



Bread, baby shoes or blusher? Myths about social grants and 'lazy' young mothers

Recent newspaper reports¹ and Jacob Zuma's political campaign² have once again raised the alleged issue of young women abusing the social grant system – either by falling pregnant 'on purpose' to collect the Child Support Grant (CSG), or by leaving their children with grandmothers while the mothers spend the grant on 'drinking sprees, [buying] clothing and [gambling] with the money'.¹ Many researchers and social grant advocates believed that the issue of perverse incentives and the CSG was unequivocally laid to rest 2 years ago. In March 2007, the Department of Social Development released the findings of a Human Sciences Research Council (HSRC) study commissioned to investigate the relationship between teenage pregnancies and uptake of the CSG. The study showed that there was no association between teenage fertility and the grant. This conclusion was based on the following three findings: Firstly, while teenage pregnancy rose rapidly during the 1980s, it had stabilized and even started to decline by the time the CSG was introduced in 1998. Secondly, only 20 percent of teens who bear children are beneficiaries of the CSG. This is disproportionately low compared to their contribution to fertility. Thirdly, observed increases in youthful fertility have occurred across all social sectors, including amongst young people who would not qualify for the CSG on the means test.³ (p. 2)

The CSG was implemented in 1998 after recommendations by the Lund Committee for Child and Family Support to phase out the former State Maintenance Grant.⁴ The CSG had reached 8.3 million beneficiaries in 2008 – having grown from 34 000 beneficiaries in 1999 – and constitutes the largest income cash transfer programme in South Africa.⁵

Research has consistently found a correlation between social grants and positive childhood development. There is an inverse relationship between poor social and economic conditions in childhood and subsequent success in life; and increased incomes via social grants for single mothers with children has proved to be an important factor in educational performance of the child.⁶ Studies on the CSG have pointed out that this grant is often the only source of income for the child's primary caregiver and that it is primarily spent on food and clothing – not on Lotto tickets or cosmetics.^{7,8} As one participant in a study of the CSG in the Western Cape put it: '*Al is die CSG so min, dit help 'n mens baie. Jy kan byvoorbeeld skoene koop vir die kind, of genoeg brood vir die maand.*'⁷ [Even though the CSG is so little, it helps one a lot. For example, you can buy shoes for the child, or enough bread for the month.] (p. 221)

Delany *et al.* also found that access to health care was high among CSG beneficiaries, as was enrolment at school.⁸

Turning to the argument of perverse incentives and teenage pregnancies, it is hard to imagine that a young girl would 'deliberately' fall pregnant for R230 a month. In a

country with a high prevalence of HIV⁹ and STIs,¹⁰ strongly conservative social norms around sex,¹¹ high rates of gender-based violence and coerced sex,¹²⁻¹⁶ and unacceptable maternal mortality ratios,^{17,18} it is very unlikely that young girls would premeditatedly choose to have unprotected sex, so as to fall pregnant as a means to a mere R7,70 a day. Rather, the high rates of teenage pregnancies should be attributed to the lack of sexual and reproductive health rights and sexual decision-making.

Millions of people in South Africa survive only because of the country's social security system – one that should be supported and its delivery strengthened. Indeed, the safety net of social grants should be extended to include a chronic illness grant (as proposed by the National Strategic Plan 2007 - 2011,¹⁹ while the phased roll-out of a basic income grant should also be considered (as recommended by the Taylor Report.⁶ South Africa's social security system should be lauded – not denigrated together with the people who legitimately make use of it. Two brackets in the above para that don't close

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1. Nkuna B. Teenage mothers abuse state child grant. *Cape Argus* 29 September 2008.
2. Hartley A. Educate them by force. *Pretoria News*. 10 November 2008.
3. Makiwane M, Udjo E. *Is the Child Support Grant Associated with an Increase in Teenage Fertility in South Africa? Evidence from National Surveys and Administrative Data*. Pretoria: Human Sciences Research Council, December 2006.
4. Lund F. *Changing Social Policy: The Child Support Grant in South Africa*. Pretoria: HSRC Press, 2007.
5. Skweyiya Z. Statement by the Minister of Social Development on the release of the report: Review of the child support grant uses, implementation and obstacles, Diepsloot, Johannesburg. Pretoria: Department of Social Development, 17 October 2008.
6. Committee of Inquiry into a Comprehensive System of Social Security for South Africa. *Transforming the Present – Protecting the Future Consolidated Report*. March 2002. <http://www.welfare.gov.za/Documents/2002/2002.htm> (accessed 14 November 2008).
7. Vorster J, Eigelaar-Meets I, Poole C, Rossouw H. *A profile of social security beneficiaries in selected districts in the Western Cape*. Stellenbosch: Stellenbosch University, 2004.
8. Delany A, Ismail Z, Graham L, Ramkissoo Y. *Review of the Child Support Grant: Uses, Implementation and Obstacles*. Johannesburg: Community Agency for Social Enquiry, 2008.
9. UNAIDS. *Report on the global HIV/AIDS epidemic 2008*. Geneva: UNAIDS, 2008.
10. Johnson L, Bradshaw D, Dorrington R. The burden of disease attributable to sexually transmitted infections in South Africa in 2000. *S Afr Med J* 2007; 97(8): 658-662.
11. Mantell J, Harrison A, Hoffman S, Smit J, Stein J, Exner T. The *Mpondombili* Project: preventing HIV/AIDS and unintended pregnancy among rural South African school-going adolescents. *Reproductive Health Matters* 2006; 14(28): 113-122.
12. Abrahams N, Jewkes R, Hoffman M, Laubsher R. Sexual violence against intimate partners in Cape Town: prevalence and risk factors reported by men. *Bull World Health Organ* 2004; 82(5): 330-337.
13. Jewkes R, Dunkle K, Koss MP, *et al.* Rape perpetration by young, rural South African men: Prevalence, patterns and risk factors. *Soc Sci Med* 2006; 63(11): 2949-2961.
14. Jewkes R, Levin J, Mbananga N, Bradshaw D. Rape of girls in South Africa. *Lancet* 2002; 359: 319-320.
15. Wood K, Jewkes R. Violence, rape, and sexual coercion: everyday love in a South African township. *Gender and Development* 1997; 5(2): 41-46.
16. Wood K, Maforah F, Jewkes R. 'He forced me to love him': putting violence on adolescent sexual health agendas. *Soc Sci Med* 1998; 47(2): 233-242.
17. Hill K, Thomas K, AbouZahr C, *et al.* Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data. *Lancet* 2007; 370(9595): 1311-1319.
18. Bradshaw D, Nannan N. Mortality and morbidity among women and children. In: Ijumba P, Padarath A, eds. *South African Health Review 2006*. Durban: Health Systems Trust, 2006.
19. Department of Health. *HIV & AIDS and STI Strategic Plan for South Africa 2007-2011*. Pretoria: Department of Health, 2007.