

Item No.	Item	Yes	No	Office use only	
26.1	Wood fire			V99 ☐	101
26.2	Paraffin			V100 ☐	102
26.3	Candles			V101 ☐	103
26.4	Coal			V102 ☐	104

26.5	Gas			**V103** ☐	**105**
26.6	Solar system			**V104** ☐	**106**
26.7	Electricity			**V105** ☐	**107**

27. Type of sanitation system available

Item No.	Item	Yes	No	Office use only	
27.1	Sanitation is available			**V106** ☐	**108**
27.2	Pit privy system			**V107** ☐	**109**
27.3	Chemical toilets			**V108** ☐	**110**
27.4	Bucket system			**V109** ☐	**111**
27.5	Water flushing system			**V110** ☐	**112**

28. What type of support do you think your family needs most in order to fight poverty?

……

……

……

……

……

……

……

……

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

ANNEXURE F

CVI Checklist

CONTENT VALIDITY INDEX (CVI) CHECKLIST

The purpose of the scale is to measure the items below on their relevance to the topic "Needs of poverty-stricken families: Perspectives from adult members"

Instructions:

1.Please complete the CVI checklist by marking in the most relevant column below

2. Please complete all items.

3. Mark each item only once

4.Comment on any item, including possible revisions, substitutions and suggest any additional item/s

5. The checklist consists of (4) pages

Item No:	Item	Not relevant 1	Somewhat relevant 2	Quite relevant 3	Highly relevant 4
1.	Age				
2	Gender				
3	Race				
4	Religion				
5	Marital status				
6	Number of children living with you and financially dependent on you				
7	Educational status of your children				
8	What is your employment status?				
9	What is the highest level of education you achieved?				
10	Family monthly income				

Section A: BIOGRAPHIC INFORMATION

11	**Indicate if your family receives any of the following form of income from the Department of Social Welfare**				
12	**Indicate the people you are financially responsible for in the list below**				

Section B: HEALTH EXPERIENCE

Item No:	**Item**	**Not relevant 1**	**Somewhat relevant 2**	**Quite relevant 3**	**Highly relevant 4**
13	**Please indicate the health status of each family member below who lives with you.**				
14.	**Who provides food for your family?**				
15	**Source of food**				
16.	**Indicate the number of full meals received by your family members on a daily basis.**				

Section C: PSYCHO-SOCIAL ASSESSMENT

Item No:	**Item**	**Not relevant 1**	**Somewhat relevant 2**	**Quite relevant 3**	**Highly relevant 4**
17.1	**Cause stress in the family**				
17.2	**Causes depression among myself and/or family members**				
17.3	**Promotes low self-esteem and powerlessness amongst myself and other family members**				
17.3	**Negatively influences the relationships with your spouse**				
17.4	**Negatively influences the relationships with your children**				
17.5	**Promotes family disorganisation**				
17.6	**Promotes alcohol abuse in the family**				
17.7	**Increases accidents in the family e.g. home accidents due to alcohol abuse**				

17.8	**Promotes prostitution by some family members**				
17.9	**Increases teenage pregnancy in the family**				
17.10	**Promotes street kids in the family**				
17.10	**Promotes crime by some family members e.g. house breaking, stealing, drug peddling**				
17.10	**Affects the progress of children at school**				
17.10	**Affects the absenteeism rate of children at school**				
17.10	**Promotes social isolation**				
17.10	**Limit me and my families' opportunity for recreation**				
18	**Indicate the type of dwelling you stay in**				
19	**Indicate your sleeping pattern**				
20	**Indicate the number of rooms in your house (choose only one option)**				
21	**Indicate the number of occupants in your house, including yourself(choose only one option)**				
22.1	**Enough ventilation/ Air**				
22.2	**Overcrowded**				
22.3	**Enough blankets**				
22.4	**Comfortable clothing for cold & hot weather conditions**				
23.1	**The clinic card for children up to five years of age are available**				
23.2	**The clinic card for children up to five years of age are up to date**				
24.1	**Accessibility of health care facilities :** **Mobile clinic**				
24.2	**Accessibility of health care facilities** **:Local clinic**				
24.3	**Accessibility of health care facilities:** **Government hospital**				

24.4	**Accessibility of health care facilities: Private hospital**				
24.5	**Accessibility of health care facilities Traditional healers**				
25.1	**Source of water supply : Dam/ pool**				
25.2	**Source of water supply :River/ stream**				
25.3	**Source of water supply :Wind mills**				
25.4	**Source of water supply :Tank/ rain water**				
25.5	**Source of water supply :Bore hole**				
25.6	**Source of water supply : Tap**				
26.1	**Type of heating/ power system : Wood fire**				
26.2	**Type of heating/ power system: Paraffin**				
26.3	**Type of heating/ power system: Candles**				
26.4	**Type of heating/ power system :Coal**				
26.5	**Type of heating/ power system :Gas**				
26.6	**Type of heating/ power system :Solar system**				
26.7	**Type of heating/ power system Electricity**				
27.1	**Sanitation is available**				
27.2	**Types of sanitation system available: Pit privy system**				
27.3	**Types of sanitation system available: Chemical toilets**				
27.4	**Types of sanitation system available: Bucket system**				
27.5	**Types of sanitation system available: Water flushing system**				
28	**What type of support do you think your family needs most in order to fight poverty?**				

ANNEXURE G

Newspaper articles

Daily Dispatch, Tuesday, March 5, 2013

NEWS 3

57% still live 'below the poverty line' in EC

By SIKHO NTSHOBANE
Mthatha Bureau

MORE than 57% of Eastern Cape's population still live in poverty, Premier Noxolo Kiviet has revealed.

At a seminar on food security in Mthatha on Sunday, Kiviet called the community to lead the fight against poverty in the province.

The seminar was followed by the provincial launch of the province's integrated anti-poverty strategy.

"We [government] need to inspire our people to amass the collective energies they used to bring down apartheid, to come together now to fight poverty in our province," said Kiviet.

"We cannot be content with having reduced poverty levels in this province by a mere 12%. It is not enough. A lot more still has to be done to address the challenge of the remaining 57% of people who still live below the poverty line."

Local government MEC Mlibo Qoboshiyane said rural development and agrarian reform MEC Zoleka Capa also attended the seminar.

Kiviet said that although the province was regarded as a "food basket" of the country, there had been a systematic destruction of that capacity by the repressive colonial and apartheid regimes.

This resulted in the agricultural sector only contributing 1.5% to the provincial gross domestic product.

She said the new strategy sought to stimulate greater interest in food production and processing.

Through this initiative, the government also sought to strengthen people's competencies in food production and preservation.

This would also include using indigenous knowledge on food preservation technologies including usage of renewable energy.

"The strategy represents the new thinking and a different and better way of conducting our daily businesses which centralises the struggle to improve access to and food security in households.

"Hence the need to integrate every facet of human development to mount a joint onslaught against poverty and general under-development in our province," said Kiviet.

She said government would not rest until poverty, high unemployment and inequality had been eliminated in the province.

"Our freedom is not complete until the legacy of those behind the grand design of an under-developed Eastern Cape has been reversed."

Social development was last year mandated by Kiviet to develop the poverty strategy to be implemented during the 2013-14 financial year.

Mabudina said government departments had previously worked in "silos" but the strategy would ensure they were able to pool resources.

"The anti-poverty strategy launched in Lusikisiki in 2009 has shown how successful we can be if we work together to eradicate poverty."

Two sites have been identified in every district in the province. — sikhon@dispatch.co.za

HELPING HAND: Deputy President [illegible] ministers and MECs.

Motlanthe admits: 'We are too slow'

By LUBABALO NGCUKANA
Mthatha Bureau

DEPUTY President Kgalema Motlanthe, who visited Lusikisiki over the weekend, has called on government structures to show a sense of urgency when bringing services to the people.

Motlanthe was checking up on service delivery in Lubala village, Lusikisiki, in the Ingquza Hill Local Municipality, which had been identified by the Presidency in 2008 as one of the poorest villages in the OR Tambo District Municipality.

The deputy president received a barrage of complaints from the locals about water problems, a lack of toilets, the bad state of roads, and electricity backlogs.

The village's plight had been identified as a pilot project in the "War on Poverty", which was launched with the promise that people would be built houses, assisted in starting vegetable gardens and given essential tools for accessing government services such as identity documents and birth certificates for newborns.

Addressing thousands of villagers in Lubala, Motlanthe said government needed to work in a well co-ordinated manner in fighting poverty.

"What we have learnt as government from this project is that we are too slow, we need to be fast and have a sense of urgency so that development can come to all people," Motlanthe said, adding that a great deal had been learnt in Lubala.

He called on people to approach government to assist them with interventions in agricultural activities.

On Saturday, the people of Lubala were up by 8am to see Motlanthe, who conducted door-to-door visits to assess progress. He was accompanied by Eastern Cape premier Noxolo Kiviet and provincial Agriculture MEC Mbulelo Sogoni.

Motlanthe said the approach was to assess each and every household and determine interventions needed to improve the quality of life of people and address their priority needs.

"In the majority of cases we identified that one or two children did not have birth certificates, the parents were not formally married and need marriage certificates and that is why Home Affairs is here to attend to those kinds of challenges," Motlanthe said.

He said school children were in need of transport and there was a list to build RDP houses.

"In the main, many of the people here have land and are given seeds and shown techniques for using the land and are able to produce vegetables," Motlanthe said, adding that poverty and unemployment were very high in the area.

He said families who were completely "destitute and indigent" should be able to access social grants.

Speaking about a woman, Nomaphela Khalazani, 53, who had been found to be very ill, Motlanthe said it should have been picked up earlier that she was ill and an intervention from the Ministry of Health was needed urgently.

Motlanthe said although the programme would now relocate to the Rural Development Ministry, it would still be championed by the Presidency.

But there were some who were happy with the government's efforts.

Tulelent Matika, 63, was very happy with her new four-bedroom house that she shares with her grandchildren.

Sakhephi Bomka, 52 said he was now able to put a roof over his six children and six-months' pregnant wife, Zoleka, 38.

On Friday, Motlanthe met the provincial Cabinet and leadership of municipalities under OR Tambo in a closed session at the Lusikisiki College of Education. — *lubabalon@dispatch.co.za*

CEREMONY 2010

aduates are hereby informed of the dates
uation. If you are expecting to graduate

M'sane taxi rank crime sparks patrols

'Reluctant medic' highlights poverty

Hofmeyr works tirelessly to help poor communities

By ADRIENNE CARLISLE

DR CAROL Hofmeyr, founder of the Keiskamma Art Project, this weekend gave an account of shocking poverty in parts of the Eastern Cape, the desolation wrought by HIV/Aids and of dealing with an uncaring government and civil service.

Speaking at a Rhodes University graduation ceremony, the "reluctant medical doctor" turned artist, who became a community saviour through the renowned income-generating art project, said she herself needed to turn to art to save herself after 12 years of helping others.

Hofmeyr – who was awarded an honorary doctorate for her groundbreaking work fighting poverty and HIV/Aids, and for upgrading the quality of life of many people in the Eastern Cape through art – told graduates of the despair that afflicted her when faced daily with overwhelming poverty.

"I have seen more people die than I ever imagined, but I have also seen more resilience in human beings than I believed possible ... I feel I have lost something I once had, some way of perceiving the desperation in lives around me with open mind and eyes and heart," she said.

A talented artist, Hofmeyr had long abandoned clinical practice by the time she moved with her family to the beautiful little coastal village of Hamburg in 2000.

"I had never seen poverty close up. I had never been in homes where mothers wondered what they were going to cook for four little children for supper," she told graduates.

She went back to work as a primary care medical officer in local clinics and established an Aids treatment centre.

WARM WELCOME: Rhodes Vice Chancellor Dr Saleem Badat, right, introduces Rhodes University's new Chancellor Judge Lex Mpati to the audience

Picture supplied

She also initiated the award-winning art project.

Many women became talented embroiderers and artists and benefited from the income generation from their work as well as the joy of producing art and beauty.

One of their award-winning tapestries hangs in parliament.

Hofmeyr spoke of her "dual fascination and horror with life in Hamburg" and the need to tell the stories that had led to the "monumental art works" produced by the many women embroidering in the project.

But she herself had become damaged and had lost something along the way.

In 2010, the project famously exhibited an enormous Xhosa-styled tapestry, the *Keiskamma Guernica*.

It was inspired by Pablo Picasso's *Guernica*, which was an artistic expression of rage against the Nazi air bombing of Guernica, Spain, in 1937.

The *Keiskamma Guernica* features hundreds of embroidered pillow slips pinned in rows to the wall at the National Arts Festival, each slip containing the medical record of a Keiskamma resident who had died from Aids.

"By 2010 I was angry and hurt by ongoing suffering of the poor, by an uncaring government and civil service, by nurses who abused patients and by all the unnecessary pain and loss," said Hofmeyr.

Hofmeyr said she herself now needed time to recover and she said art was the only way.

"I thought I could change a whole village, a whole community and whole town.

"It is simple. Human beings make art to find and give meaning, to make sense of things, to heal themselves, to continue to wonder at and to be in awe of this one life

By ADRIENNE CARLISLE

Top muso Mahlasela rocks Rhodes

CELEBRATED jazz and Afro-folk musician, Vusi Mahlasela, wowed Rhodes University graduates, academics and their families this weekend with an impromptu performance during one of the university's graduation ceremonies.

Born in Mamelodi, Pretoria, Mahlasela was awarded an honorary doctorate at the ceremony for his role in helping to unify South Africa and contributing to nation-building through the medium of popular African music and through his social commentary.

He urged graduates, particularly those in the field of music, to conduct their studies in a way so as to close the gap "between the ivory towers and the ivories on the piano – in other words, between the elite and the grassroots".

Mahlasela, also known as "The Voice", said he was humbled by the award.

In his work, Mahlasela says he has emphasised the importance of education, ironically, he had only achieved a Standard 3 at school because of poverty and political activism.

He said current popular music seemed to glorify money, booze and sex instead of the spirit of collective good or *ubuntu*.

"A measure of a true artist is the one who is not concerned about making a living, but creating life, generating and archiving knowledge, as well as redirecting negative past and current energies or experiences towards positive destiny."

EC mom forgives her son's killer after 7 years

By SIKHO NTSHOBANE
Mthatha Bureau

COMING face-to-face with your child's killer would be traumatic for most, but a Transkei mother last week used the opportunity to preach love and forgiveness when she met the man who murdered her eldest son seven years ago.

In a triumph of human spirit over tragedy, Zukiswa Sokutu-Tube, a mother of four from Northcrest in Mthatha, publicly forgave Anathi Qashana, a 25-year-old prisoner who shot and killed her son Loyiso Tube in 2005.

The victim had been walking home with friends at night when they were ambushed by Qashana and another man.

The youngster was shot and killed by Qashana, who originally hails from Lesotho. Qashana was later sentenced to life for murder and robbery.

The Sokutus and Tubes were afforded a chance to meet the killer through the Victim-Offender Dialogue (VOD) local stakeholder session in Ngangelizwe in Mthatha.

The initiative was launched by Correctional Services Minister Sbu Ndebele late last year and is designed to facilitate communication between victims of crime and the perpetrators.

Recounting the fateful day, Sokutu-Tube spoke of hearing gunshots outside barely an hour after Loyiso had left home to visit friends in the neighbourhood.

"I remember asking whose child was being killed not knowing it was my own child," she said.

Despite the anguish and pain of losing "her lion", the mother was able to meet and talk to Qashana during the trial.

"I asked him why he had done what he did and begged him to be honest."

Qashana pleaded guilty and was given a life term, but that did not stop Sokutu-Tube from visiting him in prison.

During the session, Qashana told the audience which included department of correctional services Eastern Cape regional commissioner Nkosinathi Breakfast, how he was happy at the opportunity to publicly ask for forgiveness from his "new mother" and her family.

"Despite the pain and suffering I caused her and her family, she still comes to visit me and buys me cosmetics," he said.

In response, Sokutu-Tube said her family had made peace with the loss of their son

Nonesi Mall through the eye of the lens – p22

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Life on the Qtn tip

Refuse dump becomes a source of food for the needy

By Zolile Menzelwa

POVERTY has driven scores of locals to the Lukhanji Municipality refuse tip as they try to survive.

The walk from Ezibeleni to the site has become a daily trek for people who rely on dumped food to provide their daily meals.

The Rep senior reporter Zolile Menzelwa spent a day at the site this week.

Xolani Yako, 33, passed matric but could not find a job and after his girlfriend became pregnant, he had to find a way to put food on the table.

He said his life became a living nightmare after he lost his parents in a car accident three years ago. "I have tried everything but it seems that this is my life. I just don't see how I can get out of this situation. I studied hard and I have a matric but it is not going to do anything for me."

He fears for the future of his only child. "If things are this bad for me, how do you see me making it better for my child? It is just not going to happen. I am doomed," he said.

Siziwe Dangazele said she was chased from her parental home after she fell pregnant by a man who was now living "the good life" in East London. Dangazele celebrated her 23rd birthday alone two weeks ago.

She said her ex-boyfriend promised her the world but did not deliver. "I had to drop out of school and he said he would work hard to make sure that I got everything I wanted. But, after he graduated he forgot me. My family [illegible] and I guess this is the kind of life that my baby and I will live."

She claimed he now worked for government and people who wanted to help her, changed their minds when they heard that. "What can I do, government people protect each other."

Noluthando Gcigco lived a good life until her businessman husband died and her in-laws chased her out of her home because they believed she bewitched her husband.

The 50-year-old mother of two claimed her in-laws even turned her children against her.

"My two sons are now working but they don't want anything to do with me because they believe I killed their father. If I had a way out I would not be here, but what can I do now?"

She would give anything to be reunited with her children and to reconcile with her dead husband's family.

DESPERATE: People gather at the Lukhanji refuse tip in search of food as trucks arrive to dump rubbish Picture: SUPPLIED

> **I am struggling. I wish some angel would come and save me - Noluthando Gcigco**

Anomtha Sibefu had to live the way that the "dumpsite people" lived. "It is painful to see people living like this. We used to chase them away but we have come to realise that this is their best option," he said.

Anomtha Sibefu said she was struggling. I wish some angel would come and save me."

When The Rep arrived at the dumpsite children as young as two could be seen scavenging. As soon as cars drop people can trace what was being offloaded.

From time to time, fights break out as people try and find food.

A security guard who did not want to be named said it was a shame that people could not even tell how old she was as she had never been to school. She said her parents died when she was only a couple of months old and she was told it was because of HIV-related illnesses.

"This has always been my life and I shall live it to the end. My parents are not here to answer why they chose this kind of life for me. I don't have children and I don't plan on having them. Why should I bring a person into this world only to make them experience the kind of hurtful life that I have lived? I eat what others throw away. That is my life."

Chris Hani District Municipality communications manager Thobeka Mqamelo said environmental health was the responsibility of the district municipality but local municipalities were responsible to manage their landfill sites, which should be highly secured. Lukhanji municipal manager Gregory Brown said the waste site had to be properly fenced to prevent people from entering the site. "The municipality knows its obligation as per the legal prescripts to ensure a clean, safe and healthy environment for its citizens. In line with that a service provider is on site digging cells for this purpose so that there is enough space to dump the refuse that is being collected." He said the process also dealt with the best ways of rehabilitating the site so that there was no pollution and environmental degradation that took place. "It is a reality that the fence has been severely affected by winds and that led to the uncontrolled access to the waste site. That there may be people eating from the site must be viewed as an act that must be condemned in the strongest possible terms as it will affect their health in a negative way." As soon as site cells had been completed, re-fencing of the site would take place to ensure restricted access. "During an inspection into the site it was reiterated that no one must be allowed access by illegal means as it will be construed as trespassing."

THE WAY FORWARD

Innovative solutions for struggling province

By Desmond Coetzee

KING WILLIAM'S TOWN – MEC for Economic Development, Environmental Affairs and Tourism Mr Mcebisi Jonas on Tuesday said the Eastern Cape was a marginal province and that, within that context, it needed to find urgent innovative solutions to deal with massive unemployment, extreme poverty, inequality and a skills crisis.

"We are not oblivious to the fact that we are navigating an extremely complex terrain with no guarantees, but we are entering this course resolute that it is now or never," Mr Jonas said, in his capacity as head of Economic Growth and Infrastructure (EGI).

Speaking in King William's Town, Mr Jonas said the Eastern Cape growth has now centered on Nelson Mandela Bay and Buffalo City Metro's while the rest of the province remains poor and disadvantaged.

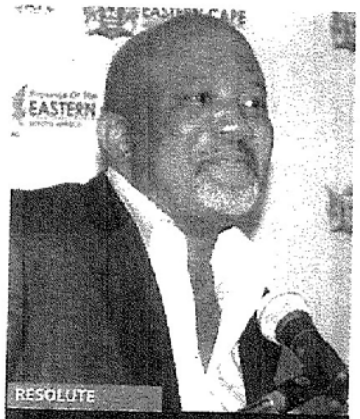
"With the two ports in our province, let us ensure that it becomes the point of exit where we export and also where we can be better integrated into the national economy," he said.

He said that growing the manufacturing and auto sectors would continue to be an important project in the economy of the province.

MEC Jonas added that agricultural development in most parts of the province was very slow and needed to be revitalised.

Skills development was at the centre of what the cluster wanted to achieve.

"One of the biggest challenges we are facing as the Eastern Cape is a gross shortage of critical skills required to grow industries and improve people's living standards, exemplified by the fact that the average age of existing artisans is 67," he said.



RESOLUTE

MEC Mcebisi Jonas at a presentation on economic growth and infrastructure in the Eastern Cape in King William's Town on Tuesday.
Picture by Sibulele Kononga

Mr Jonas said better connections with the national economy and other provinces were crucial and linkages need to be improved between the EC, KwaZulu-Natal, Northern Cape and Gauteng.

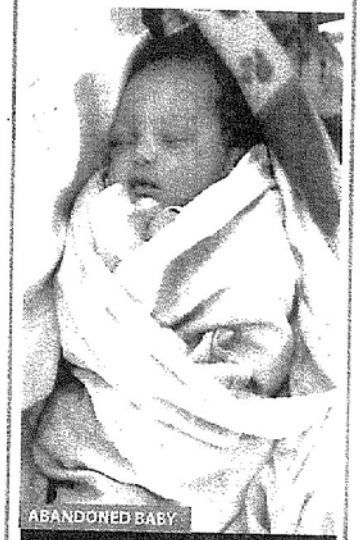
"The connections between EC and KZN are better, not only as far as the roads are concerned, but also on flights between Mthatha and KZN.

The expansion and development of the Port of Ngqurha as a trans-shipment hub is progressing well on this and other strategic ports, such as East London harbour, for which Transnet has committed more than R27-billion," he said.

A manganese export corridor will be built from the Northern Cape to Ngqurha with an estimated value of R18 billion and work being done to the affect of R2.3 billion to East London harbour to enable it to meet higher auto logistics and coal exports.

The strategic skills development initiatives will see three major artisan development initiatives in the province including Daimler Benz, Merseta and the national tooling initiative be driven by Coega;

The green skills funded by GIZ focus on wind and solar energy underway at FET Colleges will see 20 lecturers visiting Germany for further exposure, linked with the career guidance programme, the province has been able to secure a three-year contract to host the Tourism Expo, starting in September 2012.



ABANDONED BABY

In Ingwe Street N U 1, Motherwell, Port Elizabeth a baby boy was discovered by police abandoned in a small box. The baby was found wrapped in a black refuse bag wearing only rompers by police who were tipped-off by residents. The baby was taken to Dora Nginza Hospital where he is said to be doing well but still in intensive care. Last week Social Development MEC Ms Pemmy Majodina had to intervene in a case of child neglect in Mdantsane, where three children had been abandoned by their mother for days and left to fend for themselves.
Picture supplied

Criminalising poverty

THABO LESHILO
PUBLIC EDITOR
Leshilo takes up complaints on behalf of readers. To contact him, email publiceditor@avusa.co.za or fax 011 328 2587

ONE thing they don't teach a person in journalism school is that whenever newspapers and the media in general experience dry news days they can always look to prostitutes to provide easy material, or should that be titillation?

That knowledge can be a useful newspaper navigating tool, saving you valuable reading time and helping you avoid useless information overload.

Stories about prostitutes are almost always hatchet jobs and not worth the paper they're printed on.

Societal attitudes, which are mostly fuelled by the puritanical pretexts of religious demagogues, are such that prostitution stories are seldom the stuff of probing, illuminating journalism.

The police have known that for a long time.

To them prostitutes are fair game, to be harassed and exploited at whim. As if our supposed protectors have nothing better to do ...

Sex workers were all over newspapers this week.

They – like the other usual suspects such as street kids, vagrants and hawkers – were, as one newspaper put it, being "flushed" off the streets as part of the so-called major clean-up operation ahead of the Fifa World Cup next month. As if being forced to eke a living on the streets was not hard enough, the country's hapless army of the poor has to endure even more hardship in the name of the beautiful game.

Even the blind are not being spared. The omnipresent blind beggars at street corners are being swooped on because they are considered a sore sight for soccer tourists' eyes.

Why is the government so determined to criminalise poverty and demonise the poor?

"Their presence violates the city bylaws and we arrest them," Johannesburg metro police spokesperson Edna Mamonyane said nonchalantly, explaining away fellow human beings as if they were vermin to be exterminated.

She calls the harassment "normal police exercise", adding that the effort has been intensified because of the World Cup.

She singles out prostitutes as posing a "really tough job" for the police.

To what lengths is the government prepared to go to present to the world a false picture of our country as so prim and proper that it has no beggars, hawkers, homeless people, newspaper vendors, sex workers or people forced to survive on the sidelines of the formal economy?

It confounds the senses what motivates a country with such high poverty and unemployment – where a quarter of the population lives on welfare – to be hell-bent on making criminals of people who, instead of being a burden on the welfare system, lift themselves up by their proverbial bootstraps and create jobs for themselves.

What, indeed, is so wrong with the men who cut hair and the women who sell vegetables at the roadside to support themselves and their families and put their children through college?

For how much longer must these people endure doing business with one eye on the lookout for police – just like common criminals, contending with having their stock and equipment confiscated and having to budget for bribes?

This makes rubbish of the government's professed commitment to the development of small and micro businesses.

There are more creative ways of dealing with problems associated with hawking than attempting to police the practice off the streets.

Decriminalising their work would be more useful than providing them with formal facilities in many instances.

We can also learn a thing or two about tackling prostitution and its attendant problems from some of the more lenient countries we're trying to impress.

Kragdadigheid (force) has failed. There's no reason to suggest it will succeed because of the World Cup.

Vavi calls on SA to end poverty

'We can no longer be spectators'

By ZINE GEORGE

COSATU general secretary Zwelinzima Vavi has called on all South Africans to throw their weight behind the battle against greed, corruption, poverty, inequality and unemployment.

Addressing the seventh Annual Peace, Safety and Human Rights Memorial Lecture at the University of South Africa (Unisa) on Wednesday night Vavi said the many protests already evident across the country, from labour strikes to service delivery protests, indicated the poor "are not a subservient class".

Thousands of mine workers and truck drivers have been on strike over wage disputes.

Thousands more municipal workers are threatening to down tools if their wage demands are not met.

Demonstrations are mushrooming across the country at dismal municipal service delivery.

"The people are no longer willing to abide by the rules set by the capitalist masters. They have chosen to fight as opposed to being subservient – resistance as opposed to submission.

"Which side are you going to be on?

"In choosing sides, we must contend with the weight placed on our shoulders by our conscience.

"We must be guided by our conviction that there can be no fault in striving for a South Africa where peace, justice and equality are not only the subjects of fantasy but an everyday reality for all South Africans," said Vavi.

The memorial lecture was held in honour of the first post-apartheid

bled that you have chosen me, Zwelinzima Vavi, a son of the working class, to speak in memory and in honour of a great leader, who was described by Nelson Mandela as a pillar of strength to those who were incarcerated on Robben Island and a true lawyer of the people.

"For Dullah Omar, the struggle for peace, justice and human rights was not one undertaken for personal glory and the pursuit of a narrow career. Dullah, as he was affectionately known, was a human rights lawyer, whose beliefs in legal and social justice in many ways remain unmatched," he said.

"We can only win the struggle against injustice, inequality, poverty and deprivation through mass mobilisation and a united front that is dedicated to putting an end to the honeymoon of the rich and their collaborators which has been a persistent reality of post 1994 South Africa."

The Daily Dispatch reported yesterday the Eastern Cape is among the three provinces where conditions for children are the worst in the country. The report showed that 25% of the province's children lived in child-headed homes, second to Limpopo's 31%.

"We can no longer continue to be spectators in a game that will determine our future. We all have to play a role in restructuring the entire edifice of South African society that systematically and deliberately produces beggars and [makes people slaves to poverty]," said Vavi. — *zineg@dispatch.co.za*

WANTS A UNITED FRONT: Cosatu