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Men and the Child Support Grant: Gender, Care and Child Well-being

by

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Abstract

Cash transfer programmes (CTPs) to support the care of children have become a popular social protection mechanism across the developing world over the last 20 years. While they have demonstrably alleviated child and household poverty, their impacts on gender relations are contested. South Africa’s Child Support Grant (CSG) follows international trends where the overwhelming majority of caregivers who receive the grant are women. In practice, this has served to solidify a traditional, gendered division of labour, where the care of children remains a predominately female responsibility. Unshared care burdens sustain deep inequality between men and women in income, time and opportunity. This is in a context characterised by widespread father absence. Nonetheless, there is a small minority of men who do claim the CSG. However, very little is known about men who receive child-centred cash transfers, in South Africa or elsewhere. Knowing more about these men is critical for understanding how and if men can ‘do gender’ differently, and in turn contribute to changing unequal gender relations.

The aim of this mixed method study was therefore to study the caregiving dynamics in households where men receive the CSG. This was addressed via a statistical analysis of household spending patterns and child nutrition using the National Income Dynamics Study (NIDS), and a critical discourse analysis of interviews with CSG-receiving men in Soweto, Johannesburg. The statistical findings indicate that male grant recipients are not more likely than female grant recipients to misspend household income. In addition, their children are not significantly more likely to suffer poor nutrition. The discourse analysis sheds light on these findings, revealing that CSG-receiving men conceive of their masculinity in ways that are often quite different to patriarchal norms, and that this directs their enactment of caring and responsible fatherhood. The two sets of findings suggest that greater uptake of the CSG by men could benefit men, women and children, with the potential to transform the unequal, gendered structure of caregiving. In this way, the CSG could become a more gender-sensitive, transformative social protection policy for children and families in South Africa.

Keywords: Child support grant; transformative social protection; gender; masculinity.
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List of Acronyms

AIDS: Acquired Immune Deficiency Syndrome
ATM: Automated Teller Machine
CCT: Conditional Cash Transfer
CDA: Critical Discourse Analysis
CI: Confidence Interval
CPI: Consumer Price Index
CSDA: Centre for Social Development in Africa
CSG: Child Support Grant
CSM: Continuing Sample Member
CTP: Cash Transfer Programme
CWW: Counting Women’s Work
DSD: Department of Social Development
FEE: Fixed Effects Estimation
GAD: Gender and Development
GDP: Gross Domestic Product
HIV: Human Immunodeficiency Virus
ICESR: International Convention on Economic, Social and Cultural Rights
ILO: International Labour Organisation
LBPL: Lower-Bound Poverty Line
MDGs: Millennium Development Goals
$n$: sample size
NIDS: National Income Dynamics Study
NPO: Non-Profit Organisation
OECD: Organisation for Economic Co-operation and Development
OLS: Ordinary Least Squares
OU: Observation Unit
PSU: Primary Sampling Unit
REE: Random Effects Estimation
SALDRU: Southern Africa Labour and Development Research Unit
SASSA: South Africa Social Security Agency
SDGs: Sustainable Development Goals
SE: Standard Error
SRS: Simple Random Sample
TSM: Temporary Sample Member
TSP: Transformative Social Protection
UCT: Unconditional Cash Transfer
UIF: Unemployment Insurance Fund
UJ: University of Johannesburg
UN: United Nations
UNICEF: United Nations International Children's Emergency Fund
WEF: World Economic Forum
WHO: World Health Organisation
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This work is dedicated to the living memory of my extraordinary big sister, Simine Khan. Her wit, bravery and love have made a world for me.
Chapter 1: Men and Gender-sensitive Social Protection

1. Introduction

Social protection is a set of policy options that has become popular across the developing world over the last 20 years (Barrientos, Møller, Saboia, Lloyd-Sherlock, & Mase, 2013; Holmes & Jones, 2013; Molyneux, Jones, & Samuels, 2016). Cash transfer programmes (CTPs) aimed at children, in particular, have been widely adopted due to the recognition that children face particular vulnerabilities in that they cannot meet their needs independently, and widespread poverty constrains the ability of many of their parents to do so (Patel et al., 2017). Child-focused CTPs aim to fill this gap by providing small but regular monthly payments to carers of children with limited means. These CTPs – along with complementary social services – are conceived of as an investment by the state in the human capital development of children and in social reproduction that is likely to interrupt the intergenerational transmission of poverty (Bray & Dawes, 2007; Jenson, 2010; Patel, 2015; Sabates-Wheeler & Roelen, 2011; Streuli, 2012). South Africa’s Child Support Grant (CSG) is a notable example, hailed internationally for its demonstrated impacts in assisting caregivers to improve their children’s developmental outcomes in the domains of health, education and nutrition (Department of Social Development [DSD], South Africa Social Security Agency [SASSA], & United Nations International Children's Emergency Fund [UNICEF], 2011, 2012).

However, the unpaid work that goes into ensuring children’s well-being is deeply gendered. Only 2% of the caregivers who receive the CSG are men (SASSA, 2016a), an unchanging proportion since at least 2005 (de Koker, de Waal, & Vorster, 2006; Delany, Ismail, Graham, & Ramkissoon, 2008; Plagerson & Ulriksen, 2016). This is despite gender-neutral targeting that does not condition receipt of the CSG on the sex of the caregiver. In a context where father absence is rife (Mavungu, Thomson de Boor, & Mphaka, 2013), and where many fathers who remain physically present are nonetheless disengaged from the day-to-day work of caregiving (Oosthuizen, 2016), the minimal uptake of the CSG by men is perhaps not surprising. But it represents a significant problem. It illuminates the wider caregiving architecture, where women continue to carry overwhelming responsibility for the care of dependents. This gendered imbalance in resources devoted to care leads to vulnerability for
women in other areas, resulting in inequality in time, income and opportunity between men and women (ibid.; Hassim, 2008; Knijn & Kremer, 1997; Razavi, 2007, 2011).

The CSG, and South Africa’s social policy more broadly, has neither changed nor fully acknowledged the unequal ways in which care obligations are structured, and the specific forms of gendered disadvantage flowing from this. This omission is consistent with global trends, where vulnerability is conceived of as an income or consumption constraint faced by households, as opposed to a condition of exclusion shaped by unequal social relations and opportunities for different groups of people (Holmes & Jones, 2013; Sabates-Wheeler & Roelen, 2011). Therefore, while the CSG can claim success in addressing some of the vulnerabilities of children, it is criticised for failing to account for the distinct, systemic vulnerabilities faced by women (Hassim, 2008; Patel, Hochfeld & Moodley, 2013).

Development scholars and practitioners are increasingly posing the question as to how more gender-sensitive social protection policies that transform systemic gender inequalities might be developed (Holmes & Jones, 2013). But this aspiration is frustrated by patriarchal norms that construct care and nurturance as feminine and ‘unmanly’, and that serve to justify men’s absence from childcare. If 98% of CSG recipients are women, then this discourse leads one to believe that the status quo is a reflection of the reality of gender relations. Women are often assumed to be innately nurturing and altruistic, and hence more capable and devoted parents who prefer their roles in social reproduction over other productive activities (ibid.; Knijn & Kremer, 1997; Razavi, 2007). Conversely, men are frequently portrayed as more competitive and self-oriented, and more prone to the ‘perverse incentives’ of cash transfers, like spending on alcohol (Evans & Popova, 2014; Gummerson & Schneider, 2012; Yoong, Rabinovich, & Diepeveen, 2012). These kinds of arguments, albeit to varying degrees in different contexts, have served to legitimise men’s relative advantage, and to sustain inertia in policymaking. Efforts to change societal patterns of obligation thus remain lower-order priorities for policymakers in many developing countries, with policy interventions to change men’s attitudes and behaviours being conspicuously absent.

This is despite the fact that the rise to prominence of CTPs has coincided with increasing ‘gender mainstreaming’ in international development. Reducing gender inequality is now an uncontroversial developmental priority, encapsulated in the Sustainable Development Goals (SDGs); the International Labour Organisation’s (ILO) Social Protection Floor
recommendations; the strategy documents of major aid agencies (Cornwall & Rivas, 2015; Holmes & Jones, 2013; Parpart, 2015; Patel, in press; Wanner & Wadham, 2015) and, in South Africa, progressive legislation (notably the Constitution) (Hassim, 2008; Patel & Mavungu, 2016). However, ‘gender’ is still largely interpreted as ‘women’s issues’, with an exclusionary focus on women. In the realm of social protection, this translates into recognising that women often have lower incomes or limited bargaining power in their households relative to men, and justifying the provision of cash transfers to them on that basis (Holmes & Jones, 2013). However, since women spend a disproportionate amount of their time and money looking after children and other dependents, they have less freedom than men to pursue their own interests (Oosthuizen, 2016). Small monthly payments from the state do not make up for the shortfall in the lack of material support from men, nor for the hours that they do not put into care work (Molyneux & Thomson, 2011; Razavi, 2007, 2011). These relational dynamics of the gendered nature of care remain poorly understood in the study of CTPs locally and internationally (Patel & Mavungu, 2016). For instance, just how men influence, and are influenced by, child-sensitive social protection in the developing world remains under-researched. Given the dominant understanding of gender, studies tend to focus only on female CTP recipients. Sometimes this is due to female-only targeting of CTPs. More often, it is due to such small numbers of male recipients that they are either hard to find or deemed unworthy of study (Hagen-Zanker et al., 2017; Yoong et al., 2012). But although only 2% of CSG recipients in South Africa are men, this represented close to 120,000 men in September 2014 (SASSA, 2016a). This is a substantial number of people benefitting from a major social protection policy; about whom very little is known. What are the gender dynamics in their households, in terms of, for example, who assumes caregiving responsibilities and how these are enacted? Can male caregivers be as capable, responsible or effective as female caregivers? What is it about this (relatively) small group of men that enables them to defy expectations about what men can and should be? And, what do these answers tell us about the possible implications of involving more men in child-focused social protection programming, in South Africa and other developing country contexts?

This mixed method study is a first attempt at interrogating these issues. Doing so will illuminate how social protection could play a role in meaningfully tackling gender inequality

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1 This is the most recent reliable figure that is available.
by concretely addressing its causes. This is consistent with a socially transformative approach to social protection, as proposed by Devereux and McGregor (2014), Holmes and Jones (2013) and Molyneux et al. (2016). These authors argue that when social protection policies fail to tackle the causes of poverty and vulnerability they are merely ameliorative of its symptoms, and social inequalities are left intact. The CSG was not explicitly designed to change unequal relations between men and women. However, its design is certainly conducive to the realisation of gender equality given the principle of gender neutrality that informs eligibility for the grant. The aim of this work is therefore to study men who receive the CSG, and the dynamics of caregiving in their households (specific research objectives are provided in section 7). This informs the major research question: ‘How could the CSG become a more gender-sensitive social protection policy for children and families in South Africa?’

The rest of this chapter is structured as follows. Section 2 outlines the evolution of social protection around the world, and the common ways in which issues of gender and care have been neglected. Why it matters is considered in section 3, while section 4 details the features of South Africa’s social protection system, with an emphasis on the CSG in the post-apartheid era. It includes a review of the empirical evidence of the impacts of the CSG and similar CTPs. This is followed by a discussion of trends in fatherhood in South Africa in section 5, the ways in which hegemonic masculinity is conceptualised (Connell & Messerschmidt, 2005), and how these factors may underlie the CSG’s minimal uptake by men. Section 6 then explains how using a transformative approach to social protection could bring gender issues to the centre of the analysis and delineates the conceptual framework of the study. The study’s design and methodology follow in section 7. Finally, the rest of the dissertation is outlined.

2. Gender Gaps in the Evolution of Social Protection

Social protection is defined as public and private measures adopted by governments to protect people’s livelihoods and build their resilience when exposed to economic and social risks. A new generation of social protection policies emerged in developing countries in the late 1990s to protect against poverty and to provide a minimum income (Barrientos & Hulme, 2008; Bonilla Garcia & Gruat, 2003; Midgley & Hall, 2004; Norton, Conway, & Foster, 2001). Vulnerability to poverty could be precipitated by life-cycle events (for example, poor health, disability or old age) or work-related events (for example, accidents or
unemployment). Recognition of this vulnerability, along with the imperatives of industrialisation for a productive workforce, drove the early development of the traditional welfare states of Western Europe in the late 19th century. It became accepted that markets could fail in the provisioning of income, health care, education or housing, and that states would need to step in to fill these gaps. This was achieved via the provision of various forms of social insurance that were contributory schemes between employers and employees (for example, health and unemployment benefits), social assistance (for example, child and family support), and public services as a citizenship right (Orloff, 1993). The vulnerabilities of children were also recognised, as reflected in the introduction of free primary education and basic health care (Marshall, 1950).

However, the gendered structure of caregiving was not recognised as generating vulnerability against which people needed to be protected. Instead, care was assumed to take place automatically within households, where mainly women would continue to provide care for dependents without the need for extensive public intervention (Knijn & Kremer, 1997). These ideas were supported by the male breadwinner model that influenced social protection policies in both the North and the South – for example in South Africa during the colonial and apartheid periods (Patel & Plagerson, 2016). Essentially, this approach to gender and care in social policies was fashioned on the nuclear family model and the need to support families due to loss of income of the male breadwinner. The approach was criticised by feminists who argued that the gender division of care reinforces women’s traditional caregiving roles, leads to dependence on men and constrains their ability to access the full range of opportunities open to independent male citizens. Later campaigning by feminist movements and advocacy for gender equality internationally has resulted in greater awareness and policy innovation for more gender-sensitive social protection policies.

In the traditional welfare states, significant shifts occurred. While there was variation in how and to what degree gender issues were integrated in different countries, a broad trend can be characterised by a gradual, partial socialisation of the costs of care (Knijn & Kremer, 1997). This was achieved by providing, for example, public childcare facilities. Policies to begin sharing care burdens with men and

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2 The terms ‘developing world’, ‘developing countries’ and ‘the global South’ are used interchangeably throughout. ‘Traditional welfare states’ refers to the Western European countries where universal welfare as we know it today was first instituted, while ‘global North’ is a broader term for developed countries.
facilitate women’s labour market participation, chiefly gender-neutral parental leave, based on a dual-parent, dual-carer model, have also become popular (Carlson, 2013).

On the other hand, across the developing world, issues of gender and care are rarely integrated into social protection policies in a meaningful way, and the kinds of public care facilities and employment-related protections for care evident in the traditional welfare states are glaringly absent in the developing world (Hassim, 2008; Kabeer, 2014; Molyneux & Thomson, 2011; Patel et al., 2013; Razavi, 2007, 2011; Saraceno, 2015). This is partly because of the idea that in developing countries, families and informal support networks play a greater role in the provision of social welfare, legitimising the maintenance of distance between the state and the family sphere (Razavi, 2007, 2011). This argument closely mirrors those used to neglect care in the early history of the traditional welfare states. It is also informed by the assumption that in those states, consideration of care came late, long after systems had been put in place to address class-based inequalities. As such, social protection in developing countries maintains a reliance on families – and specifically women – in the provisioning of care, with the expectation that this will change as countries become more developed and can better afford what are often regarded as expensive gender-sensitive measures, like childcare facilities (ibid.; Kabeer, 2014). Parental leave policies also generally lag behind those in the global North3, and despite a growing trend to make these more generous, they apply only to relatively better-off parents who are in formal employment4.

As with the development of universal welfare in Western Europe, social protection in the global South has increasingly been guided by the understanding that during periods of vulnerability, people need to be protected by the state. While vulnerabilities like unemployment and old age are often specifically envisioned, many contemporary challenges are quite different. These challenges include climate change and the increasing incidence of drought and flooding; large-scale migration both within and between countries; a public health and care crisis precipitated by the HIV epidemic; small formal labour markets that

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3 However, the United States is often cited as an exceptional case, and is the only Organisation for Economic Co-operation and Development (OECD) country that lacks provisions for paid parental leave (Ingraham, 2018; OECD, 2017).

4 For example, the adoption by parliament in 2018 of an expansion in paid paternal leave allocations in South Africa (for formally employed men) from three to ten days (van den Berg & Makusha, 2018) is an indication of advances in some developing countries. South Africa also has a policy which allows for four months of unpaid maternity leave, with maternity benefits claimable from contributions made to the public Unemployment Insurance Fund (UIF) by formally employed women (WageIndicator, 2018).
absorb only a minority of the workforce, coexisting with high levels of unemployment and a large informal sector paying poverty-level wages; and technological change – for example, labour-saving technology that displaces large numbers of unskilled workers (Barrientos & Hulme, 2008; Kabeer, 2014; Razavi, 2007; Surender, 2013b). Increasing globalisation, integration and more volatile economic performance is another challenge – indeed the financial crisis of 2008, with its knock-on effects on economic growth and employment in developing countries, provided the impetus for the rapid expansion of social protection systems initiated in the 1990s (itself a time of great political change), for example in Brazil and South Africa (Barrientos et al., 2013). By 2017, at least 130 low- and middle-income countries had at least one CTP (Hagen-Zanker et al., 2017), consisting of regular and predictable cash transfers (or benefits in kind) from the state to vulnerable groups.

Children are recognised as particularly vulnerable. Malnutrition and inadequate health care and educational attainment (among others) are likely outcomes when parents face multiple threats to their welfare. These cumulative disadvantages are expected to have adverse consequences which persist into adulthood, such as reduced productivity and earnings potential, poor health and quality of life, and susceptibility to crime (Barrientos & DeJong, 2006; Bonilla Garcia & Gruat, 2003; Sabates-Wheeler & Roelen, 2011). Cash transfers may protect against these negative consequences by enabling carers to promote children’s physical, cognitive and psychosocial development (Bray & Dawes, 2007; Streuli, 2012). In this way, social protection for children and families is considered to be a social investment in future generations and in breaking poverty cycles. However, cash transfers for the care of children nearly always go to women, who are entrusted with ensuring that policy objectives of improved child well-being are met (Hassim, 2008; Razavi, 2007). How this frequently intensifies gender inequality is rarely addressed.

3. Gender Inequality: Why does it Matter?

Gender is defined as:

…a socially constructed concept, referring to women’s and men’s different roles and responsibilities determined by social, economic, political and cultural factors. These are interpreted differently in different societies and cultures, but in many contexts they translate into inequality in resources, responsibilities, opportunities, and constraints, especially for women (Holmes & Jones, 2013, p.16).
In South Africa, the distribution of resources and power is highly unequal, and one of the major inequalities is of a gendered nature. Women are, as a group, more impoverished than men. They are more likely to work in the informal, part-time or domestic work sectors, where work pays less and has minimal benefits. They also earn less than men in the same jobs, and are more likely to be unemployed (Hassim, 2008; Makou, 2017; World Economic Forum [WEF], 2017). Various statistical sources estimate that the gender gap in earnings in South Africa – a combined result of discrimination and gendered job types – is between 23% and 27% (Makou, 2017).

Another dimension where there is marked gender inequality is in time expended on social reproduction. Women in many countries spend more time working than men, but much of this work is unpaid work in the domestic sphere that is uncounted (Counting Women’s Work [CWW], 2018). Razavi (2007) defines care as the direct care of persons (for example, feeding, bathing, taking them to the doctor, changing nappies) and other domestic tasks that facilitate that care (including cooking, cleaning and shopping). In South Africa, it is done mostly by women within households and is not remunerated (Oosthuizen, 2016). Oosthuizen (2016) uses time-use survey data from 2010 to estimate that men spend 12.2 hours per week on unpaid care work, compared with 30.5 hours per week for women. When time devoted to paid work is added to this, women spend more hours per week working than men (48.9 hours compared to 44.6 hours), a pattern that holds for all age groups.

Nonetheless, this work, and its gendered character, remains unacknowledged, despite its importance to the economy and to society. It ‘is critical for the reproduction of human capital, in caring for a new generation of potential workers, and underpins the ability of men to specialise in market work’ (ibid., p. 8). When assigned a monetary value, unpaid care and household work is estimated to be worth 25% of South Africa’s Gross Domestic Product (GDP)(ibid.). This is valuable work that is inadequately recognised by the South African state, despite the personal costs it imposes on women. Care burdens reduce women’s ability to pursue paid work or an education relative to men, and in turn reduce future earnings potential. This leaves women with less time for leisure, self-care and political participation (ibid.; Hassim, 2008; Knijn & Kremer, 1997; Patel et al., 2013; Razavi, 2007, 2011). In low-income communities, debilitating poverty, large-scale unemployment, and added care obligations because of the HIV and AIDS epidemic, compound the costs of care. In addition,
widespread father absence in South Africa creates a ‘double burden’ of childcare and a lack of financial support for many women (Budlender & Lund, 2011, p. 936).

Finally, gender equality – or the right of women to have the same opportunities as men – is a right and a matter of social justice. Its achievement is a societal goal that extends beyond any instrumental value it may have in fostering economic development (for example, sharing women’s care burdens so that economies take fuller advantage of their female human capital stock) (Holmes & Jones, 2013; Saraceno, 2015). This tenet is recognised in South Africa’s Constitution and social policy framework (Hassim, 2008; Patel & Mavungu, 2016). However, in practice, the realisation of the right to gender equality has been deficient, particularly in the implementation of South Africa’s key social protection policy for children and families, which reinforces maternalism and pays limited attention to the role of male CSG caregivers.

4. Social Protection in South Africa

4.1. Features of the CSG

As with many other developing countries, widespread unemployment and the inability of many citizens to participate in contributory social insurance schemes means that publicly funded social assistance is the primary form of social protection for the majority of South Africa’s population. Cash transfers are targeted at the poorest using means tests; they are non-contributory, and are completely publicly funded and delivered. There are also several types of CTPs, including pensions provided to citizens aged 60 and older; disability grants; care dependency grants for the care of disabled children; foster care grants; and CSGs. The CSG is a monthly cash payment made by the state to children’s primary caregivers – whether male or female – provided they meet the requirements of the means test and are hence classifiable as income-poor and requiring support. Single parents qualify if they earn less than R48,000 per year (R4,000 per month), and married or cohabiting parents may not have a combined income that exceeds double these amounts (Kelly, 2018). In cases where these carers are not biological parents, proof must be provided to SASSA officials of their primary...

5 In South Africa and other developing countries, other social protection policies are also significant, such as public works and insurance-based schemes (Barrientos & Hulme, 2008). The latter policies, which cover much smaller portions of the population, are not the focus of this study.

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caregiver status, usually in the form of an affidavit from a police official or school principal, or a social worker’s report.

The CSG is, in terms of the number of beneficiaries, the largest CTP. It was introduced in 1998 by South Africa’s first democratic government in recognition of the fact that apartheid had left a devastating legacy of child poverty (Center for Global Development, 2015; Patel et al., 2013). Initially, only children under the age of seven were eligible, with the value of the CSG pegged at R100 per month. This value has increased steadily over time, and stands at R410 in October 2018 (Kelly, 2018). The age of eligibility has expanded too, increasing progressively to 18 years of age. Although the CSG has been an unconditional cash transfer since its inception, in 2012, a condition that children should attend school was included. The new regulations have been unevenly implemented, and to date there is no evidence of the conditions being strictly monitored. Means test income requirements have also become more generous. This widening scope of the CSG has increased uptake massively: by March 2017, CSGs were claimed on behalf of more than 12 million children (Statistics on Children in South Africa, 2017a). This is in a context where poverty remains widespread (a detailed discussion of poverty rates follows in the next section), and where AIDS has orphaned thousands of children and left thousands more in the care of elderly relatives (Budlender & Lund, 2011). In addition, 32% of South African children live in households where no adult is employed (Statistics on Children in South Africa, 2017d). Unemployment remains a deep, structural cause of poverty: expanded unemployment has rarely dipped under 30% since 1994 (Leibbrandt, Woolard, McEwen, & Koep, 2009), and stood at 37.3% in the third quarter of 2018 (Statistics South Africa, 2018c). Even among the employed, low-wage work that pays below subsistence levels affects 55% of the workforce (Isaacs, 2016). The CSG is therefore a crucial, yet small, boost to the household income of millions of people who are materially impoverished.

As previously indicated, only 2% of caregivers who receive the CSG on behalf of their children are men, despite the gender-neutral eligibility criteria (SASSA, 2016a). The lack of male participation in caregiving via the CSG is generally associated with high rates of father absence in children’s lives, which is elaborated in section 5 below. There is thus significant scope for expanding the number of men who receive the CSG, and for increasing male involvement in family life, which is the focus of this study.
4.2. The impacts of the CSG and similar child-sensitive CTPs

4.2.1. Impacts on children and household poverty

Though the benefits provided by social assistance are generally low in developing countries, and cover only a ‘fraction’ of household consumption (Surender, 2013b, p. 16), there is clear evidence that they have often been effective in reducing household poverty (Barrientos & Dejong, 2006; Barrientos et al., 2013). In addition, cash transfers have been found to improve child well-being, via improved school enrolments, attendance and grade completion (Baird, Ferreira, Özler, & Woolcock, 2014; Behrman & Parker, 2010; Glewwe & Kassouf, 2012; Hagen-Zanker et al., 2017; Kabeer, Piza, & Taylor, 2012; Yaschine & Orozco, 2010). Impact evaluations specifically for the CSG have confirmed these outcomes (DSD et al., 2011, 2012; Patel et al., 2017). Regarding nutrition, the evidence is more mixed. Improved nutritional status for children has been observed (Fultz & Francis, 2013; Kabeer et al., 2012; Yaschine & Orozco, 2010), though in Manley, Gitter and Slavchevska’s (2013) systematic review of 17 CTPs in Asia, Latin America and Africa, on average these improvements are small but statistically insignificant. They posit that this may be due to the consumption of low-quality food and inadequate access to quality health care and sanitation, suggesting failures in the broader policy environment. In addition, there do not appear to be differences in nutritional outcomes in conditional versus unconditional programmes, with more influential factors being child age, sex and access to health care (van den Bold, Quisumbing, & Gillespie, 2013).

In South Africa, evidence relating to child health and nutrition is somewhat more positive. Height-for-age measures for children under the age of three were significantly better for CSG beneficiaries when compared to non-beneficiaries (Aguero, Carter, & Woolard, 2009). Children who had received the CSG for 10% more of their lives than their similarly-aged counterparts were found by Coetzee (2013) to be one centimetre taller on average. In addition, the likelihood of a child being ill is lower for children who enrolled on the CSG at birth compared to those who enrolled later (DSD et al., 2012). However, the CSG had no protective impacts on stunting for those children enrolled early (ibid.). Indeed the prevalence of stunting among South African children remains very high, estimated at 27% of children under age five (Africa Check, 2018); a proportion that has not changed significantly since 1993 (Devereux & Waidler, 2017). This is concerning given scholarly agreement that
stunting in children is a factor in child mortality and morbidity, and is associated with poor cognitive development and schooling outcomes (Casale, 2016; Grinspun, 2016).

Other household-level impacts relating to the CSG include more time spent by carers on care activities such as play and help with school work (Patel, Knijn, & van Wel, 2015), and reductions in transactional sex among young women and in child labour among adolescents (DSD et al., 2011, 2012). Further, the absence of a negative effect on labour market participation has been noted, with positive impacts on job-seeking and other income-generating activities among unemployed recipients (Grinspun, 2016; Mpike, Wright, Roehrs, Mohamed, & Mzankomo, 2016). Positive impacts have also been found in reductions in time spent by girls on household chores (DSD et al., 2012). The CSG also appears to be used for its intended purposes, with studies of women receiving the CSG indicating that expenditure categories of food, education, clothing and household durables, health and transportation constitute 95% of reported uses of the grant on average (ibid.; see also DSD et al., 2011; Delany et al., 2008; Patel et al., 2013, 2017, for evidence regarding the child-centred uses of the grant).

At the macro-level, cash transfers are conceived of as being an easy way of reducing the poverty headcount (the number of people living in poverty) as well as the poverty gap (the average distance from the poverty line that poor people find themselves in) (Barrientos & DeJong, 2006). This is because often, economic growth does not ‘trickle down’ to the poor, whereas well-targeted cash transfers can reach them directly (Fiszbein & Schady, 2009). Studies show that overall poverty would be substantially higher without CTPs aimed at the poor in Eastern Europe (Barrientos & DeJong, 2006), in Brazil and South Africa (Barrientos et al., 2013), and in Mexico, India and Chile (Fultz & Francis, 2013). In South Africa, evidence suggests that social assistance (encompassing chiefly the CSG, state pensions and disability grants) has been more effective in reducing the poverty gap (the intensity of poverty) than the poverty headcount (Barrientos et al., 2013; Woolard & Leibbrandt, 2010). The national statistical agency defines three poverty lines that measure different degrees of deprivation (Statistics South Africa, 2017b). The food poverty line is the lowest, representing the minimum amount of money needed to secure basic daily minimum food needs. The lower

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6 The vast majority of the grant recipients in the DSD et al. study (2012) are women (as is the case in all other impact evaluations relating to the CSG), and analyses are not disaggregated between men and women.
(LBPL) and upper bound (UBPL) poverty lines then capture amounts of money needed to buy basic non-food items as well, with those at the UBPL able to secure both essential food and non-food items (ibid.). Between 2003 and 2014, the proportion of children living in conditions of food poverty declined from about 60% to 30% (Hall & Budlender, 2016). Over roughly the same period (2003 to 2015), the proportion of children living under the UBPL declined from 79% to 62.2% (Statistics on Children in South Africa, 2017c). More recently, however, poverty among all South African households has increased – from 53.2% living below the UBPL in 2011 to 55.5% in 2015 (Statistics South Africa, 2017b). This indicates that far fewer households now live in extreme poverty (as per the food poverty line), but that the proportion still unable to secure basic needs (that is, under the UBPL) is still very high.

The persistence of income poverty has undermined the potential of social protection in South Africa to reduce income inequality, which has increased from the early 1990s until the mid-2010s – a period when social assistance expanded rapidly (Barrientos et al., 2013). The low amount of the CSG is another factor – at R410 in October 2018, this is well below the food poverty line of R531 in 2017 (Statistics South Africa, 2017b). Indeed historically the amount of the grant has not been ‘tied to any “objective” measure of need’ (Delany & Jehoma, 2016, p. 63), and in recent years the rate of food inflation has outpaced the rate of increase in the value of the CSG (Devereux & Waidler, 2017). It seems plausible that much of the reduction in poverty has been driven by the state pension, which has a much higher value (R1,720 in October 2018 – Kelly, 2018), and reaching many households where children reside – approximately 70% of pension receiving households are estimated to contain children under 15 (Ambler, 2016).

In addition, CTPs across the global South do not appear to have reduced gender inequality in income, with increasing divergence in the relative numbers of men and women living in poverty in Chile, Mexico, Brazil and South Africa in recent years (Fultz & Francis, 2013). Rogan (2016) notes that in South Africa, it is surprising that during the same period that social assistance, claimed mostly by women, was expanding, the risk of income poverty for women grew relative to men. Hypothesised reasons for the growing gender gap are persistent gender discrimination in labour markets, growing rates of father absence, and increasing dependency ratios for women. The WEF (2017) also notes recent increases in the gender gap.

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However, estimates suggest inequality would be even higher in South Africa without social assistance, measured by a Gini coefficient of 0.74 instead of 0.69 (where 1 represents perfect inequality – Grinspun, 2016).
in terms of income and earnings from the same work. When Rogan (2016) analyses poverty from a multidimensional perspective, including indicators measuring health, education and living standards, the gender gap reduces slightly but is still significant.

Therefore, despite the positive impacts on poverty in some domains in South Africa, the full potential of social assistance is not being realised. It appears to be more ameliorative of material poverty than transformative of its causes in the long-term, particularly for women. Barrientos et al. (2013) argue that this is a combined result of very high unemployment and relatively slow and skills-biased economic growth. Hassim (2008) argues that the state has failed to address these structural problems via appropriate employment-creation policies. Complementary services that support the caregiving infrastructure and child well-being, such as well-functioning public health services, adequate housing, water and sanitation and complementary social care services – are also frequently absent (Patel & Mavungu, 2016; Patel et al., 2013, 2017). In addition, Delany and Jehoma (2016) find that 18% of children who are income-eligible for the CSG do not receive it. This is possibly due to misunderstandings of the means test and lacking appropriate documentation, illustrating widely documented problematic policy implementation (Mpike et al., 2016; Wright, Noble, Ntshongwana, Neves, & Barnes, 2014).

4.2.2. Gendered impacts of the CSG

While we know that the CSG reduces absolute material deprivation, its impacts on the relational dimensions of poverty appear more complicated. As discussed, they do not appear to have reduced gender inequality in terms of income. However, cash transfers are expected to be empowering for the women who receive them, because they address their immediate, practical needs (Holmes & Jones, 2013). These include low or no income, as well as limited bargaining power within their households in the absence of a predictable, monthly receipt of money. But many argue that this empowerment only exists in narrow dimensions: supporting women in their roles as mothers and reinforcing obligations for childcare without expanding

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8 This in contrast to the experience of Brazil in the early 21st century. Here, higher rates of economic growth (spurred by the commodities boom), much lower rates of unemployment, and a purposeful integration of social protection policies – eg linking the value of social assistance benefits with the national minimum wage, and benchmarking wage bargaining in the informal sector to the national minimum wage – have led to much larger poverty reduction than in South Africa (Barrientos et al., 2013). However, a deep economic recession beginning in 2015 and rising unemployment are argued as contributing to increases in both poverty rates and inequality since 2015 (Skoufias, Nakamura, & Gukovas, 2017), with shifts in political power towards more conservative parties representing another threat to the continued successes of Brazilian social assistance (Costa, 2017).
their opportunities outside the household or incentivising sharing of care burdens with men (ibid.; Razavi, 2007, 2011; Patel & Hochfeld, 2011; Patel et al., 2013; Molyneux & Thomson, 2011). Viewed from this perspective, the CSG might be a useful tool for helping women to deal with existing poverty and child deprivation. But it does not seem to address the structural causes of this poverty, such as the lack of material and non-material support from men, that erodes the value of social assistance and sustains gender inequality (Rogan, 2016). Women thus become the ‘conduits’ of social policy, achieving the goals of improving child well-being at significant cost to themselves (Molyneux, 2006, p. 59; see also Hassim, 2008). The evidence from other developing countries appears to accord with this understanding of the limits of the empowerment spurred by cash transfers. Common findings are that while women experience increased decision-making power in some domains, they are still pressurised by unshared care burdens. In Latin America, where behavioural conditions are attached to grant receipt, this introduces additional time demands (Adato & Roopnaraine, 2010; Bartholo, 2016; Jones, Vargas, & Villar, 2007; Molyneux & Thomson, 2011; van den Bold et al., 2013). South Africa’s CSG has demonstrated the first two of these three outcomes (Patel et al., 2013).

Nonetheless, the empowerment of women via cash transfers has not been a primary motivation in the design of child-focused cash transfers. Instead, these social policies often assume that women are more altruistic in the household sphere and are thus more likely to spend cash transfers in the desired ways to benefit children (Evans & Popova, 2014; Gummerson & Schneider, 2012; Hagen-Zanker et al., 2017; Yoong et al., 2012). Men on the other hand are regarded as being more prone to selfish expenditure (ibid.). Evidence does exist that men and women are perhaps socialised into these different preferences in studies of general household spending (Gummerson & Schneider, 2012). But in relation to CTPs, the evidence is scant: hardly any studies exist that have studied the gender and care dynamics of men who receive cash transfers, and which identify outcomes (Hagen-Zanker et al., 2017; Yoong et al., 2012). Where men do receive these benefits, the limited available evidence is inconclusive, with some studies supporting the idea of gendered preferences and others not (ibid.). This evidence base, as well as the theory underlying these gendered assumptions, is revisited in chapter 2.
5. Refocusing Social Protection on Men and Masculinities

5.1. The limitations of seeing ‘gender issues’ as ‘women’s issues’

Gender is firmly on the international development agenda. For example, the fifth goal of the United Nations (UN) SDGs 2030 is to ‘achieve gender equality and empower all women and girls’ (UN, 2015, para. 1), and the fourth target under this goal requires that countries ‘recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate’ (ibid., Goal 5 Targets section, para. 4). Target 5.4 (among others) is argued to be a definite improvement on earlier attempts to bring about greater gender equality (for example the Millennium Development Goals [MDGs]), because it explicitly recognises structural causes of women’s disadvantage that stem from unequal power relations with men and a lack of recognition of their unpaid work by the state (Patel, in press; Razavi, 2016). Nonetheless, concerns about how this recognition should be acted upon remain. The SDGs do not contain guidance as to which policies to institute (opting for weaker, broader guidance, for example in ‘as nationally appropriate’ above), and do not indicate how success will be measured (ibid.). Despite these limitations, the SDGs, and a progressive Constitution, provide ample scope for promoting more gender-sensitive social protection policies in South Africa. However, 20 years after its institution, the implementation of the CSG from a gender perspective remains as it always was – men are not encouraged to apply, and complementary services that could free up women’s time and resources remain inadequate (Patel & Mavungu, 2016).

The new focus on gender is argued to not have had much success in reducing gender inequality in other developing countries (Cornwall & Rivas, 2015; Parpart, 2015; Wanner & Wadham, 2015). Despite the greater recognition of inequality as resulting from unequal power relations between men and women, the dominant understanding that gender issues concern women only persists in international development thinking. This view neglects how masculinity mediates development outcomes and how hegemonic masculinity in particular may be harmful for both women and girls, and men and boys (ibid.). Hegemonic masculinity refers to the dominant, commonly understood set of social norms and behaviours relating to how men are and how they should behave (Connell & Messerschmidt, 2005). Central to hegemonic masculinity is the conception of male dominance and power over women. This often translates into subservience in the domestic sphere, where men’s interests are regarded
as more important than those of women and children (Makusha & Richter, 2014). One area where this manifests very clearly is in the unequal sharing of care responsibilities. But social policy interventions targeted at men for the purposes of advancing gender equality have tended to have a narrow focus on sexual and reproductive health and violence against women internationally (Wanner & Wadham, 2015), and in South Africa (Khunou, 2014).

The conflation of gender with women has had serious implications for the advancement of gender equality. Gender is relational, concerning the relationships between men and women. By focusing on women only, men, and their relations with women, tend to be ignored. A greater focus on masculinity is therefore required to take account of unequal power relations that underlie gender inequality and male privilege. But engaging with men, and understanding and promoting different behaviours that are not harmful to women – also known as alternate masculinities, which may be enacted by men who receive CSGs – could also benefit men themselves (Makusha & Richter, 2014; Marsiglio, 1995; van den Berg, Hendricks, Hatcher, Peacock, Godana, & Dworkin, 2013). This prompted research interest in the potential of social protection policies to advance more gender transformative social relations in families in South Africa. In order to do so, the notion of fatherhood and how it is enacted in the local context is considered next.

5.2. Fatherhood in South Africa

Fatherhood is a social role that men fill in their relationships with children, whether these are their biological children or not, with father involvement having the potential to be either positive or negative (Makusha & Richter, 2014; van den Berg & Makusha, 2018). The literature on fatherhood focuses less on positive notions of fatherhood in South Africa. This is largely due to the fact that fatherhood is characterised by the preponderance of various forms of father absence – either physical absence in the form of non-residence and limited or no contact with families, or disengagement from unpaid care work (Patel & Mavungu, 2016). Physical father absence has increased since the dawn of democracy in 1994 (Morrell, Jewkes, & Lindegger, 2012; Clowes, Ratele, & Shefer, 2013). In 2014, 61% of South Africa’s children lived apart from their biological fathers, with just 40% of this group seeing their fathers at least once a month (Hall & Budlender, 2016). In addition, in 2017, 62% of
registered births contained no information on the biological father of the children (Statistics South Africa, 2018a).9

Rates of fathers’ physical absence in South Africa are exceptionally high by international standards. In Africa, only Namibia fares worse on this measure (Makusha & Richter, 2014), and South Africa has the lowest recorded proportion of maternal orphans living with their biological fathers (Mavungu et al., 2013). The proportion of maternal orphans living with the remaining biological parent declined from 31.6% to 26.4% from 2002 to 2015, with the corresponding figures for paternal orphans being 70.1% and 71.1% respectively (Statistics on Children in South Africa, 2017b). But in terms of contributions to care and household work (see section 3), South African men are not outliers, doing similarly little as men in other parts of the world (CWW, 2018). This points to the universality of patriarchal ideology, justifying discourses around care and the place of men and women in society. Nonetheless, there are particular social factors, both historical and current, that have shaped the status quo, especially in black African households.

The massive reconfiguration of precolonial familial relations engineered by brutal colonial and apartheid laws continues to reverberate today. Dispossession of land and wealth by colonial authorities, coupled with the introduction of cash economies and the levying of taxes, led to large-scale migration of men into growing urban areas to work and earn an income (Makusha & Richter, 2014; Roy, 2008). Many men lived in single-sex hostels in the cities while their wives and families remained in the rural areas or homelands, with men visiting their families once a year or when their working contracts expired (Makusha & Richter, 2014; Rabe, 2007). Other laws enacted by colonial and then apartheid governments, such as pass laws, influx control, job reservation and unequal hiring practices, further controlled men’s movements and opportunities, and thereby their ability to live with children and partners (Roy, 2008). In this way, African fatherhood was ‘diminished and transformed’ (ibid., p. 96) – men became absent breadwinners with women the primary caregivers and nurturers (Makusha & Richter, 2014). In addition, common to many African cultures is the idea ‘every child is my child’, or the practice of social parenting, where obligation for

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9 This does not necessarily reflect absence, and at least part of this large statistic could be the result of inefficiencies in the collection of data at often malfunctioning public hospitals.
children is shared between adults regardless of their biological connection to the children in question (Langa, 2014). This aspect of fatherhood was also greatly diminished by widespread social disruption. These patterns endured throughout most of the 20th century and its effects continue in the 21st (ibid.; Rabe, 2007).

The historically-contingent social norm of the father as absent breadwinner interacts with contemporary cultural, social and economic forces to shape patterns of fatherhood. Over the past 20 years, low-income men have been disproportionately impacted by unemployment: with shifts to service-oriented economies and increasing demand for highly skilled labour, they have borne the brunt of unemployment (relative to wealthier men) due to limited access to and/or poor quality of education (Roy, 2008). South Africa’s unemployment crisis is overwhelmingly concentrated in rural areas and in informal settlements and townships in urban areas, where the bulk of the country’s low-income men live (Mahajan, 2014). This often leads to fathers abandoning their families given their inability to fulfil the normative role of financial provider (Mavungu et al., 2013).

Nonetheless, concurrent trends could also be seen as providing increasing space for men to engage with families. Legislative change, such as the recent introduction of the paternal leave policy, is one example (though this applies more to men in steady, formal employment) (van den Berg & Makusha, 2018). The increasing participation of women in the labour market, and the care burden left in the wake of the HIV/AIDS epidemic, open up opportunities for men as well. And finally, the gender-neutral CSG represents a key means by which fathers with no or low incomes could overcome the often-cited barrier of limited financial means to secure greater involvement in the lives of their children whether financial or otherwise. Alternatively, it could serve to support the efforts of men who are already involved. This does not relate only to biological fathers – 71% of children live with an adult man (ibid.), and given the statistics on father absence, there is significant scope for expanded social fatherhood.

It should be noted here that non-residence or absence (for example, in the case of fathers who only live with or see their children some of the time) does not automatically relate to lack of support. This is due to a multitude of family forms and support in South Africa – the nuclear
household structure is far from the norm, particularly given the history of the 19th and 20th centuries (Clowes et al., 2013; Mavungu et al., 2013; Roy, 2008). For example, research in Alexandra, a township of Johannesburg, found that most people lived in shacks, which were usually small and unable to accommodate all household members, resulting in reduced co-residence and interaction (Langa, 2014). Across Southern Africa there is a preponderance of these ‘stretched residential units’, with household members dispersed among several households (Hosegood & Madhavan, 2010, p. 3), due to migration, poverty and cultural norms relating to marriage. For example, *ilobolo* and *intlawulo* (bride price and damages for impregnation, respectively), when not paid by men, usually precludes marriage and co-residence in several black African cultural traditions (Makusha & Richter, 2014; Patel & Mavungu, 2016). Nevertheless, large numbers of absent and non-resident fathers coexist alongside similarly large numbers of fathers who fail to contribute financially. What all of this implies is that the responsibility for the care of children in poor households is overwhelmingly carried out by women, with very few men assuming these responsibilities.

Changing these patterns would have significant benefits for women, children and men. When women are supported financially and in the provision of care by men, they report lower levels of stress; improved mental health; better relationships and more satisfaction from their motherhood roles (Makusha & Richter, 2014). A supportive father figure could also act as a ‘buffer’ in situations where mothers would otherwise be overburdened, stressed or neglectful (ibid.). But father absence also decisively undermines the well-being of children. It is associated with children performing worse in school; with increased school dropout rates; increased incidence of child labour; higher rates of teenage pregnancy and substance abuse for abandoned children; and lower self-esteem (ibid.; Mavungu et al., 2013; Peacock, Redpath, Weston, Evans, Daub, & Greig, 2008). In South Africa, the presence of a father figure has been found to increase children’s access to community and social resources; to ensure greater protection for children; and is associated with higher levels of household expenditure (ibid.). Boys without father figures are more likely to engage in gangsterism and other risk behaviours, and to experience emotional distress and to have abandonment issues (Clowes et al., 2013; Langa, 2014). Finally, *not* being absent does not imply that men need to

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10 Only 20% of children lived in traditional nuclear households in 2014 (Hall & Budlender, 2016).
11 Rates of marriage in South Africa are the lowest on the continent, driven in part by these customs and the commercialization of *ilobolo* (Makusha & Richter, 2014).
make undue sacrifices – men may benefit substantially from being present and engaged in their families’ lives. These benefits may include less identification with hegemonic masculinity and associated behaviours, such as the propensity for violence and risk-taking, non-demonstrativeness, and an inability to seek help. Such gender-transformative behaviours could also include better relationships with women and children, as they strive to overcome the stigma attached to caring fatherhood (Makusha & Richter, 2014; Marsiglio, 1995; van den Berg et al., 2013), in turn leading to mental and physical health benefits (van den Berg et al., 2013).

However, fathers’ physical presence does not automatically lead to these positive benefits – men may be emotionally absent or abusive, or may enact a coercive and dominant masculinity which worsens the well-being of others in the household (Mavungu et al., 2013). Violence perpetrated by men against women and children is alarmingly high in South Africa (Hsiao et al., 2018; Statistics South Africa, 2018b), and this should caution against naïve attempts to increase the engagement of men with their families that are not combined with a concerted effort to combat the harmful aspects of hegemonic masculinity.

6. Transformative Social Protection: Towards a Conceptual Framework for the Study

Since the focus of the study is remedying the underlying causes of gender inequality, the transformative social protection approach (TSP) provides a useful frame of reference (Devereux & McGregor, 2014; Holmes & Jones, 2013; Molyneux et al., 2016). Molyneux et al. (2016) and Holmes and Jones (2013) are rare applications of TSP to gender-sensitive social protection in the global South, highlighting the ways in which unequal power relations lead to structural disadvantage for women, and the need for social protection policies that are sensitive to these dynamics. The recognition of gender as a cause of poverty and vulnerability is also consistent with the gender and development approach (GAD) in international development, which advocates policies and programmes to combat women’s unfair disadvantage (Cornwall & Rivas, 2015; Parpart, 2015; Patel, in press; Wanner & Wadham, 2015). Nonetheless, the overwhelming focus of GAD has been on women’s issues without directly addressing men. As such there is increasing demand for research that does so (Cornwall & Rivas, 2015; Patel & Mavungu, 2016; Wanner & Wadham, 2015).
Understanding male behaviour requires analysis of masculinity, or the socially constructed roles and expectations attached to being a man. Connell and Messerschmidt’s (2005) framework of hegemonic and alternate masculinities is used for this purpose. Masculinities are closely intertwined with different types of fatherhood, and the motivations attached to them, such as financial provision or care (Marsiglio et al., 2000). Finally, enacting fatherhood and masculinity in a certain way is conceived of as ‘doing gender’ – an inescapable aspect of ongoing identity formation and interaction with others (West & Zimmerman, 1987), and this concept is crucial for this study (see chapter 2, section 4.4).

Father absence is significantly associated with the compromised well-being of both women and children in South Africa. The private maintenance system is fraught with inefficiencies in its administration (Khunou, 2012), and policies to ensure greater involvement of men in non-financial aspects of caregiving are absent, and have not addressed the role and contribution of fathers in child well-being. The dominant rationale for the provision of child-focused social assistance in South Africa and across the developing world is the promotion of income security for predominately poor women to enable them to meet their own needs as well as their children’s most basic, immediate material needs (Devereux & McGregor, 2014; Holmes & Jones, 2013; Molyneux et al., 2016). But in the transformative approach to social protection, poverty is not concerned with income only, but is understood to be a multidimensional phenomenon requiring more holistic interventions that diagnose and treat the causes of financial and other types of poverty (ibid.).

Tackling inequitable care patterns and sexist norms and beliefs regarding gender and care roles that perpetuate the vulnerabilities of women and children relative to men is an example of TSP (ibid.; Sabates-Wheeler & Roelen, 2011). This relational view of poverty and exclusion that characterises TSP is useful because it provides insight into the gender dynamics of care and of the role that socio-cultural factors play in children’s well-being. It brings men back into conceptual thinking on gender equality. Central to this proposition is the need for greater recognition of the potential contribution of male caregivers of CSG beneficiaries to child well-being and to wider social development. Increasing male uptake of the CSG has the potential for tackling the structural causes of deprivation and inequality, with benefits for men and women alike, and for the children in their care.
7. Research Design and Method

7.1. Research design

An equal-status, sequential, partially mixed methods research design (Leech & Onwuegbuzie, 2007) was used to investigate the overall research question, which explores how the CSG could become more gender-sensitive. The purpose of the analysis is to address the following objectives:

Objective 1: To examine whether there are differences in the consumption spending of male and female CSG recipients.

Objective 2. To assess child nutritional outcomes in CSG-beneficiary households where the caregiver is male, compared to CSG households where the caregiver is female.

To achieve these two objectives, a quantitative analysis was conducted of the National Income Dynamics Study (NIDS) data. NIDS is a large, nationally representative panel dataset developed by the Southern Africa Labour and Development Research Unit (SALDRU, 2016). The analysis set out to interrogate the gendered assumption that women are better custodians of cash transfers than men, which underlies the explicit or implicit targeting of cash transfers at women (Hagen-Zanker et al., 2017; Yoong et al., 2012). If this is the case, attempts to increase male uptake of the CSG may have adverse consequences for children in the absence of interventions to change male behaviours. Examining household spending, specifically on ‘temptation goods’ (Evans & Popova, 2014) – that is, alcohol, tobacco, and gambling – provides a good indication of men’s family-oriented preferences, or self-interestedness, relative to women. The subsequent investigation of the prevalence of stunting, or low height-for-age, provides similar insights. Given the observed protection against stunting that the CSG affords when women receive it, a greater prevalence among men may reveal an understanding of whether men may need different forms of support in the enactment of their father roles. Using four waves of data corresponding to seven years adds depth to these analyses, conducted using rigorous statistical methods.

The second phase comprises the qualitative component of the study. It employs critical discourse analysis to analyse 13 in-depth interviews conducted with male CSG recipients in Soweto, Johannesburg, and to address the following objective:
Objective 3: To gain an in-depth understanding of the constructions of gender and caregiving among men who receive the CSG.

Because masculine identities are theorised as being heavily implicated in the choice men make to either engage or disengage from care (Connell & Messerschmidt, 2005; Marsiglio et al., 2000; Morrell, Jewkes, Lindegger, & Hamlall, 2013), it is important to analyse how men receiving the CSG conceive of their own masculinity and father roles. How these constructions of masculinity and fatherhood influence their interactions with their partners and children is also of major interest and can inform the review of the CSG and an assessment of its potential to advance gender equality.

The final chapter of the dissertation addresses the following objective, using both sets of data:

Objective 4: To explore the implications of the findings for the development of more gender-sensitive social protection policies for children and families in South Africa.

7.2. Why mixed methods?

The use of both quantitative and qualitative methods is for both practical and epistemological reasons. Epistemologically, ‘complementarity’ drives the choice to use both quantitative and qualitative methods, and refers to the desire to capitalise on the different strengths of various methods to examine different aspects of a multi-faceted social phenomenon (Greene, 2007, 2015). In addition to the combination of these methods, a mixed method ‘logic of inquiry’ guides this research, where both quantitative and qualitative ways of conceiving of and interpreting the social world are given equal weight in the study of men receiving the CSG (Creamer, 2018). From a practical perspective, conceptions of gender and care have to be analysed separately due to the absence of this kind of data from the NIDS datasets and similar quantitative datasets; a general problem that exists across demographic surveys in sub-Saharan Africa (Hosegood & Madhavan, 2010, 2012). Furthermore, the choice to pursue a qualitative method was made due to the greater potential of qualitative data to generate meaningful insights regarding ideas, norms and motivations, and specifically how men ‘do gender’ (West & Zimmerman, 1987). In turn, the statistical rigour of quantitative methods is more suitable for the robust assessment of differences between populations – here the child well-being and expenditure outcomes among men and women receiving the CSG. Due to anticipated difficulties in reaching a substantial number of appropriate men for primary data collection, this evaluation was done via the secondary analysis of NIDS data.
7.3. Validity and trustworthiness

The NIDS dataset is nationally representative of the South African population. However, it captures the CSG-receiving population less well, and these concerns, and how they are accounted for, are outlined in chapter 4. Nonetheless, NIDS follows international best practice relating to household surveys and the measurement of demographic variables, and to ensuring a consistently high quality of data (Chinhema, Brophy, Brown, Leibbrandt, Mlatsheni, & Woolard, 2016). To enhance the validity and reliability of analyses, protocols for advanced survey methodology (Heeringa, West, & Berglund, 2010) and panel analysis (Andress, Golsch, & Schmidt, 2013) are followed as closely as possible. Replicability is ensured by thoroughly detailing all steps made in the statistical analyses, which are done in Stata, a respected and user-friendly statistical software program (StataCorp, 2015a). The program allows for the storing of ‘do files’ — ie, files detailing every component of data cleaning and analysis, and these are available on request.

To enhance the trustworthiness of the qualitative phase, Schwandt, Lincoln and Guba’s (2007) general framework is used. Nentwich and Kelan’s (2013) framework, which categorises the large body of empirical research on ‘doing gender’, is used to identify gendered talk and behaviours in the interviews. A credible critical discourse analysis is then conducted as per the guidelines established by Gee (2001) and Jaipal-Jamani (2014). Transferability and confirmability are enhanced by providing a thorough explanation of contextual or process-related factors which may impact on the generalisability of the findings or have a bearing on the replication of the study (Krefting, 1991; Schwandt et al., 2007; Shenton, 2004).

Ensuring the rigorous application of separate methods ensures that when integration of the two sets of findings happens in chapter 6 in order to answer the overall research question, it is done using valid individual components. Onwuegbuzie and Johnson (2006) call this ‘multiple validities legitimation’ (p. 59). Guidelines regarding meta-inferences — or overarching conclusions — are followed as per Creamer (2018).

7.4. Major limitations

First, sample sizes of men receiving the CSG are small in NIDS — a reflection both of the differing nature of their households and of their relatively small share of the total South African population. Nevertheless, this is mitigated to an extent by using multiple waves of
data (i.e., several observations per individual). Second, the samples used in quantitative and qualitative components of this study are different: standard ethical protocols followed by NIDS in the protection of personal information precluded obtaining contact details of men receiving the CSG from them. Being able to interview the same men on whom survey analyses were conducted would be a powerful method of triangulation. Instead, a separate sample was drawn with the assistance of SASSA. Third, the qualitative research addresses men receiving the CSG only, and does not concern other men, children or women. Interviews with children would provide an indication of how children feel about their male carers, and would provide an opportunity to triangulate survey outcomes relating to nutrition, for example, by taking height measurements. Interviews with women would yield important insights into how empowered they might feel by the receipt of the CSG by a man, and the possible assumption of caregiving responsibilities by this man. However, interviews with the children and women residing with male caregivers (where applicable) were not conducted for logistical reasons, chiefly research cost, as well as the ethical implications of conducting research with children. Finally, the quantitative component contains data on men from across South Africa, while the qualitative interviews took place in Soweto – an urban township area of South Africa’s largest city that may be very different to other parts of the country. The limitations of the study need to be noted and the findings treated with caution. These findings do, however, provide a valid but partial understanding of gender and care dynamics from the perspective of male recipients of the CSG.

7.5. Ethical considerations

The quantitative portion of the study did not involve ethical considerations, given that it entails a secondary analysis of existing, anonymised data. The qualitative section also entails a secondary analysis of existing data. Interviews were conducted by an exchange student from Utrecht University, working under the supervision of myself and my supervisor at the Centre for Social Development in Africa (CSDA) at the University of Johannesburg (UJ) (Meer, 2016). In developing interview guides and planning for fieldwork, acceptable ethical standards were employed. First, data collected was treated as strictly confidential. Second, respondents signed informed consent forms and were informed of their right to opt out of the study at any time. All interviewees were conversant in English. Interviews were recorded, with the permission of the interviewees, and stored securely. Interviews have subsequently
been anonymised. Ethical clearance for this study was granted by the Higher Degrees Committee of the Faculty of Humanities at UJ before fieldwork commenced.

8. The Structure of the Dissertation

The rest of this dissertation is structured as follows:

- Chapter 2: Social protection, gender and care: a review of the literature. This chapter outlines key concepts and theory relating to the gender-sensitivity (or lack thereof) of social protection policy, in South Africa and beyond. Based on the identified knowledge gap in the literature, it argues for a greater focus on men in South Africa in order to make CSG policy transformative of unequal gender relations. It ends with the conceptual framework, which guides the rest of the dissertation.

- Chapter 3: Study design and research methods. Here the research methodology is explained and justified in detail. This includes descriptions of the data sources, the quantitative and qualitative methods used, and the steps taken to enhance the validity and trustworthiness of the use of these methods. It also sets out the ways in which separate quantitative and qualitative components are integrated in order to answer the overarching research question.

- Chapter 4: Results of the statistical analysis. This chapter presents and interprets the findings of the quantitative analysis of the NIDS data.

- Chapter 5: Results of the critical discourse analysis. This chapter lays out the findings from the analysis of the qualitative interviews.

- Chapter 6: Conclusion and integration. Here the findings of chapters 4 and 5 are integrated, and the potential of the CSG to be more gender-sensitive is explored. Recommendations for policy, practice and further research are also provided.
Chapter 2: Transformative Social Protection, Gender and Care in Development Contexts

1. Introduction

The rapid growth of social protection policies for children and their families in the developing world, typified by CTPs, has produced a wealth of scholarly literature on the design and effects of these policies in Latin America, Africa and Asia. The steadily accumulating empirical evidence over the last 20 years provides useful insights on the effects of CTPs on a range of well-being indicators, such as income, child health and education, and women’s empowerment. As indicated in chapter 1, this evidence mostly relates to cases where women receive the transfers, and there is far less research on the social impacts of child-focused social protection where men receive the benefits. Moreover, what these men’s perspectives on the gendered nature of care are, and the potential for a transformation of unequal gender relations, remain under-explored in the social protection literature in developing countries.

This review of the literature of social protection policies takes a feminist stance and explores how to conceptually insert men into gender and development theory and practice. It begins in section 2 with a review of the evidence relating to the design and impacts of the new generation of social protection policies in the global South. From a gender perspective, these policies have been problematic. This is due to the strength, in practice, of a safety net approach to social protection inspired by neoliberalism. This approach is inadequate for the purposes of diagnosing the causes of gender inequality, and for analysing relationships between men and women. Section 3 thus argues for the adoption of a more conceptually robust approach. This is the transformative approach, which provides an overarching conceptual framework for considering key policy outcomes such as poverty reduction, child well-being and the transformation of unequal gender relations. Section 4 then turns to theories that aid our understanding of masculinities and fatherhood, and of how men ‘doing gender’ differently could challenge gender inequality and improve the outcomes of social protection. Finally, the conceptual framework of the study is outlined in section 5.
2. Gender and Social protection: Design and Impact

This section summarises what is known about the impacts of CTPs on men and women, and how the design and implementation of these CTPs influences these outcomes. It includes a review of the small evidence base pertaining to the possibly different ways in which they use cash transfers.

2.1. Why female targeting?

Across child-focused CTPs in the developing world, the bulk of cash transfer recipients are women. This is usually due to an explicit preference for women in the design and implementation of these programmes, rather than a de jure exclusion of men, leading to a distinct gender bias in who receives the benefits. This preference is often expressed directly in policy documents, for example, in Peru (Ministry of Development and Social Inclusion of Peru, 2017), Brazil (Bartholo, 2016), and Mexico, where men are entitled to receive benefits only when no adult women are present in targeted households (Ministry of Social Development of Mexico, 2017). Programmes are also frequently constructed in feminine ways, for example, when politicians refer to grants as women’s benefits, or when imagery in programme-related documentation for beneficiaries and advertising conveys the message that the programmes are for mothers. In the case of the CSG, explicit preferences for women are absent. However, the use of gendered language and imagery is apparent, both in programme documentation which only show images of women (Provincial Government of the Western Cape, 2018; SASSA, 2017, n.d.), and in public speeches by politicians – for example, the former finance minister referring in a budget speech to the CSG as the grant that women ‘lie on their backs’ – ie get pregnant – to procure (Sibanda-Moyo, 2018). Men are also often distrusted by bureaucrats in the application process. However, across countries, gendered societal patterns of care imply that the majority of claimants would likely be women even in the absence of any gender bias from policymakers and programme implementers. In Juntos in Peru, 99% of transfer recipients are women (Ministry of Development and Social Inclusion of Peru, 2016), compared to between 92% and 95% in Brazil’s Bolsa Familia programme (Bartholo, 2016; Tebet, 2017) and 99% in Zambia’s Child Grant programme (Yablonski & Peterman, 2016). The proportion of female CSG recipients of 98% is therefore not unusual.

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12 The gendered perceptions of the CSG, and the experiences of men applying for and receiving the CSG, are revisited in chapter 5.
The preference for women recipients is due to the perception that women are more family-oriented. A transfer in the hands of a woman is believed to increase the likelihood that it will be spent in ways that improve familial well-being, and thus meet programme objectives (Adato & Roopnaraine, 2010; Holmes & Jones, 2013; Molyneux & Thomson, 2011). As discussed in chapter 1, in child-centred CTPs, children are recognised as vulnerable due to their limited agency and resources independent from their households. Giving money to their cash-constrained parents may therefore stimulate their physical, cognitive and psychosocial development (Bray & Dawes, 2007; Streuli, 2012), and in turn lead to their being in a better position to support themselves as adults and contribute to the development of society (Jenson, 2010; Patel, 2015; Sabates-Wheeler & Roelen, 2011). And as summarised in section 1, improving the well-being of children is a widely-observed outcome of cash transfers that are mostly received by women, indicating that women are using the transfers for the intended purposes (though the longer-term impacts of CTPs on breaking the intergenerational transmission of poverty are yet to be established – Devereux & McGregor, 2014).

The assumption of different preferences between men and women is informed by the collective model of decision-making, where households do not act as unitary entities when making decisions about consumption and investment. Instead, individual preferences, and the ability to enforce those preferences – or bargaining power – matter. Research has shown that men and women often do have different preferences (Gummerson & Schneider, 2012; Yoong et al., 2012), and there are several hypotheses as to why this is the case. The first is that women are intrinsically (or biologically) more altruistic than men (see also section 4.1). The second is that socialisation affects preferences: because women are, and historically have been, overwhelmingly responsible for primary caregiving, they have greater caregiving knowledge and aptitude than men. And because of this structure of caregiving, women are also more likely to be targeted by child health and educational interventions that increase this knowledge (Yoong et al., 2012). Third, social expectations given the norms of female responsibility may impel women to direct their preferences accordingly, conflating their interests with those of the family (Gummerson & Schneider, 2012; see also section 4.2). Finally, labour market constraints – such as lower wages for women relative to men, or greater difficulties in accessing work, may lead to choices to engage as unpaid caregivers instead of paid workers, and this also shapes more family-oriented preferences (ibid.).
Nonetheless, unequal power relations, underpinned by unequal material resources (for example, men are more likely to earn higher wages) lead to women having a more constrained ability to enforce their preferences. Cash transfers are often regarded as a remedy to this: the provision of cash to women is expected to increase their bargaining power, and to provide women with greater leverage to enforce their preferences and thereby ‘advance’ the well-being of the family (ibid.). Greater bargaining power as a result of having one’s own income, as well as the expansion of choice and opportunity that arises from determining how that income is spent, is often believed to be empowering for women. While empowerment is often not rigorously defined or measured by policymakers and researchers, due to the primary objective of CTPs being the improvement of child well-being, there are commonalities in the ways in which empowerment is understood in the literature. Most definitions of empowerment encompass the concepts of having greater control, power, agency, choice, and/or options, relative to a situation before the receipt of a transfer (van den Bold et al., 2013). In practice, these effects are contested, in South Africa and elsewhere (ibid.; Alcázar Valdivia & Espinoza Iglesias, 2014; Bartholo, 2016; Bonilla et al., 2017; Molyneux & Thomson, 2011; Patel & Hochfeld, 2011; Patel et al., 2013).

The converse of the construction of women as family-oriented is that men are regarded as more self-oriented, and less inclined than women to prioritise the needs of the family. For example, men are expected to be more prone to the ‘perverse incentives’ of social assistance (Evans & Popova, 2014). These perverse incentives refer to the adoption of behaviours or spending patterns after being given an income supplement and do not enhance the well-being of the household (Piachaud, 2013), thus undermining the aims of cash transfers. Increasing spending on ‘temptation goods’ such as alcohol, tobacco and gambling is one such incentive that has troubled policymakers (Evans & Popova, 2014)\(^\text{13}\). In South Africa, the media

\(^{13}\) Other perverse incentives include reduction in labour supply, given the reduced opportunity cost of not working because of the long-term availability of unearned income (Kabeer et al., 2012), and fertility effects – getting pregnant in order to access social assistance (Barrientos & Dejong, 2006; Piachaud, 2013). The evidence from around the world is not definitive regarding the extent to which these incentives are operative. In South Africa, the CSG does not appear to have a fertility effect (Makiwane, 2010) nor do CSG recipients have more children, on average, than non-recipients of the CSG (Patel et al., 2015). Also in South Africa, research on the impacts of receipt of the state pension (which is substantially larger in value than the CSG) on labour supply is inconclusive (Woolard & Leibbrandt, 2010), though qualitative work shows that some women use the grant to initiate or support income-generating activity (DSD et al., 2011). In Brazil, India, South Africa and Chile, Fultz and Francis (2013) find no evidence that grant receipt reduces the labour market participation of women. In Brazil, only 0.5% of Bolsa Familia beneficiaries said they didn’t work because they received a transfer (Bartholo, 2016), whereas in Uruguay cash transfers reduced hours worked by adults (Kabeer et al., 2012). In
discourse on grants, and that reflected in the statements of policymakers, often focuses on these perverse incentives (Hassim, 2008; Mpike et al., 2016; Patel et al., 2013). This is despite a lack of substantial evidence confirming that the average transfer recipient is susceptible to them (DSD et al., 2012; Evans & Popova, 2014; Mpike et al., 2016). There is even less evidence to show that male and female transfer recipients are differently affected by perverse incentives. Evidence does exist that among general households – ie those not specifically targeted by social assistance – men and women have different spending habits (Evans & Popova, 2014; Gummerson & Schneider, 2012). In South Africa, for example, among the general population the share of household income controlled by women, as well as the number of women residing in the household, has been found to limit spending on alcohol and tobacco (Gummerson & Schneider, 2012). But when focusing only on households receiving social assistance that is provided for a specific purpose – for example, the CSG, which is provided specifically to support childcare – the evidence of different preferences is much less clear. That recipients use grants for their intended purposes is the general conclusion in the literature. But there is very little research that is able to provide a valid counterfactual or comparison group where men receive the same transfers, and this is often because so few men actually do so (Hagen-Zanker et al., 2017; Yoong et al., 2012). Therefore, the assumption that women should be targeted by CTPs – not only for the purposes of their empowerment but also because they are more likely to spend the money well – is not very well-tested.

### 2.2. The empowerment of women

Evidence from the conditional\(^\text{14}\) cash transfer programmes (CCTs) in Latin America is mixed regarding the effects of social assistance on the empowerment of women. In their review of programmes across Latin America (including one Asian country, Bangladesh), van den Bold et al. (2013) find that the qualitative evidence is generally positive, but that quantitative research yields less certain results. Qualitatively, CCTs have led to more social networking among (female) recipients; a greater ability to make decisions within the household; and

\(^\text{14}\) Conditional programmes require that recipients carry out certain tasks in order to ensure continued eligibility for benefits. These include mandatory clinic visits (for mothers and children), and attendance at school and community meetings.
improved self-esteem and feelings of independence. Quantitatively, however, decision-making power is only found to increase in limited domains, while time burdens increase.

Increased decision-making power and feelings of independence within the household are often experienced among women who have never had a steady income that flows to themselves directly, having had to wait for their husbands to give them money (Hagen-Zanker et al., 2017; Jones et al., 2007; Tebet, 2017). But decision-making power is often only enhanced regarding matters directly concerning children and domestic expenditures (Alcázar Valdivia & Espinoza Iglesias, 2014; Bartholo, 2016; Jones et al., 2007; Molyneux & Thomson, 2011), with evidence from Peru and Brazil suggesting that the principle that the man still has the final say is not challenged by cash transfers (Alcázar Valdivia & Espinoza Iglesias, 2014; Tebet, 2017). Bartholo (2016) additionally argues that women’s greater say over matters concerning children and the household could be the result of men distancing themselves from the family sphere, at the same time that conditionalities increase women’s time spent on care. Studies in Peru, Ecuador, Bolivia, Brazil and Mexico confirm increasing time burdens for women as a result of having to meet the requirements of conditionalities – such as attending training programmes, and mandatory clinic and schooling visits (Alcázar Valdivia & Espinoza Iglesias, 2014; Bartholo, 2016; Haenn, 2018; Jones et al., 2007; Molyneux & Thomson, 2011). While increasing women’s time burdens is a necessary outcome of conditionality, increasing men’s involvement in childcare to offset that is not part of programme design – contributing to gender inequality in time, and in the diminished ability of women to pursue outside options (such as paid work).

Increasing time burdens and workloads for women are mitigated in a few cases by men becoming more involved in housework due to the recognition that their female partners are increasingly time-constrained (Jones et al., 2007). But a more common trend is a reinforcement of gender roles: because programmes and attendant conditionalities construct women as those who are responsible for the well-being of the family, pre-existing ideas about the division of labour are hardened, and men feel less obligated to participate in care and household work (Haenn, 2018; Tebet, 2017). This reinforcing of women’s roles as mothers has also been found to occur in workshops and training sessions that women need to attend under programme conditions. They are not always deemed useful, with their dominant focus on children rather than on the women themselves, and how they can increase their own
opportunities and improve their own lives separately from the well-being of their children (Bartholo, 2016; Molyneux & Thomson, 2011). The empowerment that is discerned is thus argued to be of a limited nature: women often perceive that the transfers empower them as mothers, helping them to improve the well-being of their children. But they do not feel that the transfers contribute to the advancement of their own well-being or the transformation of conditions that hold them back (Molyneux & Thomson, 2011). But at the same time, in Brazil, 88% of (predominately female) surveyed beneficiaries agreed that women knew best what the family’s needs were, and that gender targeting was justified for this reason (Bartholo, 2016). This accords with Hunter and Sugiyama’s (2014) work in Brazil, where women feel that behavioural conditions are justified because they are consistent with what mothers ‘should’ be doing. Similar findings have been recorded in Peru (Jones et al., 2007).

A side-effect of increasing the bargaining power of women within households by paying transfers directly to them is that patriarchy is challenged, potentially leading to conflict with men in the household and possibly domestic violence (Adato & Roopnaraine, 2010). Short-term studies in Mexico and Peru do not find evidence of this (ibid.; Jones et al., 2007). Similarly, Hagen-Zanker et al.’s (2017) review of over 50 CTPs shows that in six relevant studies, physical violence fell in all cases (though rose in one study where women received large amounts), while emotional abuse rose in two. However, in Mexico, recent longitudinal work over a 10-year period shows that the incidence of domestic violence does not differ among transfer-receiving and non-receiving households (Bobonis et al., 2015). In Zambia, an increasing incidence of physical violence has been recorded, directed towards women transfer-recipients with lower levels of education (Bonilla et al., 2017).

Unconditional cash transfer programmes (UCTs) – such as those in Zambia and South Africa – do not place burdens of compliance with programme conditions on beneficiaries. As such, the effects of CCTs on widening inequalities in time, opportunity and resources between men and women are arguably less evident with UCTs. Nonetheless, gender bias in uptake still reinforces women’s roles as carers at the same time that they promote empowerment along
some dimensions. In South Africa, evidence suggests that the CSG may be enhancing women’s decision-making roles within their households and thereby contributing to improved feelings of dignity and agency, given that the women recipients in the studies are almost always primarily responsible for child-related spending (DSD et al., 2011; Patel et al., 2013; Wright et al., 2014). For many women, the CSG represents the first independent source of regular income in much the same way as for many women who receive conditional transfers in Latin America. These empowerment effects are recorded at the same time that child well-being is improved (Patel et al., 2013, 2015). However, this financial empowerment is perceived as limited due to the small amount of the grant (Wright et al., 2014).

In Zambia, unconditional transfers improve women’s decision-making power (Bonilla et al., 2017). However, as in the Latin American research, this only occurs in some decision-making domains, with additional empowerment limited by gender norms legitimising men’s roles as the heads of households (and primary decision-makers), and legitimising their distance from caregiving. In South Africa, it is these gender norms that are regarded as contributing to the fact that while the CSG empowers women in their roles as mothers (Patel et al., 2013; Wright et al., 2014), it does not significantly relieve their care burdens. Patel et al. (2015) find that 85% of CSG caregivers (all women in their study) spent the majority of their time on care activities, given entrenched gender norms that both encourage female caregiving and enable men to avoid it. Many women had internalised unequal gender norms, with up to half accepting that some work is ‘women’s work’, which accords with the findings relating to Brazil and Peru above.

2.3. The empowerment of men

Haenn (2018) argues that Mexico’s Prospera programme is more empowering for men than for women, who feel empowered to engage less in care both financially and in other ways given the state’s explicit targeting of women with the responsibilities for childcare. In Brazil, Tebet (2017) finds that men feel significant relief of pressure to provide financially, at the same time that often very patriarchal ideas about the division of labour are legitimised by their female partners now being obligated to comply with programme conditions. This conditionality sometimes reduces male involvement, meaning that as in Mexico, they are less obliged to provide support in any form. In her study, none of the men interviewed knew the details of Bolsa Familia, including the monetary value of the benefits and the details of the conditions. She argues that this is because they distance themselves from an intervention that
is emasculating, and that highlights the failure of these men to provide financially – the central role attached to fatherhood in hegemonic masculinity (see section 4.3). In South Africa, Patel et al. (2013) also find evidence of the distancing of men from the household. Women who receive the CSG report reduced financial support from men, with these men perceiving that their support is no longer necessary. They also find that women remain unsupported by men in care work.

2.4. Do men use cash transfers differently to women?

Based on the limited available evidence, cash transfers do not appear to motivate increased ‘bad’ spending. In South Africa, evidence of increased spending on alcohol, tobacco and gambling – defined by Evans and Popova (2014) as ‘temptation goods’ – among grant recipients is purely anecdotal (DSD et al., 2012). The CSG is used for its intended purpose by women, ie investment in children (Delany et al., 2008; DSD et al., 2011, 2012; Patel et al., 2013, 2017). However, these studies do not disaggregate by the sex of the CSG-recipient, and how men use the CSG remains unknown. In a review of 19 studies from Latin America, Asia and Africa, Evans and Popova (2014) only find evidence of increased spending on temptation goods in two cases – in all others, transfers have no effect or significantly decreases it. Even in these two cases, the magnitude of the effect is small. One study estimating the impacts by the sex of the recipient cites Prospera, where transfers reduce consumption of tobacco for men and alcohol for women. The authors posit that social messaging that increases the salience of programme objectives to enhance child well-being and/or conditionality may be directing expenditures in the more appropriate direction – ie towards investment in children.

In Yoong et al.’s review (2012) of four UCTs and three CCTs, some gendered impacts are discerned. The three UCTs are studies of state pensions in South Africa and Bolivia, with CCT evidence relating to Mexico and Nicaragua. In Bolivia and South Africa, when women receive pensions, nutritional outcomes for girls, as well as expenditures on schooling and health care for girls, are better than when men receive them, while educational expenditures are higher in Bolivia when women receive pensions there. But in other work on South Africa’s state pension, pension receipt by men was associated with improved school attendance for older children, especially boys (Edmonds, 2006). In rural Brazil, results echoing both the South African studies were found, with grandmothers spending more on granddaughters and grandfathers spending more on grandsons (Barrientos & DeJong, 2006). Similarly, in Mexico, men reduce health care expenditures, women increase schooling
expenditures, and there are no differences between men and women in terms of the enrolment rates in school of their children (Yoong et al., 2012).

Akresh, de Walque and Kazinga (2016) conducted a rare evaluation of a CTP in rural Burkina Faso where receipt of the transfer was randomised between men and women. Where recipients are male, there is no difference in the likelihood of children in their households having been ill in the last 30 days, nor in the frequency of routine clinic visits, relative to when women receive the transfers. However, children in households where men receive the transfers are significantly less likely to have low height- and weight- for age. The authors posit that this finding could be linked with social norms in the community, where men are responsible for putting food on the table. The cash transfer thus enabled these men to better fill a socially prescribed role. The men were also more likely to make productive investments in housing, livestock and crops. There were no differences in educational outcomes.

The (rural) Lesotho Child Grants programme is another recent addition to the small literature comparing outcomes by the sex of the recipient in the same CTP (Sebastian, de la O Campos, Daidone, Davis, Niang, & Pellerano, 2016). Here, female-headed households are compared with male-headed households in assessing the grant’s impacts. Older children in female-headed households are more likely to repeat school, less likely to be enrolled in school, and more likely to have missed school in the preceding month than girls in male-headed households. In households where men receive the grants, girls spend less time on household chores, while boys spend more time on household chores and less on agricultural labour. But the authors’ conclusion is that the sex of the recipient does not necessarily determine child labour and schooling outcomes, and that worse outcomes along some dimensions in female-headed households are likely driven by other factors relating to the broader environment. These include greater difficulties faced by women in income-generating activities, due to gendered norms about the types of work available to them or to a lower likelihood of having received relevant training. This reflects Yoong et al.’s (2012) observation that often, resources have different effects depending on who wields them, and this can be due to social norms – for example, in labour and credit markets. The same resources can also lead to different outcomes in different households due to differing external conditions – for example, large health care expenditures may yield no positive outcomes if the quality of available health care services is poor.
2.5. Summary

In summary, when women receive grants, empowerment has been recorded in terms of being more financially secure, and due to enhanced decision-making power regarding household spending. But, whether conditional or unconditional, cash transfers have tended to empower women only in their roles as caregivers of children, to the exclusion of other parts of their identities. This has served to emphasise female, and not male, responsibility for unpaid childcare. Viewed from this perspective, the CSG and similar child-focused social assistance might be a useful tool for helping women to deal with existing poverty, but it does not, on its own, address one of the causes of this poverty – in this case, the lack of material and non-material support from men. In addition, how the limited empowerment that has been observed might be influenced by men receiving transfers instead of women is unknown, and whether possibly reduced decision-making power regarding child-related expenditures may be offset by women being freer to pursue outside opportunities, and thus being more empowered in other ways.

Finally, targeting women in CTPs is often justified on the basis of women having more family-oriented preferences than men, but the evidence base that compares spending patterns between men and women who receive cash transfers for children is small, and yields contradictory evidence (and none of it relates to the CSG). More evidence is required to arrive at an understanding of whether possibly better spending habits, in combination with empowerment along certain dimensions, would justify the continued reliance on women in CTPs – whether through explicit gendered targeting or the lack of interventions to change conventional gendered patterns of caregiving.


3.1. Introduction

As noted above, a substantial limitation of child-centred CTPs in the global South is that they do little to challenge the feminised structure of caregiving. Yet policymakers have stuck with this policy choice, and done little to modify the design and implementation of these programmes to account for this limitation. This reflects a common and specific understanding of what constitutes poverty, and the appropriate social protection mechanisms to deal with it. The dominant ‘safety net’ approach to social protection – with its focus on the individual and
on material aspects of poverty – is critiqued below for its limited applicability in confronting unequal relationships between men and women. This approach often displaces rights and investment-oriented frameworks to social protection in practice; frameworks within which measures to confront gender inequality more meaningfully could easily be accommodated. Nonetheless, this section argues that TSP – with its wider and more realistic approach to poverty reduction – is the most useful conceptual framework for the development of more gender-sensitive social protection.

3.2. Approaches to social protection: safety nets, rights, and social investment

Devereux and McGregor (2014), Devereux and Sabates-Wheeler (2004); Holmes and Jones (2013), Kabeer (2014); Molyneux et al. (2016), and Sabates-Wheeler and Roelen (2011), all argue that in the global South, dominant understandings of the purposes of social protection have not fundamentally changed since the 1980s. The 1980s marked the ascendancy of neoliberalism in international development and public policymaking – a conservative economic philosophy underpinned by a particular understanding of the principles of classical economics (Palley, 2005; Rodrik, 2002). First, free markets are conceived of as the most efficient guarantors of human welfare, given bureaucratic inefficiencies, tendencies to corruption and weak administrative capacities in the state, especially in developing countries (Devereux & Sabates-Wheeler, 2004; Palley, 2005). Second, the main unit of analysis in explaining economic and social outcomes (like poverty) is the individual (or household/family), and their preferences and behaviour, with well-being traditionally measured by income (Palley, 2005). This individualised approach is termed ‘methodological individualism’ (Devereux & McGregor, 2014). Third, government intervention in the economy, for example via social spending, is regarded as potentially distorting the market incentives of individuals, and thereby undermining well-being. For example, welfare spending could discourage work or other income-generating activity, or encourage spending on previously unaffordable temptation goods (Evans & Popova, 2014), given the new source of unearned income (these ‘perverse incentives’, which also include increased fertility, were discussed in more detail in footnote 13, page 31). As such, the role of the state should be reduced as much as possible (Jenson, 2010; Palley, 2005).

Applied to social protection, neoliberalism translated to the ‘safety net’ approach, advocated by the World Bank and donor agencies in the 1980s. It was characterised by highly targeted, ‘minimalist’ social assistance (or cash transfers) from the state, directed at individuals or
groups defined as vulnerable to poverty after having experienced an economic shock. This could be job loss as a result of market restructuring due to structural adjustment and economic liberalisation, or in the aftermath of a natural disaster (Devereux & McGregor, 2014; Kabeer, 2014). Social protection was thus conceived of as providing a safety net – or a guarantee of a minimum level of consumption – when individuals or groups faced temporary threats to their ability to secure their own welfare via the market. Those permanently unable to secure their own welfare – such as the disabled or the elderly – were deemed more deserving recipients of social assistance. Any intervention beyond this was regarded as wasteful, discouraging work and diverting public resources from interventions to support the more important goal of economic growth (Surender, 2013b). Markets, families and communities were regarded as more appropriate providers of welfare.

Nowadays, a more substantial role for the state in social protection is widely acknowledged, and can be seen in the significant expansion of many CTPs to cover much larger sections of national populations. Mounting evidence of the failures of the highly targeted, last-resort safety net approach to protect enough people from poverty led to an appreciation that markets are not always the best-placed providers of welfare (Palley, 2005; Rodrik, 2002; Surender, 2013a). This is because markets respond to demand rather than need, potentially leaving many people who could not afford essential goods and services vulnerable to poverty. In addition, markets do not have the public interest mandate of the state (Kabeer, 2014). The expanded role for the state is therefore justified from both an efficiency perspective and a normative perspective (ibid.). Normatively, rights-based approaches to social protection, which envisage a central role for the state in securing the moral imperative to look after its citizens, have become more popular since the 1990s. Here, citizens are recognised as having the right to social protection that states have a duty to fulfil. Recent commitments to social rights are contained in the ILO’s adoption of the Social Protection Floors Recommendation – a resolution that commits signatories to ensuring a minimum level of social protection for all (ILO, 2012). In 2015, this resolution was strengthened by UN member states in the adoption

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16 While rights-based approaches to social protection are enjoying a contemporary revival, they have a long history. The right of human beings to access social protection was recognised as early as 1919 in the ILO’s founding Constitution, and later in the United Nations’ Universal Declaration of Human Rights in 1948, The International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1966 and the Declaration on the Right to Development in 1986 (Midgley & Hall, 2004; Walker, 2013). The recognition and formalisation of citizenship rights to social welfare also drove the development of the traditional welfare states in the 20th century, as detailed in chapter 1.
of SDG 1.3: the commitment to implementing social protection systems and social protection floors by 2030 (the SDGs representing an extension of the MDGs, agreed in 2000) (UN, 2015). These commitments are also supported by the World Bank Group, with annual lending in its Social Protection and Jobs portfolio reaching almost US$15 billion in 2018 (World Bank, 2018). Rights to social protection are recognised at the national level too. In South Africa, this right – along with social rights of citizenship to health, education and housing – is enshrined in the Constitution and Bill of Rights (Constitution of the Republic of South Africa, 1996). The specific rights of children – for example, rights to basic nutrition and health care services, and to receive care – are also defined in the Constitution (ibid.). In addition to the right to social protection, the right to gender equality is also explicitly recognised by international agencies and national governments (as highlighted in chapter 1) with South Africa a very notable example for its progressivity in this regard (Hassim, 2008; Patel & Mavungu, 2016).

The efficiency perspective to the greater role for the state in social provisioning maintains that rather than being wasteful, social expenditure (and on social protection in particular) has productive potential, with possible returns to the economy. This view is evident in the social investment approach to social policy in Europe and North America (Jenson, 2010; Midgley, Dahl, & Wright, 2017), and to developmental social welfare, which permeates policy documents in the global South, including South Africa (Patel, 2015). Jenson (2010) highlights three features of the discourse of social protection as social investment that distinguishes it from the preceding neoliberal approach: a focus on human capital development; a longer-term orientation; and a view that flourishing individuals enrich society as a whole. These features are particularly evident in child-centred CTPs. These generally recognise that poverty and social exclusion cannot always be solved by market work alone (ibid.), and aim to alleviate income constraints that prevent parents from sending their children to school or keeping them healthy and well-fed. Overcoming these constraints has the longer-term objective of developing a healthy, well-educated and productive population that boosts economic growth potential and social cohesion (ibid.; De Haan, 2014; Midgley & Hall, 2004; Mkandawire, 2001; Patel, 2015; Razavi, 2011). Other productive investment in child-focused CTPs could be realised where adults are incentivised by cash transfers to invest in their own education or in income-generating business activities. This contrasts with the idea that cash transfers ‘perversely’ incentivise recipients. Because of these productive
possibilities, social protection is not necessarily regarded as a safety net for the destitute or temporarily vulnerable, but as a means for more people to enhance their capabilities and productive capacities. Finally, given the recognition that markets may operate sub-optimally, social assistance is often combined with substantial public spending on health, education and welfare services in middle-income countries, and again South Africa stands out in this regard (Patel, 2015).

3.3. Rights and social investment take the back seat?

Despite rights and social-investment frameworks, neoliberal values are stubbornly persistent, and continue to undergird the ways in which social protection is implemented. According to Brown (2006), neoliberalism is more than an economic philosophy, and encompasses a dominant rationality, or a system of normative beliefs structuring not just the economy but also political culture and governance. Politically, methodological individualism leads to citizens being viewed primarily as autonomous, rational economic agents (see also section 4.1), as entrepreneurs and consumers freely able to compete in the market and secure their own well-being. When these attempts fail, and people require support from the state, this is frequently interpreted as an individual failing (Devereux & McGregor, 2014). In South Africa, the official investment and rights-based orientations to social protection are undermined by the persistent and widespread understanding that the poor are undeserving of unearned income. Popular discourse articulated by the media and by politicians tends to emphasise the ability of the individual (or family) to navigate through conditions of material poverty by, for example, partaking in the ‘dignity of work’ and avoiding a ‘culture of entitlement’ where ‘handouts’ are expected (Africanism Magazine, 2017; Grootes, 2014; Hassim, 2008; Kabeer, 2014; Mpike et al., 2016; Nyakudya, 2014; Silke, 2013).

This is in a context where the state has failed to create jobs directly or via a supportive macro-environment (Devereux & McGregor, 2014; Hassim, 2008). It has also not sufficiently rectified deep structural imbalances, such as market and government failure in mass transit, health and education; the rectification of which would go towards equalising the capability of individuals to secure their own livelihoods. Instead, the abiding discourse that grant recipients have failed, rather than the state, frequently translates into grant recipients being viewed as lazy or as having failed in some way, and needing to try harder – a discourse that research shows is often internalised by grant recipients themselves (Wright et al., 2014).
This filters down to the grant administration, where mistreatment and stigmatisation of grant applicants and recipients by street-level bureaucrats is common. Bureaucrats have been found to misinterpret means tests, to be unwilling to improve inefficiencies that frequently lead to recipients queuing for hours or having to make repeat visits (and having to borrow to pay for public transport); to turn away obviously homosexual women, to ask for additional documentation which is not officially required, such as tax statements, and to treat applicants with contempt (Hassim, 2008; Maregele, 2018; Meyiwa, 2014; Patel et al., 2017; Wright et al., 2014). In addition, recent mismanagement at the Department of Social Development (DSD) and SASSA, responsible for the CSG and other cash transfers, led to fears in 2017 that grants would not be paid at all, with this crisis averted at the eleventh hour (Postman, 2018a, 2018b; Thamm, 2017). Government also failed for many years to stop a range of predatory organisations from tricking grant recipients who receive payments electronically into agreeing to monthly deductions from their grant cards for mobile credit and loans. This often resulted in recipients not having any grant money left and being unable to feed their families (Torkelsen, 2017).

Mismanagement, inefficiencies and negative discourse reveal a failure to see grants as means for citizens to enhance their productive capacities, as well as a lack of commitment to the realisation of the right of citizens to social protection. It also demonstrates that the right to gender equality is not taken seriously, given the fact that most grant recipients are women – women who by and large are unsupported by men and rely on public services and social assistance. Hassim (2014) argues that this apathy is deeply-rooted within the ruling party (the African National Congress, since 1994), and its Women’s League – the representative body for women’s issues – which she sees as essentially patriarchal organisations that have been unable to stand up against their own members who have been accused of sexual violence, or to traditional leaders who exert tribal authority over rural women and negate their constitutional rights to representation in processes of justice and access to resources. This is in a broader environment characterised by widespread gender-based violence and other inequalities between men and women, as detailed in chapter 1.

These trends communicate to grant recipients that their needs are regarded as unimportant. Hunter and Sugiyama (2014), writing in the context of the Bolsa Familia programme, argue that well-designed and transparently implemented social assistance, that treats recipients with respect, can build feelings of self-esteem, inclusion and self-efficacy, and in turn lead to
feelings of empowerment among recipients. Conversely, a common observation is that when the poor are constructed as failures and not viewed with respect, services designed to service them frequently fail too, and there is a lack of political will to make meaningful improvements (Devereux & McGregor, 2014; Hassim, 2008; Kabeer, 2014). This seems apparent given the evidence presented in the preceding paragraphs.

There are also implications of a neoliberal rationality on governance, which tends to become an exercise overwhelmingly guided by values of profitability and fiscal austerity. Particularly in developing countries, resource constraints lead to fierce debate regarding the degree to which citizens’ entitlements to social protection should be realised independently of their ability to be productivity-enhancing, and if so, which rights are more urgent than others (de Haan, 2014; Kabeer, 2014; Munro, 2007). In this context, investment principles come to the fore, as calculations must be made concerning the costs and benefits of different interventions. In these calculations, Hassim (2008) and Kabeer (2014) maintain that the short-termism and monetarism of the neoliberal safety net approach, as well as its conception of welfare spending as ‘pure cost’ (Kabeer, 2014, p. 349) become operative. For example, as in other developing countries, policymakers often perceive more substantial social protection measures, for example, the public provisioning of care, or an increase in monetary benefits, as inordinately expensive (Kabeer, 2014; Razavi, 2007, 2011). This indicates a narrow, short-term understanding of cost from the perspective of a given government, rather than from the longer-term perspective of society as a whole, which could benefit from a better cared for, healthier, and more cohesive society that has yielded the dividends of meaningful, productivity-enhancing social protection (ibid.). Patel and Mavungu (2016) highlight the fact that in South Africa, the National Family Policy of 2013 and the White Paper for Social Welfare of 1997 do not have provisions to socialise the costs of care, nor a recognition that care is a public good that is crucial for economic development. But Jenson (2010) argues that social investment is a malleable framework; that it can be operationalised and used by governments in different ways. In Western Europe, for example, costs relating to childcare are perceived rather differently. Official documentation recognises that unshared care burdens lead to limited female labour market participation, and in turn reductions in the growth potential of economies where full advantage is not taken of human capital (ibid.;

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17 These concerns have also motivated moves away from the universality and generosity of rights-based welfare benefits in the global North (de Haan, 2014; Knijn & Smit, 2009; Saraceno, 2015).
Knijn & Smit, 2009; Saraceno, 2015). Investment in gender equity, then, is not incompatible within this framework.

In sum, as articulated in the opening sentence of this section, there is a growing consensus that in practice, social protection in the global South has not moved far beyond its origins in minimalist, neoliberal safety nets. Instead, CTPs have expanded rapidly, without necessarily changing the underlying rationale or worldview that supports them, and without the necessary investments in efficient, functional supportive services. de Haan (2014) calls this new period ‘inclusive neoliberalism’ (p. 312) – a time when a neoliberal rationality still pervades policymaking, translating into the same policy tools as before albeit with a wider reach: small monetary transfers to individuals and households that are assumed to operate in more or less fair and functional markets and societies, to protect against economic shocks.

3.4. Transformative social protection

Thinkers in the transformative approach to social protection argue that poverty is often not explainable by looking only at individual or household characteristics and behaviours – such as low income, or individual effort. Instead, there are systemic social and political factors that constrain well-being on a permanent basis for some groups of people relative to others. Unequal distributions of resources and material goods are the result of unequal power relations, between individuals (for example, within households) and between groups (Molyneux et al., 2016; Sabates-Wheeler & Roelen, 2011). For example, gendered power relations are sustained by norms that dictate what roles are appropriate for men and women, feminise care burdens, and lead to the exclusion of women from the opportunities that are open to men (Tessitore, 2011). However, methodological individualism either ignores or obscures the role that these kinds of structural and relational factors, that are often outside the control of the individual, have on poverty and vulnerability to it (Devereux & McGregor, 2014; Holmes & Jones, 2013).

TSP therefore advocates for interventions at levels higher than the individual or household – at the unequal institutional, social, and political relationships that constrain well-being (Devereux & McGregor, 2014). Cash transfers, on their own, do not change the positions of the poor within these hierarchies, whether these hierarchies are stratified by gender, class or race. Social and economic policies that advance social mobility and equalise access to opportunity are therefore required. Such policies include the promotion of full employment
and decent work, active participation by all groups in political processes, anti-discrimination programming, and behavioural change interventions (Hickey, 2014; Molyneux et al., 2016). Taking the employment-related example, in many developing countries and particularly in South Africa, chronic, structural employment driven by skills-biased growth and low-quality education means that many people are unable to find work despite their best efforts. In addition, securing work is often not a ticket out of poverty, given the prevalence of precarious employment relationships characterised by low wages, informality and limited bargaining power (Barchiesi, 2016; Isaacs, 2016). Transformative measures to overcome poverty would therefore entail appropriate education, employment creation, effective labour market regulation and job training programmes that work in concert with cash transfers (Devereux & McGregor, 2014). An example of this relates to Bolsa Familia, where, as child beneficiaries age out of the programme, they are linked to skills training and educational opportunities (Bartholo, 2016). Similarly, anti-discrimination campaigning could be useful in contexts where discrimination against minorities is rife. In Mexico, for example, job training programmes exist for cash transfer recipients, but widespread discrimination against indigenous people means that often they are unable to take advantage of this form of social protection, and a dependence on cash transfers is not overcome (ibid.). Measures such as these would go a long way towards solving, rather than alleviating, poverty and vulnerability, by accounting for the reasons why people are excluded from economic opportunity and find themselves in need of cash transfers (Devereux & McGregor, 2014; Molyneux et al., 2016).

3.5. Gender-sensitive social protection
TSP is potentially very useful from a gender perspective, given its focus on the structural and relational causes of disadvantage. Holmes and Jones (2013) argue that individualised understandings of poverty that target cash transfers at women have tended to alleviate the conditions of poor women, but without transforming their positions in the gender hierarchy. Indeed Cornwall and Rivas (2015) argue that a central flaw in the conceptualisation of the current generation of ‘neoliberal “empowerment” programmes’ from a gender perspective is that they construct women as ‘self-optimising individual[s]’ (p. 397) existing outside of ‘webs of social, cultural and economic relations that produce and sustain [gender inequality]’ (p. 400). Holmes and Jones (2013) therefore propose going ‘beyond mothers and safety nets’, to more gender-sensitive measures that are firmly founded in the right to gender equality.
This requires addressing gender-based vulnerabilities at their sources, and examining processes leading to vulnerability rather than just the outcome of vulnerability (ibid.; Tessitore, 2011). A major source of vulnerability is primary, and often sole, responsibility for unpaid care and household work. Gender-sensitive social protection measures would ensure that women are protected from having to carry these burdens alone.

However, care is frequently considered to not be a burden. It is often assumed to be an activity that families undertake without friction within the household – as something that women within families just do, as they always have, out of love or maternal duty (Finch, 1989; Knijn & Kremer, 1997). Across the world, this ‘familialism’ has served at different times to justify states’ withdrawal from ‘private’ matters within households, and choices not to make care a public concern, failing to ‘provide incentives for it to be shared more equally between women and men, and between families/households and society more broadly’ (Razavi, 2011, p.36). In South Africa, Gouws and van Zyl (2014) and Hassim (2008) argue that the social welfare policy framework fits this pattern, with its conception of the self-reliant family as the primary provider of care. This minimises the scope for the articulation of meaningful roles for the state in sharing care responsibilities with families. In addition, families are treated as unitary entities (like individuals), without problematising who within those households actually conducts the costly work of caregiving.

This care work is labour-intensive, requiring time, money, services, rest, and support networks for caregivers (Knijn & Kremer, 1997; Razavi, 2007). CTPs generally serve to fill only one of these resource requirements, via the provision of small amounts of money. Transfers are almost always lower in value than remuneration from paid work, only offsetting a small portion of the total cost of care. This either reinforces dependence on men who do paid work in nuclear households (as per the male breadwinner model that characterised welfare provision in Western Europe for much of the 20th century), or it frustrates the ability of women to financially support themselves and their families when they are the primary breadwinners (Razavi, 2007). The latter scenario is increasingly prevalent in many developing countries, including South Africa, due to either widespread male unemployment or male absence (ibid.; Patel et al., 2013). In addition to the direct inputs to the care process, other ‘preconditions of caregiving’ (Razavi, 2011, p. 893) include the public provision of infrastructure and technology (for example, sanitation, water, housing) and social services besides care services (for example, health and primary education). In developing countries,
these preconditions are often missing, compounding the difficulties faced by women in providing quality care (ibid.). Extensive evidence exists of these failures in South Africa (Hassim, 2008; Patel et al., 2013; 2017), where substantial social spending by the state is plagued by inefficiencies, as highlighted in section 3.3. Failures in welfare provision by the state are then absorbed by households, and because of patriarchal norms that deem care the responsibility of women, this exacerbates women’s burdens (Hassim, 2008). There are other, less quantifiable costs. As mentioned in chapter 1, gendered burdens of care prevent women from looking for work and other sources of income, and disempower girls who have to care rather than go to school (Gouws & van Zyl, 2014). This in turn solidifies the unequal distribution of power and opportunity between men and women, limiting their economic and civic participation and preventing the realisation of women’s capabilities relative to men (Holmes & Jones, 2013; Kabeer, 2014; Patel & Hochfeld, 2011; Tessitore 2011).

Razavi (2007) provides a useful framework for evaluating where in society care takes place, and for illuminating areas where responsibilities could be better shared. In the ‘care diamond’, the responsibility for care can fall into one or more of four spheres: the family or household; markets; the public sector; and the non-profit (NPO) sector. In developing countries, it is overwhelmingly done in households (and due to gender norms, by women), due to very limited public provisioning of care services, and the lack of affordability of market services for the bulk of the population. In addition, where paid care is undertaken – for example in the NPO sector or the market (by, for example, domestic workers), it is generally underpaid and hence undervalued relative to other paying work, because of ideology that sees care as unskilled work, given natural feminine aptitude (ibid.; Gouws & van Zyl, 2014; Shefer, 2014). But importantly, the pattern of responsibilities and the valuing of care can change with political advocacy and sensitive policy. This has certainly been the case in Western Europe, where since the 1970s, many states began to socialise the costs of care with increasing public provision of care services, such as childcare, staffed with well-paid professionals. This has served to legitimise care, provide well-paying jobs for women, and enable women to seek paid work (Knijn & Kremer, 1997; Razavi, 2011). In addition, father-friendly policies, such as paid paternal leaves, have been instituted – particularly in Scandinavia – and have successfully shifted the pattern of obligation within the household such that women’s care burdens are shared more with men (Carlson, 2013; Hassim, 2008). The extent to which welfare states have achieved this socialisation of the costs of care, as
well as sharing of care with men, is argued to be a key marker of their gender sensitivity (Knijn & Kremer, 1997; Orloff, 1993), with similar argumentation for the potential in developing countries (Hassim, 2008; Razavi, 2007; Reddy, Meyer, Shefer, & Meyiwa, 2014). In so doing, women’s rights as full and equal citizens on the same basis as men, rather than their rights simply as mothers, could come to be taken seriously.

In developing countries, these kinds of gender-sensitive social protection policies are rare. Nonetheless, there are examples of interventions in the global South that could transform conditions leading to women’s disadvantage. For example, in Mexico’s Prospera programme, employment and income-generation training for female recipients of cash transfers for children was recently introduced, as well as public childcare facilities – interventions that share women’s care burdens and improve their independent earnings potential (Molyneux et al., 2016). Brazil has introduced similar interventions aimed at women enrolled in Bolsa Familia (ibid.; Bartholo, 2016), with free public childcare also available for young children in Chile (Fultz & Francis, 2013). This echoes the attempts, starting in the 1970s, to socialise the costs of care in the traditional welfare states (Knijn & Kremer, 1997; Orloff, 1993; Razavi, 2011).

But in South Africa, similar policies are absent. Also absent are policies that are aimed directly at men to promote their greater involvement in unpaid care – apart from paternal leaves – in South Africa and in other developing countries. As discussed in chapter 1, the gender and development approach explicitly recognises that unequal relations between men and women are a significant factor in women’s relative poverty and vulnerability. But in practice, interventions have taken an approach to dealing with gender that is equivalent to a focus on women only – itself an outcome of a dominant worldview that is too highly individualised. Movement towards gender equality necessarily requires a rebalancing of power relations between men and women, and this in turn requires interventions that are targeted at men; interventions that seek to change patriarchal norms and encourage men to engage with women in more gender-equitable ways (Cornwall & Rivas, 2015; Parpart, 2015; Patel & Mavungu, 2016; Wanner & Wadham, 2015). The CSG could, as a result of its gender-neutral targeting, be a transformative, gender-sensitive social protection policy. But

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18 There is a policy push in recent years to expand Early Childhood Development (ECD) programmes (Republic of South Africa, 2015). However, these programmes are being implemented slowly and are poorly funded.
the absence of efforts to increase male uptake of the grant, or interventions to change the behaviours of the male partners of female CSG recipients – for example, by incentivising more involvement in unpaid care, or combating reductions in financial support – means that in practice, the CSG does not challenge inequality between men and women. The same could be argued for any of the other CTPs in similar economies in the developing world, including *Bolsa Familia, Prospera and Juntos*, based on the evidence presented in section 2.

4. The Feminisation of Care, and a Reordering of Masculinity

Patriarchal norms have been referenced frequently up to this point. They have been noted as factors influencing the minimal involvement of men in childcare, as well as the reticence of policymakers to change this. But where do these norms come from, and how do they sustain gender inequality and specifically unshared care burdens? One of the roots of unequal gender norms is in the construction of households and individuals in ways that naturalise inequality between men and women. Feminist economists have demonstrated the limited usefulness of these traditional models in analysing the care economy. They have pointed to the need to incorporate social factors into these models in order to make them more realistic and more useful. Theory from sociology relating to gender and masculinities is used here to do so. How men might become more meaningfully involved in child-centred social protection is then discussed.

4.1. *Homo economicus*, care and altruism

The behavioural model on which traditional economic analysis is founded is rational economic man, or *homo economicus*. This model forms part of the worldview of methodological individualism, which underlies many CTPs, as outlined in section 3.2. According to this model, *homo economicus* rationally weighs up the costs and benefits of a particular course of action and chooses to follow that course of action if the cost-benefit analysis is consistent with the promotion of his self-interest. In making the choices between different actions, individuals are conceived of as autonomous and rational: they independently and logically assess the costs and benefits of each action and freely choose that action which maximises their well-being (Elster, 1989). Preferences that direct self-interest are taken as a given – adherents to this model are not interested in how they are formed, seeing this as the purview of psychology (Jones & Cullis, 2000). As such, they are exogenous to the model, and are revealed by the actions people take (ibid.). Finally, because well-being cannot be measured directly, income or money is used to proxy it. Accordingly, an individual
will not engage in a particular course of action if they perceive that the material costs associated with that action exceed the potential benefits. For example, if the well-being derived from income gained from work does not offset the well-being that is lost by expending time and effort on doing that work, then they will choose not to do that work (Badgett & Folbre, 1999). The choice to work in the market would in turn reveal a preference for market work.

But *homo economicus* cannot easily explain the motives of individuals who carry out unpaid or low-paying care work. This is because care describes both a type of work which people engage in for their dependents and the motive for performing it – the emotional attachment caregivers feel to those they care for (ibid.). What this emotional attachment implies is the existence of unselfish, altruistic motives. These motives lead people to engage in often difficult and time-consuming work which is generally unpaid within households and underpaid in the market. This work is therefore not valuable from the perspective of *homo economicus*: without compensating (monetary) rewards, it is irrational to expend valuable resources, time and effort on an activity – in this case care – because it reduces individual well-being and contravenes self-interest, which would be better served by, for example, working in the market economy. But altruism implies that individuals derive utility not only from improvements in their own well-being, but also from the improved well-being of others (ibid.). It could also imply that even if an individual suffers a decline in personal well-being by engaging in care, that this could be offset by a proportionally greater increase in the well-being of the person who the individual cares about/for (ibid.; Wolf, Spilerman, & Attias-Donfut, 2007). Preferences and well-being may therefore have a dimension of interdependency with those of other people, which are missing in the more self-centred *homo economicus*.

To avoid dealing with these problems, mainstream economists have relegated care issues to a marginal position within the broader framework of economic and policy analysis. This has been done by constructing separate spheres of human behaviour which are governed by different motives: behaviour in the market is governed by self-interest, while behaviour in the household or family is governed by altruism*19* (Badgett & Folbre, 1999; Folbre, 2008;  

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19 This is not to say that self-interest has not been applied to motivations within the family at all. For example, in developing countries, many individuals have children with the expectation that they will contribute to household income via the provision of (especially agricultural) child labour (Wolff et al., 2007). Exchange or reciprocity is another motive, and is the expectation that the provision of care to children, either when young and dependent or
MacDonal, 1996). Altruistic preferences are also assumed to be a given, and there is no attempt to describe where they come from, or how they are sustained. This leads to the assumption that people will automatically take care within households. This assumption, coupled with the worldwide pattern of women overwhelmingly carrying out caring responsibilities, has been interpreted as revealing among women a relatively greater preference for altruistic behaviour; a greater preference to care. On the other hand, male disposition lends itself to thriving in the competitive environment of the market: ‘choice, independence of action, competition, individualism – all core aspects of the economic model – are identified in our culture with masculinity’ (MacDonald, 1996, p. 16). In this way, altruistic preferences have come to be seen as being naturally distributed more among women than men. This is the analytical root of the prevalent notions in social protection that cash transfers should be targeted at women, or that caregiving arrangements do not need substantial reconfiguration (see also section 2.1). In turn, this has legitimised the sacrifices made by women for family members in the domestic sphere without recognising that unequal power relations between men and women may mean that caring work is often coerced, serving the interests of men and not women (Badgett & Folbre, 1999; Finch, 1989).

In addition, traditional economic analysis has applied the principle of the division of labour to explain the pattern of male engagement in paid work in the market and female engagement in unpaid work in the home. Because men earn, on average, more than women, and because women are regarded as being more disposed to altruistic feelings, this division of labour is explained as rational – as the choice individuals make which best maximises the household’s economic well-being (MacDonald, 1996; Power, 2004). However, feminist economists have turned this argument around, arguing that household responsibilities for women cause women’s work in the market to be undervalued and that this has justified lower wages, which perpetuate the household’s sexual division of labour (MacDonald, 1996). Rather than treating the division of labour as a response to given conditions, feminist economists have questioned these conditions and sought to explain why they exist in the first place. The focus is on the process (how the sexual division of labour is produced) rather than the outcome (the sexual division of labour). Power (2004) terms this process ‘social provisioning’ – how ‘people

when older and in situations where they need help, will be rewarded when the caregiver him/herself is frail and in need of care (ibid; Becker, 1993).
organise themselves collectively to get a living’, and argues that this should be the starting point of economic analysis (ibid., p. 6).

The tendency to avoid placing care at the centre of economic analysis – via the distinction between the public or market sphere and the private or family sphere – or to look only at outcomes while disregarding the processes leading to them – such as with the division of labour – has come under concerted criticism from feminists. This is particularly due to women’s increasing labour force participation and subsequent family reorganisation, blurring the gendered public/private divide and exposing the dependence of the economy on the family and the caring work which takes place within families (Badgett & Folbre, 1999; Folbre, 2008; Power, 2004). Calls were increasingly made to value unpaid care work within households in the same way as market work. Such an approach would recognise that individuals are dependent on each other, and that economic systems are dependent on the caring labour which is provided within households (ibid.; Reddy et al., 2014). In turn, it would bring to light the fact that caregiving is an activity which, far from taking place without friction and without cost by altruistic individuals (women) within households, requires resources and support (Knijn & Kremer, 1997; Razavi, 2007, 2011) – from the state and from men. Another side-effect of this is that care work is not valued or measured in the same way as market activity (Messac, 2018). In calculations of GDP – the sum of goods and services produced in an economy – only those that are bought and sold in the (male-dominated) market are counted, while services rendered by unpaid (mostly female) labour in the household is ignored. This has rendered unpaid care labour invisible, despite market production being impossible without it (ibid.).

The calls for the revaluing of care necessitates a deeper analysis of the processes underlying the way care is arranged, or social provisioning. This involves a better understanding of the ways in which care is shared between men and women and the state, and of the resources required for high-quality care, as outlined in section 3.5. It also requires interrogating the sweeping assumption that women care more than men due to being more altruistic, and examining the process by which altruistic motives are formed, and how they are sustained, instead of assuming them as a given and using them to justify an unequal status quo. Once the assumption of exogenous altruistic preferences is dropped, it becomes possible to arrive at more realistic understandings of why care is structured the way it is by looking at how power relations, social norms and expectations shape the preferences for and choices to care.
4.2. Social norms, gender and obligation

Social norms are a feature of the social environment which have frequently been invoked to explain the processes which shape the motives of individuals in relation to care (Agarwal, 1997; Badgett & Folbre, 1999; Finch, 1989; Hirschmann, 2009; West & Zimmerman, 1987). Addressing them recognises the embeddedness of individuals in society, as opposed to the atomisation of traditional approaches that take *homo economicus* as the standard of human behaviour. Social norms are defined as ‘customary rules that govern behaviour in groups and societies’ (Bicchieri & Muldoon, 2014: para. 1), and are commonly classified into two categories: injunctive and descriptive social norms (Cialdini, 2007). Injunctive social norms ‘refer, not to one’s own view of what constitutes appropriate conduct but to one’s perception of what others believe to be appropriate conduct’ (ibid., p. 264). The threat of social disapproval or other sanctions generally ensures that individuals adhere to the norms which guide various behaviours (ibid.; Elster, 1989).

Descriptive social norms, on the other hand, ‘refer to one’s perception of what most others actually do’ (Cialdini, 2007, p. 264). These work less via the social evaluation of behaviour and subsequent sanctions for non-compliance, and more by conveying information about what behaviour is likely to be ‘adaptive and effective’ in a given setting (ibid.). In relation to care, Finch (1989) argues that often people look at what *is* in society – at descriptive norms – and infer that this is how things *ought* to be. She gives the example of the working woman who faces the choice of giving up work to look after frail elderly parents. Other women do this, so pressure arises – she should do it too. In this case, injunctive and descriptive norms are in alignment. However, they need not be – for example, in low-income settings in South Africa, the descriptive norm relating to fatherhood is arguably one of absence, while injunctively men are believed to be obliged to provide financial resources to their families (Mavungu et al., 2013). If injunctive norms are internalised, men may have higher expectations of themselves and others. If descriptive, or stereotypical norms are internalised, men may feel they are doing better than average, and therefore judge themselves relatively favourably as compared to men who judge themselves relative to ideal types (Marsiglio, 1995).

The idea that norms provide guidance regarding how to behave suggests that besides the motives of self-interest and altruism, people are motivated by feelings of duty, responsibility
or obligation when they recognise the dependency of, and care for, dependents\textsuperscript{20} (Finch, 1989). While it is acknowledged that such feelings may arise from the caregiver’s altruistic motivation, or from emotional connections to care recipients, obligation may also be heavily influenced by the injunctive and descriptive social norms described above. In other words, obligations to family members and other dependents are determined not only by what the individual thinks those responsibilities should be, but also by what other people claim those responsibilities ought to be, and by patterns of obligation in society (ibid.).

The sexual division of labour implies that men and women generally perceive obligations to care differently. Gendered social norms are argued as key to understanding this difference. Gender is defined as the differing psychological, social and cultural meanings attached to different sex categories (male, female) (West & Zimmerman, 1987). Because gender is socially defined, it is not a given or absolute and is instead brought into being and sustained via the process of social construction of masculinity and femininity, and the striving of individuals to meet the normative standards attached to these gender categories with their actions. One area of action where this plays out is in relation to care. Women are commonly expected to have children, and to care for men, children and other dependents, such as the frail elderly (Hirschmann, 2009). In addition, they are expected to want to engage in these activities, and are socialised from childhood to believe in the normative value of motherhood and wifehood, and often in the value of passivity and deferral to men. These lifestyle choices, and actions taken to support them – such as leaving paid employment to look after children – are thus made more conducive to social norms than other lifestyle choices, such as being in a homosexual relationship or being child-free (ibid.). This socialisation into feminine and caring roles via injunctive social norms (and descriptive social norms if most women that any individual encounters is seen to actually follow these norms) also results in the association of women with altruistic preferences. Moreover, care might not even be perceived as obligation, but as altruism – being so conditioned to behave altruistically, and bound by ‘feeling rules’ (Finch, 1989) which prescribe that one feels altruism, that altruism may be perceived as one’s guiding motive without realising it is coerced (Hirschmann, 2009). This coercion ensures that one group (women) acts consistently against its own self-interest so as to further the self-interest of another group (men).

\textsuperscript{20} As per Finch (1989), the terms obligation, duty and responsibility are used interchangeably here.
4.3. Hegemonic masculinity and fatherhood

Just as women are socialised into believing in or fulfilling certain types of obligations, especially relating to care and family, men are socialised into interpreting obligation in generally opposite ways. Where women are generally expected to care, and to be suited to it, men are not. Typical masculinity involves being emotionally non-demonstrative (except with regard to anger); avoiding ‘feminine’ behaviours; striving for status, dominance and power; being strong and independent; taking risks, and, when necessary, also being violent (Davies & Eagle, 2007; Morrell et al., 2012; Peacock et al., 2008). This dominant conception of masculinity throughout the world is termed hegemonic masculinity. It dictates how men should behave, according to an ideal type, with men who fulfil this ideal supposedly conferred power and privilege (Connell & Messerschmidt, 2005; Morrell et al., 2013). It refers not only to ideas and expectations about the roles men should adopt and the behaviours they should assume, but is also defined as ‘a set of practices which allow men’s dominance over women to continue’ (Connell & Messerschmidt, 2005, p. 832). In addition, it might not be normal in the statistical sense of being successfully enacted by the majority of men, but in the normative sense it is – most men and boys perceive that this is how society at large expects men to behave (ibid.)21. Hegemonic masculinity is usually defined in opposition to a model of femininity, defined chiefly by compliance and passivity (Connell & Messerschmidt, 2005). And, while not all men are equal, ‘the patriarchal dividend – the chance to benefit individually from patriarchy – unite[s] them all regardless of their position within the masculinities hierarchy’ (Morrell, et al., 2013, p. 5). Hegemonic masculinity thus subordinates other ways of being a man and operates via consent.

The fatherhood role is constructed as a central component of masculinity, or what it means to be a man – similarly to the way in which motherhood is defined as a key aspect of femininity. The hegemonic conception of fatherhood depicts fathers as chiefly responsible for providing materially for their families, with provision of emotional care and household work provided by women or mothers. This is an expression of masculine strength that is consistent with hegemonic masculinity. In addition, norms relating to fatherhood can vary by context,

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21 However, most constructions of hegemonic masculinity also include positive actions like earning a wage, providing, ‘sustaining a sexual relationship’ and/or being a father (Connell & Messerschmidt, 2005, p. 840).
culture, race, class or religion or in response to social forces (for example, the increasing labour market participation of women, or demands for gender equality) (ibid.).

While social norms relating to hegemonic masculinity and associated fatherhood fulfil the function of the patriarchal dividend, they may also, as with other social norms, be detrimental to the same group that benefits from their existence. The injunctive norms of men being strong and non-demonstrative have been shown to contribute to men seeking medical attention less than women, and to being more disposed to risk-taking, substance abuse and violence, all of which contribute to higher rates of mortality and lower life expectancy (Khunou, 2014; Peacock et al., 2008). Similarly, the norms relating to fathers being chiefly responsible for financial provision, to the exclusion of other roles, frequently limits the extent of interactions of men with their families.

Research in South Africa has tried to make sense of the widespread father absence – whether in terms of complete physical absence and non-interaction with children or in terms of their distancing from care work, as outlined in chapter 1 – and hegemonic conceptions of masculinity and fatherhood are a central explanatory factor. Widespread unemployment is argued to limit fathers’ perceptions of their usefulness – without income, many men feel they would be unable to fulfil their fatherhood duties, with these duties conceived primarily as financial provision (Makusha & Richter, 2014; Mavungu et al., 2013). This injunctive norm to provide often leads men to choose to not be involved in the lives of their families, fearing being perceived to have failed as a man. However, this assumes that men feel such an obligation to begin with, and it is merely interrupted by adverse economic situations (Khunou, 2012). Indeed, poverty and unemployment also exert huge pressure on South African women to be good mothers, yet they do not abdicate responsibility to anywhere near the same extent as men (ibid.). Theory relating to gendered obligation can explain this.

Socially constructed femininity and motherhood, and masculinity and fatherhood, are translated into obligation, with women generally expected to do more for their families in the form of care and household work than men, and judged more harshly than men when failing to fulfil these responsibilities (Badgett & Folbre, 1999; Finch, 1989). The perceived capacity to enact care obligations is also gendered. Women are generally perceived as more capable of providing care, with men often articulating the idea that these skills cannot be learned – a contention for which evidence exists in South Africa (Mavungu et al., 2013).
The narrow association of fatherhood with financial provision is supported by research in South Africa that shows the often negative attitudes of men and boys to more ‘feminine’, or ‘gay’, caring roles (Blackbeard & Lindegger, 2007; Davies & Eagle, 2007; Shefer, 2014). For example, Shefer (2014) describes the findings of three of her studies that examine the links between masculinity and engagement in care and household work in the Western Cape and KwaZulu-Natal provinces. In the first study, consisting of focus groups with teenage boys, care and household work are constructed as naturally feminine work that women can do better than men, while masculinity is frequently associated with money. The boys believe they can help (their mothers) with care and household work when required, but that they will never be as competent. In addition, the supposed femininity of care and household work is often perceived as making one less of a man, particularly intimate caring tasks such as bathing and changing nappies. However, in a second study, where teenage boys create photo-narratives of their lives, some boys took photos of themselves doing household work. Shefer argues that this could be a methodological outcome – that outside of the focus group setting there is less pressure on the boys to ‘perform’ for other boys along the dictates of hegemonic masculinity (or to ‘do gender’ in this way – see section 4.4 below). In the third study, conducted with the parents of young children, most men were found to be uninvolved in care, only contributing when asked. They conceived of their roles primarily in terms of financial provision and play. At the same time, their wives and partners ‘inadvertently reproduced the gender roles’ (p. 318), by having low expectations about potential contributions and not demanding greater involvement.

4.4. ‘Doing gender’

The striving of individuals to meet the normative standards of behaviour attached to gender – for example, to conform with hegemonic masculinity or femininity – is termed by West and Zimmerman (1987) as ‘doing gender’. Gender is produced and reproduced through interaction, and the enactment of socially constructed roles, attitudes and behaviours. People ‘do gender’ by organising their activities to express gender, and interpret others’ behaviour in the same way. Being a man or a woman is not about ticking off criteria on a list, but is more about appearances: ‘if people can be seen as members of relevant categories, then categorise them that way’ (p. 133). By this perspective, people constantly need to behave in ways that are seen by others to be appropriate to their sex/gender, lest they be judged harshly for failing
to do so. Men therefore ‘do’ masculinity by conforming to hegemonic masculinity, and women ‘do’ femininity by conforming to hegemonic femininity.

Identity theory posits that identity stems from interaction with other people. People have different identities (father, brother, worker, son, husband, etc) with different roles attached to those identities – for example, breadwinner, nurturer. At any given time, some identities and roles will be experienced as more salient than others, and individuals will be more committed to some than others. Commitment to an identity (for example, father) and to a certain role attached to it (for example, breadwinner) would be reflected in the behaviour of the individual (Marsiglio, 1995). Identities and roles are socially learned and activated in different situations, or with different people. However, master identities are not situationally dependent and cut across them. One of these master identities is argued to be sex category/gender (West & Zimmerman, 1987). This is because we are always male or female, so any occasion provides both the opportunity to ‘do gender’, as well as to be judged as to one’s performance according to the criteria laid down by gendered norms. Digressions from these norms can delegitimise other activities, due to gender being conceived as an overriding identity which is active in all situations. Doing gender is therefore unavoidable (ibid.). As a result, role conflict arises when a given activity, such as a man caring in ‘feminine’ ways, threatens one’s master identity of maleness. The way to avoid this conflict is often to disengage – for example in relation to care. Doing gender is therefore deeply implicated in care arrangements. The public nature of doing gender underpins the observation that hegemonic masculinity is seen as referring to the visible lives of men: in public men may hide ‘less masculine’ attributes or behaviours or emphasise others even when these are untrue (Morrell et al., 2013).

4.5. Alternate masculinities, and obstacles to their enactment

Despite the pervasive nature of gendered social norms and the marked influence this has on the way people negotiate and/or enact care obligations, many people do not conform to these socialised expectations. There are men who assume roles within their families which are very much against hegemonic norms – for example, men who care, and as such fail to do gender ‘properly’ (at the same time, women fail to do gender ‘properly’ by, for example, abdicating care responsibilities or choosing not to have children – Hirschmann, 2009). This suggests that other conceptions of masculinity (and femininity) coexist with hegemonic masculinity, which function both injunctively and descriptively. These masculinities are arranged in hierarchies:
while hegemonic masculinity is the norm of masculinity which is dominant, or at the top of
the hierarchy of masculinities, alternate masculinities – for example, those which are more
caring and more gender equal – may be present in society and enacted by or aspired to by
some men (Connell & Messerschmidt, 2005). The theory of hegemonic masculinity allows
for the possibility of change in the form hegemonic masculinity takes, and for alternate
masculinities to emerge or become dominant, or hegemonic (ibid.). For example, in Japan the
‘salaryman’ has been the traditionally dominant form of masculinity in the second half of the
20th century. The salaryman devotes the majority of his time to work, with his relationship to
his family limited to providing financially through this work – he is emotionally distant and
does not engage in care, leaving this to his wife, who may or may not also work outside the
home. But in recent years the ‘salaryman’ has been increasingly challenged in popular media
and by the actions of many men to fulfil the ideal of the ‘ikumen’, or men who are committed
to the emotional and care needs of their family members and engage with their families in
ways that the salaryman would not (Mizukoshi, Kohlbacher, & Schimkowsky, 2015).
Similarly, while in Mexico hegemonic masculinity is defined as machismo, which is broadly
similar to the traditional masculinity outlined in section 4.3, research has shown that many
men are choosing to enact less dominant forms of masculinity (Connell & Messerschmidt,
2005). In South Africa there are also men who enact caring masculinity (see below), some of
them possibly by claiming the CSG. Therefore, in a variety of contexts, how men perceive
their obligations is often directed by hegemonic masculinity, but it does not always bind men
into certain types of behaviours. It is therefore not useful to conceive of any group of men as
homogenous (Morrell et al., 2013), and for the purposes of advancing gender equality it is
important to more fully understand the men who do gender differently, and what enables
them to do so (Deutsch, 2007; Nentwich & Kelan, 2013; Roy, 2008).

For example, Morrell and Jewkes (2014) provide insight into the motivations of 20 men who
engage as primary caregivers in South Africa, on a paid basis (social workers) or unpaid basis
(as volunteers with NPOs or within their households). Some had enacted alternate (caring)
masculinities since childhood, by assuming responsibility for the care of siblings and elderly
relatives. For others, unemployment, rather than acting as a deterrent to family involvement,
presented an opportunity to engage in care, either within households or in the NPO sector. On
the other hand, some men had been forced to take on care obligations as a result of there
being nobody else who could assume these responsibilities on their behalf – so failing to
assume these obligations would have left children with absolutely no one. The men were very aware of acting in ways which are against the dictates of hegemonic masculinity, and many expressed a feeling of superiority over other men as a result of the enactment of altruism and obligation in the family sphere. Nonetheless, some of the men still held on to patriarchal and/or homophobic views, with those for whom participation in care was not impelled by adverse circumstances less likely to express these views.

Other research in South Africa has also looked into modelling, or the extent to which role models influence the behaviour of men in their fatherhood roles. Men often have dysfunctional relationships with their own fathers, or never knew them at all – while this motivated men to become better fathers themselves in the previously-cited study (Morrell & Jewkes, 2014), in another study of absent fathers, these dysfunctional relationships with their fathers often discouraged men from becoming involved at all, fearing that they would be doomed to repeat their fathers’ mistakes (Mavungu et al., 2013). Research with teenage South African boys has revealed that they frequently have no positive male role models on which to base future fathering behaviour (Langa, 2014; Swartz & Bhana, 2009). Similar dynamics have been reported among older Brazilian boys in the Bolsa Familia programme, whose experience of growing up without fathers, coupled with the discourse prevalent in the administration of Bolsa Familia that men are unreliable, leads them to doubt their own ability to be responsible fathers (dos Anjos, 2017). However, the South African research also shows that teenage boys who grow up with absent fathers often see their mothers as their role models in the area of parenting – implying that having male role models is not necessarily crucial for masculine development (Langa, 2014; Swartz & Bhana, 2009).

There are also factors such as administrative and institutional barriers that play a role in men’s decision to (not) be involved in family life by impacting on perceived self-efficacy. Service providers, for example in prenatal health care, child health and development, are often targeted at mothers and have been alleged to discourage men, often via attitudes which express the belief that men should not be involved in childcare and domestic affairs – highlighting the fact that organisations that are supposed to be value-neutral are not immune to gendered thinking (Makusha & Richter, 2014). This has been encountered frequently by men who attempt to register the births of their children at the Department of Home Affairs (Mavungu et al., 2013). It is highly likely that men who apply for, and collect, CSGs, are
subject to the same treatment. The CSG policy itself, and the environment in which it is implemented, may reinforce low self-efficacy. Social policies can have a ‘demonstration effect’ that constructs certain behaviours or activities as desirable or worthwhile (Jones & Cullis, 2000). CSG policy may, via gender-neutral targeting, change the preferences of men to become more involved in family life. But the environment in which it is implemented, the de facto targeting of women, and the norms around men being unsuitable, may do the opposite, demonstrating to men that they are not suited to care. Negative popular discourses about low-income black men in particular, as irresponsible and violent (Morrell et al., 2013), may reinforce this dynamic. This is a similar dynamic to that outlined in section 3.3, where stigmatising treatment and discourse could lead to feelings of being unworthy and incapable (Hunter & Sugiyama, 2014).

At the same time, gendered ideas about parenting competence, and descriptive norms of father absence, sometimes lead to men who enact alternate masculinities being subject to very low expectations, being praised even for minimal contributions. Meyiwa (2014) finds, in a study of caregivers of HIV-positive children, that the small minority of male caregivers are better supported than female caregivers precisely due to the fact that women (who provide this support) perceive what these men do as so unusual.

Finally, there are cultural dimensions to the ways in which familial obligations are perceived and enacted. Unemployment disproportionately impacts black African men in South Africa. Poverty arising from unemployment renders many men unable to pay ilobolo (bride price) and other culturally-mandated payments such as intlawulo (damages for impregnation out of wedlock to the woman’s family) (Patel & Mavungu, 2016). When men have been unable to pay (what are often cited as exorbitant amounts), they have often been effectively barred from interaction with partners and children, by their partners and particularly the partners’ families (ibid.; Makusha & Richter, 2014; Swartz & Bhana, 2009). Dysfunctional relationships have also been cited as a barrier to greater involvement even in the absence of ilobolo and other payments (Makusha & Richter, 2014; Mavungu et al., 2013; van den Berg et al., 2013). In cases where father absence is not voluntary, cases of extreme emotional distress have been recorded, with this distress arising from the separation of men from their children when these men really want to be involved (Mavungu et al., 2013; Swartz & Bhana, 2009). In this way, unemployment interacts with culture to reduce rates of men’s co-residence with their partners and children, and reinforces the pattern of father absence from
the households their children live in. This also suggests that absence and non-involvement may often not be the result of economic circumstance and the internalisation of social norms, and may be entirely involuntary. When men are able to overcome barriers of culture, economic circumstance and bad relationships with partners and their families, this is argued to be particularly demonstrative of a commitment to a fathering identity (Marsiglio, 1995).

4.6. Doing gender and social change

Men do gender by engaging actively with different sets of social norms relating to masculinity (hegemonic and alternate masculinities), positioning themselves in certain ways in relation to them and by identifying with some features of them and not others, in order to construct a specific gender identity. As highlighted in the previous subsection, changes in the dominant ways of doing masculinity, which disadvantage women, are possible. How these changes in discourse occur is of crucial interest, because it carries the potential to change actual social relations (Fairclough, 1989, 2005, 2013). Constructing oneself as a man who irons his daughter's school uniform does more than simply communicate about parenting routines; it is a political act that explicitly reframes our common understandings of what a man is and what he does away from hegemonic masculinity. In the act of communicating this, he presents his audience with the possibility that the patriarchal world can be different. Building up from one individual, a more frequent representation of men in advertising and the media as caregivers in the same way that women are; the DSD marketing the CSG at men; and more and more men enacting caring father identities consistent with these representations; would all be examples of alternate masculinities becoming more prominent and/or acceptable. The greater levels of acceptance of these masculinities provide men with more freedom to act in ways that accord with them rather than hegemonic masculinity, unlocking the transformative potential of social protection in South Africa and leading to transformation in gendered social structures that generate inequality (Deutsch, 2007; Nentwich & Kelan, 2013).

4.7. The danger of a patriarchal backlash

Widespread unemployment and low-wage work underlie the inability of many men to fulfil hegemonic masculinity’s central role of financial provision. This has consequences that are

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22 How hegemonic and alternate masculinities are conceived of as discourses, or commonly understood ways of structuring a social actor or phenomenon, is outlined in chapter 3.
potentially more serious than disengaging from family life. High rates of domestic and sexual violence in South Africa are often seen as the result of men not being able to enact hegemonic masculinity, leading to feelings of powerlessness, which are overcome by being violent or otherwise dominant over women and children (Morrell et al., 2012; Walker, 2005). By this conception, being present in families in dominating ways, and avoiding care and household work, may be supportive of masculinity when the traditional routes by which masculinity is enacted – having a well-paying job, or being powerful over other men – are closed.

At the same time that men may have power relative to women and children, they may lack power relative to other men, reinforcing the desire to enact dominant masculinity where possible – in the domestic sphere (ibid.). This is a possibility in the group of men of interest to this study, ie predominately black men with low income who are eligible for the CSG. Historically, white masculinity has dominated over black masculinity in South Africa, with being white associated with being employed and financially secure; being black with being subordinate, inferior and impoverished (Morrell et al., 2013). The legacy of apartheid, and of these racialised masculinities, is reflected in the statistic that average household income where household heads are white is more than four times greater than that where household heads are black African (Statistics South Africa, 2017a).

Money is a chief means to exert control. It has connotations of masculine power and identity – as such, as women get more money and become more financially independent, this expands their power and choice, thereby threatening men in the one domain where they may be able to cling to a vestige of male power (Khunou, 2012). In contexts of poverty, the control of women may be key to being a ‘successful man’ when other means to do so are not available (Morrell et al., 2012). This effect has been observed in some contexts, for example in the findings on increasing domestic violence suffered by women who receive cash transfers in Zambia (Bonilla et al., 2017; see also section 2). Relatedly, legislative change, the work of civil society and the moves of women into often traditionally male areas of work have furthered the goals of gender equality, which, on paper at least, reduces the patriarchal dividend. Men have often reacted violently or with fear to this ‘crisis of masculinity’, where there is increasing uncertainty as to the ability to retain male dominance, and as to the roles
which men should now play (Walker, 2005). In addition, where men do provide for their families, this is often undertaken with the generally implicit expectation that the woman accepts a range of (unspecified) responsibilities to care for the man (Khunou, 2012). In this way, the patriarchal dividend and power may function as a motivation for men to become involved in family life.

Research on maintenance supports this contention. Women asking for maintenance – money women are entitled to receive from the fathers of their children no longer living in the same households as per the Maintenance Act – has been found to be equivalent to ‘asking for violence’ (Khunou, 2012, p. 10). Men often deny paternity, in a bid to avoid making these payments (in 2002, in half of the 208 cases opened in the Johannesburg Maintenance Court, men denied paternity – ibid.), and in the few cases where claims are enforced by the courts, men often resent having to hand over money, as this represents handing over decision-making responsibility, and therefore power, and the ability to manipulate and control (ibid.; Budlender & Lund, 2011). In these cases, the roles enacted by partners and fathers are disciplinarian and dominating, to achieve power (van den Berg et al., 2013). There are therefore links between masculinity, money and power. The CSG could be applied for in anticipation, or fulfilment of, these connections. Under such a scenario, what may appear to be men enacting alternate and more caring masculinity may simply be an assertion of patriarchal, hegemonic masculinity by novel means, and the albeit limited empowerment of women recorded when they claim the CSG, as outlined in section 2, would be undermined. This would also likely be detrimental to the children in their households. Given the absence of evidence relating to men who receive the CSG, we do not know with any certainty how realistic this scenario is.

5. Conceptual Framework

TSP provides the overarching conceptual framework for this study (Devereux & McGregor, 2014; Molyneux et al., 2016; Sabates-Wheeler & Roelen, 2011). This is because of its focus on (a) other dimensions of poverty besides income, and (b) the causes of and processes leading to reduced well-being on a systemic basis for some groups. From a gender perspective, this involves recognising that women’s unshared care burdens with the state and with men lead to gender inequality in income, but also in time, opportunity and other aspects of well-being (Folbre, 2008; Hassim, 2008; Holmes & Jones, 2013; Kabeer, 2014; Patel &
Hochfeld, 2011; Tessitore, 2011). The absence of a positive father figure is also damaging for the well-being of children, emotionally, physically and financially (Clowes et al., 2013; Langa, 2014; Makusha & Richter, 2014; Mavungu et al., 2013; Peacock et al., 2008). Gendered norms sustain unshared care burdens, as does a dominant approach to social protection policymaking and implementation that is inadequate in addressing structural and relational forms of disadvantage (Devereux & McGregor, 2014; Holmes & Jones, 2013). This in turn sustains a status quo in the global South characterised by decidedly gender-insensitive social protection programming (Holmes & Jones, 2013), with little attempt to shift responsibilities within the care diamond (Razavi, 2007).

In order to begin to rectify the gender-unequal outcomes of social protection in the global South, men must be brought to the centre of analysis (Cornwall & Rivas, 2015; Parpart, 2015; Patel & Mavungu, 2016; Wanner & Wadham, 2015). A significant factor driving male absence from caregiving is the social norms relating to how men should behave. Hegemonic masculinity has been highlighted as problematic (Connell & Messerschmidt, 2005; Mavungu et al., 2013; Morrell et al., 2012, 2013), and the enactment by more men of alternate, caring masculinities could potentially change unequal gender relations – the common ways in which men and women interact with each other and particularly in the domestic sphere (Deutsch, 2007; Nentwich & Kelan, 2013). Men taking on the CSG could represent the enactment of a different kind of fatherhood that transforms women and children’s vulnerabilities.

However, given the strength of many harmful aspects of hegemonic masculinity, the motivations of the men who apply for and receive the CSG, and how these motivations are influenced by their specific gender identities as men and fathers, need to be examined. How these men may be impeded from ‘doing gender’ (West & Zimmerman, 1987) in more constructive ways by cultural (Makusha & Richter, 2014; Mavungu et al., 2013), institutional (Makusha & Richter, 2014; Mavungu et al., 2013) and personal barriers, such as self-efficacy and the absence of role models (Langa, 2014; Morrell & Jewkes, 2014; Swartz & Bhana, 2009) is of central interest as well. Finally, how the children they care for fare is of critical importance, as improving child well-being is the central purpose of the CSG. These dynamics are investigated in the data analysis chapters of this dissertation – chapters 4 and 5. How exactly each of these analyses was planned and conducted – including the operationalisation of key concepts – is the subject of the next chapter.
Chapter 3: Research Design and Methodology

1. Introduction

This chapter describes and explains the mixed method design of this study. The choice to pursue mixed methods was motivated by the desire to develop a comprehensive understanding of a complex research problem. This general purpose, defined by Greene (2007, 2015) as ‘complementarity’ of research methods, motivates the use of the combination of quantitative and qualitative methods in a single study. It capitalises on their respective strengths to examine different aspects of a multi-faceted social phenomenon. In this case, to develop understanding about men who receive the CSG, statistical methods were applied to nationally representative longitudinal survey data to assess caregiving-related outcomes, measured in terms of household spending and child nutrition, by the sex of the grant recipient. Then, a critical discourse analysis of interviews with CSG-receiving men was conducted to identify the ways in which these men construct their gendered identities as men and fathers, and how this influences the enactment of caregiving. In addition to the combination of these methods, a mixed method ‘logic of inquiry’ guides this research, where both quantitative and qualitative ways of conceiving of and interpreting the social world are given equal weight in the study of men receiving the CSG.

The literature on mixed methods contains a great deal of variation in views regarding how best to combine methods that are very different, both in their philosophical foundations and practical application, to achieve high quality and reliable analyses. However, across the literature there are common themes about how mixed method studies should be planned and justified, whatever form it takes, and these recommendations are followed here (Creamer, 2018; Greene, 2015; Maxwell, Chmiel, & Rogers, 2015; Tashakkori & Teddlie, 2010). The recommendations include: (a) to account for philosophical considerations that might influence the research process; (b) to be explicit about the research design and to justify it; and (c) to comprehensively outline strategies used to enhance the validity or trustworthiness of the study – ie to ensure that methods are applied correctly and appropriate inferences are made.

This chapter is therefore structured as follows:
Section 2: A discussion of philosophical issues, i.e., the paradigmatic differences underlying quantitative and qualitative research respectively, and how these are reconciled in the ‘logic of inquiry’ (Creamer, 2018; Greene, 2007, 2015) of this study;

Section 3: Research design: How the logic of inquiry, along with the research problem, direct the purpose of this study and the research questions, and in turn the choice of research methods;

Section 4: A description of the quantitative component of this study, i.e., the statistical analysis, and steps taken to ensure validity;

Section 5: A description of the qualitative component of this study, i.e., the critical discourse analysis, and associated steps to ensure trustworthiness; and

Section 6: A description of the planned integration of quantitative and qualitative findings at the concluding phase of meta-inference.

2. The Research Paradigm and Logic of Inquiry

2.1. Introduction

Mixed methods research involves the combination of quantitative and qualitative research methods in a single study. However, these respective research methods arise from different research paradigms, with a paradigm defined as the philosophical orientation to epistemological, ontological and methodological issues (Creamer, 2018; Denzin & Lincoln, 2005; Tashakkori & Teddlie, 2010). Generally speaking, quantitative methods are informed by the positivist paradigm, while qualitative methods are informed by the constructivist paradigm (ibid.; Johnson & Onwuegbuzie, 2004; Talja, 1999), though methods are not necessarily always tied to paradigms (Creamer, 2018) – e.g., the use of the positivist perspective in qualitative interviews (Talja, 1999). Mixed method research therefore involves the combination of different research methods, but possibly different research paradigms as well. Methodological purists – strict adherents to positivist or constructivist paradigms – believe that these paradigms or worldviews are so different that mixed method research is neither desirable nor possible, a feature of the ‘paradigm wars’ in social science (Oakley, 1998; Tashakkori & Teddlie, 2010).

Mixed methods researchers do not see paradigmatic differences as insurmountable. Nevertheless, these differences do have implications for how one views the entire research
process, including the use of different methods and how they are integrated and prioritised, how findings are interpreted, and how one approaches issues of validity. Creamer (2018) calls this a mixed method ‘logic of inquiry’, or ‘the overriding methodological or philosophical emphasis’ (p. 64). As such, many argue for an explicit discussion around how these tensions will be managed (ibid.; Greene, 2015; Maxwell et al., 2015; Tashakkori & Teddlie, 2010; Zachariadis, Scott, & Barrett, 2013). This follows below.

2.2. Positivist and constructivist paradigms
The first methodological component of this study is the quantitative component, using statistical methods that are rooted in a positivist paradigm. Positivists see the social world as observable and knowable in the same way as the natural world, with social entities (individuals, social relations) having objectively real, material characteristics (a realist/objectivist ontology) that can be measured through impartial empirical observation (an empiricist epistemology) (Denzin & Lincoln, 2005; Johnson & Onwuegbuzie, 2004; Oakley, 1998). Causation is viewed as the regular coincidence of events – such as social grant receipt by women being regularly associated with the absence of stunting. Controlling for confounding influences, such as the caregiver’s level of education or area of residence, is aimed at isolating the causal effects of the independent variable of interest – here, female grant receipt, on a particular social outcome. This interpretation of causation usually leaves out unobservable factors (Zachariadis et al., 2013), like processes relating to the maintenance of power structures, or to how subjective feelings and preferences are developed about gender and how this affects parenting styles. Identification of causation is then used to derive stable, probabilistic and generalisable social laws that can be used to predict human behaviour across contexts (Rao & Woolcock, 2003) – for example, to inform policy about how social assistance is likely to be used by men and women.

Constructivism or interpretivism23, on the other hand, aims to bring that which is unobservable using inferential methods to the fore in the analysis of social phenomena. Researchers in this primarily qualitative tradition maintain that complex human relations, such as gender relations, cannot easily be reduced to numbers and variables, nor explained by universal social laws, as is the case in the natural sciences. In recognition of this complexity,

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23 Throughout this chapter, the terms ‘constructivist/constructivism’ and ‘interpretivist/interpretivism’ are used interchangeably.
it relies on understanding the world from the perspective of participants themselves. This involves discovering how people understand, interpret and give meaning to their own realities and subjective existences in a specific context, and working with them to co-construct knowledge, rather than by using positivist methods to make assumptions about research ‘objects’ (Denzin & Lincoln, 2005; Silverman, 2004). Acknowledging the existence and analytical interest of different subjective realities is a feature of a constructivist or interpretivist ontology and epistemology. In addition, interpretivists posit that many social ‘facts’ that may be pertinent to an analysis such as human rights, access to services and literacy – do not necessarily have an independent material existence; rather its existence is contingent on people sharing beliefs about them (Finnemore & Sikkink, 2001). This has direct relevance for the study of gender dynamics. Gender is frequently understood by feminists as an illusory social fact with no real, material basis – it exists only because people believe it does, and only comes into being when people fill prescribed roles – ie when they do gender (West & Zimmerman, 1987). This is a feature of my conceptual framework as described in chapter 2: as mothers and fathers24, CSG caregivers are doing gender in one way or another and the form gender takes for them influences how they enact caregiving.

2.3. A mixed method logic of inquiry, and the purpose for mixing methods

The central philosophical tenet of mixed methods research is that quantitative and qualitative research methods and traditions are not incompatible. This underlies the pragmatic approach to research design, where the appropriateness of a research method in generating knowledge is judged not on its philosophical approaches to the nature of knowledge, truth and reality, but instead by its consequences: by its ability to maximise the understanding of a phenomenon and solve human problems. This research therefore takes the pragmatic view proffered by Greene (2007, 2015), Creamer (2018) and Maxwell et al. (2015). According to this perspective, subscribing to a fixed, philosophically coherent mixed method paradigm is not as important as researchers having a determined openness to different worldviews. This includes having an awareness of diverse perspectives’ ability to shed light on research problems and the interpretation of findings – derived from whatever method – in different ways. It is this logic of inquiry, containing diverse paradigmatic assumptions, that drives the

24 CSG caregivers are not always biological parents – the grant can be claimed by any adult who is primarily responsible for the care of a child. Grant recipients may thus also enact parenting and thus gender roles as uncles and aunts, siblings, grandparents, stepparents, etc.
major purpose of mixing in this study, which Greene (2007, 2015) defines as ‘complementarity’ – combining the strengths of different perspectives and methods to maximise understanding of complex social phenomena.

2.4. Mixed methods in development studies and feminist theory

Feminists have often been wary of quantitative research and the emphasis on inferentialism and abstraction, where observable actions and outcomes are taken to reflect unobservable factors such as preferences, which are not directly examined. In this way the perspectives of women – particularly regarding preferences for care and altruism and how these are formed – have frequently been ignored when analysing broad trends in, for example, female labour force participation and care arrangements. This has sustained a ‘malestream’, positivist social science that, through omission, tacitly endorses unequal gendered power structures and social norms (Oakley, 1998, p. 707; see also chapter 2, section 4). Feminist theory in economics (Agarwal, 1997; Badgett & Folbre, 1999; Folbre, 2008; MacDonald, 1996; Power, 2004); sociology (Deutsch, 2007; Finch, 1989; West & Zimmerman, 1987); political science (Hassim, 2008; Hirschmann, 2009); and social policy (Knijn & Kremer, 1997; Razavi, 2007; 2011) has problematised these relations, bringing them to the centre of analysis. Similarly, this research project is concerned with bringing a generally unexamined gendered perspective to light: the perspectives of CSG-receiving men in a context where almost all CSG caregivers are women, in order to assess the gender dynamics that underlie one of the country’s most expansive social protection policies.

Despite reservations about quantitative methods and a positivist worldview, Hughes and Cohen (2010), Oakley (1998), and Stewart and Cole (2007) highlight the long-standing utility of statistical methods in describing macro-level material inequality between men and women – for example in pay gaps, the prevalence of sexual assault, and care burdens. They argue that qualitative methods are also necessary to investigate processes leading to those outcomes. Miner-Rubino and Epstein Jayaratne (2007) further highlight the pragmatic argument that many people, particularly policymakers, respond to numbers – thus illustrating the usefulness of statistics in contributing to policy change. But they also contend that it is crucial to view statistics critically, and to interrogate the numbers with a qualitative lens. Similarly, while attempting to understand these processes qualitatively, it is important to recognise that there are limits to what a study of individual perception, or interaction in a specific setting, can achieve without the identification of robust macro-level regularities in social life that
statistics can provide, helping to move away from merely recording personal, contextual experiences towards developing more generalisable insights (ibid.).

There is also a growing mixed methodological tradition in development studies that challenges the field’s positivist bias. Statistical methods are preferred in assessing the effects of interventions across contexts because they are considered to be more rigorous and can inform evidence-based social policymaking (Bamberger, Rao, & Woolcock, 2010; Jones, Perezniest, & Presler-Marshall, 2015). However, qualitative methods are increasingly used to understand why developmental programmes and policies have the impacts identified in quantitative studies. This often includes identifying factors that are unobservable in traditional survey data, either because of the difficulty in measuring them or in the understandable failure of survey designers to adequately account for every possible factor that could affect outcomes of interest. These factors often relate to social norms and power structures (ibid.; Adato, 2008). Examples from different contexts include identifying the need for complementary psychological services for cash transfer recipients in the violence-ridden West Bank (Jones et al., 2015); gaining contextualised understanding of the concept of domestic violence and of local-level participatory democratic processes relating to resource allocation in India (Rao & Woolcock, 2003); and understanding gender dynamics in Nicaraguan cash transfer-receiving households where eligibility is for women only (Adato, 2008). The evaluation of the CSG by DSD et al. (2011) is a local example of qualitative research conducted before a quantitative evaluation (DSD et al., 2012). In this instance, the qualitative study explored questions such as decision-making about and procedural issues relating to grant application, as well as experiences of accessing the grant and perceptions of its usefulness. This was aimed at improving the design of survey instruments used in the quantitative evaluation to measure child-related outcomes, such as grant coverage and use of services.

2.5. Validity and trustworthiness

‘Regardless of paradigmatic orientation, all research in the social sciences represents an attempt to provide warranted assertions about human beings (or specific groups of human beings) and the environments in which they live and evolve’ (Johnson & Onwuegbuzie, 2004, p. 15). How well a research study provides these ‘warranted assertions’, determines the quality of a research project. This in turn hinges on the correct use of methods, and transparency in processes through which research findings, inferences and conclusions are
made (Creamer, 2018; Johnson & Onwuegbuzie, 2004; Onwuegbuzie & Johnson, 2006). Because views of what the social world is and how it can come to be known are so different, standards for judging quality differ between quantitative and qualitative research.

Nonetheless, as indicated in the opening quote of this section, all social science research is concerned with how to glean meaningful knowledge about the social world, and positivist and constructivist paradigms both recognise that some interpretations of what that knowledge is are of a better quality than others (Schwandt et al., 2007). From a positivist perspective (that dominates in quantitative methods), quality rests on achieving validity and reliability, and on maintaining objectivity. There are three types of validity. Internal validity refers to the extent to which a relationship between variables has been robustly identified, and whether alternative explanations have been effectively ruled out. External validity measures generalisability – whether, and how far, a theory or findings concerning the (causal) relationships between variables can be applied across people and contexts. Finally, construct validity measures the extent to which variables measure what they set out to (with bias in this sense existing when measurements deviate from their ‘true’ values) (ibid.). Reliability on the other hand refers to the ability of another researcher to obtain the same results using the same methodological procedures and rules of inference and under the same conditions. Finally, objectivity is a prized value across the research process: researchers need to set aside pre-existing beliefs or attitudes and evaluate in a detached way (Johnson & Onwuegbuzie, 2004; Oakley, 1998; Schwandt et al., 2007; Zachariadis et al., 2013).

In seminal work conducted in the 1980s, Lincoln and Guba applied these positivist criteria to constructivist or interpretivist research, and developed a framework by which quality, or the ‘trustworthiness’ of interpretations, could be judged (Schwandt et al., 2007); a framework that remains the standard in much of the literature on mixed methods and qualitative research (Krefting, 1991; Onwuegbuzie & Johnson, 2006; Shenton, 2004; Tashakkori & Teddlie, 2010; Zachariadis et al., 2013). In place of internal and construct validity, qualitative research values credibility: being able to provide ‘plausible inferences’ about the multiplicity of factors and processes that shape outcomes, regarding positivist notions of causality – for example, X causing Y – as impossible. Relatedly, transferability replaces external validity, and is a looser concept that characterises the extent to which findings can be transferred to other settings, given the highly context-dependent nature of human behaviour and hence social knowledge. Dependability (similar to positivist reliability), is the extent to which the
study can be replicated, though it is generally acknowledged that exact replication of a unique interaction between unique individuals at a specific time and place is impossible. Finally, confirmability is simply the aspiration that any interpretation of the data could reasonably be made by someone else, given the biases and subjectivity of the researcher (ibid.).

While this discussion of validity and trustworthiness protocols is abstract, details of their specific application in this study are set out in sections 4 and 5. In the mixed method literature, a recurring concern is that when using multiple methods, there is a danger that researchers will not develop sets of analyses that are robust enough to abide by the standards of their respective disciplines, resulting in two sets of weak conclusions which have limited usefulness. In these instances, the choice of a mixed method research design would be counterproductive (Creamer, 2018; Onwuegbuzie & Johnson, 2006; Zachariadis et al., 2013). In this study, standards and protocols pertaining to statistical analysis and critical discourse analysis are followed as closely as possible as recommended by Creamer (2018) and Onwuegbuzie and Johnson (2006). But doing this carries the risk that a mixed methods study devolves into two separate studies that do not cohere or inform one another (Anguera, Blanco-Villaseñor, Losada, Sánchez-Algarra, & Onwuegbuzie, 2018; Creamer, 2018; Maxwell et al., 2015; Yin, 2006). How the separate quantitative and qualitative components are integrated is therefore discussed further in section 3.2.

3. Research Design

3.1. Linking research methods with the purpose of the study and the research questions

There is widespread agreement in the mixed methods literature that the purpose of the study should guide the development of research questions, and accordingly the choice of the most appropriate methods to answer those questions (Creamer, 2018; Greene, 2007, 2015; Onwuegbuzie & Leech, 2006; Tashakkori & Teddlie, 2010). This linking of a study’s purposes and research questions with methods is the research design (Creamer, 2018). As explained in section 2, the logic of inquiry of this study is one of openness to different methods and perspectives, and a desire to capitalise on their respective strengths. This translates into this study’s major purpose for mixing, which is complementarity of data generated via these two methods, in a context where the topic under investigation is novel. The use of a single method would not maximise understanding of a complex phenomenon such as in the case of CSG-receiving men.
The major research question is:

‘How could the CSG become a more gender-sensitive social protection policy for children and families in South Africa?’

The fact that the majority of CSG recipients are women is regarded as a problem because it represents inequality in caregiving. Increasing male uptake of the grant through policy interventions may alleviate this care burden. However, we do not know if this reduction in gender inequality would come at the expense of the well-being of children, given scepticism about men’s parenting capacities relative to women, or their preferences for family-centred decision-making and behaviours (Evans & Popova, 2014; Gummerson & Schneider, 2012; Hagen-Zanker et al., 2017; Yoong et al., 2012). If men were in fact less capable or motivated parents, this would undermine the CSG’s most basic aims – the reduction of child poverty and malnutrition. Therefore, to begin to assess the potential of the CSG to transform gender relations, we need to identify trends in spending and child well-being in households where men receive CSGs, relative to households where women receive CSGs. This leads to the first sub-questions:

1. Do household spending patterns differ between male and female CSG recipients?
2. Does nutritional well-being among child beneficiaries of the CSG differ according to the sex of the CSG recipient?

Answering these questions requires the use of statistical methods, which are applied to the NIDS, a major nationally representative household panel survey conducted between 2008 and 2015 (Chinhema et al., 2016). The reason for this choice is that survey methodology allows for inferences to be made about large populations of men, women and their children from the analyses of relatively small samples, while controlling for factors other than sex that may influence outcomes (Rao & Woolcock, 2003), enhancing internal validity. While NIDS does not perfectly represent the male CSG-receiving sub-population, findings relating to the NIDS sub-sample can still be cautiously extrapolated to the whole population of CSG-receiving men, and by extension, their children and households, by carefully accounting for features of the survey design. This is particularly so in inferential analyses that control for factors that determine lack of representativeness (for example, the age group of the caregiver – see chapter 4 for more detail). This enhances external validity.
While the quantitative methods allow for certain trends to be observed – for example in spending and child nutrition - they cannot uncover the processes through which this might have happened (Miner-Rubino & Epstein Jayaratne, 2007; Zachariadis et al., 2013). Decisions about household spending and securing child nutritional outcomes are conceived of as the exercise of parental capacities and preferences – in short, as caregiving. The conceptual framework situates gender as central to caregivers’ conceptions of their roles and responsibilities, and in turn to how and when caregiving is enacted. Masculine identities are implicated, and how men construct and enact these identities. That is, how they ‘do gender’, discussed in chapter 2, section 4 (West & Zimmerman, 1987) and whether it mediates how cash transfers are likely to be used.

Qualitative methods, which are better able to capture ‘the subtle dynamics of gender relations’ that shape higher-level outcomes (Adato, 2008, p. 17), are therefore used in this study to understand how CSG-receiving men do gender, and whether they do so in ways that are different to (assumed or actual) norms. Qualitative methods are also necessary to move away from survey methodology’s binary focus on sex – ie, male versus female, rather than multiple masculinities and femininities. Specifically, critical discourse analysis is used to answer the following question:

3. What are the constructions of gender and caregiving among men who receive the CSG?

This method is chosen due to its superior ability to reveal: (a) regular interpretive practices within a defined group – here, interpretations of gender among CSG-receiving men; (b) how these practices relate to broader structures (such as gender norms in society; gender inequality in caregiving); and (c) the potential of new or different ways of thinking about and doing gender to transform these structures (Fairclough, 2005, 2013; Talja, 1999).

Both sets of findings are then used to answer the overall research question in the concluding chapter 6, as detailed in the following sub-section:

4. What are the implications of the findings for the development of more gender-sensitive social protection policies for children and families in South Africa?
3.2. Timing, priority and mixing

In the mixed methods literature, many authors have developed ‘design typologies’ that are aimed at guiding the choice of research design (Johnson & Onwuegbuzie, 2004; Leech & Onwuegbuzie, 2007; Tashakkori & Teddlie, 2010). Creamer (2018) identifies three common features to these typologies that should be considered by mixed method researchers, and these are: (a) the priority assigned to each of the quantitative and qualitative components; (b) the timing of each component; and (c) the mixing of the two components, and when in the research process this mixing occurs. In this study, equal status is assigned to each component, in terms of both the effort invested and the importance to answering the overall research question as well as the sub-questions. This reflects the study’s logic of inquiry, which places equal value on the different research methods employed. The quantitative component of the study was conducted before the qualitative component, which is consistent with the idea that quantitative findings reveal trends that are then delved into qualitatively.

The mixing of two sets of findings to answer an overarching research question is termed integration, and there is growing consensus in the literature that this is the most important aspect of mixed method designs (Anguera et al., 2018; Creamer, 2018; Greene, 2015; Maxwell et al., 2015; Yin, 2006). In this study, integration occurred in two main ways: first, where appropriate, findings from the quantitative phase in chapter 4 are included where they may shed light on or fill gaps in qualitative findings in chapter 5, and vice versa, as recommended by Creamer (2018) and Maxwell et al. (2015). This is a form of triangulation, where the validity of interpretations yielded from either method are confirmed with the results from the other method when the different components address similar concepts (Greene, 2015) – for example, quantitative findings relating to how the CSG is spent are triangulated with similar qualitative findings.

Second, the two sets of findings were considered together in the concluding chapter 6 of the thesis, in order to answer the overall research question and derive meta-inferences – conclusions that link quantitative and qualitative inferences using a logic of inquiry characterised by openness to different perspectives (Creamer, 2018). Meta-inferences contain insights that are greater than the sum of individual parts, or that could not be yielded using one method alone. This reflects the major purpose of mixing methods in this study, which was to combine their respective strengths to maximise understanding of an under-explored and complex topic (Greene, 2007, 2015).
In this study, meta-inferences are made by making interpretive statements that attempt to provide explanations for how different findings are linked. Quantitatively, the statistics are interpreted as providing an indication of robust trends relating to caregiving outcomes, in the population of CSG-receiving men relative to women. These trends are then not interpreted as indicative of causation in the traditional positivist sense, where being a man or a woman is conceived of as a cause of a certain outcome. Instead, the qualitative findings are consulted to provide candidates for causal mechanisms that could have led to regular differences between men and women. These mechanisms include contextual factors, and the interpretive practices relating to doing gender identified in the discourse analysis that lead to the construction of specific gender identities associated with the category ‘male’ analysed quantitatively. This, in combination, allows for inferences to be made about whether the CSG has the potential to be more gender-sensitive – in other words, whether the gender-neutral CSG has the potential to alleviate gender inequality based on the practices and experiences of the men in this research. The approach of using statistics to identify macro-trends that are explored in more depth using qualitative interviews is common to much of the mixed method research in development studies, as detailed in section 2.4 (Adato, 2008; Bamberger et al., 2010; Jones et al., 2015; Zachariadis et al., 2013).

Ensuring that meta-interpretations are valid requires the use of strong individual components. This ‘multiple validities legitimation’ (Onwuegbuzie & Johnson, 2006) rests on each analysis following applicable validity or trustworthiness protocols, and these are described in sections 4.4 and 5.4. Concerning the external validity of meta-inferences, strong generalisability is regarded as impossible in this research, due to the context-specificity of the research process. Nonetheless, findings are regarded as ‘generalisable’ or ‘possible’ insofar as gender can be seen as capable of producing outcomes in this and in other contexts as well (as per the approach to generalisability offered by Zachariadis et al., 2013, p. 7). This requires identifying the conditions/contexts in which gender is done in certain ways, and providing grounded assertions for where these mechanisms may apply elsewhere. In addition, it is also important to evaluate alternate explanations for what has been found (Creamer, 2018). All of this is detailed in chapter 6.
4. The Quantitative Analysis

4.1. Description

The quantitative research component explores regularities in the relationships between the sex of the grant recipient and the caregiving-related outcomes of household spending patterns and child nutritional outcomes. Specifically:

1. Do household spending patterns differ between male and female CSG recipients?
2. Does nutritional well-being among child beneficiaries of the CSG differ according to the sex of the CSG recipient?

The analysis proceeds in chapter 4. In this section, a description of the data source, NIDS, is provided. This includes an explanation of the survey design – ie, how the data was collected and the implications of this for the accuracy and precision of subsequent estimation. This leads into a discussion of the NIDS panel, and the specific challenges panel data present. The section ends with a summary of how threats to validity were dealt with.

4.2. The data

4.2.1. The National Income Dynamics Study (NIDS)

NIDS is a nationally representative household panel survey administered by the SALDRU at the University of Cape Town (SALDRU, 2016). The first wave of data collection commenced in 2008, with three subsequent waves conducted at two-year intervals. It is a survey of households: once a household has been sampled, a household questionnaire is completed by the household head or another knowledgeable adult, covering household income, expenditure, assets, household shocks, etc. In addition, everyone in that household is interviewed individually. For children under the age of 15, surveys are completed for them by a knowledgeable adult. At baseline (wave 1), 28,226 individuals were interviewed successfully. These individuals are referred to as Continuing Sample Members (CSMs) and are tracked and (attempted to be) re-interviewed over time – along with children born to female CSMs, who also become CSMs. People who move into a CSM’s household at wave 2 or later are interviewed at the time the household is enumerated. However, efforts are not made to track these Temporary Sample Members (TSMs); if a TSM moves out at a later wave no attempt is made to track down that individual. At wave 4, 29,773 CSMs were re-interviewed along with 12,604 TSMs (Chinhema et al., 2016).
4.2.2. Survey design

NIDS employs a probability sampling plan, where each observation unit (OU) has a known non-zero probability of inclusion in the sample. This implies a design-based approach to estimation where inferences about populations are made based on the distribution of all possible samples that could have been chosen given the sampling design (Heeringa et al., 2010). Standard estimators for population totals, means and proportions assume that the data is a simple random sample (SRS), where data is independently and identically distributed and the probability of selection to participate in the survey is the same for each OU. In other words, each OU has the potential to appear in the same number of samples, and thus the same ability to contribute to the estimation of means/totals/proportions. However, large-scale surveys are rarely SRS’s of the whole population, and involve more complex sampling. In NIDS, observations are clustered at the neighbourhood-level (primary sampling unit or PSU), and stratified by District Council. It follows a two-stage cluster design. 400 PSUs are selected from Statistics South Africa’s Census Master Sample of over 3,000 PSUs, and then a target of 24 households are interviewed per PSU (Chinhema et al., 2016). This results in households in different clusters having different probabilities of selection. Moreover, each additional unit from the same cluster contributes less than a randomly sampled unit (which would likely be located in a different cluster), because units in the same cluster are likely to be more similar to each other on many variables than to units in different clusters (for example, household income or community safety).

Now, if the sampling process is repeated, a different cluster is sampled and here the neighbourhood is very different to the previous one, with households in the new neighbourhood similarly alike. Here the estimates of, for example, population household income are likely to be very different. With more repeats of the sampling process it is clear that variability in the estimates changes a lot from sample to sample, resulting in large standard errors. Ignoring the effects of clustering by using the standard SRS estimators would then underestimate standard errors, and lead to test statistics being biased upwards, and thus overstated significance of tests for effects. Similarly, confidence intervals, constructed from calculated variance, would probably be too narrow, so inferences could be wrong (Heeringa et al., 2010). It would also lead to biased estimates – ie estimates of totals, means and proportions that are lower and higher than they should be, depending on whether high- or
low-prevalence clusters were sampled. Therefore, both the accuracy and precision of estimation, and in turn both internal and external validity, are at stake.

Correctly accounting for the unequal probability of selection generated by complex sampling necessitates modifications in estimators as well as the use of weights\(^{25}\). Design weights (‘design’ indicating the intention to correct for sample design) are constructed in NIDS (and other complex surveys) as the inverse of the probability of selection. They are then multiplied by an adjustment factor for non-response – in NIDS weighting classes are constructed where the probability of responding at a given wave differs by demographic characteristics, such as age group. Finally, the design weights are calibrated, ie adjusted to known population totals. The combined result is that OUs with a low probability of selection are assigned relatively large weights, and in this way, they ‘represent’ under-captured segments of the population (Chinhema et al., 2016).

The NIDS sample is also stratified, meaning clustered samples are drawn independently in each of 52 district councils. With stratification, every sample drawn using the same sampling process has the same groups, so part of the variance arising from having different groups in different samples is eliminated. Accounting for stratification using estimators modified for both stratification and clustering (formulae for arriving at estimates) thus generally attenuates the loss of precision caused by clustering, resulting in smaller standard errors. Fortunately, statistical analysis software Stata version 14 (StataCorp, 2015a), which is used for all statistical analysis, allows for necessary modifications to estimators, based on unequal probability of selection, clustering and stratification, to be made (StataCorp, 2015b).

### 4.2.3. Panel considerations

As indicated above, NIDS is a longitudinal or panel dataset that follows the same set of individuals and their households over time (Chinhema et al., 2016). For the statistical analyses, all four of the waves of data available at the time of analysis were used, which corresponds to a period of 2008 to 2015. Using panel data confers significant advantages, but it also has particular challenges that must be adequately addressed. Relevant examples are listed below.

\(^{25}\) There is agreement in the literature that weights are required in descriptive estimation (Heeringa et al., 2010; Longhi & Nandi, 2015; Solon, Wooldridge & Haider, 2013). The use of weights in inferential statistics is more controversial, and discussed in more detail when conducting regression analyses in chapter 4.
4.2.3.1. Advantages of using panel data

Compared with cross-sectional data, panel data can result in more powerful and reliable estimation of the relationships between variables. One contributing factor is the increase in sample size brought about by repeated measurements, which allow for more precise estimation – i.e., more information about the underlying population allows for less uncertainty about the range within which population estimates fall, and therefore a more representative sample (Andress et al., 2013; Fitzmaurice, Laird, & Ware, 2012). This in turn increases external validity: smaller p-values mean replicability becomes more possible. The problem of small samples is particularly acute in the case of men receiving the CSG, for reasons outlined in chapter 4, section 2. Having several waves of data available allowed for considerable increases in sample size, and to make more robust, however qualified, findings.

Another panel advantage is the ability of panel data to control for omitted/unobservable variable bias. A significant and often unavoidable challenge in analytical statistics is modelling how an outcome variable relates to various independent variables, without knowing all of the possible factors that affect that outcome, or without being able to measure all of those factors (ibid.). This is also sometimes referred to as individual unobserved heterogeneity (Longhi & Nandi, 2015). Common examples of unobserved heterogeneity are knowledge, experience, or motivation (ibid.). Applied to NIDS, we may observe that children with male CSG caregivers are more likely to be stunted. But these male caregivers may have less parenting experience than women (grant receipt is often assumed by men with little experience – see chapter 5). Less-experienced parents may also be less knowledgeable about nutritious food. So, the observed association between the sex of the caregiver and child stunting could just reflect differences in experience or knowledge (not measured in NIDS) rather than sex, leading to a biased estimate of the impact of caregiver sex on the likelihood of child stunting, and in turn false conclusions. If unobserved heterogeneity is constant over time, and there are at least two measurements for an individual, the effect of unobservable heterogeneity among individuals on the outcome can be eliminated using fixed effects estimation (see chapter 4 and Appendix 2), providing much better estimates of the impacts of the variables of interest on the outcome (for example, sex). In this way, internal validity (for example, claims about the relationships between variables) is improved as more unbiased estimates of coefficients on independent variables can be obtained.
While the larger samples permitted by panel data are advantageous, having more measurements on the same individuals – for example four waves of measurement on 20 people – does not imply having an effective sample of 80 people. This is because repeated measures on the same units are likely to be correlated with each other and thus not independent (Andress et al., 2013; Fitzmaurice et al., 2012; Longhi & Nandi, 2015). For example, a child’s height measurement is unlikely to vary dramatically from one measurement occasion to the next, given a baseline measurement (the child is unlikely to be shorter in subsequent waves, unless there is measurement error) and a normal growth trend. On other outcomes this is less obvious, for example household spending. Here it may be conceivable to witness quite large variations from one measurement to the next, given the possibilities of, for example, an increase in household size, adults gaining or losing jobs, etc. Still, there would be underlying (and possibly unobservable) household factors that would place that household’s spending on a certain trajectory – for example, relatively stable household preferences for certain types of goods, or stable preferences of a household head. Measurements for each unit therefore depend on observations from previous waves. This dependence in panel data requires that formulae for estimators – for example regression coefficients and standard errors – which assume cross-sectional and independent observations, must be modified (ibid.). This is a very similar challenge to the clustering of data in NIDS (and generally in large surveys), and fortunately Stata is able to account for it, provided the structure of the data (in this case, clustered, stratified and longitudinal) is specified (StataCorp, 2015b). In addition, although panel data can control for unobserved or omitted variables that may be influencing outcome variables of interest, it can only do this if these unobservables are relatively constant over time. If they are time-variant variables it becomes difficult to separate their impacts from the observed independent variables (Andress et al., 2013).

Another significant challenge with panel data is non-response. With large surveys across the world, tracking the same people over time has not been easy, and with NIDS this is no different (Chinhema et al., 2016). People move, change contact details, die, or become unwilling to participate – either at one measurement point (wave or temporary non-response) or permanently (attrition). The consequence of this is that a danger presents itself in the form of non-response bias, where people who are successfully tracked and re-interviewed are
systematically different from those people who drop out. For example, CSG-receiving men may be found to have a low formal employment (or absorption) rate (employment rates form part of the descriptive analysis of CSG-receiving men in chapter 4). However, CSG-receiving men who dropped out of the study may have done so because they were at work at the time survey enumerators visited their households. This would imply that had they been successfully re-interviewed, the estimate for the rate of CSG-receiving men’s employment would have been higher.

CSG-receiving men proved to be a particularly difficult group of people to track over time, and attrition and temporary non-response is acute. The form this takes, possible reasons for it, as well as procedures followed to mitigate possible non-response bias, are detailed thoroughly in the analyses in chapter 4.

4.3. Conceptualisation and operationalisation

4.3.1. Household spending on temptation goods

The first major dependent variable relates to household spending patterns. Here, household spending on alcohol, tobacco and gambling is compared between male and female CSG recipients. These goods are defined as ‘temptation goods’ by Evans and Popova (2014). Temptation goods generate immediate positive utility for their consumers, but could be detrimental to their longer-term welfare, particularly in the case of addiction. Consumption of temptation goods could also be detrimental to the more immediate welfare of their families if it diverts scarce resources away from more urgent needs, such as food and health care expenditures.

Operationalising household spending patterns as expenditure on temptation goods provides a measure of possible male ‘irresponsibility’, parental incapacity, or self-centredness, relative to women. Analysing this dimension of expenditure provides a useful gauge of the extent to which men can be ‘relied upon’ as recipients of social assistance. The specific details of how expenditure on temptation goods is measured, as well as the limitations of this variable in NIDS, are outlined in chapter 4, section 3.

4.3.2. Children’s nutritional well-being – stunting

Child well-being is multidimensional, consisting in material, physical, cognitive, social and emotional dimensions (Patel et al., 2017). In the statistical analyses only physical well-being is addressed, as it is the dimension of well-being for which the most scholarly agreement
exists about how to measure it, with standard guidelines followed in NIDS. The measure used here is child stunting, an internationally comparable, reliable and objective indicator of malnutrition and is defined by a child having a low height for their age (de Onis, Onyango, Borghi, Siyam, Nishida, & Siekmann, 2007). Being too short for one’s age can lead to ‘diminished cognitive and physical development, reduced productive capacity and poor health, and an increased risk of degenerative diseases such as diabetes’ (Borghi, Casanovas, & Onyango, 2014, p. 1). In addition, South African children who are stunted in the early years of their lives have been found to progress slower through school, and to be more susceptible to dropout, using NIDS longitudinal data (Casale, 2016). Similar longitudinal evidence has been found in Brazil, Guatemala, the Philippines and India (Borghi et al., 2014). This diminishes children’s ability to succeed in the labour market and secure meaningful livelihoods as adults, and in turn to secure the well-being of their own children (Leibbrandt et al., 2016). The absence of stunting is therefore an important developmental priority. The CSG has been found to be protective against stunting to some extent in some studies (Aguero et al., 2009; Coetzee, 2013), with no impacts discerned in others (Devereux & Waidler, 2017; DSD et al., 2012). But these studies do not disaggregate results by the sex of the CSG recipient. This comparison is done in this study. As with the analysis of expenditure on temptation goods, the comparison provides an indication of how men use the grant compared to women, and possibly of different barriers faced by men in securing their children’s nutritional well-being. Further details about the measurement and reliability of variables for stunting are provided in chapter 4, section 4.

4.4. Validity

In summary, the longitudinal and complex survey designs bring several threats to both internal validity (the validity of identified relationships between variables) and external validity (the generalisability of results), and these are detailed at the appropriate places in the statistical analysis chapter 4. To ensure that statistical analyses are replicable, ‘do files’ have been compiled and stored in Stata, which are detailed records of every step taken in all analyses (including the definition and construction of the samples; weighting choices; construction of variables and variable cleaning; and regression modelling). These will be made available to anyone who wishes to consult them. Another way to enhance external validity is in the reporting of confidence intervals with every estimate. This provides the
reader with an indication of the precision of the estimates – in other words, the extent to which findings are reliable and thus generalisable.

A final threat to validity is measurement error, and refers to whether variables measure what they intend to – for example, whether low height for age can objectively be said to measure nutritional deficiency (Zachariadis et al., 2013). This would be more of a concern in relation to household spending, given the possibilities of recall and social desirability biases (Evans & Popova, 2014). In every analytical instance in chapter 4, these issues are explicitly accounted for.

5. The Qualitative Analysis

5.1. Research questions

One of the reasons for examining the sex of the CSG caregiver as a variable influencing outcomes relating to childcare is the hypothesis that gender plays a central role in whether and how people enact their parenting roles (Marsiglio, 1995; Mavungu et al., 2013; Morrell et al., 2012; West & Zimmerman, 1987). Simply receiving a CSG is a reflection of men doing masculinity differently in a context where so few men apply for the grant. But from quantitative analysis alone it is impossible to know exactly how these men actually perceive themselves and what this implies for the children in their care and for gender inequality more broadly. In other words, we cannot speak to the potential of the CSG to transform gender inequality without investigating the form that gender takes in the lives of these men. The qualitative analysis therefore aims to unpack these dynamics and specifically answer the following research question:

What are the constructions of gender and caregiving among men who receive the CSG?

Below are the sub-questions:

1. How do these constructions influence the motivations of men to apply for the CSG and to assume caregiving responsibility?
2. How do these constructions influence the care arrangements in their households?

Critical Discourse Analysis (CDA) is the qualitative method applied to the data to answer these research questions. Below the data source is described, as well as the use of the CDA method. Finally, key concepts identified in the literature which structure the analysis are
operationalised, chiefly motivation, care, masculinity and discourse types. This leads into a discussion of strategies employed to enhance the trustworthiness of the qualitative analysis.

5.2. The data

Semi-structured in-depth interviews were conducted with men receiving the CSG by Master’s student Manon van der Meer. Ms van der Meer was an exchange student from Utrecht University, working under the supervision of myself and my doctoral supervisor, Professor Leila Patel, at the CSDA at UJ. The interviews formed the fieldwork for her dissertation, titled ‘Being there and taking responsibility: Male Child Support Grant beneficiaries’ constructions of their masculine and paternal identities in the light of perceived dominant gender norms’ (Meer, 2016). The dissertation was designed to complement my doctoral work, with interview schedules reflecting my major areas of interest: (1) reasons for application for the CSG; (2) construction of masculine and paternal identities; and (3) care practices. The full interview schedule can be viewed in Appendix 3.

A total of 15 men were interviewed at a SASSA office in Soweto in April 2016. These men were recruited telephonically by office staff with access to the contact information of CSG recipients, and informed the interviews would be about their experiences as men receiving the CSG. It is a non-probability, convenience sample, as such it is not claimed to represent the entirety of the population (Miner-Rubino & Epstein Jayaratne, 2007), in this case CSG-receiving men. Instead it provides a picture of a subset of an urban, Johannesburg-based population (for a full description of the sample, see chapter 5, section 2). Staff were given a research brief coupled with information regarding confidentiality and the voluntary nature of participation to read to men they attempted to recruit. All interviews were conducted in English, except for two where a SASSA employee joined the interviews and translated from isiZulu as and when necessary. These two interviews have been removed from the analysis due to concerns about the ability of the participants to fully express themselves in English, and the abilities of translators to adequately convey what the men intended to express. Thus, 13 interviews were analysed in total. Finally, ethical clearance to conduct these interviews was granted by the University of Johannesburg’s Higher Degrees Committee in late 2014.
5.3. Critical discourse analysis

5.3.1. Description

Discourse\textsuperscript{26} broadly relates to ‘all forms of spoken interaction, formal and informal, and written texts of all kinds’ (Potter & Wetherall, 1987, p. 7) – i.e., to language in use. By this definition, an interview transcript qualifies as a specimen of discourse. But more narrowly, discourses (or discourse types, as per Fairclough (1989)) are also particular, commonly-understood ways of representing social life and of characterising groups of people (Fairclough, 2005). CDA is the study of how people integrate these (shared) representations into their own (personal) language and behaviour, and the extent to which social inequalities are sustained, reproduced or resisted in the process of everyday interaction (Fairclough, 2013; Gee & Handford, 2012; van Dijk, 1995, 2006; Wodak, 2013).

In relation to any social issue and in every social space, there are a multiplicity of discourse types with different ways of describing and identifying social subjects. Types of discourse relating to men are a good example, reflected in the concept of hegemonic and alternate masculinities as discussed in chapter 2, section 4. Contained in the concept of hegemonic masculinity is the idea that often, a single hegemonic discourse dominates over others, and presents a view of the social world that comes to be seen as normal. A man drawing on hegemonic discourse might say that men are responsible for ‘breadwinning’, or providing financially for the family. This way of thinking about masculinity is not entirely personal, and often reflexive – this is how men are most commonly constructed as fathers, and hence the conception men are most accustomed to hearing. This is in contrast, for example, to a conception of men as primary caregivers of children – an alternate, dominated discourse. These ‘orders of discourse’ determine discourse at the micro-level, directing what is an appropriate way of thinking and talking about gender in our everyday interactions (the same arguments can be made for many other areas of social life, such as race and class) (Fairclough, 1989, 2005, 2013; Parker, 1992; van Dijk, 1995, 2006; Wodak, 2013).

Therefore, the gendered critical discourse analysis of chapter 5 seeks to identify hegemonic and alternate discourses relating to masculinity, and how these discourses weave into the

\textsuperscript{26} The terms ‘discourse’ and ‘practice’ describe both what an individual is doing on a particular occasion and what people commonly do in a given situation (Fairclough, 1989). Discourse and practice thus simultaneously refer to both action and convention. To avoid ambiguity I follow Fairclough’s approach, where in cases where the context does not make the meaning clear I denote discourse and practice as referring to action, and types of discourse (or discourse types) and types of practice as referring to convention.
language that interviewees use to talk about themselves and their lives in their interaction with the interviewer.

The analysis then turns to examining how these discourses direct behaviour, specifically in the form of choices to apply for the CSG, and to enact caregiving in various ways. Critical discourse theory recognises that discourses are not just words or empty social construction, but they direct action for the actors they identify. Discourses legitimise certain social practices (ibid.) – for example, hegemonic masculinity legitimising the limited engagement of men in the direct care of children. When men draw upon this discourse and act in accordance with it, this reproduces gendered structures of caregiving, and in turn, reproduces unequal power relations between men and women (Ahl, 2004).

Conversely, drawing on other types of discourse can challenge the status quo. Feminist discourse analysis understands gender not as something one is, but as a social construct that is brought into life and given meaning through interaction – ie, people do gender and are constantly trying to develop and maintain gendered identities in their interactions with others (Coates, 2012; Speer, 2002). Often this interaction expresses dichotomous gender ideology, where gender maps neatly onto the binary male/female sex category, with similarly binary ideas of what gender is (for example, men are strong, women are nurturing – Coates, 2012). However, gendered concepts such as male and female identity are ‘unstable and ambiguous’, precisely because gender roles are socially constructed – what exactly it means to be a ‘man’ or a ‘woman’ can change (Ahl, 2004, p. 27). Because of the links between discourse and power relations, with changes in how men and women construct themselves and their corresponding roles (what Talja, 1999 calls ‘regular interpretive practices’, p. 459), comes the possibility for social change, ie, for discourses to have transformative impacts (Fairclough, 2013). This could be reflected in, for example, claiming the CSG – and the assumption of ‘feminine’ responsibilities – coming to be seen as normal or acceptable masculine behaviour.

In the analysis in chapter 5, while gendered discourse is the key area of interest, other types of discourses are examined too. The connectedness of social life means that discourses in one area of social life frequently connect with others (ibid.). Grant recipients are not only subject to gendered discourses but to class-based discourses as well, and in this order of discourse, the image of the poor as undeserving recipients of handouts is dominant (Hassim, 2008; Mpike et al., 2016). Being on the receiving end of a discourse that stigmatises and victimises
grant recipients in general or male beneficiaries in particular, could have negative consequences for conceptions of self and parenting. Different discourses can thus interact in mutually reinforcing ways, for example if low self-esteem interacts with gendered ideas about male parental incompetence.

CDA is therefore an important and useful medium for the purpose of the study. The interview transcripts described in section 5.2 are analysed to explain how CSG-receiving men create gendered identities as men and fathers through language, and how this relates: (a) to their motivations to apply for the CSG and to enact caregiving responsibility, and (b) to the ways in which this caregiving responsibility is enacted. Of specific interest is how gendered societal discourses figure in their interpretive practices, and whether these are reproduced or challenged throughout the respective interviews.

This involved a critical reading of the data corpus to discern linguistic features such as lines of argumentation; rhetoric and the use of ‘common sense’ terminology; the use of hypothetical situations to justify one’s actions or beliefs; how the actors place themselves in relation to other actors and structures; and how they perceive their own agency (Fairclough, 2005, 2013; Speer, 2002; van Dijk, 2006). Then, the discourses that structure the communication as a whole were identified, termed the nodal or guiding discourse (Fairclough, 2013; Talja, 1999). Nonetheless, discourses are not necessarily unified, mutually exclusive schema, and because individuals interpret them in unique ways, the researcher was mindful to identify areas of tension between discourses, and in how any one discourse was interpreted. These were important considerations given the wide room for variation and differences in interpretation of what masculinity is or should be (Coates, 2012). Indeed, in South Africa, researchers have identified many types of masculinity informed by notions of race, income and other social characteristics. Of particular interest here is the notion of masculinity of black, urban-dwelling men (Morrell et al., 2013). After identifying discourses in these ways in each interview as a whole, commonalities and differences were then identified across the interviews to find ‘cultural regularities’ in this group of CSG-receiving men (Talja, 1999).

Previous research has shown that men tend to align themselves with hegemonic masculinity in their ways of speaking using the types of strategies outlined above – for example by creating a tough image, using violent imagery, or by being emotionally non-demonstrative
(Coates, 2012; Speer, 2002). This has been found even when men have aligned themselves with alternate masculinities – fear of being ridiculed or seen as gay or deviant often steers men back towards conventional representations of their masculinity (ibid.). This is particularly relevant in this study of men who are, by claiming a CSG, acting in gender non-conforming ways. Importantly, this does not simply involve the identification of sexist or gendered phrases and words: the analyst needs to analyse whole stretches of talk to find the discursive strategies people use to achieve a specific gender identity (Speer, 2002).

5.3.2. Conceptualisation and operationalisation: key concepts and ideas

As per the qualitative research questions, the key concepts are masculinity and fatherhood, and how these relate to men’s motivations to claim the CSG and to care for children. In what ways these are constructed by interviewees themselves is of major importance. Nonetheless, how these constructions deviate or not from hegemonic, societal discourses is also a key interest. Definitions of the concepts are therefore provided along with associated discourses.

5.3.2.1. Masculinity, fatherhood and related discourses

Masculinity and fatherhood are expected to be prevalent throughout the analyses as men do gender and construct masculine and paternal identities discursively in the interview setting. This means that the analysis focuses on how interviewees consistently construct these identities over the course of the interview, and which societal discourses (if any) are used to do so. Hegemonic masculinity privileges an ideal of men as strong, emotionally distant, and in the caregiving context this translates to fathers being seen as primarily responsible for financial provision rather than engaging more directly in care (Mavungu et al., 2013; Morrell et al., 2012). Alternate masculinities would downplay these aspects, and express more ease with ‘feminine’ characteristics and behaviours, such as vulnerability, emotional openness, and deeper involvement in care (ibid.).

In their review of research on doing gender, Nentwich and Kelan (2013) define themes that emerge consistently and which will be used to identify the extent to which individual discourse makes use of societal discourses relating to care and masculinity:

1. Certain work is normatively and practically structured as male/female, eg childcare, with ‘female’ work constructed and regarded as inferior to ‘male’ work. An important insight is that because care is structured as female, men may never see themselves as
meeting the expected standards – however, they may be praised for even minimal, marginal contributions because they are doing work they are not expected to do at all.

2. Identity conflicts: the construction of an identity while doing gendered work can create internal conflicts – eg when men find themselves doing ‘female’ work and needing to behave in ‘female’ ways. In dealing with this contradiction they may construct the work – eg claiming a grant or the direct care of children – as masculine, or do ‘boundary work’, which is distancing themselves from the way that women do the same work.

3. Subversion: doing ‘unmasculine’ work can subvert hegemonic masculinity, so analyses should identify the situations in which the gender order is subverted, made less relevant or transformed.

5.3.2.2. Motivation

The motivations of CSG-receiving men is critical to the study and is divided into: (a) their motivations for applying for the CSG; and (b) their motivations to enact care in various ways. These concepts are influenced by the gendered concerns listed in the preceding section. The four types of paternal influences or motivations to be a father identified by Marsiglio, Ray, & Lamb (2000) are examined in the CDA:

1. Care, which resembles ‘mothering’ in hegemonic masculinity, and is hence undervalued compared to the next three motivations.
4. Providing economically.

These motivations are in turn mediated by factors such as co-residency status of the father; their relationships with female partners or children’s mothers; and their employment status (Makusha & Richter, 2014; Marsiglio et al., 2000; Mavungu et al., 2013). These are important factors to consider because of high rates of father absence, high rates of female-headed households and high unemployment in South Africa (Mavungu et al., 2013; Morrell et al., 2012).

5.3.2.3. Care

Care can be defined as both the work one does for one’s dependents as well as the motive for doing this work (Badgett & Folbre, 1999). It is also classified as direct or indirect care.
(Razavi, 2007), where direct care consists of direct care for persons, such as feeding, bathing, changing nappies. Indirect care refers to other domestic tasks that support direct care, such as cooking, household work, cleaning and shopping. Care also relates to emotional labour, and the work that goes into being emotionally open and available for one’s children. Hegemonic discourse supports the status quo where women overwhelmingly carry out both direct and indirect care work, by constructing women and men as having different characteristics and capacities. Emotional labour is also constructed as feminine, with men ideally being emotionally non-demonstrative (Davies & Eagle, 2007; Peacock et al., 2008). How CSG-receiving men discursively construct notions of care, and in turn how this practically influences the care arrangements in their homes, is investigated.

5.4. Trustworthiness

5.4.1. Introduction

Critical discourse analysis recognises the socially constructed nature of ‘reality’; that it is created and sustained through language and interaction (Gee, 2001). Our knowledge of reality is hence also socially and contextually bound, in the same way as is recognised in qualitative research in general (Schwandt et al., 2007). The standard criteria for trustworthiness: credibility, transferability, dependability and confirmability, are therefore applicable. However, there are specific guidelines for how to integrate these concerns in a discourse analysis. This is outlined briefly below. This discussion also contains relevant strategies employed to enhance trustworthiness from the literature on qualitative analysis of in-depth interviews in general (ie, not using the discourse-analytic method).

5.4.2. Credibility

Credibility in CDA – or making valid interpretations from the data – requires conducting analysis at multiple levels to confirm single interpretations. When different levels of the analysis provide support for the same interpretation, this is termed ‘transdisciplinary convergence’ (Jaipal-Jamani, 2014). Building on earlier work by Gee (2001), Jaipal-Jamani (2014) recommends triangulating findings at three levels in order to achieve transdisciplinary convergence. The first is at the semiotic level: here, the shared knowledge and social codes embedded in the discourse types that people draw on in their communication are of major interest. Being able to recognise these requires identifying well-developed theory about the relevant social arena – in this case, theory on doing gender and on hegemonic and alternate masculinities (Connell & Messerschmidt, 2005; Nentwich & Kelan, 2013; West &
Zimmerman, 1987). The second is at the linguistic level: the functional reasons for using language in certain ways, such as rhetoric and forms of argumentation, as discussed in section 5.3.1. The third is at the critical level: showing how inequalities are sustained, reproduced or challenged through individual discourse and associated actions. This is achieved by examining the extent to which discourse relates to the actual lived reality of the interviewees. In particular, to what extent a discourse – particularly an alternate discourse – moves from being just a representation or communication style to actually having transformative social effects (Fairclough, 2005; 2013). This could be in the form of new masculine and paternal identities, and/or enacting associated behaviours. Therefore, as far as possible, in each instance semiotic, linguistic and critical aspects of the texts are considered in arriving at holistic interpretations.

However, in qualitative interviews in general, and particularly in theoretically-based CDA, there is a danger of ‘flooding the interview with a social science agenda and categories’ (Potter & Hepburn, 2005, p. 291). In other words, having an extensive theoretical interpretation of the phenomenon (gender as social practice in relation to men receiving CSGs) may lead to the phenomenon being understood solely in these terms, resulting in analysing the data only with this frame of reference and to the exclusion of other possibilities that may be outside of hypotheses or expectations of the study. Linking all interpretation directly to the data itself, and considering explanations that fall outside of theoretical prediction, is expected to mitigate this concern (Schwandt et al., 2007; Talja, 1999). Moreover, because gender is not a fixed, independently existing concept or categorisation, and because it is brought into being in social interaction, researchers are advised to take care when analysing gender to not reinforce existing, commonplace assumptions, but to work closely with data to see how the context-specific construction is framed (Nentwich & Kelan, 2013).

5.4.3. **Transferability and reflexivity**

Because constructivism recognises the socially constructed nature of reality and knowledge, achieving transferability – the extent to which findings can be transferred beyond the setting of this particular research – rests on detailing the immediate context within which the interviews took place and providing a ‘thick description’ of factors during the interviews that may have influenced what the men chose to say (Krefting, 1991; Schwandt et al., 2007; Shenton, 2004). In terms of the latter, this involves distinguishing ‘situated meaning’ (the
meaning of something in a very particular setting) from general cultural meanings (meanings that apply more broadly) (Gee, 2001). In doing so, relevant features of the environment and the interaction with the interview are detailed in cases where this may have influenced what was said. But across the interviews there are general contextual features to be considered. At this contextual level, the researcher was mindful of the fact that interviews occurred between a black, male and income-poor respondent and an interviewer who was a white and highly educated Dutch woman. This could have led to more socially desirable answers being given especially relating to gender roles. In addition, the men were interviewed at SASSA offices, and this location could have reinforced tendencies for social desirability (it is not inconceivable that the men, despite being informed otherwise, could have believed that what they said would be shared with SASSA and in turn affect their continued receipt of the grant, for example, if damaging parental practices were exposed).

However, these contextual features are not unduly limiting. In qualitative interviews there are often inconsistencies in what people say and the opinions they express, based on the kinds of contextual realities described above – including how questions are asked, how the interviewee is feeling at that exact moment in time, or what identity the interviewee is inhabiting at that moment (Talja, 1999). But in discourse analysis, this variability and inconsistency is not regarded as a source of error or bias. Instead, they are reflections of natural interpretive processes. This implies that, while contextual factors need to be identified due to their impacts on the integrity of the research situation, they are not generally considered as ‘contaminating’ interpretive research processes because these are presumed to be more or less constant across situations. So instead of isolating pieces of ‘talk’ that reinforce a theoretical understanding, or to provide a reflection of actual behaviour, analysts need to review the entire set of interviews and identify patterns across these. Talja (1999, p. 13) states the following in this regard: ‘even a speaker who lies applies cultural forms and interpretative resources which, in themselves, are neither true or false, but simply exist’. There are therefore consistencies and patterns in the way people communicate under the ‘noise’, and discourse analysis needs to identify what those patterns are and what their purpose is (Speer, 2002).

5.4.4. Confirmability and dependability

Confirmability (a weaker form of positivist ‘objectivity’) and dependability (replicability of analyses) (Schwandt et al., 2007) are the final elements of trustworthiness. They are
dependent on other analysts reasonably being able to make the same interpretations as the researcher, and to replicate analyses. To facilitate the ability of the reader to do so, interpretations are linked directly to the data in each instance, and this entailed including often lengthy data excerpts in the analysis chapter against which an interpretation can be evaluated (Talja, 1999). Competing interpretations are also offered where possible. These steps also enhance the credibility of the analysis, as outlined in section 5.4.2.

Reflexivity is also important here. To establish an analysis as a critical discourse analysis, the political position of the researcher is explicitly stated up-front (Fairclough, 2013; Parker, 1992; van Dijk, 2006; Wodak, 2013). The stance of this researcher is that gender inequality in caregiving is both prevalent and unacceptable. This analysis aims to identify men who are doing gender differently and reflects on whether their actions challenge gender inequality. But this necessitates discursive reflexivity, which involves making moral and political choices about, for example, when a discourse can be described as sexist, or not sexist (Parker, 1992; Speer, 2002). Because of these choices, CDA is sometimes criticised for its lack of neutrality, which can in turn lead to analysts giving their own spin to a discourse or social phenomenon that is a reflection of their own biases and political goals instead of a reflection of the actual data (Wodak, 2013). How this may impact or constrain processes of interpretation are therefore kept in mind throughout the analysis in chapter 5 and is illuminated where appropriate.

Finally, audit trails of steps taken in the analysis and of how interpretations are made are recommended (Schwandt et al., 2007), and have been outlined here as transparently as possible. In summary the analysis proceeded as follows:

1. Each interview was read in its entirety several times to identify patterns in the ways in which the men communicated.

2. Next, in each interview, extracts of talk relating to the concepts of interest – masculinity, fatherhood, motivation, and care – were isolated and coded to arrive at an understanding of how the men do gender: ie how they construct and enact gendered identities, and the interpretive practices used to do so. Extracts were analysed at three levels: (a) an examination of the extent to which societal discourses are invoked (relating to masculinity and femininity but also class where appropriate); (b) identifying linguistic features and functions; and (c) how extracts relate to a lived
reality or behaviour, and in turn relationships with other people. The convergence of interpretations at these levels was sought. Instances where this convergence did not happen are explicitly identified (e.g., when a way of thinking about gender and appropriate behaviour does not match what the man says his actual behaviour is).

3. Importantly, doing gender is conceived as an ongoing process, and as such is relevant across the interviews, and not just in response to questions that directly address the concepts of interest. Patterns in the construction of gender identities and in interpretive practices were thus identified for each man using his interview in its entirety. In this process, the researcher recognised the complexity of issues of gender and identity, and was careful to note contradictions and to attempt to find patterns under this ‘noise’ (Talja, 1999).

4. After repeating steps one to three for each interview, commonalities across the whole set of interviews were identified to answer the research question – how CSG-receiving men construct gender and caregiving. In assessing difference, factors such as the context in which caregiving responsibility was enacted, employment status, marital status, and co-residency (among others) were considered.

This concludes the description of the research design and methodology. The data analysis commences in the following chapter.
Chapter 4: An Assessment of the Effects of the Sex of CSG Recipients on Household Spending Patterns and Child Stunting

1. Research Questions

The major research questions investigated quantitatively are:

1. Do household spending patterns differ between male and female CSG recipients?
2. Does nutritional well-being among child beneficiaries of the CSG differ according to the sex of the CSG recipient?

Question 1 analyses spending patterns on ‘temptation goods’: goods that potentially have a negative net value for their consumers and for those around them (Evans & Popova 2014). It contributes to the evidence testing the assumption that men are not as committed or as capable as women in securing the well-being of their families. Sub-question 2 focuses on the prevalence of children having a low height for their age, or stunting: a widely used and ‘objective’ measure of malnutrition (Borghi et al., 2014; Casale, 2016; de Onis et al., 2007; Leibbrandt et al., 2016). This question is a further investigation of the assumption that women spend money better, and that they are thus more capable of securing the nutritional well-being of children and meeting the objectives of the CSG policy. Alternatively, differences in outcomes between men and women who receive the CSG may not be driven by preferences or capability at all, or by inherent qualities of men and women (Yoong et al., 2012). Instead, other factors that differently affect men and women – such as a lack of caregiving support or gendered socialisation into parenting roles – may be influential.

The analyses of this chapter are sensitive to these subtleties. They are conducted using Stata version 14 (StataCorp, 2015a), and proceed in section 2. Careful attention is also paid to how complex survey design and panel issues may affect the precision and accuracy of estimation. In section 2, unequal probability of selection, clustering and stratification are accounted for in a descriptive analysis that provides a snapshot of CSG-receiving men, along with their

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27 This research does not take a moralistic stance on these expenditures (especially where they are small), but takes the position that significant proportions of household income spent on temptation goods could be problematic given the diversion from other needs that this represents, in a context where CSG-receiving households usually live in conditions of income poverty.
children and households, at the fourth wave of data collection in 2014-2015. Sections 3 and 4 contain regression analyses that address research questions 1 and 2, using the first four waves of the NIDS data and integrating features of the panel structure in different ways. Section 5 summarises the major findings.

2. Descriptive Statistics

2.1. Men who receive the CSG

This section describes the South African population of men receiving the CSG on behalf of children in their care between September 2014 and August 2015, the period during which data was collected for the fourth wave of NIDS (Chinhema et al., 2016). Wave 4 data was collected within the same time period as data collected by SASSA, on the number and sex of CSG recipients in September 2014 (SASSA, 2016a). SASSA (2016a) is therefore a useful source against which NIDS population estimates can be checked for accuracy, as detailed in the next section.

2.1.1. The sample

The wave 4 NIDS sample contains just 68 CSG-receiving men. This compares to 5,243 women. The known population of CSG-receiving adults in September 2014, based on SASSA (2016a), was 6,323,024: 119,855 men and 6,203,169 women. The proportions of men in the NIDS sample and in the population in the SASSA database are 1.3% and 1.9% respectively. The under-sampling of CSG-receiving men in NIDS is also evident in the estimation of the sub-population total (i.e., the total number of CSG-receiving men in South Africa) using the NIDS calibrated design weights. These weights correct for unequal probabilities of selection of different people into the sample, and also correct for sampling and non-response error that leads the NIDS sample to be not fully representative of the known South African population in terms of province, gender, age and race (Chinhema et al., 2016). These problems of misrepresentation, common to large surveys, necessitate the use of weights in descriptive estimation (ibid.; Heeringa et al., 2010; Longhi & Nandi, 2015; Solon et al., 2013). However, the weighted estimate of the total population of CSG-receiving

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28 The fourth wave of data was the most recent data available from NIDS at the time these analyses were conducted. The fifth wave of data, which was collected in 2017, was released to the public in September 2018.

29 Appropriate subpopulation estimation commands in Stata that account for sample-to-sample variability without imposing restrictions on the data were used (Statacorp, 2015b).

30 For example, older Africans are over-represented in the sample and younger Africans are under-represented, due to older people being more likely to be at home when a survey enumerator visited (Chinhema et al., 2016).
men is 89,707 (standard error [SE]$^{31}= 12,754$). This is an under-count of 30,148, or 25.15% of the total known population. On the other hand, the weighted estimate of women receiving the CSG is 6,758,374 (SE 131943.3), which is an over-count of 435,350, or just 7% of the known population of women.

The under-counting of CSG-receiving men at wave 4 could be a reflection of the fact that the population of CSG-receiving men is, relatively speaking, a very small one, and NIDS was not designed to be representative of highly specific sub-populations in South Africa beyond race and age group combinations (Chinhema et al., 2016). Misrepresentation is likely a problem at wave 1 in 2008 as well, where the sample contains 69 CSG-receiving men. Using the relevant design weights yields a (weighted) population estimate of 102,032 (SE 7,214) men receiving the CSG. However, the population of CSG-receiving men in 2008 is unknown so it cannot be said how accurate this figure is, though it seems too high – in 2008, there would have been fewer grant recipients due to lower age eligibility requirements for children and a smaller general population. It therefore seems safe to assume that under-counting of men receiving the CSG is a significant problem at wave 4, and that over-counting is likely at wave 1, rendering a descriptive analysis at wave 4 using the panel weights that correct for unit non-response less meaningful (and which similarly underestimates the population with an estimate of 90,809 (SE 12,512)). Indeed the sample of CSG-receiving men at wave 4 is almost completely different to that at wave 1. Of the 68 CSG-receiving men successfully interviewed at wave 4, only 47 are CSMs, meaning they were part of the original sampling frame of people who were also successfully interviewed at wave 1. However, only four of these men received a CSG at wave 1$^{32}$ – the rest were part of the NIDS sample but not as CSG recipients. The remaining 21 men are TSMs: men who joined the sample at waves subsequent to wave 1 after having moved into a household where a CSM resided (likely a child or a female relative of the child). TSMs are not tracked over time – an additional reason for the sporadic interview rates for the group of CSG-receiving men as a whole.

$^{31}$ NIDS has a clustered, stratified design. With variance estimation in small sub-populations, a common problem is that strata are ‘selected’ that have only single analysis units within them: ie there are parts of the sample (strata, which in NIDS are District Councils) that contain only one CSG-receiving man. These ‘singleton’ strata do not contribute to variance estimation, and as a result, in the estimation of totals, standard errors cannot be calculated. A method to circumvent this problem is to assign a scaling factor to the singleton strata. From the Stata manual: ‘…the scaling factor comes from using the average of the variances from the strata with multiple sampling units for each stratum with one sampling unit’ (StataCorp, 2015b, p. 168). In this way, singleton strata contribute to variance estimation and standard errors can be estimated.

$^{32}$ This also has implications for the panel analyses, and is detailed further in sections 3.2 and 4.2.3.
These factors reflect the fact that the population of CSG-receiving men is not static. Characteristics of the households that men receiving the CSG reside in, uncovered in chapter 5, would make it difficult for NIDS fieldworkers to consistently survey them over time even if they were a major sub-population of interest. Child beneficiaries of the CSG, as well as their caregivers, move around a lot. Grant recipients move in and out of grant receipt as well, for example as children are born, or as they age out of eligibility, resulting in the absence of observations at some waves. The qualitative interviews, analysed in chapter 5, uncovered other reasons for this dynamism, including:

- The death of a CSG-receiving carer;
- Divorce or separation of child beneficiaries’ parents;
- Irresponsibility of a caregiver (and so the child moved in with someone deemed more responsible);
- Moving residence due to changing working relationships (for example, a caregiver finding a job and moving in with extended family so that his child is not left unattended during working hours);
- Cultural practices of ilobolo (bride price) and inhlawulo (damages for impregnation), which until paid, prevent fathers from living with their children and/or claiming the CSG; and
- In NIDS, household residents are defined as those who reside at a sampled dwelling for at least four nights per week. This would mean that people like John (one of the qualitative interviewees), whose son stays with him only at the weekends, would not necessarily be tracked over time if his son was a CSM.

Finally, for about a tenth of child beneficiaries of the CSG, information about the sex of their caregivers is missing. In the absence of other information by which to judge sex, and because the caregiver’s sex is central to this analysis, caregivers with missing information on this variable fall out of this analysis, further reducing the sample size.

2.1.2. Post-stratification

The problems highlighted above indicate that descriptive analyses of the population of men receiving the CSG are threatened by non-representativeness, and this may lead to biased estimation of population totals and averages. One strategy to mitigate this bias is to use known information about the population to improve precision of estimation using the sample
A simple way of using this information is via the procedure of post-stratification, which involves adjusting the design weights such that weighted proportions of different groups in the sample match those that are known in the population. The calibrated weights in NIDS referred to earlier are a similar exercise to control for sampling error and non-response error among certain groups so that the sample becomes representative of the South African population. But as indicated, the weighted sample remains unrepresentative of CSG-receiving men. For the sub-population of men receiving the CSG, the total number in the South African population by age group and province is known by virtue of SASSA records from September 2014. These figures are used to estimate various descriptive statistics using post-stratification. Nonetheless, to avoid imputing external information, only that which is derived from the original dataset is presented in this chapter. For the remainder of this section, weighted estimates of population totals, means and proportions using NIDS calibrated design weights (to make the NIDS sample more representative of the entire national population, based on Census data for gender, race, age and region) are reported. Despite this procedure not yielding correct sub-population figures, it is the best that can be achieved given the raw data (raw data which, compared to other large South African surveys, best measures grant receipt). NIDS calibrated design weights post-stratified by province (to make the NIDS sample more representative of the known provincial populations of men receiving the CSG) are included in Appendix 1, along with a more detailed description of the procedure. These latter estimates do not differ much from the estimates using only the NIDS calibrated design weights (shown in Table 1 below) but are somewhat more efficient (narrower confidence intervals).

### 2.1.3. Descriptive profile of CSG-receiving men

#### Table 1: Descriptive statistics for CSG-receiving Men

<table>
<thead>
<tr>
<th></th>
<th>Estimates using NIDS calibrated design weights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n (sample size)=68</strong></td>
<td>Estimate</td>
</tr>
<tr>
<td></td>
<td>95% Confidence Interval (CI)</td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td>46.28</td>
</tr>
<tr>
<td></td>
<td>41.55</td>
</tr>
<tr>
<td></td>
<td>51.01</td>
</tr>
<tr>
<td><strong>Population group</strong></td>
<td></td>
</tr>
<tr>
<td>-African</td>
<td>92.31%</td>
</tr>
<tr>
<td></td>
<td>65.02%</td>
</tr>
<tr>
<td></td>
<td>98.73%</td>
</tr>
<tr>
<td>-Coloured</td>
<td>7.69%</td>
</tr>
<tr>
<td></td>
<td>1.27%</td>
</tr>
<tr>
<td></td>
<td>34.98%</td>
</tr>
</tbody>
</table>
### Marital status

<table>
<thead>
<tr>
<th></th>
<th>32.01%</th>
<th>17.26%</th>
<th>51.52%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Living with partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Widower</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Divorced/separated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Never married</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>17.35%</th>
<th>5.31%</th>
<th>43.98%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28.03%</td>
<td>13.65%</td>
<td>48.96%</td>
</tr>
<tr>
<td></td>
<td>1.64%</td>
<td>0.14%</td>
<td>16.63%</td>
</tr>
<tr>
<td></td>
<td>20.97%</td>
<td>7.64%</td>
<td>45.97%</td>
</tr>
</tbody>
</table>

### Highest education

<table>
<thead>
<tr>
<th></th>
<th>6.71%</th>
<th>2.06%</th>
<th>19.73%</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No schooling</td>
<td>34.56%</td>
<td>19.51%</td>
<td>53.50%</td>
</tr>
<tr>
<td></td>
<td>37.19%</td>
<td>20.91%</td>
<td>57.00%</td>
</tr>
<tr>
<td>- Grade 12</td>
<td>13.35%</td>
<td>2.95%</td>
<td>43.85%</td>
</tr>
<tr>
<td>- Undergraduate diploma/certificate</td>
<td>8.20%</td>
<td>1.84%</td>
<td>29.88%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>3.85%</th>
<th>5.49%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average household size</td>
<td>4.67</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>R4,463.68</th>
<th>R2,717.91</th>
<th>R6,209.46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly household income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation of 95% CI:** In 95% of samples collected with the same survey and sampling design, the estimate is expected to lie in this range. Note that due to the small sample, on most measures these intervals are very wide, and the discussion below should be interpreted cautiously.

The estimated average age of men receiving the CSG is 46 (CI^{33} 42-51), which accords with the age-related information about the population of CSG-receiving men provided by SASSA, where the majority of recipients are in the 40-50 age range (SASSA, 2016a). They are significantly older than women receiving the CSG, whose average age is 36 (CI 35.75 – 36.84)^{34}. Most are African, with a small minority of coloured recipients. Indian and white recipients did not appear in the sample and thus no estimates exist for their proportions in the population (which are likely very small anyway). About a third of the men are married, with another 17% not married but living with a partner. The other half appear to be single fathers. Single fathers are either widowers (more than half of this group), divorced or separated, or never married^{35}, which fits with the pattern observed in the (non-representative) qualitative sample (see chapter 5, section 2). Educational attainments are low, with CSG-receiving men seemingly less educated relative to their female counterparts. More than a third have some primary schooling as their highest level of education (CI 20% - 54%), compared to 16% of women, with another third (CI 21%-57%) having started but not completed high school.

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^{33} ‘CI’, in this instance and wherever else it appears in this chapter, refers to the 95% Confidence Interval, as explained in the bottom row of Table 1.

^{34} Estimates relating to women receiving the CSG are derived from NIDS wave 4, using the NIDS calibrated weights. Note the much smaller confidence interval, which is due to the much larger sample of female recipients of the CSG – itself a reflection of the very low uptake of the CSG by men.

^{35} ‘Never married’ and ‘cohabiting’ are mutually exclusive, given the phrasing of survey questions.
(compared to 48% of women). Finally, CSG-receiving men live in households with an average of five members (CI 4.0-5.5; for women this figure is six) and with an average household income of R4,463.68 per month. This represents a per capita income of R955.73 (CI R51.77 - R1359.70). This compares to R959.52 per capita income for households with CSG-receiving women (CI R880.97 - R1038.08). The monthly CSG payment – which had a value of R320 in October 2014, a time corresponding to NIDS wave 4 – therefore represents a small yet significant boost to what is on average very low total household income.

Finally, an important issue to consider is the extent to which men who receive the grant are also identified as the primary caregivers of the children concerned. While on paper, the CSG is only awarded to primary caregivers, in practice it may be possible to circumvent this requirement. As discussed in chapter 2, a concern here is that men may apply for the grant but delegate caregiving responsibility to a woman. In the child questionnaire, a question is asked: ‘Who is the person that is currently responsible for this child?’ Of 68 CSG-receiving men, 37 are also identified as the person ‘currently responsible’ (54%); in 14 cases this information is missing (21%), and in the remaining 17 cases (25%) a different adult is listed. However, the question does not emphasise primary care responsibility and could refer to someone who was looking after the child at the time of the interview. Nonetheless, if taken at face value, the person receiving the grant is not currently responsible for the care of the child approximately a quarter of the time. In the absence of better indicators, and taken together with the qualitative evidence in chapter 5 (which suggests that men receiving the CSG are mostly primary caregivers), this suggests that care for the child and receipt of the grant are complementary responsibilities. Another tentative piece of evidence to support this contention is that across the four waves of NIDS data, there are only eight observations where the child is recorded as living in a different household to their CSG-receiving father figure. From NIDS it is impossible to tell the extent to which those who are possibly delegating primary care responsibility are involving themselves in unpaid care work, because this work is often not measured – a general problem in household surveys, where fatherhood is

36 Importantly, it is unlikely that anywhere near the majority of these households will be of the traditional nuclear type, with a couple living with multiple children. As illustrated in chapters one and five, this is uncommon. Larger household sizes are instead often the result of several family units combining resources and living spaces, counting themselves as one household despite possibly living quite separate lives, in ‘stretched residential units’ (Hosegood & Madhavan, 2010).
typically only measured along dimensions of co-residency and financial support (Hosegood & Madhavan, 2012).

2.2. The children of men receiving the Child Support Grant

2.2.1. The sample

In the wave 4 sample there are 91 children cared for by men receiving the CSG, which compares with 100 at wave 1. As with the men who receive the CSG, the sample of children differs quite substantially between waves. Children age out of the CSG when they turn 18, which means anyone who was 12 (and possibly some 11-year-olds depending on when exactly the interviews took place) at wave 1 will not appear as children at wave 4. This amounts to 22 of the sample of children at wave 1. Similarly, 17 children under the age of six at wave 4 could not have appeared at wave 1. In addition, 30 of the children at wave 4 are TSMs. This reflects the movement in and out of households described in section 2.1.1. It could also be reflecting the fact that in NIDS, children fathered by CSM men are not then defined as CSMs themselves (and tracked) in the same way as children born to women CSMs.

In contrast to the preceding analysis of men receiving the CSG, the exact number of the children they care for is unknown. From analysis of SASSA’s database of grant recipients conducted by the Children’s Institute, we know that at the end of March 2015 there were 11,703,165 child beneficiaries of the CSG (Hall, 2017), but their division between male and female grant recipients is unknown. For this reason, and given that the sample does not perfectly represent the population of these children’s carers, the potential for biased estimation is greater here. Post-stratification using known population totals is also impossible. Using NIDS calibrated design weights yields population estimates of children of male and female carers of 109,358 (CI 80,184 – 138,533) and 11,279,393 (CI 9,850,844 – 12,707,941) respectively. This combines to 11,388,751, which is very close to the known figure of 11,703,165 children. But again, we do not know how the sample estimates perform for children of male and female carers respectively. The estimates in Table 2 below should therefore also be treated with caution.
### 2.2.2. Demographic profile of children on whose behalf a man receives a CSG

Table 2: Descriptive statistics for children on whose behalf a man receives a CSG

<table>
<thead>
<tr>
<th><em>n=91 unless stated otherwise</em></th>
<th>Estimates using NIDS calibrated design weights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td>9.70</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>- Male</td>
<td>51.09%</td>
</tr>
<tr>
<td>- Female</td>
<td>48.91%</td>
</tr>
<tr>
<td><strong>Population group</strong></td>
<td></td>
</tr>
<tr>
<td>- African</td>
<td>93.06%</td>
</tr>
<tr>
<td>- Coloured</td>
<td>6.94%</td>
</tr>
<tr>
<td><strong>Relationship of grant receiver to child</strong></td>
<td></td>
</tr>
<tr>
<td>- Father</td>
<td>71.32%</td>
</tr>
<tr>
<td>- Stepparent</td>
<td>3.32%</td>
</tr>
<tr>
<td>- Brother</td>
<td>3.92%</td>
</tr>
<tr>
<td>- Grandfather</td>
<td>12.53%</td>
</tr>
<tr>
<td>- Uncle</td>
<td>4.44%</td>
</tr>
<tr>
<td>- Great-grandfather</td>
<td>4.47%</td>
</tr>
<tr>
<td><strong>Who else cares for the child? (n=75)</strong></td>
<td></td>
</tr>
<tr>
<td>- Biological/step-mother</td>
<td>10.59%</td>
</tr>
<tr>
<td>- Biological/step-father</td>
<td>8.16%</td>
</tr>
<tr>
<td>- Sister</td>
<td>0.24%</td>
</tr>
<tr>
<td>- Aunt</td>
<td>2.41%</td>
</tr>
<tr>
<td>- Grandmother</td>
<td>7.77%</td>
</tr>
<tr>
<td>- Other female relatives</td>
<td>3.08%</td>
</tr>
<tr>
<td>- No other carer</td>
<td>67.76%</td>
</tr>
<tr>
<td><strong>Is the child’s mother alive? (n=79)</strong></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>69.00%</td>
</tr>
<tr>
<td>- No</td>
<td>30.90%</td>
</tr>
</tbody>
</table>

*Interpretation of 95% CI: in 95% of samples collected with the same survey and sampling design, the estimate is expected to lie in this range. Note that due to the small sample, on most measures these intervals are very wide, and the discussion below should be interpreted cautiously.*

The average age of children cared for by CSG-receiving men is about nine and a half (CI 8.01-11.40), with a fairly even split between boys and girls. Over a quarter of the children’s mothers have died (CI 14.28%-54.56%) – consistent with qualitative data showing that the reason for CSG application by a man is often the child’s mother’s death. A large majority of these children are cared for only by their fathers (or father figures) – two thirds (CI 41.85%-85.99%) have no other carers (compared with 47% of children of women receiving the CSG
who are cared for only by their mother figures and no one else). This is also consistent with the evidence in chapter 5, where CSG-receiving men are often single fathers with very little social support. Most of the children’s biological fathers receive a grant on their behalf (71%, CI 53%-84%, compared to 86% for children cared for by female CSG recipients), with grandparents the next most prominent group of relatives.

2.3. Labour market behaviour of CSG recipients

This section describes the labour market behaviour of CSG-receiving men at wave 4.

Table 3: Employment-related data on men receiving the CSG at wave 4

<table>
<thead>
<tr>
<th></th>
<th>Estimates using NIDS calibrated design weights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
</tr>
<tr>
<td>Employment status (n=68)</td>
<td></td>
</tr>
<tr>
<td>-Not economically active</td>
<td>44.17%</td>
</tr>
<tr>
<td>-Discouraged</td>
<td>1.00%</td>
</tr>
<tr>
<td>-Unemployed work-seekers</td>
<td>16.49%</td>
</tr>
<tr>
<td>-Employed (incl. self-employment; casual employment; agricultural employment)</td>
<td>38.35%</td>
</tr>
<tr>
<td>Existence of self-employment? (n=67)</td>
<td></td>
</tr>
<tr>
<td>-Yes</td>
<td>3.94%</td>
</tr>
<tr>
<td>-No</td>
<td>96.06%</td>
</tr>
<tr>
<td>Paid casual employment last 30 days? (n=67)</td>
<td></td>
</tr>
<tr>
<td>-Yes</td>
<td>13.04%</td>
</tr>
<tr>
<td>-No</td>
<td>86.96%</td>
</tr>
<tr>
<td>Had a desire to work in last 4 weeks? (n=43)</td>
<td></td>
</tr>
<tr>
<td>-Yes</td>
<td>28.36%</td>
</tr>
<tr>
<td>-No</td>
<td>71.64%</td>
</tr>
<tr>
<td>Main reason for being unavailable to work in last 4 weeks (n=30)</td>
<td></td>
</tr>
<tr>
<td>-Too old</td>
<td>34.23%</td>
</tr>
<tr>
<td>-Full-time student</td>
<td>2.82%</td>
</tr>
<tr>
<td>-Sick/disabled</td>
<td>42.24%</td>
</tr>
<tr>
<td>-I do domestic duties and look after children</td>
<td>4.25%</td>
</tr>
<tr>
<td>-I look after children</td>
<td>4.68%</td>
</tr>
<tr>
<td>-It costs too much to look for work</td>
<td>6.18%</td>
</tr>
<tr>
<td>- I don’t like working</td>
<td>-</td>
</tr>
<tr>
<td>-Other</td>
<td>5.61%</td>
</tr>
</tbody>
</table>

Interpretation of 95% CI: in 95% of samples collected with the same survey and sampling design, the estimate is expected to lie in this range. Note that due to the small sample, on most measures these intervals are very wide, and the discussion below should be interpreted cautiously.
As shown in Table 3, around 38% (CI 19.83%-61%) of CSG-receiving men were employed at the time of the NIDS interview, compared to 40% of women receiving the CSG. The bulk (more than two thirds) of those not working had no desire to work, predominately stating sickness or old age as the motivating reasons for being unavailable to work. A small proportion (6%) report that work-seeking costs are exorbitant. Given substantial evidence that job-seeking costs are very high for low-income job-seekers (repeated surveys with large numbers of young people around the country consistently yield median job-search costs in the region of R300-R350 between 2015 and 2016 – Graham et al., 2016), this could exhaust the value of the CSG completely (between R320 and R340 during wave 4). Similarly, low-paying work in city centres or other areas of economic activity (it is unlikely any CSG-receiving men will live in areas with substantial economic opportunity) would necessitate having to cover large transport costs, which would certainly consume the value of the grant. Further detracting from the appeal of job search is the low probability that many of these men will find decent-paying work, given their low educational attainments identified in section 2.1.3. Having said that, it remains surprising that such a small proportion of men in this sample report having done paid casual work in the 30 days prior to the interview: this seems to contradict qualitative findings where almost all the men engage in ‘piece work’ in their communities to earn income as and when necessary (see chapter 5, section 2). Finally, about a tenth reported their care responsibilities as an obstacle to working outside the household.

3. Spending Patterns in CSG Households

Sections 3 and 4 address whether the CSG is associated with different outcomes depending on whether the person who receives it is a man or a woman. The analysis begins below with spending on alcohol, tobacco and gambling, and sub-question 1: do household spending patterns differ between male and female CSG recipients?

3.1. Temptation goods

As discussed in chapters 1 and 2, a common concern among policymakers around the world is that giving cash transfers to the poor, and especially to poor men, incentivises spending on alcohol, tobacco and other ‘temptation goods’, such as gambling (Evans & Popova, 2014). However, the limited available evidence does not justify this concern. Cash transfers seem to encourage temptation goods spending neither among recipients in general nor among male recipients specifically (ibid. – see chapter 2, section 2). The analysis in this section therefore analyses whether in South Africa, a similar lack of gendered differences obtains in relation to
the CSG. It does not test whether the introduction of the CSG into a household increases spending on temptation goods – rather it assesses whether spending patterns differ in households that already receive the CSG based on whether the grant recipient is male or female, assuming that the person who receives the CSG is also wholly or at least partially responsible for decision-making regarding household spending. It also analyses relevant expenditures as components of total household income, and does not isolate how only the grant income is spent. The latter would be impossible, because expenditure-related questions do not address which component of income funded various expenditures.

3.2. Panel description

In this analysis of spending patterns in the households of CSG-receiving men and women, data from all four waves of NIDS is used. This provides an opportunity to increase the sample sizes used in estimation and thereby to improve the precision of estimation. This is a crucial advantage considering how small the samples of CSG-receiving men are in each individual wave. The total number of observations in the full waves 1-4 sample is 16,000, corresponding to 7,949 carers (implying roughly two records for each carer over time). There are 6,802 non-missing observations on temptation goods expenditure, corresponding to 4,744 carers (thus 57% missing data on the outcome variable). Table 4 shows patterns of participation in NIDS of men receiving the CSG across the four waves who also have non-missing data on temptation goods spending:

Table 4: Panel participation patterns of male CSG caregivers with non-missing outcome data

<table>
<thead>
<tr>
<th>Freq.</th>
<th>Percent</th>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>47.77</td>
<td>1...</td>
</tr>
<tr>
<td>22</td>
<td>14.01</td>
<td>...1.</td>
</tr>
<tr>
<td>22</td>
<td>14.01</td>
<td>1...</td>
</tr>
<tr>
<td>21</td>
<td>13.38</td>
<td>...1</td>
</tr>
<tr>
<td>6</td>
<td>3.82</td>
<td>11.</td>
</tr>
<tr>
<td>3</td>
<td>1.91</td>
<td>...11</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
<td>...11</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
<td>111</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
<td>1.1</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
<td>other patterns</td>
</tr>
<tr>
<td><strong>Total: 157</strong></td>
<td><strong>100</strong></td>
<td>-</td>
</tr>
</tbody>
</table>
At wave 4 and in the analysis in section 2, only 68 men could be counted as full observations\(^{37}\). Across the full panel, there are 250 CSG-receiving men\(^{38}\) – a considerable increase in sample size. However, their pattern of participation in NIDS over time is problematic: 229 of the 250 carers were only interviewed once. This trend is pronounced when considering the sub-sample of 157 men for whom data on temptation goods expenditure is available. In Table 4 above, the ‘pattern’ column shows the response patterns of CSG carers. The first four rows show those who were only interviewed once (or only have one data point on temptation goods expenditure). For example, the fourth row – with the pattern indicated by three blanks (.) and an interview (1) at the final wave – shows that 21 men only have one expenditure observation, at wave 4. Looking at the last six rows of the Table, we see that there are only 17 men, of 157, for whom more than one data point on expenditure is available over the course of the panel.

The patterns of participation for the male sample as a whole, where 229 of 250 carers were only interviewed once, are probably indicative of the trends in household formation over time and of family events, such as the death of a (female) carer; separation or the birth of a child and therefore a new grant allocation, or children ageing out of the grant on turning 18 – trends which were outlined in section 2.1.1. In section 4, these patterns are revisited when turning to the panel analysis of the prevalence of stunting, where greater number of observations of children, along with fewer missing values on height and weight measurements, renders a panel analysis more meaningful. But in this section, the data is treated as cross-sectional. The limitations of doing so are highlighted in the following sub-section. Another reason for the large amount of missing data on expenditure on temptation goods could also relate to the reliability of the outcome variable itself, and these concerns are also outlined below.

---

\(^{37}\) One possible way to increase sample sizes in this section would be to include male recipients of other grant types. However, some grants are not child-centred, and so are qualitatively rather different to the CSG (ie, the state pension and the disability grant). In addition, other child-related grants – such as the foster care grant and the care dependency grant – are much larger in value than the CSG and therefore represent relatively much larger increases in household income. The CSG therefore remains the sole focus of analysis.

\(^{38}\) At waves 1 and 2, there are 10 male CSG recipients who are under the age of 15. While it is not inconceivable that there are young boys who claim grants to look after other children (their siblings, for example), this analysis focuses only on adults – defined in NIDS as those who are of working age and at least 15 years old.
3.3. Modelling the outcome

3.3.1. A two-part model

A commonly observed phenomenon in the empirical literature on expenditure on temptation goods (and other expenditure types, for example, those related to health care and hospitalisation) is that the distribution of expenditure is characterised by a portion of the sample displaying expenditures greater than zero, and a substantial portion where expenditures are equal to zero (Madden, 2008; Mullahy, 1998). This is because a significant number of people choose not to consume temptation goods. The result is a positively-skewed distribution, and in regressions, an error distribution that is not normal. To deal with this violation of a prerequisite for ordinary least squares (OLS) linear regression, a two-part model is employed to estimate expenditure that conceives of consumption as a two-part process. Individuals first make a participation decision (whether to incur expenditure, \( y \), on a temptation good), and then a consumption decision (how much to spend, given the choice to consume the good) (Madden, 2008). The participation decision is modelled here by a binary, logit probability regression model given a set of independent variables \( x \) (the probability of observing positive expenditure) -

\[
\Pr (y>0| x) = \frac{\exp (x\alpha)}{1 + \exp (x\alpha)} + e
\]

Equation 1

while the level of consumption decision is modelled as a log-linear function of \( x \), provided \( y \) (expenditure) is greater than zero:

\[
\ln (y| y>0, x) = \ln (x\beta) + e
\]

Equation 2

where the log transformation normalises the distribution of positive \( y \) as well as the error term \( e \). The product of the two equations then yields the combined expected values of expenditure given the set of independent variables (see section 3.4).

3.3.2. The outcome: real per capita expenditure on temptation goods

Household spending on temptation goods, defined in NIDS as the sum of spending on alcohol (‘beer, wine and spirits’), tobacco (‘cigarettes and tobacco’) and gambling (‘lotto, gambling and horse-racing’) in the 30 days preceding the interview, is measured in absolute rand amounts. For the logistic participation decision regression, whether this spending is either zero or greater than zero is analysed. In the level of consumption regression, the level of positive expenditure in rands is estimated. The distribution of raw positive expenditures as
proportions of household income is not normally distributed; nor is the error term in a regression of the raw data. However, as stated previously, a log transformation ‘normalises’ these distributions and allows for OLS estimation.

Expenditure on temptation goods is deflated using Statistics South Africa’s monthly Consumer Price Index (CPI) data (Crause, 2018). The base month and year is March 2008, which corresponds to the modal month of data collection for NIDS during wave 1 in 2008. Deflation factors are calculated using the modal months during wave 2 (September 2010), wave 3 (August 2012) and wave 4 (November 2014). Dividing expenditure by these deflation factors allows for comparability in real expenditures across waves, which is reported in March 2008 rands while also accounting for nominally increasing prices over time. While the prices of alcohol and tobacco increased at a greater rate than general goods and services reported in the CPI, composite price indices on these goods were unavailable at the time of writing. Prices may also vary by region, but regional price indices were similarly unavailable.

After removing infeasible observations on monthly household income (six cases where it is greater than R100,000 per month), simple bivariate analysis of the pooled four waves of data indicates that the mean monthly expenditure on alcohol, tobacco and gambling in CSG households in the month preceding the interview is R97 when the CSG caregiver is male (n=176), and R119 when the caregiver is female (n=6,626). This is not a statistically significant difference in expenditure, which is, for both men and women, low on average. Differences in per capita monthly expenditure are also not statistically significant (R24 for CSG-receiving men and R22 for CSG-receiving women). Adjusting expenditure on a per capita basis controls for the size of the household – those with more people (and particularly adults) in them are likely to observe greater expenditures.

As mentioned previously, for the expenditures on temptation goods there is a lot of missing data (57.5%). For men 41% of expenditure data is missing, while 58% is missing for women. This probably relates to the fact that questions about this expenditure are located in the household questionnaire, which is answered by a person who may not necessarily be responsible for or knowledgeable about that spending despite the instruction on the questionnaire: ‘this questionnaire is to be administered to the oldest woman in the household and/or another household member who is knowledgeable about the living arrangements and
spending patterns of the household’ (SALDRU, 2016). Even if this person is knowledgeable, reporting expenditure is difficult and subject to recall bias (Evans & Popova, 2014).

Another threat to the reliability of these measures is social desirability bias (ibid.). This relates to the commonly-observed empirical phenomenon of survey respondents under-reporting ‘negative’ behaviours, or rather behaviours that they believe enumerators will perceive negatively (ibid.). A potential safeguard against this bias is that in NIDS, these questions are located in a neutrally-worded expenditure section on 'non-food spending and consumption', along with for example, entertainment; sport (including gym and club memberships); newspapers, stationery and books; and cell phone accounts. The fact that spending on temptation goods is not singled out as a section on its own may therefore mitigate against social desirability bias (ibid.). Nonetheless it is feasible that at least some under-reporting exists. Here it is assumed that this under-reporting, as well as possibly missing data, because of both recall bias and social desirability; is similar for both male and female responders (while gender norms often regard this spending as more unfavourable when undertaken by women, expenditure relates to the household as a whole and so may not be perceived by respondents as a negative reflection of themselves). Missing data is therefore assumed to be missing at random, and not related to unobserved expenditure (Little & Rubin, 2002).

Finally, analyses here assume that the person who receives the CSG is also responsible (fully or to a meaningful extent) for directing how the grant money is spent. While a question is asked in the household survey about who is primarily responsible for making day-to-day decisions in the household, it is impossible to check if this matches the identity of the grant recipient because this variable is missing in 90.51% of cases. We thus cannot verify who is actually making spending decisions, which is necessary if wanting to evaluate whether men and women spend money differently. But a reasonable assumption is that whoever receives a CSG has at least some control over household spending decisions, given previous research where the person who gets the grant has some decision-making power over household spending, where the grant recipient lives with other adults (Patel et al., 2013). This assumption is also borne out in the qualitative component of this study (see chapter 5).
3.3.3. The independent variables

In this sub-section the set of independent variables $x$ used in each model is described. The major independent variable of interest is the sex of the CSG recipient – ie, whether the recipient is a man or a woman. This is to test the assumption that men and women have different preferences in the household. Van Walbeek and Blecher (2014) analyse other factors influencing alcohol and tobacco consumption in South Africa. The prices of these goods is one of them, with higher prices reducing consumption, especially in poorer households. Given that prices have increased steadily over time in real terms due to rising ‘sin taxes’, ‘wave’ (ie, the four waves of data collection for NIDS) is included in the second part of the model (the levels of consumption decision). Income is included in both the participation and levels of consumption parts of the model, because in developing countries both alcohol and tobacco have been found to be normal goods – as income rises, so does demand (ibid.; Evans & Popova, 2014). As with expenditure, household income data is deflated at each wave subsequent to wave 1 so that all income data is reported in March 2008 rands, and is also adjusted to per capita income according to the size of the household. Consumption patterns also vary by province, with consumption levels among the general population being highest in the Free State and Gauteng, and lowest in the Eastern Cape and Limpopo (van Walbeek & Blecher, 2014). Other variables that could also influence both the choice to consume temptation goods and the level of their consumption include the caregiver’s emotional health (a four-point, ten-item scale); their self-reported health status (a single-item, five-point response); employment status; age category; level of education; and area type – whether the household is located in an urban, traditional or farm area. The definition of a traditional area is ‘communally-owned land under the jurisdiction of traditional leaders. Settlements within these areas are villages’ (Chinhema et al., 2016, p. 68), while farm areas are defined as ‘land allocated for and used for commercial farming including the structures and infrastructure on it’ (ibid.). Alcoholism is rife in farm areas given the historical prevalence of the ‘dop system’, or the payment of farmworkers with alcohol instead of wages – particularly in the Western Cape province (Gossage et al., 2014). Age category and province also control for features of the survey design (unequal probability of selection and non-response), attrition, and differences between the NIDS sample sub-population and the known population of CSG-receiving men (see section 3.3.4 below on weighting in regression).
3.3.4. **Weighting in regression analysis**

As noted in chapter 3, for complex survey designs with clustering and stratification – such as that for NIDS – observations in the same clusters and the same strata are likely to be correlated with each other to a greater degree than observations located in different clusters or strata. For descriptive estimation, there is consensus in the statistical literature that these features of the data *must* be accounted for, using modified estimators and appropriate weighting procedures (Chinhema et al., 2016; Heeringa et al., 2010; Longhi & Nandi, 2015; Solon et al., 2013). But in the context of inferential statistics, there is far less agreement on whether weighting to account for complex survey design is necessary for unbiased estimation.

Complex survey design is often said to be influential in inferential statistics when the design, and hence the weights, are informative (Heeringa et al., 2010; Longhi & Nandi, 2015; Solon et al., 2013). Informative weights are weights which are correlated with the outcome of interest, and which therefore predict the outcome to some extent. Unequal probability of selection in NIDS is conditional on strata (district councils) and clusters (neighbourhoods). Non-response is predicted by race and age group. In addition, calibration is conducted based on population totals by race and age group – for example, African men and women aged 25-39 were relatively under-represented in the sample and hence assigned greater calibration factors (ensuring larger overall weights) than households containing older people (Chinhema et al., 2016). Finally, age group and province are also two variables along which the NIDS sample is known to misrepresent the total population of CSG-receiving men, according to SASSA (2014) and as described fully in Appendix 1. Survey design and weights would be informative if household spending (or malnutrition, analysed in section 4) differs according to these variables – ie district council, neighbourhood, race, and age group.

However, there is a second set of weights – the panel weights – which correct for attrition between waves. In panel analyses, which are not conducted on household spending but will be for child nutritional outcomes in section 4 below – these will also need to be accounted for. Panel weights are constructed in NIDS by identifying sub-populations which have higher rates of attrition (ie dropout from the panel, as opposed to non-response at a given wave). In

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39 Given the fact that application of the NIDS design and panel weights doesn’t accurately capture the population of CSG-receiving men, this discussion may seem irrelevant. However, it captures the population of women grant recipients – who are part of these analyses - quite well, so accounting for informative weights is important.
this way, different age groups and different race groups are given different panel weights. For example, the white and Indian sub-populations, as well as men in the younger age categories (including the range 20-40), were less likely to be contacted at all waves and are thus assigned higher panel weights.

Variables which explain the design and panel weighting are therefore: district council, neighbourhood, gender, age group and race. Weights would be informative if patterns of household spending – the outcome of interest in this case – can be predicted by any of these variables. It seems that only two of these variables could plausibly be related to household spending: age group, with the assumption that younger adults would spend more on, for example, alcohol and gambling; and location – with consumption varying by province as identified in section 3.3.3. Including 52 district councils and hundreds of neighbourhoods in the regressions would be cumbersome. Hence province is used to indicate location. While this may appear overly simplistic, the population being analysed here is that of CSG-receiving households, all of which will be located in poorer neighbourhoods in their respective provinces. The working assumption is that low-income neighbourhoods within provinces are more similar to each other than to low-income neighbourhoods in different provinces. For example, the standard of living in Alexandra (Johannesburg, Gauteng) would be more similar to that in Doornkop (Soweto, Gauteng), than to a similar low-income neighbourhood in Limpopo province. Due to the means test requirements for the CSG, household income will be very similar across provinces, but local conditions are likely to be quite different between provinces in terms of access to services, infrastructure, and the cost of living.

Age group of the caregiver and province are therefore included as controls in subsequent regression analyses to control for the sample’s lack of representativeness, and possibly informative weights.

3.3.5. Limitations

As seen above, there is a very small number of men with at least two observations across the panel. This renders a full panel regression less meaningful – in this context it would appear to make more sense to conduct the two-part model (the logistic and linear regressions) treating the data as cross-sectional. The clear limitation of this method is that the panel structure of the data is not fully accounted for, and the data is treated as a pooled cross-section. With
longitudinal data, the OLS assumption of independent and identically distributed observations is violated. Observations collected from the same individual at different points in time are dependent, or correlated (Andress et al., 2013; Fitzmaurice et al., 2012; Longhi & Nandi, 2015). For example, it is highly likely that someone recorded with a high level of alcohol consumption in one wave will be a heavy drinker in the next, or at least that the probability of being a heavy drinker for this individual will be significantly higher than that for a different, randomly sampled individual. In other words, observations on the same individual are generally correlated, and this correlation must be accounted for in the estimation of standard errors. This is achieved in this analysis via the clustering of standard errors at the level of the individual – ie the CSG-receiving man or woman. While this reduces the bias in estimation of standard errors, it does not eliminate it (ibid.). In addition, attrition or unit non-response is ignored with the use of OLS. This assumes that the reasons behind the patterns of response as shown in Table 4 are constant across the different patterns, and that the carers who respond, for example, at two points in time are similar to those who only respond once. This may be an unrealistic assumption. However, given the data, it is a necessary assumption. Correctly accounting for non-response bias would necessitate the use of panel weights – in NIDS these are variously constructed as the inverse of the probability of responding at wave 2 or later after having responded at wave 1. Given the very small number of CSG-receiving men who fit this pattern of response, it would be impossible to use this procedure. Appropriate additional covariates which explain the panel weights will be added to the model instead (see section 3.3.3).

3.4. Multiple regression analysis

Table 5 displays the results of the first part of the two-part model, ie the participation decision. The binary logistic regression relates the probability of observing positive expenditure in the whole sample of CSG caregivers for whom expenditure data is available, controlling for the simultaneous influences of the variables identified in section 3.3.3.
Table 5: Regression 1

The participation decision: the odds of observing positive per capita expenditure on temptation goods

n=6,586; Prob > chi2 = 0.0000

<table>
<thead>
<tr>
<th>Explanatory variables</th>
<th>Odds Ratio (OR)</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex of caregiver (base = male)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>0.96</td>
<td>0.65</td>
</tr>
<tr>
<td><strong>Age category of caregiver (base=15-24)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>0.92</td>
<td>0.78</td>
</tr>
<tr>
<td>35-44***</td>
<td>0.80</td>
<td>0.66</td>
</tr>
<tr>
<td>45-54**</td>
<td>0.81</td>
<td>0.65</td>
</tr>
<tr>
<td>55-64***</td>
<td>0.70</td>
<td>0.54</td>
</tr>
<tr>
<td>65+40***</td>
<td>0.39</td>
<td>0.28</td>
</tr>
<tr>
<td><strong>Province (base=Western Cape)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Cape***</td>
<td>0.42</td>
<td>0.32</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>1.24</td>
<td>0.92</td>
</tr>
<tr>
<td>Free State***</td>
<td>0.48</td>
<td>0.35</td>
</tr>
<tr>
<td>KwaZulu-Natal***</td>
<td>0.34</td>
<td>0.27</td>
</tr>
<tr>
<td>North West***</td>
<td>0.57</td>
<td>0.43</td>
</tr>
<tr>
<td>Gauteng***</td>
<td>0.40</td>
<td>0.30</td>
</tr>
<tr>
<td>Mpumalanga***</td>
<td>0.32</td>
<td>0.24</td>
</tr>
<tr>
<td>Limpopo***</td>
<td>0.51</td>
<td>0.38</td>
</tr>
<tr>
<td><strong>Employment status (base = unemployed)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed***</td>
<td>1.31</td>
<td>1.14</td>
</tr>
<tr>
<td><strong>Education level (base = no education)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>1.08</td>
<td>0.89</td>
</tr>
<tr>
<td>Grade 8-11</td>
<td>0.98</td>
<td>0.80</td>
</tr>
<tr>
<td>Matric</td>
<td>0.81</td>
<td>0.63</td>
</tr>
<tr>
<td>Undergraduate diploma/certificate</td>
<td>1.03</td>
<td>0.76</td>
</tr>
<tr>
<td><strong>Bachelor degree or higher</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.16</td>
<td>0.04</td>
<td>0.57</td>
</tr>
<tr>
<td><strong>Area type (base = traditional areas)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban areas***</td>
<td>1.50</td>
<td>1.29</td>
</tr>
<tr>
<td>Farm areas***</td>
<td>1.66</td>
<td>1.33</td>
</tr>
</tbody>
</table>

40 For carers older than 60, a large portion of them will also be receiving the state pension, which would drive up household income and thereby conceivably influence spending both on temptation goods and on nutritious food (relevant for the stunting-related analyses). However, per capita income in households with pensioners is not significantly greater than in other households, and is quite stable across age groups, being highest for 24-35 year olds. This is possibly a reflection of greater numbers of unemployed adults living in households that receive state pensions, a phenomenon for which evidence exists in South Africa (Abel, 2013; Klasen & Woolard, 2009).
### Emotional health (base = very good)

<table>
<thead>
<tr>
<th></th>
<th>Good***</th>
<th>Fair***</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.29</td>
<td>1.62</td>
<td>1.23</td>
</tr>
<tr>
<td><strong>Per capita real household income</strong>*</td>
<td>1.000791</td>
<td>1.000538</td>
<td>1.001044</td>
</tr>
<tr>
<td><strong>Constant</strong></td>
<td>1.97</td>
<td>1.14</td>
<td>3.42</td>
</tr>
</tbody>
</table>

*** indicates significance at p<0.01 (highly significant)
** indicates significance at p<0.05 (significant)
* indicates significance at p<0.1 (approaching significance)

All figures are rounded to two decimal places, except for those relating to income, and/or other very small or very large numbers.

There are 6,586 observations with non-missing data on real per capita monthly expenditure on temptation goods (the dependent variable) and on all of the independent variables used in the first regression (of a full sample of 6,802 for the dependent variable and in a dataset of 16,000 carers). There is no evidence to suggest that when men receive the CSG they (or more accurately, their households) are more likely to choose to consume alcohol, tobacco and gambling than when women receive the CSG. The results indicate that when the CSG recipient is female, the odds of observing positive expenditure on temptation goods are 0.96 times the odds of observing this expenditure when a man receives the grant, holding all other variables in the model constant. Equivalently, when women receive the CSG, observing positive expenditure is 4% less likely. This is, however, not statistically significant (CI 0.65-1.41). All of the other independent variables, except for the caregiver’s highest educational attainment, are more powerful, statistically significant predictors of positive expenditure. All grant recipients who are older than 24 are highly significantly less likely to spend on temptation goods than those aged 15-24, with a broad trend being progressive decreases in the odds of positive expenditure as caregivers age (those aged 65 and older are the least likely to choose to consume temptation goods). On the other hand, employed grant recipients are significantly more likely to consume temptation goods when compared to those who are unemployed, as are those living in urban and farm areas relative to those in traditional (rural) areas. At the provincial level, relative to grant recipients in the Western Cape, those in all provinces except for the Northern Cape (where no significant differences obtain) are less likely to consume temptation goods. Regarding the highest level of education of the grant recipient, only those with a bachelor degree or higher are less likely to consume temptation goods.
goods, relative to those with no education. On the other hand, as household income increases, the odds of positive expenditure also increase. This may suggest that the choice to consume temptation goods is, for a substantial portion of the sample, driven by affordability. Finally, relative to those with ‘very good’ emotional health, the odds of observing positive expenditure increase significantly as emotional health declines (though the finding relating to the lowest category of emotional health – ‘poor’ – is not statistically significant, and poor emotional health could be an outcome of temptation goods expenditure rather than the other way around).

The results of the second part of the two-part model – the linear regression of log monthly expenditures on temptation goods in real, per capita terms, once a positive consumption decision has been made – are displayed in Table 6 below.

*Table 6: Regression 2*

The consumption decision: the observed levels of monthly real per capita expenditure on temptation goods \( (n=4,565) \)

R-squared: 0.1621
Prob > F = 0.0000

<table>
<thead>
<tr>
<th>Explanatory variables</th>
<th>Coefficient</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex of caregiver (base = male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>-0.04</td>
<td>-0.28</td>
</tr>
<tr>
<td>Wave (base = wave 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 2</td>
<td>0.06</td>
<td>-0.06</td>
</tr>
<tr>
<td>Wave 3***</td>
<td>0.47</td>
<td>0.37</td>
</tr>
<tr>
<td>Wave 4***</td>
<td>0.43</td>
<td>0.33</td>
</tr>
<tr>
<td>Age category of caregiver (base=15-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>0.08</td>
<td>-0.02</td>
</tr>
<tr>
<td>35-44</td>
<td>0.05</td>
<td>-0.06</td>
</tr>
<tr>
<td>45-54</td>
<td>-0.03</td>
<td>-0.16</td>
</tr>
<tr>
<td>55-64</td>
<td>-0.09</td>
<td>-0.25</td>
</tr>
<tr>
<td>65+</td>
<td>-0.009</td>
<td>-0.22</td>
</tr>
<tr>
<td>Province (base=Western Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Cape***</td>
<td>-0.22</td>
<td>-0.36</td>
</tr>
<tr>
<td>Northern Cape***</td>
<td>-0.23</td>
<td>-0.34</td>
</tr>
<tr>
<td>Free State***</td>
<td>-0.36</td>
<td>-0.53</td>
</tr>
</tbody>
</table>

41 The ten-point emotional health scale was summed and then divided into four categories: very good, good, fair and poor.
In this model 4,565 observations are used where expenditure is greater than zero and no data is missing on the dependent and independent variables. As with the participation model, in the levels of consumption model the sex of the grant recipient is insignificant: being a male or female CSG caregiver is unrelated to levels of household expenditure on temptation goods. The coefficient of -0.04 on female indicates that when women receive the CSG, and in households where spending on temptation goods is greater than zero, per capita, real monthly expenditure on temptation goods is $exp(-0.04)=0.96$ times the expenditure when men receive the CSG. In other words, expenditure in households where women get the CSG is 4% lower than in similar households where men receive the CSG, holding all other variables constant. However, this is not a statistically significant result (CI -0.28 – 0.20). The age of the
caregiver, along with employment status, are also not predictive of expenditure levels. The patterns on the other independent variables are similar to those in the first part of the model. In all provinces, spending is significantly lower than in the Western Cape. For example, in Gauteng, spending on temptation goods in the preceding month is $\exp(-0.18) = 84\%$ of the level in the Western Cape, while in Limpopo the comparable figure is 68\%. Those living in urban and farm areas spend significantly more than those in traditional areas (for example, 22\% more in urban areas). On the other hand, and loosely following the pattern observed in the first part of the model, as emotional health declines, spending increases. Regarding the education of the caregiver, expenditure increases relative to those with no schooling as educational attainment increases to some high school, and begins to fall as caregivers obtain matric and beyond (though coefficients on educational attainments beyond matric are not statistically significant). As household income increases (between households), spending on temptation goods increases significantly. For example, for a R1,000 increase in real per capita household income, spending on temptation goods increases by $1-(\exp(-0.0000789*1000)) = 31\%$. Finally, wave is significant: levels of per capita real expenditure on temptation goods appears to increase over time. This is despite increasing prices of these goods over time.

The final Table (Table 7) in this sub-section displays the combined predictions of per capita expenditure on temptation goods. For each prediction, the probability of observing positive expenditure is multiplied by the level of consumption observed in the sample of those with positive expenditure on temptation goods. Specifically, the participation and consumption equations are multiplied to arrive at the average marginal effects for each variable, $dy/dx$:

$$E(y|x) = \left[\frac{\exp(x\alpha)}{1 + \exp(x\alpha)}\right] \times \ln(\exp(\beta))$$  \hspace{1cm} \text{Equation 3}$$

To obtain predictions on per capita expenditure’s original scale – ie 2008 rands as opposed to log-transformed 2008 rands, Duan’s retransformation method is used (Mullahy, 1998).
Table 7: Average marginal effects

<table>
<thead>
<tr>
<th>Combined expected values in the two-part model of per capita expenditure on temptation goods (n=6,586)</th>
<th>Average marginal effect (dy/dx)</th>
<th>Standard Error (SE) clustered at the carer-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory variables</td>
<td>dy/dx</td>
<td>95% Confidence Interval (CI)</td>
</tr>
<tr>
<td>Sex of caregiver (base = male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>-1.30</td>
<td>-7.80</td>
</tr>
<tr>
<td>Wave (base = wave 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 2</td>
<td>1.20</td>
<td>-1.05</td>
</tr>
<tr>
<td>Wave 3***</td>
<td>10.94</td>
<td>8.08</td>
</tr>
<tr>
<td>Wave 4***</td>
<td>9.91</td>
<td>7.66</td>
</tr>
<tr>
<td>Age category of caregiver (base=15-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>1.65</td>
<td>-0.96</td>
</tr>
<tr>
<td>35-44</td>
<td>0.21</td>
<td>-2.64</td>
</tr>
<tr>
<td>45-54</td>
<td>-1.65</td>
<td>-4.90</td>
</tr>
<tr>
<td>55-64*</td>
<td>-3.47</td>
<td>-7.36</td>
</tr>
<tr>
<td>65+*</td>
<td>-4.63</td>
<td>-9.47</td>
</tr>
<tr>
<td>Province (base=Western Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Cape***</td>
<td>-10.30</td>
<td>-14.38</td>
</tr>
<tr>
<td>Northern Cape***</td>
<td>-6.27</td>
<td>-10.07</td>
</tr>
<tr>
<td>Free State***</td>
<td>-12.89</td>
<td>-17.54</td>
</tr>
<tr>
<td>KwaZulu-Natal***</td>
<td>-10.53</td>
<td>-14.36</td>
</tr>
<tr>
<td>Gauteng***</td>
<td>-9.62</td>
<td>-13.82</td>
</tr>
<tr>
<td>Mpumalanga***</td>
<td>-14.85</td>
<td>-19.63</td>
</tr>
<tr>
<td>Limpopo***</td>
<td>-12.87</td>
<td>-17.70</td>
</tr>
<tr>
<td>Employment status (base = unemployed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>1.58</td>
<td>-0.35</td>
</tr>
<tr>
<td>Education level (base = no education)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary**</td>
<td>3.80</td>
<td>0.71</td>
</tr>
<tr>
<td>Grade 8-11**</td>
<td>4.09</td>
<td>0.89</td>
</tr>
<tr>
<td>Matric</td>
<td>1.82</td>
<td>-2.06</td>
</tr>
<tr>
<td>Undergraduate diploma/certificate</td>
<td>2.14</td>
<td>-2.27</td>
</tr>
<tr>
<td>Bachelor degree or higher***</td>
<td>-16.05</td>
<td>-24.34</td>
</tr>
<tr>
<td>Area type (base = traditional areas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban areas***</td>
<td>6.51</td>
<td>4.03</td>
</tr>
<tr>
<td>Farm areas***</td>
<td>10.27</td>
<td>6.25</td>
</tr>
<tr>
<td>Emotional health (base = very good)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good***</td>
<td>6.38</td>
<td>3.30</td>
</tr>
</tbody>
</table>
When accounting for first, the choice to consume and second, the amount to consume, as well as for the effects of additional variables; relative to men, women spend R1.30 less per capita holding all other variables constant (CI: -7.80–5.21). However, this combined prediction of the effect of the sex of the CSG recipient on spending on temptation goods42 is statistically insignificant. The employment status of the grant recipient is also insignificant. Older caregivers – those aged 55 and above – spend less than the youngest category of caregivers, with this result approaching statistical significance (p<0.1). Despite rising prices of temptation goods over time, real expenditure appears to increase significantly between waves 1 and 3, falling slightly between waves 3 and 4. In every province, per capita spending is lower than in the Western Cape (p<0.01) – for example, R9.62 less per capita in Gauteng (CI -13.82–5.41). As the highest level of education of the caregiver increases up to matric, per capita spending increases significantly relative to those with no schooling, and for those with a bachelor degree or higher, spending is significantly lower. Compared to respondents in traditional areas, per capita spending is R6.51 (CI 4.03–8.98) and R10.27 (CI 6.28–14.29) higher in urban and farm areas respectively. Emotional health remains highly predictive: compared to those with very good emotional health, those in the good and fair categories spend around R6 per capita more on temptation goods (CI of roughly 3–9), while no effects are discerned for those with poor emotional health (probably a result of the very few caregivers – just 76 - who fell into this category). Finally, as per capita income rises by R1, spending on temptation goods rises by 1c (p<0.01).

---

42 Because alcohol, cigarettes and gambling may be qualitatively different goods, the same two-part regression was run on just real per capita alcohol expenditure. The pattern of significance of the predictors in combined predictions is almost identical. However, at the provincial level, respondents in the Northern Cape, Free State and Gauteng do not spend significantly less than those in the Western Cape (no effects), and regarding the education level of the caregiver, expenditure only differs significantly from those with no schooling for those with some high school (who spend more) and those with a bachelor degree or higher (who spend less).
4. Child Nutritional Outcomes in CSG Households

In this section, the focus of analysis shifts to the child, for an analysis of whether and how nutritional outcomes – here, stunting – differ between children of male and female CSG grant recipients.

4.1. Child nutritional outcomes in grant-receiving households

There is contention in the literature regarding the impacts of the CSG on nutrition, with either positive (Agüero et al., 2006; Coetzee, 2013) or neutral results (Devereux & Waidler, 2017; DSD et al., 2012). Regardless, these results are not disaggregated by the sex of the CSG recipient. Existing evidence relating to the sex of cash transfer recipients and its effect on child nutritional outcomes in South Africa relates to another type of cash transfer – the state pension. Here, girl children (and not boys) in households with female pensioners have significantly better anthropometric measures than children (girls or boys) in households with male pensioners (Yoong et al., 2012).

Outside South Africa, the very small evidence base is not conclusive. In Bolivia, evidence relating to the state pension follows the same trend as in South Africa: pension receipt by women is associated significantly with better nutritional outcomes for girls (ibid.). In Burkina Faso, where men receive family-focused cash transfers, child weight and height for age are significantly better than when women receive the transfers (Akresh et al., 2016). On the other hand, in the Lesotho Child Grants Programme, child welfare is found not to be determined by the gender of the transfer recipient (Sebastian et al., 2016). Evidence from Mexico and Nicaragua suggests that for conditional cash transfers, women are more likely to spend more than men on health and food expenditures (Yoong et al., 2012).

As with spending on temptation goods, different nutritional outcomes for children of male and female caregivers respectively is sometimes seen as a result of gendered preferences in the household sphere, and of women’s innate propensity to act more selflessly. This could also be a result of socialisation into parental competence: women are expected to take on caregiving roles and are therefore also expected to know – or are taught – parenting skills (such as how to feed children nutritious food – ibid.). Other social norms could also play a role: for example, in Burkina Faso, where better outcomes for children where men receive cash transfers, is believed by the authors to be at least partly attributable to a social norm that places responsibility for putting food on the table in the hands of men (Akresh et al., 2016).
Household structure could also be important, as in Lesotho where dual-parent households are protective against malnutrition (Sebastian et al., 2016).

The analysis in this section therefore assesses whether in South Africa, nutritional outcomes among child beneficiaries of the CSG are impacted at all by the sex of the adult who receives the grant for them. As with the analysis on temptation goods, it assesses whether malnutrition differs in households that already receive the CSG based on whether the grant recipient is male or female, assuming that the person who receives the CSG is also wholly or at least partially responsible for decision-making regarding household spending.

4.2. Modelling the outcome

4.2.1. The outcome: stunting

As discussed in chapter 3, section 4.3, (the absence of) stunting is used as a reliable, objective measure of child nutritional well-being. Arriving at measures for stunting is a two-step process in NIDS (Leibbrandt et al., 2016): first, three measurements of child height are taken by survey enumerators to mitigate against measurement error. Second, data processors compare the full sample distribution with a hypothetical reference population of healthy children aged six months to 18 years developed by the World Health Organisation (WHO) to derive estimates of the proportions in the sample which are stunted (de Onis et al., 2007; WHO, 2006). Specifically, a child is defined as stunted when their height is more than two standard deviations below the WHO Child Growth Standards median. In NIDS, z-scores are derived that allow for comparison with the reference population and for the categorisation of children as stunted (more than two standard deviations below the median in the reference population), severely stunted (more than three standard deviations below the median in the reference population), and not stunted (at most two standard deviations below the median). These z-scores are derived for all CSG beneficiaries aged six months to 18 years.

Because measures are taken directly by enumerators, rather than asked of respondents, there is far less missing data here than in the section on temptation goods (where recall and social desirability biases were possibly serious problems). This, combined with the internationally-recognised standardisation process, means that height-for-age measures are far more reliable, and inferences made about the prevalence of stunting in the sample of interest when compared to a ‘normal’ population of children are stronger.
Table 8 shows the prevalence of stunting in the full NIDS sample of child beneficiaries of the CSG over time:

**Table 8: The prevalence of stunting by wave**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% with moderate stunting</td>
<td>12.81</td>
<td>15.91</td>
<td>14.02</td>
<td>11.86</td>
</tr>
<tr>
<td>% with severe stunting</td>
<td>6.46</td>
<td>8.72</td>
<td>8.58</td>
<td>3.61</td>
</tr>
<tr>
<td>% Total</td>
<td>19.27</td>
<td>24.63</td>
<td>22.6</td>
<td>15.47</td>
</tr>
</tbody>
</table>

And Table 9 shows the prevalence of stunting by the sex of the adult CSG recipient across the four waves of pooled data:

**Table 9: The prevalence of stunting by the sex of the caregiver, wave 1-4**

<table>
<thead>
<tr>
<th>Prevalence of stunting by the sex of the adult CSG recipient (n=23,548)</th>
<th>Male (n=338)</th>
<th>Female (n=23,120)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunted</td>
<td>15.28</td>
<td>13.22</td>
</tr>
<tr>
<td>Severely stunted</td>
<td>8.28</td>
<td>6.37</td>
</tr>
<tr>
<td>% Total</td>
<td>23.67</td>
<td>19.59</td>
</tr>
</tbody>
</table>

Over the four waves of NIDS there are 24,089 height-for-age z-scores used to define stunting, with caregiver sex missing in 631 cases (hence n above of 23,548). Height-for-age z-scores are thus missing in 3,941 cases, which amounts to 14% of the full sample. Missing data is assumed to be missing at random, that is, unrelated to unobserved observations on the outcome (Little & Rubin, 2002). This may be unfeasible if children who refused to be measured were more or less likely to be stunted.

The WHO guidelines for describing the intensity of prevalence and stunting (or more simply the prevalence of malnutrition) are based on the WHO reference population (WHO, 2006) and categorised as follows: low prevalence (less than 20%); medium prevalence (20%-29%); high prevalence (30%-39%) and very high prevalence (more than 40%). Therefore, in the sample of child beneficiaries of the CSG in South Africa, the prevalence of stunting appears to be either low or medium over time, as shown in Table 8. The overall trend certainly appears to be downward, however. A reasonable assumption when observing this downward trend is that, given the fact that the prevalence of stunting is greater in younger children
(Casale, 2016; Leibbrandt et al., 2016), children are ageing out of vulnerability to stunting, such that by wave 4 the overall prevalence is reduced (despite apparently increasing prevalence of stunting among those under four years old over time in the general population – ibid.). But median age at waves 1 and 2 is seven, while at waves 3 and 4 it is eight – suggesting that other factors are playing a role in the (small) reduction of prevalence over time.

According to Table 9, the prevalence of stunting – whether moderate or severe – among children cared for by male CSG recipients across the four waves of pooled data is higher than that for those cared for by women. Some 23.67% of observations relating to the children of CSG-receiving men indicate the presence of either moderate or severe stunting, and the comparable figure for the children of female grant recipients is 19.59%. In bivariate tests of association this difference approaches statistical significance (p<0.1). For the regression analyses below, ‘stunted’ and ‘severely stunted’ are similarly collapsed into one factor, ‘stunted’, which results in a binary outcome which compares ‘stunted’ with ‘not stunted’. While this result masks the intensity of stunting, it simplifies the analyses considerably – chiefly due to only binary probabilities needing to be calculated as opposed to multinomial ones.

The next sub-section outlines the independent variables used in subsequent regression analyses that are hypothesised as being related to the prevalence of stunting over time for children who are beneficiaries of the CSG.

4.2.2. The independent variables

Stunting is regarded as being influenced by a combination of factors located at various levels: the level of the child; the level of the caregiver; the level of the household; and the level of the community. At the child-level, having an infectious disease (itself often an outcome of poor sanitation and inadequate health care) and being under four years old, have been found to be predictive of stunting (Borghi et al., 2014; Casale, 2016; Leibbrandt et al., 2016). In South Africa, evidence suggests boys are more likely to be stunted than girls (Casale, 2016; Leibbrandt et al., 2016). Important caregiver characteristics include their level of education; their health status; and their employment status (Borghi et al., 2014; DSD et al., 2012). At the household level, resources matter, such as combined income and spending on food (which is in turn influenced by access to social protection). Rural households also experience a greater
prevalence of stunting and child poverty (Hall & Budlender, 2016; Leibbrandt et al., 2016). At the community level, infrastructure plays a key role. For example, whether the neighbourhood the child lives in has adequate sanitation and well-equipped and accessible health facilities (Borghi et al., 2014). Based on this discussion, in subsequent regression analyses, the following independent variables are considered:

- **Child-centred variables**: child age (divided into children less than four-years-old and four-years or older); child sex; the race of the child; and whether the child has had any serious illnesses or disabilities.

- **Caregiver-centred variables**: highest level of education attained; subjective health status; and employment status. Whether the caregiver is supported by another person when looking after the child is also added as a binary predictor (instead of the relationship between the parents of the child). Finally, the relationship of the carer with the child is also of interest – ie, whether the carer is the child’s biological parent, the foster-, step-, or adoptive parent, a sibling, a grandparent or great-grandparent, an uncle or aunt, or somebody else.

- **Household-level variables**: (real) per capita income; urban, traditional or farm location; and province of residence.

- **Community-level variables**: type of water facilities (whether there is piped water in the household or on-site or not), as a measure of sanitation. Access to quality health care is excluded due to inadequate indicators in NIDS.

After controlling for the possible influence of these variables, the key independent variable of interest is the sex of the adult caregiver. As in the analysis relating to spending on temptation goods, analysing the likelihood of stunting by the sex of the child’s caregiver tests the assumptions that men and women have different family-oriented preferences, capacities or abilities that could influence the well-being of their children.

4.2.3. **Panel description**

The total number of observations in the full wave 1-4 sample is 28,030, corresponding to 14,072 children (implying roughly two records for each child over time). As noted above, 24,089 height-for-age scores are available (thus 14% missing data on the outcome variable).

In section 3, the focus of the analysis of temptation goods is the adult carer and the decisions surrounding household spending they are likely to influence by virtue of receiving the CSG.
That analysis assumes that the patterns of grant receipt – ie who receives the CSG on behalf of the child at each point in time across the NIDS panel, rather than who receives it just at the specific cross-sectional point at which an outcome is observed – are irrelevant to the outcome. In the context of household spending, this is a reasonable assumption: if men and women have different preferences then this would be translated almost immediately into different decisions about expenditure. But when looking at nutritional outcomes for children, a longer-term view may be needed. Nutritional outcomes are cumulative, and a good result, for example, the absence of stunting at wave 4, cannot solely be attributed to the carer at wave 4, if the child was cared for by someone else in one or more of the previous three waves. In this way, characteristics of carers across the panel, including (possibly differing) sex, become important. Therefore, the patterns of CSG receipt over time, and the reasons behind these patterns alluded to in section 2.1.1, need to be explored more thoroughly.

There are 296 children for whom: (a) a CSG was applied for by a man at least once over the course of the four-wave panel, and (b) height-for-age data is not missing (missing data for 17.5% of children with male caregivers at some point). This compares to 12,818 children for whom a woman receives the grant at some point (missing data for 6% of children with female caregivers at some point). Table 10 illustrates the different patterns of participation in NIDS for the first group:

\[\text{Table 10: Panel participation patterns for children of men receiving the CSG with non-missing outcome data}\]

<table>
<thead>
<tr>
<th>Freq.</th>
<th>Percent</th>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>24.32</td>
<td>.1.</td>
</tr>
<tr>
<td>69</td>
<td>23.31</td>
<td>1.</td>
</tr>
<tr>
<td>67</td>
<td>22.64</td>
<td>.1.</td>
</tr>
<tr>
<td>54</td>
<td>18.24</td>
<td>.1.</td>
</tr>
<tr>
<td>13</td>
<td>4.39</td>
<td>.11</td>
</tr>
<tr>
<td>5</td>
<td>1.69</td>
<td>1.1</td>
</tr>
</tbody>
</table>

According to the section on spending on temptation goods, other grants are not included in this analysis. This is because some grants are not child-centred, and so are qualitatively different to the CSG (ie, the state pension and the disability grant). In addition, grants such as the state pension, the foster care grant and the care dependency grant are much larger in value than the CSG and therefore represent relatively much larger increases in household income. With this greater income, the ability to buy food, and thereby meet child nutritional needs, is greatly enhanced. The CSG therefore remains the sole focus of analysis. In addition, and as in the analysis of spending on temptation goods, only grant recipients defined as ‘adults’ in NIDS, ie those aged 15 or older, are included in the analysis of stunting.
As discussed in section 3.2, the participation over the course of the panel of the 250 men receiving the CSG is sporadic. Here, we see that a large proportion of their 296 children for whom stunting data is available; only have a male CSG carer at one wave – 262 in total (summing the first column of the first four rows in Figure 2). Only 34 children are cared for by a man at least at two points in time over the course of the panel (summing the first column of the last eight rows), corresponding to 76 observations. The lack of data at other waves for many children could be due to the fact that 137, or 46%, of these 296 children are TSMs, and not purposefully tracked by NIDS over the course of the panel. These would be children who have moved into a household where either the carer or someone else is a CSM, or children who were fathered by men after wave 1 (recall that only children born to female CSMs become CSMs too).

However, some of these children of CSG-receiving men do appear at other waves, but the person receiving the CSG on their behalf is a woman at these other points in time. Table 11 illustrates patterns in the sex of the caregiver over time for the 8,922 children with stunting data at wave 4:

Table 11: Caregiver patterns over the NIDS panel for children at wave 4

<table>
<thead>
<tr>
<th>Caregiver pattern over the NIDS panel for children at wave 4</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men only</td>
<td>36</td>
<td>0.4%</td>
</tr>
<tr>
<td>Women only</td>
<td>8,743</td>
<td>97.99%</td>
</tr>
<tr>
<td>Men and women</td>
<td>143</td>
<td>1.60%</td>
</tr>
<tr>
<td>Total</td>
<td>8,922</td>
<td>100%</td>
</tr>
</tbody>
</table>

Of the children, 36 were cared for only by men over the course of the NIDS panel, while 8,743 were cared for only by women. 143 had both a male and a female carer at one or more
points in the panel. This means that for a substantial number of children who have a male CSG carer at some point from waves 1 to 4, there are more observations on stunting than is suggested by focusing only on those cross-sectional points where a man receives the CSG. In other words, for many children who are observed with a male CSG caregiver at some point in time in NIDS, a female CSG caregiver is also observed at a different point in time. For example, at wave 4, there are 87 children with a male carer. But if we are interested in whether a man has been present in the seven year course of the panel, a further 89 children who are cared for by a woman at wave 4 but by a man at a previous wave join the sample.

From the qualitative interviews, it is apparent that changing the person who receives the grant is not a simple matter of different caregivers taking turns to go to a SASSA office and picking up the money – it involves a formal, sometimes drawn-out procedure of changing the officially recognised caregiver. Despite this, transitioning between caregivers of different sex occurs for 68% of the children of men who receive the CSG at some point. This reflects the unstable nature of household formation for these families, and possibly reflects qualitative findings alluded to in section 2.1 and described fully in chapter 5, section 2, such as the frequent death of carers, the separation of couples, and children moving once ilobolo and intlawulo have been paid.

These shifting patterns of care have implications for analysis. A panel analysis is more meaningful on stunting than in the case of temptation goods, where missing spending figures from men at one wave cannot be supplemented with, for example, spending figures for women at a different point in time. Nonetheless, the trend of changing caregivers over time does make interpreting the effect of adult sex category on child stunting more challenging to interpret. How this is accounted for is explained in the next sub-section.

4.2.4. Modelling the panel structure: panel logistic regressions with random and fixed effects

As noted above, where the sex of the caregiver is identified as male at a certain point in time, for many children this masks the fact that at earlier, or later waves, their caregivers are women. To begin with, the longer-term patterns regarding the sex of the CSG recipient are ignored, and across the four waves of data the overall association between the sex of the grant recipient and the probability of children being stunted is estimated. To begin to model this association, the equation below is used as a base:
Pr(y_{it} = 1) = \frac{\exp(\beta_0(t) + \beta_k x_{kit} + \gamma_j z_{ji})}{1 + \exp(\beta_0(t) + \beta_k x_{kit} + \gamma_j z_{ji})} \quad \text{Equation 4}

This is a pooled logistic regression model that relates the probability of observing \( y=1 \) (the existence of stunting) for individual \( i \) at time \( t \) to a set of \( k \) time-varying independent variables \( x \); and a set of \( j \) time-constant independent variables \( z \). However, the panel structure of the data (ie, the fact that the observations are clustered within individuals) still needs to be accounted for. This is done by modelling unobserved heterogeneity (\( u_i \)): omitted, time-constant and unit-specific independent variables – whether unknown or unobservable – that may be exerting an influence on the outcome (stunting) and biasing estimates derived using pooled logistic regression (Andress et al., 2013). The simple logistic model in Equation 4 above is extended by including \( u_i \) as follows in Equation 5:

Pr(y_{it} = 1) = \frac{\exp(\beta_0(t) + \beta_k x_{kit} + \gamma_j z_{ji} + u_i)}{1 + \exp(\beta_0(t) + \beta_k x_{kit} + \gamma_j z_{ji} + u_i)} \quad \text{Equation 5}

Assumptions about unobserved heterogeneity \( u_i \) determine whether Fixed Effects Estimation (FEE) or Random Effects Estimation (REE) is used to estimate the parameters of this model (ibid.). When thinking about stunting, and unobserved, child-specific factors that may influence it over time; the preferences of the child’s caregiver appear as an obvious candidate. This could materialise, for example, as the caregiver spending more on food for themselves than for their child. Another example is the parental ‘competence’ of children’s caregivers, which is unobservable but would include, for example, knowledge about nutritious food (unmeasured in NIDS). Preferences and competence are frequently hypothesised as being gendered (Yoong et al., 2012). If this is true, and unobserved heterogeneity is related to gender and/or other variables in the model (such as the caregiver’s education), then FEE must be used. FEE controls for \( u_i \) and observed unit-specific heterogeneity (ie, time-constant independent variables) by differencing, and estimation is done only on those observations where change is observed over time. Because both observed and unobserved heterogeneity is constant over time, they are eliminated from the estimation. A drawback of this is that the effects of time-constant independent variables, such as sex, cannot be estimated. But as discussed, the sex of the caregiver does change over time, because children often have different caregivers at different time points. This allows for an interesting analysis: using FEE, the effect of the caregiver’s sex estimates what the effect on the probability of stunting is when the caregiver’s sex changes at some point in the seven-year period of investigation. But another drawback of FEE is that because only observations

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where a change is observed in stunting status are included in estimation, the effective sample size of children cared for by male CSG recipients – small to begin with – is further reduced.

A strategy to increase the efficiency of estimation by also incorporating cross-sectional information (that is, time-constant information) is to use REE. REE assumes that $u_i$ is not related to the variables in the model (Andress et al., 2013). This may be an unrealistic assumption – the qualitative evidence in chapter 5 suggests that many men perceive themselves as relatively incompetent compared to women, because of a lack of socialisation into primary parental responsibility. There may also be other factors associated with stunting that are time-constant and not known or measured here (such as the quality of clinics in the neighbourhood). REE thus allows for greater efficiency in estimation, but this comes at the cost of an increased risk of bias (ibid.). Finally, with both FEE and REE, $u_i$ is assumed to be constant over time. If this is conceived as, for example, knowledge of nutrition, this can be reasonably expected to be relatively constant over time in the absence of outside intervention (such as parenting classes or nutritional advice from a health professional).

The decision regarding which estimation technique to use hinges on the degree of bias or efficiency loss a specific analysis can tolerate (ibid.). In this case, threats to the efficiency of estimation appear to be greater, given the small number of CSG-receiving men and their children in the sample, and because the sex of the caregiver is the major independent variable of interest. For this reason, the main model presented here is estimated using REE, which incorporates many more of the men who receive the CSG into estimation than FEE, thereby increasing the ability to find significant associations between variables. The increased efficiency of REE does come at the cost, however, of an increased risk of bias, given the assumption that unobserved unit-specific heterogeneity is uncorrelated with the independent variables in the model (for example, parenting ability or motivation being unrelated to the sex of the caregiver). A model estimated using FEE, which eliminates the influence of unobserved unit-specific heterogeneity $u_i$, is presented in Appendix 2. Where appropriate, findings from this model are reported in section 4.3 as well.

### 4.2.5. Stunting at wave 4

Finally, a cross-sectional logistic regression modelled as per equation 4 is run on the probability of a child being stunted at wave 4. This allows for an incorporation of the patterns over time (ie, up to wave 4) in the sex of the child’s caregiver into the estimation. The major
independent variable of interest here is based on Table 11 in section 4.2.3, reproduced in Table 12 below:

*Table 12: Caregiver patterns over the NIDS panel for stunting regression at wave 4*

<table>
<thead>
<tr>
<th>Caregiver pattern over the NIDS panel for children at wave 4</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men only</td>
<td>36</td>
<td>0.4%</td>
</tr>
<tr>
<td>Women only</td>
<td>8,743</td>
<td>98%</td>
</tr>
<tr>
<td>Men and women</td>
<td>143</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,922</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver pattern over the NIDS panel for children at wave 4</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man observed at least once</td>
<td>179</td>
<td>2%</td>
</tr>
<tr>
<td>Only women observed</td>
<td>8743</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,922</td>
<td>100%</td>
</tr>
</tbody>
</table>

As explained in section 4.2.3, and as per the left column of the Table above, at wave 4 there are 36 children who were cared for only by male CSG recipients over the course of the NIDS panel – at wave 4 and at previous waves. There are also 143 children who were cared for by a CSG-receiving man either at wave 4 or at a previous wave, as well as by a woman either at wave 4 or at a previous wave. In the column on the right of the Table above, these two categories of children are collapsed, to form an indicator of whether a child has been cared for by a male CSG recipient at any point over the NIDS panel (‘man observed at least once’). Those without any male carers over the course of the panel remain the majority, as in the left column of the Table – 98% of children. This binary measure of the involvement of male CSG carers is used in the regression of stunting at wave 4 to analyse whether having a man involved at some point in the child’s life is protective against stunting or not, rather than the sex of the grant recipient treated cross-sectionally. The other independent variables remain the same, but only their values at wave 4 are used. In addition, nominal per capita income at wave 4 is used instead of real per capita income.

4.2.6. Weighting

As discussed in section 3.3.4, weighting in regression becomes relevant when the weights are informative of the outcome of interest. In NIDS, age group, location, sex and race are informative of both the unequal probability of selection into the sample and panel attrition, while age group and province are two variables along which sample and population

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44 Erratic panel participation, as well as the prevalence of TSMs, reduces the ability to use lagged independent variables at wave four, eg, household income at earlier waves.

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distributions differ. If these variables are expected to influence nutritional outcomes, they would have to be included in regression modelling – either by weighting or by adding appropriate controls (additional independent variables). As indicated in the previous subsection, age group will be included, based on the assumption of older caregivers having more parenting experience. Province will also be included, due to possibly differential access to services and infrastructure across provinces, which would in turn affect child health. The race group of the child is included as well. Finally, the sex of the carer/grant recipient – the major independent variable of interest – also controls for unequal probability of selection and panel attrition.

4.2.7. **Limitations**

While it may have been better to focus on children in a limited age range, given the sample sizes it does not make sense to do this. However, z-scores are standardised taking different ages into account, so this mitigates to some extent concerns about different developmental trajectories and the comparability of differently aged children (de Onis et al., 2007). In addition, some children for whom stunting measures are available may have the same carer, implying that standard errors may be underestimated. Finally, the effects of the sex of the caregiver are possibly more complex than the models presented here are capable of adequately estimating. In the panel regression, patterns over time in the sex of the caregiver for each child are not incorporated, and overall associations with stunting are derived. While the regression at wave 4 does model these patterns, this is in a possibly overly simplistic manner. A more complex analysis could be undertaken that, instead of identifying whether a man has been involved in the life of a child and relating that to the odds of child stunting, analyses specific trajectories: for example, being cared for by a man and then a woman, or a woman and then a man. It could also address the reasons for these changes, for example, the death of the carer, and how that may impact children’s nutritional well-being in comparison to those who change carers for other reasons. But this would require much larger samples and more detailed data about the reasons for grant application.

4.3. **Multiple regression analyses**

Table 13 below displays the results of the random effects panel regression on the odds of observing a child CSG beneficiary being stunted. For the purposes of adopting a more parsimonious model, area type (ie urban, traditional area or farm area), the household’s water source, the self-reported health status of the caregiver and whether the child has a serious
illness or disability; have been excluded. These variables were not found to be associated with stunting in bivariate tests of association, nor in different specifications of the random effects model below.

*Table 13: Regression 3*

The odds of observing a child being stunted, waves 1-4
n= 20,476 (12,027 children); Prob > chi2 = 0.0000

<table>
<thead>
<tr>
<th>Explanatory variables</th>
<th>Odds Ratio (OR)</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age category of the child (base= &lt;4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;=4 years old***</td>
<td>0.25</td>
<td>0.22 0.29</td>
</tr>
<tr>
<td>The race group of the child (base = African)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coloured***</td>
<td>1.47</td>
<td>1.12 1.92</td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>1.46</td>
<td>0.48 4.40</td>
</tr>
<tr>
<td>White</td>
<td>0.57</td>
<td>0.09 3.80</td>
</tr>
<tr>
<td>Child gender (base=male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female***</td>
<td>0.79</td>
<td>0.70 0.89</td>
</tr>
<tr>
<td>Sex of the CSG-receiving caregiver (base=female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male*</td>
<td>1.47</td>
<td>0.95 2.28</td>
</tr>
<tr>
<td>Relationship of the carer to the child (base=biological parent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster/step/adoptive parent</td>
<td>1.47</td>
<td>0.77 2.80</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.98</td>
<td>0.44 2.17</td>
</tr>
<tr>
<td>Grandparent/great-grandparent***</td>
<td>0.59</td>
<td>0.46 0.76</td>
</tr>
<tr>
<td>Uncle/aunt*</td>
<td>1.36</td>
<td>0.99 1.86</td>
</tr>
<tr>
<td>Other***</td>
<td>2.38</td>
<td>1.26 4.47</td>
</tr>
<tr>
<td>Caregiver is supported by someone else (base=no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes***</td>
<td>0.87</td>
<td>0.78 0.96</td>
</tr>
<tr>
<td>Caregiver's highest level of education (base=no schooling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than matric***</td>
<td>0.65</td>
<td>0.54 0.80</td>
</tr>
<tr>
<td>Matric or more***</td>
<td>0.51</td>
<td>0.35 0.57</td>
</tr>
<tr>
<td>Caregiver’s employment status (base=unemployed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed**</td>
<td>0.86</td>
<td>0.77 0.97</td>
</tr>
<tr>
<td>Caregiver’s age category (base=15-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34**</td>
<td>0.84</td>
<td>0.70 1.00</td>
</tr>
<tr>
<td>35-44</td>
<td>0.96</td>
<td>0.79 1.17</td>
</tr>
<tr>
<td>Age Group</td>
<td>Mean</td>
<td>Median</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>45-54</td>
<td>1.08</td>
<td>0.85</td>
</tr>
<tr>
<td>55-64</td>
<td>1.30</td>
<td>0.92</td>
</tr>
<tr>
<td>65+</td>
<td>1.09</td>
<td>0.72</td>
</tr>
<tr>
<td>Real per capita income***</td>
<td>0.9997</td>
<td>0.9996</td>
</tr>
</tbody>
</table>

Province (base=Western Cape)

<table>
<thead>
<tr>
<th>Province</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape***</td>
<td>1.59</td>
<td>1.14</td>
<td>2.20</td>
</tr>
<tr>
<td>Northern Cape***</td>
<td>1.54</td>
<td>1.12</td>
<td>2.11</td>
</tr>
<tr>
<td>Free State**</td>
<td>1.62</td>
<td>1.10</td>
<td>2.39</td>
</tr>
<tr>
<td>KwaZulu Natal**</td>
<td>1.44</td>
<td>1.05</td>
<td>1.97</td>
</tr>
<tr>
<td>North West**</td>
<td>1.46</td>
<td>1.01</td>
<td>2.12</td>
</tr>
<tr>
<td>Gauteng</td>
<td>1.18</td>
<td>0.82</td>
<td>1.70</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>1.10</td>
<td>0.76</td>
<td>1.60</td>
</tr>
<tr>
<td>Limpopo**</td>
<td>1.55</td>
<td>1.10</td>
<td>2.20</td>
</tr>
<tr>
<td>Constant***</td>
<td>0.56</td>
<td>0.37</td>
<td>0.83</td>
</tr>
</tbody>
</table>

n = 20,476 (12,027 children)

Prob > chi2 = 0.000

ρ = 0.54 0.50 0.57

*** indicates significance at p<0.01 (highly significant)
** indicates significance at p<0.05 (significant)
* indicates significance at p<0.1 (approaching significance)

All figures are rounded to two decimal places, except for those relating to income and/or other very small or very large numbers.

Rho (ρ), displayed in the final row of the Table, takes a value of 0.54. This means that 54% of the variation in the probability of observing stunting is driven by variation within units over time – in other words, by unit-specific heterogeneity. This high degree of within-variance means that explicitly modelling the panel structure using either FEE or REE (equation 5) represents a significant improvement over using a pooled logistic model as per equation 4.

Overall, the effect of the sex of the adult CSG recipient on the odds of child stunting is not particularly strong. Over the four waves of data, being cared for by a male CSG recipient increases the odds of that carer’s child being stunted by 47%, holding other predictors constant, with this result approaching statistical significance (p<0.1; 95% CI 0.95-2.28). However, it is not inconceivable that with larger sample sizes of male CSG recipients and their children, more efficient, statistically significant effects of this association could be uncovered. The FEE model in Appendix 2 similarly finds no significant effects, but also possibly due to small sample sizes. Nonetheless, there are several other variables for which
much stronger associations (p<0.01) are evident. At the level of the child, being older than four and a girl, highly significantly reduces the odds of being stunted. Coloured children are significantly more likely to be stunted than African children. At the caregiver level, an important finding is that having someone who helps the caregiver to look after the child reduces the odds of stunting by 13% (OR of 0.87; CI 0.78-0.96). Strong associations are also apparent between stunting and the caregiver’s highest level of education. Relative to no schooling, having up to but not including a matric qualification, and having a matric qualification or more, decrease the odds of stunting by 35% (OR 0.65; CI 0.54-0.80) and 49% (OR 0.51; CI 0.35-0.57) respectively. In other models, the age category of the carer was also highly significant, but these effects (mostly) disappear when simultaneously controlling for the relationship between the child and their carer. Relative to children cared for by their biological parents, those cared for by grandparents or great-grandparents are 41% (OR 0.59; CI 0.46-0.76) less likely to be stunted. One possible interpretation of this is that senior citizens are more likely to receive the state pension, which is pooled with grant and other household income and used for the benefit of the child(ren), as previous research has shown (Duflo, 2003). But the grandparents here are the primary caregivers, with a per capita household income that is not higher on average than younger CSG recipients (see footnote 40, p.118). A reasonable interpretation here, given the related finding on age category, is that these older caregivers are more experienced at parenting. It is also not inconceivable that they are more committed to their children than other relatives would be.

Indeed, children cared for by aunts/uncles or by other people (other family members such as cousins, or people who are not family members) are more likely to be stunted (relative to children cared for by biological parents). Being cared for by an uncle or aunt increases the odds of stunting by 36% (p<0.1), and by other people by 138% (p<0.01). Employment also matters. Having a working caregiver is significantly (p<0.05) protective against stunting, reducing the odds of being stunted by 14% (OR 0.86; CI 0.77-0.97). This relates to the finding that an increase in real per capita income of R1 reduces the odds of stunting by 0.03% (p<0.01). Province is another very powerful predictor of children’s nutritional well-being: relative to residence in the Western Cape, children in every other province except for Gauteng and Mpumalanga (where no significant effects were found) are significantly more likely to be stunted. For example, being resident in the Free State increases the odds of stunting by 62%. This could suggest that for grant-receiving households, health care and
other services (such as sanitation) that form part of the caregiving infrastructure (Razavi, 2007) differ quite markedly across the country. Finally, the FEE model presented in Appendix 2 confirms some of these results. As caregivers and children age, the likelihood of stunting falls significantly – as above – and having support in caregiving become available when this was not available previously also very significantly reduces the odds of a child being stunted. Strong associations are also discerned between the poor health of caregivers and the absence of stunting in their children – suggesting a diversion of resources away from adults towards children. No associations between the sex of the caregiver and the probability of child stunting are discerned. For a more detailed discussion of this model, consult Appendix 2.

The final Table below (Table 14) displays the results of the regression of stunting at wave 4 on the same independent variables, but with caregiver sex expressed as whether a man has received a CSG on behalf of the child at any point across the four waves of NIDS. The predictors dropped in the previous model – area type, water source, caregiver’s self-reported health status and disability – have been dropped here as well and for the same reasons.

*Table 14: Regression 4*

<table>
<thead>
<tr>
<th>Explanatory variables</th>
<th>Odds Ratio (OR)</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The odds of observing a child being stunted at wave 4 n=7,683; Prob &gt; chi2 = 0.0000</td>
<td>Logistic Regression</td>
<td></td>
</tr>
<tr>
<td>Age category of the child (base= &lt;4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;=4 years old***</td>
<td>0.31</td>
<td>0.27</td>
</tr>
<tr>
<td>The race group of the child (base=African)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coloured*</td>
<td>1.29</td>
<td>0.99</td>
</tr>
<tr>
<td>Indian/Asian*</td>
<td>2.77</td>
<td>0.98</td>
</tr>
<tr>
<td>White</td>
<td>1.25</td>
<td>0.14</td>
</tr>
<tr>
<td>Child gender (base=male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female***</td>
<td>0.77</td>
<td>0.68</td>
</tr>
<tr>
<td>Relationship of the carer to the child (base=biological parent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster/step/adoptive parent**</td>
<td>1.86</td>
<td>1.03</td>
</tr>
<tr>
<td>Sibling</td>
<td>1.53</td>
<td>0.57</td>
</tr>
<tr>
<td>Variable</td>
<td>Coefficient 1</td>
<td>Coefficient 2</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Grandparent/great-grandparent**</td>
<td>0.69</td>
<td>0.51</td>
</tr>
<tr>
<td>Uncle/Aunt*</td>
<td>1.37</td>
<td>0.96</td>
</tr>
<tr>
<td>Other***</td>
<td>2.73</td>
<td>1.52</td>
</tr>
<tr>
<td>A man has received a CSG for the child at some point from wave 1-4 (base=no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.71</td>
<td>0.41</td>
</tr>
<tr>
<td>Caregiver is supported by someone else (base=no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.96</td>
<td>0.84</td>
</tr>
<tr>
<td>Caregiver's highest level of education (base=no schooling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than matric***</td>
<td>0.70</td>
<td>0.54</td>
</tr>
<tr>
<td>Matric or more***</td>
<td>0.53</td>
<td>0.39</td>
</tr>
<tr>
<td>Caregiver’s employment status (base=unemployed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>0.96</td>
<td>0.84</td>
</tr>
<tr>
<td>Caregiver’s age category (base=15-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>0.91</td>
<td>0.75</td>
</tr>
<tr>
<td>35-44</td>
<td>0.98</td>
<td>0.79</td>
</tr>
<tr>
<td>45-54</td>
<td>1.00</td>
<td>0.76</td>
</tr>
<tr>
<td>55-64</td>
<td>1.19</td>
<td>0.78</td>
</tr>
<tr>
<td>65+</td>
<td>0.98</td>
<td>0.59</td>
</tr>
<tr>
<td>Nominal per capita income***</td>
<td>0.9997</td>
<td>0.9995</td>
</tr>
<tr>
<td>Province (base=Western Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>1.28</td>
<td>0.91</td>
</tr>
<tr>
<td>Northern Cape***</td>
<td>1.70</td>
<td>1.24</td>
</tr>
<tr>
<td>Free State***</td>
<td>1.92</td>
<td>1.32</td>
</tr>
<tr>
<td>KwaZulu Natal</td>
<td>1.13</td>
<td>0.81</td>
</tr>
<tr>
<td>North West**</td>
<td>1.49</td>
<td>1.01</td>
</tr>
<tr>
<td>Gauteng</td>
<td>1.01</td>
<td>0.69</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>1.02</td>
<td>0.69</td>
</tr>
<tr>
<td>Limpopo</td>
<td>1.27</td>
<td>0.88</td>
</tr>
<tr>
<td>Constant</td>
<td>0.80</td>
<td>0.88</td>
</tr>
</tbody>
</table>

*** indicates significance at p<0.01 (highly significant)
** indicates significance at p<0.05 (significant)
* indicates significance at p<0.1 (approaching significance)
All figures are rounded to two decimal places, except for those relating to income and/or other very small or very large numbers
In this model predicting stunting at wave 4, child age and sex, caregiver education and real per capita income remain significant; while children living in the Northern Cape, Free State and North West provinces are most likely to be stunted at the provincial level. The relationship of the child to the carer appears to be more predictive in this model – now children cared for by foster/step/adoptive parents are more likely to be stunted relative to those cared for by biological parents (p<0.05), in the same way as children cared for by aunts/uncles (p<0.1) and other people (p<0.01). Being cared for by a grandparent or great-grandparent remains significantly protective against stunting (p<0.01). Finally, having a man receive a CSG at some point in the child’s life (relative to only having women receive the CSG on the child’s behalf) has no significant effect on the probability of stunting at wave 4. The inclusion of the caregiver’s sex as a simple male/female indicator at wave 4 (not shown in the Table) is similarly unpredictive.

5. Summary

Despite data limitations, the statistical analyses of this chapter have shed light on a group of people about whom very little is known – men who receive the CSG and their children. A brief summary of the major findings is presented below.

Because the sample of men receiving the CSG is so small, and because NIDS was not designed to be representative of this sub-population (and is not fully representative of it), standard errors (SEs) are particularly large on some estimates in the descriptive section (section 2), leading to very wide confidence intervals. This is especially the case where proportions are estimated from small sub-samples (see for example, the estimated proportion of carers who are coloured, or the proportion of men who cited a need to look after children as a reason for not pursuing paid work). Large SEs limit the usefulness of estimation and reduce the precision with which estimates can be reported. However, in some cases, confidence intervals are narrow enough to make certain claims with a degree of certainty, notably:

- Most CSG-receiving men appear to be in their 40s, and are primarily responsible for their children at the same time that they receive the grant;
- A substantial number are widowers (between 14% and 49%);
- Educational attainments, and household income, are low;
– The majority of the male caregivers are fathers, but a substantial proportion are
grandfathers, stepfathers, uncles, brothers, and great-grandfathers;
– The majority of men do not have any caregiving support from other adults and appear to
be single fathers;
– Many (between 14% and 55%) of the mothers of the children for whom the men claim
grants are deceased; and
– Unemployment is a significant challenge.

Compared to women, men receiving the CSG appear to be older, poorer, less educated, and
have less care support - ie, someone to help in caring for their child(ren).

The findings relating to spending on temptation goods, and differences in this spending
between men and women, in section 3 concur with the limited available evidence about grant
recipients in other countries (Evans and Popova, 2014). Being a man or a woman neither
determines whether spending on temptation goods occurs at all (the participation decision),
nor how much money is spent on temptation goods (the consumption decision). Factors that
are significantly associated (p<0.05 or p<0.01) with greater expenditures in the combined
model that accounts for both decisions include higher per capita income, caregivers being
under the age of 65, poorer emotional health of caregivers, and time – expenditures increase
substantially at waves 3 and 4 relative to wave 1 (though this may be driven by taxes on
alcohol and tobacco, with deflation of monetary figures achieved here using the CPI rather
than data on these ‘sin taxes’). In addition, households that are outside the Western Cape
spend significantly less. Finally, expenditure increases as caregivers’ highest level of
education rises to matric, and declines thereafter.

A limitation of analysing household spending is that it neglects issues of bargaining power.
Where women receive grants, men may actually be directing spending decisions; men who
are qualitatively different to men who receive the CSG (a feasible hypothesis is that men
receiving the CSG would on average be more committed to their children than men who live
with their female partners with the latter being responsible for the children). These analyses
have assumed that when analysing differences between men and women, the relevant adults
are also making decisions about how household income is spent. Better data is needed to
capture these dynamics.
In section 4, the analysis turned to stunting, the absence of which would reveal greater child well-being in terms of nutrition. Again, significant differences between male and female CSG recipients were not found across three different models, presented in section 4.3 and in Appendix 2. An important note here though, is that with larger samples, coefficients that appear to demonstrate a greater propensity for stunting among the children of male CSG recipients could become more precise, and statistically significant. This is an important area for future analyses that incorporate the recently released fifth wave of data from NIDS.

Having said that, there are other variables that are more decisively associated with stunting in child beneficiaries of the CSG, whether caregivers are men or women (p<0.05 or p<0.01). In all models, children being under the age of four, and caregivers not having anyone available to help them look after their children, are strongly associated with child stunting. In the random effects panel model and cross-sectional model at wave 4, boys are more likely to be stunted than girls, as are those children cared for by caregivers with low levels of education, or by caregivers who are not their biological parents or grandparents. Being in a household in a poorer province, and with low per capita income, is also predictive of stunting. Finally, in the random effects model, employment is protective against stunting, but not in other models. Here, the absence of large effects – especially given the size of some of the other effects – could be reflecting the predominance of low-wage work in South Africa, and the high likelihood that grant recipients will find this kind of work as opposed to well-paying work.

The absence of significant gendered differences suggests that men and women who receive the CSG do not necessarily have different preferences relating to their children; that they are equally committed and capable parents meaningfully engaged in the work of caregiving. This capability is particularly noteworthy given the finding that the men appear, on average, to be poorer, less educated, and with less care support at their disposal than their female counterparts, all of which are factors that are associated with worse outcomes for children.

But, and possibly relatedly, there is also weak evidence to suggest that where men claim the CSG, their children are possibly more likely to be stunted. This difference may be driven less by innate differences between sex categories, or other demographic differences, and more by gender – the set of social norms and customs that regulate behaviour for men and women. This would materialise, for example, in the socialisation of women, rather than men, into knowledge about caregiving and caregiving competence, or in the targeting of child welfare services at women. In the next chapter, gender becomes the explicit focus of analysis to
establish how it influences CSG-receiving men’s conceptions of themselves and their interactions with their families. Chapter 5 also examines in more depth how exactly care is enacted, given the shortcomings of the statistical data for this purpose.
Chapter 5: Men and the CSG - Fathers who Care

1. Introduction and Research Questions

This chapter presents the findings of the qualitative component of this study. This is a critical discourse analysis of 13 interviews with CSG-receiving men. The major research question here is:

What are the constructions of gender and caregiving among men who receive the CSG?

As outlined in chapter 3, critical discourse theory posits that our discursive constructions of areas of social life and of our places within them matter, because they affect our choices, and the ways in which we interact with each other (Ahl, 2004; Fairclough, 1989, 2005, 2013; Parker, 1992; van Dijk, 1995, 2006; Wodak, 2013). In thinking about men and women, about fatherhood identities, and the roles attached to them – such as caregiving – men draw on societal discourses that commonly structure gendered spaces (Nentwich & Kelan, 2013). They also use various communicative strategies to ‘do gender’, ie to support or prove their specific gender identity (ibid.). The extent to which men draw on hegemonic masculinity, and communicate in ways that reproduce or challenge dominant, patriarchal ways of being men, is then examined in light of the bearing on (reported) actual behaviour of these men. This leads to the sub-questions:

1. How do these constructions influence the motivations of men to apply for the CSG and to assume caregiving responsibility?
2. How do these constructions influence the care arrangements in their households?

The analysis occurs at three levels: first, at the level of societal discourse (ie, hegemonic and alternate discourses of fatherhood and masculinity); second, at the level of individual communicative features (for example, how the men place themselves in wider society and in relation to other people, or the performative aspects of masculinity in the interview setting); and third, in terms of how social and individual aspects of discourse impact on (reported) behaviours. This follows the multilevel approach to CDA proposed by Gee (2001) and Jaipal-Jamani (2014), with gender-related insights from Coates (2012), Nentwich and Kelan (2013), and Speer (2002).

The next section provides a demographic and background description of these men. After this, the critical discourse analysis begins in section 3 and addresses sub-question 1. This
leads into section 4 – an investigation of sub-question 2. In section 5, how the CSG itself is constructed discursively, as well as the environment in which it is implemented, is discussed. While this does not constitute a separate research question, it emerged as a consistent theme across the interviews, and has a bearing on our understanding of the major topics of interest. Section 6 constitutes a case study of one of the interviewees. This is done because, as will become apparent, the man in question condenses the themes of the chapter as a whole, embodying many of the trends across the interviews while also being unique in certain ways. Section 7 concludes.

2. Description of the Sample

Interviews were conducted with 13 men receiving the CSG at a SASSA office in Pimville, a ward of Soweto. Soweto is a densely populated, predominately black African urban ‘township’ in Johannesburg, with a population in 2011 of roughly 1.3 million (Frith, 2011). Despite quite substantial development since 1994 compared to other townships, this development is uneven across the area’s large geography, and in some parts, social indicators remain well below citywide averages – a legacy of the policies of under-development during apartheid. Pimville, for example, is a relatively better-off area with average incomes that closely match provincial averages. But the majority of the men interviewed here lived in surrounding wards that are poorer, such as Orlando East. Here, median annual income of R30,000 is about half the provincial average, with an employment rate of approximately 40%, compared to 51% for the Gauteng province, within which Johannesburg is located (Wazimap, 2018). Similarly, about 43% had completed high school, compared to 51% in Gauteng.

Table 1 summarises some of the men’s demographic information, along with a description of the amount of support available to them in the fulfilment of their parental obligations (such as living with a partner who does some or most of the care work). Unless otherwise stated (for example, in the case of the first interviewee, Qinisela), these men are the primary caregivers of their children.

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45 Pernegger and Godehart (2007) define a township as follows: ‘The term “township” has no formal definition but is commonly understood to refer to the underdeveloped, usually (but not only) urban, residential areas that during Apartheid were reserved for non-whites (Africans, Coloureds and Indians) who lived near or worked in areas that were designated “white only”’ (p. 2).

46 Frith’s (2011) estimates are derived from national Census data, collected by Statistics South Africa in 2011.
Table 15: A description of the sample of interviewees

<table>
<thead>
<tr>
<th>Participant name</th>
<th>Age</th>
<th>Household</th>
<th>Employment status</th>
<th>Support in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Qinisela</td>
<td>&lt;35</td>
<td>Lives with his wife, daughter (5)(^{49}) and son (1).</td>
<td>Full-time student; Piece jobs(^{50})</td>
<td>Substantial support from his wife, who seems to be the primary caregiver.</td>
</tr>
<tr>
<td>2. Lethabo</td>
<td>47</td>
<td>Lives with his son (15), his sister and her son.</td>
<td>Piece jobs</td>
<td>Occasional care and financial support from his sister.</td>
</tr>
<tr>
<td>3. Sanele</td>
<td>32</td>
<td>Lives with his nieces (9 and 7).</td>
<td>Piece jobs</td>
<td>Occasional financial support from his cousin.</td>
</tr>
<tr>
<td>4. Sizwe</td>
<td>41</td>
<td>Lives with his daughter (11) and son (9) on a larger property with extended family.</td>
<td>Piece jobs</td>
<td>Has support when needed from his extended family, but is primarily responsible for the care of his children.</td>
</tr>
<tr>
<td>5. Adam</td>
<td>50</td>
<td>Lives with his daughter (16), his wife, and her daughter (18)</td>
<td>Piece jobs</td>
<td>Shared responsibilities with his wife, daughter and stepdaughter, but when he lived alone with his daughter he had minimal support and was the primary caregiver.</td>
</tr>
<tr>
<td>6. Tom</td>
<td>43</td>
<td>Lives with his son (8), two brothers and their two sons.</td>
<td>Employed full-time; also a student</td>
<td>Minimal - occasional financial support from his brothers.</td>
</tr>
<tr>
<td>7. Bheki</td>
<td>44</td>
<td>Lives with his daughter (15), his sister and her child.</td>
<td>Missing</td>
<td>Minimal - occasional care support from relatives (eg when his child was ill in the past).</td>
</tr>
<tr>
<td>8. Amos</td>
<td>50+</td>
<td>Lives with his grandson (9), his wife, and four sons (aged 15-31).</td>
<td>Unemployed; volunteers as a pastor</td>
<td>Substantial – but he is the primary caregiver to his grandson and his frail wife.</td>
</tr>
<tr>
<td>9. Ludo</td>
<td>68</td>
<td>Lived alone with his grandson (15) until shortly before the interview – the boy has moved back in with his mother. He now lives alone.</td>
<td>Piece jobs</td>
<td>None – he did not receive support from his grandson’s mother, and currently does all his own household work.</td>
</tr>
<tr>
<td>10. Patrick</td>
<td>&lt;35</td>
<td>Lives with his two sons (12 and 7).</td>
<td>Piece jobs</td>
<td>Has a paid helper when he is working, otherwise none.</td>
</tr>
<tr>
<td>11. John</td>
<td>40-50</td>
<td>Lives with his elderly and frail mother (who he cares for) and his sister. Receives CSG for his son (6) who lives with his mother during the week and with John at the weekends.</td>
<td>Piece jobs</td>
<td>Financial support from his sister (the 'breadwinner'). He retains primary responsibility for unpaid care work.</td>
</tr>
</tbody>
</table>

---

\(^{47}\) All names have been changed, as per Meer (2016).

\(^{48}\) Where the exact age is unknown, an estimate is provided as per Meer (2016).

\(^{49}\) Relations highlighted in bold represent children on whose behalf the CSG is received.

\(^{50}\) ‘Piece jobs’ is the term most commonly used by interviewees to describe their employment status. This compares to the more formal term, ‘piecework’, which refers to ‘an employment arrangement where workers are paid by the piece or task, rather than by the time worked’ (Castel-Branco, 2015, p. 4). Here, piece jobs is used in the looser sense to refer to any casual work for which no formal employment contract exists.
12. **Emmanuel** 32
   Lives with his **son (4)** and his wife (from Mozambique).
   Piece jobs
   From his wife, who seems to be the primary caregiver.

13. **George** 50
   Lives with his **son (15)**, wife and daughter (2), on a larger property with his mother and sisters.
   Piece jobs
   Receives financial and care support. His wife appears to be the primary caregiver.

2.1. **Age and household composition**

The average age of CSG-receiving men was found to be 46 in the statistical analysis, while SASSA records (SASSA, 2016a) indicate that the bulk of CSG-receiving men are in their 40s. Here, the distribution is loosely similar: four men are younger than 35; five are in their 40s; three are in their 50s; and one is almost 70. Multiple sources therefore confirm that CSG-receiving men tend to be older, on average, than female CSG recipients, whose average age was estimated at 36 in chapter 4.

Three of the men (Patrick, Ludo and Sanele) are single fathers in the strictest sense: they are the only adults in their households who are the primary caregivers of their sons (Patrick) and nieces (Sanele). Ludo, until shortly before the time of the interview, lived alone with his grandson who has since moved back to his mother’s house. Ludo’s experience exemplifies an important trend in the statistical analysis, where many child beneficiaries of the CSG were found to move between different carers and/or households over time. John represents a further instance of multiple households: he is the only father interviewed who does not permanently reside with his son, who comes from school to John’s house on Fridays and spends the weekends with him (spending the week with his mother, John’s ex-partner). Only three men (Qinisela, Adam and Emmanuel) have a traditional nuclear household structure, living with their wives and children. The remaining six men all live in larger households with extended family. Two of these men are married, and four are single. These large households sometimes contain different units within them, for example for George and Sizwe, who live in separate quarters from the rest of their families with their children and conduct their lives more as if they lived on their own in a separate household. For others, care involves looking after the needs of the larger family – such as Tom, who cooks and cleans for the entire family. The opposite also occurs, where living with extended family reduces the men’s care burdens, such as for Amos, who is helped occasionally by his adult sons. Some of these men have experience of living alone with their children: Adam, Lethabo and Tom used to be
single fathers with no support, and now live with their wives or other family. These patterns will be analysed more fully in section 4.

2.2. Support in care

One of the major unknown factors regarding men and the CSG is whether identifying as a primary caregiver on paper – as is required when making an application for the grant – translates into being the *de facto* primary caregiver. In most instances, this appears to be the case. It is most clearly so in the case of the single father, grandfather and uncle who live alone with their children – Patrick, Ludo and Sanele – who do all care and household work without assistance (though it would be available if required for Patrick and Sanele). All the other single fathers – those who live with their children along with extended family – also do the bulk of care and household work themselves despite living with other adults (Sizwe, Tom, Amos), or used to when they lived alone, and now seem to contribute evenly (Lethabo and Bheki, and Adam who remarried shortly before the interview). Qinisela, George and Emmanuel, who live with their wives and children, appear to be secondary caregivers to their wives – although George is primary caregiver to his son, whose mother is deceased, and secondary caregiver to his daughter, whose mother – his new wife – he lives with (see also section 5.1). John, a non-resident father, is also carer to his frail mother, so has a substantial care load despite not being the primary caregiver for his son, for whom he receives the CSG.

The statistical chapter showed that around two thirds of children of male CSG recipients are cared for only by one male caregiver (the grant recipient), and that nobody else helps care for the child (the equivalent figure for the children of female CSG recipients is 47%). Based on the preceding paragraph, the interviews validate this finding to an extent: single fathers in particular do not have much support, and those living with relatives also appear to carry care burdens themselves.

2.3. Employment status

Only Tom can be classified as being in full-time, secure employment – he works as a security guard at night. The rest are defined by a precarious relationship with the labour market, and can be loosely classified as casual workers: they work as and when employment opportunities arise. This is often casual self-employment, such as work as a handyman and mechanic.

51 From this point onwards, the single term ‘father’ is used when referring generically to this group of men. This reflects the understanding that fatherhood is a social role undertaken by men to care for children who are not necessarily their own biological children (Makusha & Richter, 2014).
(Ludo); selling food (Sizwe); or gardening and/or selling short stories (Sanele). It is unclear how easy it is to stop and start these activities, as is the extent to which these activities can always be relied on to generate income, and how much, and is an important area for future research. Casual work could also be for an employer, such as painting (Adam), construction work or being an isiZulu language tutor (John). In all cases of paid employment for an employer, there is no guarantee of future work. John, for example, works for a construction company and a university (tutoring), but the work is not stable – he works as and when he is needed, and these periods of employment are interspersed with long periods of unemployment and no income (apart from the grant, which serves as a crucial income stabiliser – see section 5.2). Amos – a pastor – was recently laid off from a long-standing driving job, and now dedicates most of the time that he would have been working to (unpaid) church activities. Nine of the men take on temporary work as and when it comes up – in almost all cases this is referred to as ‘piece jobs’.

The fact that just one man was in formal full-time employment reflects wider trends in South Africa, among female grant recipients (Patel et al., 2017), as well as the labour market more generally; which is characterised by widespread precarity especially for black Africans (Barchiesi, 2016). It also fits with what was found in the statistical chapter 4, where only between 25%-40% of CSG-receiving men were found to be working. Precarious work is defined as work that is unstable in terms of duration or contracting, and/or work that is paid lowly or at irregular intervals (Standing, 2014). For people in the lower income quintiles, which would include all CSG recipients, this is the norm. But despite these trends, employment numbers among this group of 13 men – as well as in the sample of CSG-receiving men in chapter 4 – do seem abnormally low. A possible contributing factor to this is the widely documented potential disincentive effect of means-tested social assistance: people may fear losing benefits if they were to start working (Kabeer et al., 2012). This link is supported by the frequent misunderstanding among these men that the CSG is for unemployed people (and for women), as described in section 5.1.

2.4. Reason for application for the CSG and knowledge of male eligibility
While the (false) association of the grant with unemployment is a potential barrier to greater uptake, the association of the grant with women seems to be even more problematic. Table 16 displays each man’s reason for applying for the CSG. As discussed below, application is always motivated by an adverse circumstance that left the man in question solely responsible
for the care of a child, or the only person eligible to apply for the CSG. Only three men knew about male eligibility for the CSG before being confronted by this circumstance. This echoes Morrell and Jewkes’ (2014) finding that men who care often assume these responsibilities after a negative event that exposes the vulnerability of children, rather than assuming primary caregiving responsibility when children are born, as would be the case for most mothers.

Table 16: Reasons for application for the CSG

<table>
<thead>
<tr>
<th>Participant name</th>
<th>Knew about male eligibility for CSG?</th>
<th>Reason for application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Qinisela</td>
<td>Yes</td>
<td>The temporary absence of the children's mother (his wife).</td>
</tr>
<tr>
<td>2. Lethabo</td>
<td>No</td>
<td>Perceived irresponsibility of his wife, the mother of his children.</td>
</tr>
<tr>
<td>3. Sanele</td>
<td>No (tried FCG, CDG and DG52 first)</td>
<td>The death of his sister, after which her daughters moved in with Sanele (their uncle).</td>
</tr>
<tr>
<td>4. Sizwe</td>
<td>No</td>
<td>Perceived irresponsibility of his wife, the mother of his children.</td>
</tr>
<tr>
<td>5. Adam</td>
<td>Yes</td>
<td>The death of his child’s mother (his wife) and a long period of unemployment.</td>
</tr>
<tr>
<td>6. Tom</td>
<td>No</td>
<td>The death of his child's mother (his wife).</td>
</tr>
<tr>
<td>7. Bheki</td>
<td>No</td>
<td>The death of his child’s mother (his wife).</td>
</tr>
<tr>
<td>8. Amos</td>
<td>No (tried FCG first)</td>
<td>The death of his grandchild’s mother (his daughter).</td>
</tr>
<tr>
<td>9. Ludo</td>
<td>Yes</td>
<td>His grandson moved in with him, at which point the grant was transferred from his daughter-in-law (the child’s mother).</td>
</tr>
<tr>
<td>10. Patrick</td>
<td>No</td>
<td>Separation from his wife (his sons’ mother).</td>
</tr>
<tr>
<td>11 John</td>
<td>Yes</td>
<td>Job loss.</td>
</tr>
<tr>
<td>12. Emmanuel</td>
<td>No</td>
<td>His Mozambican wife does not have a South African ID book.</td>
</tr>
<tr>
<td>13. George</td>
<td>No</td>
<td>The death of his child’s mother (his wife).</td>
</tr>
</tbody>
</table>

For six men, the death of the mother of the children they now care for motivated application for the CSG. In each case this necessitated transferring grant receipt from the mother’s name to his own (in these cases, the mother received the CSG for the children previously). In all but one of these six cases, the man did not know that men were eligible for the CSG before being informed by a neighbour or visiting the SASSA offices to find out how to ensure the continued receipt of the grant for the children. Death pervades the interviews – if not the

52 Because Sanele cares for his nieces, he initially tried to apply for the care dependency grant and foster care grant. One of Sanele’s nieces has a disability, for whom he also attempted to apply for a disability grant. All of these attempts failed.
death of their children’s mother, almost every man speaks of the deaths of other close relatives, and this is mostly due to ill health. This is likely a manifestation of the poverty that these men live in and have grown up in, and of the HIV/AIDS epidemic (Patel et al., 2017). It also influences the way some of them enact their father roles: see section 3.2 for more detail.

In five cases, family strife motivated application. For Lethabo and Sizwe, the mothers of their children (who lived elsewhere with the children) are portrayed as irresponsible – drinking a lot and spending the money on themselves, failing to pay for the children’s needs (for example, school fees). This led them to the SASSA offices to complain, where they were advised they could claim the grant instead. For Qinisela, grant application was motivated by the temporary absence of his CSG-receiving wife. He is a rare case of someone knowing about male eligibility, because his brother had previously gone through the process of transferring grant receipt to himself away from an irresponsible mother. Qinisela had to go through this process too, which included proving that he was the primary caregiver to his child – which proved laborious and time-consuming. On the other hand, for Ludo this was not a complicated process. He had the CSG transferred from his daughter-in-law to himself to care for his grandson, after escalating domestic problems between his 10-year-old (at the time) grandson and daughter-in-law (who was married to his deceased son) led the boy to want to live with his grandfather. He found out about male eligibility when he went to SASSA offices to complain about his daughter-in-law (a similar experience to Lethabo and Sizwe). The final man in this group, Patrick, separated from his grant-receiving wife, who left him and the children. He then went to the SASSA office to find out whether he could transfer the grant to himself, which he then did.

The other two men applied because of job loss and loss of income (John), and because of being married to a Mozambican national who did not have a South African identity document (and who was thus believed to be ineligible for receipt of the CSG – Emmanuel).

2.5. Notable cultural factors influencing the enactment of fatherhood

As in other research on fatherhood in South Africa, bride price (ilobolo), damages for impregnation and/or payments to have their children’s surnames changed (intlawulo), played an influential role in living arrangements for some men (Makusha & Richter, 2014; Patel & Mavungu, 2016; Swartz & Bhana, 2009). Four were prevented from living with their children before making these payments to the families of the children’s mothers. In Adam’s case, this
meant paying off these cultural debts at the same time that he was supporting his child financially (who was living with his parents-in-law after the death of his wife). An interesting case is George and his wife, who have defied cultural norms and chosen to live together without having fulfilled these obligations.

3. Fatherhood and Masculinity: The Construction of Gender Identities

3.1. Taking responsibility and rising to the challenge

For all the men, taking responsibility for one’s children and being involved in their lives is an important part of what constitutes being a man and a father, and in most instances, is the first idea that is expressed in response to questions about the kind of fathers (and men) they see themselves as.

This is often expressed as rising to a challenge, particularly among single fathers. Bheki says that he feels strong because by not running away when his wife died, he has done “the right thing” and not allowed his (then very young) daughter to suffer. Sticking through ‘difficult things’, persevering with the belief that “one day” everything will “end up right” is central to his idea of himself as a father. He also recognises that it would have been easier to give his daughter to “other people”, as done by many other men in his situation.
M: Do you feel that you are strong as a man?

I: Yes, I feel, yes, strong.

M: And can you explain that?

I: Because I, I feel I was strong, because I raised my child. Till she’s grown. Never mind the difficult things, but I ...I’m going on with that difficult things, I go...to to make everything alright. That’s why I say it, I’m a father. I didn’t run away to say, now I take my child and give other people, to say ei, [give] that child and run. No. I stay, I stay, never mind it’s hard. But I say, eish, is going to be alright. One day, one day. If I do the right thing, it’s going to end up right. If, but if you going to run, ahh... nothing will be alright. Because if I run, my child is going to [be] hurt, to hurt... to hurt. Yes, [I’m] going to hurt my child. Now I’m happy, and my soul and everything is happy, because I do the right thing.

Patrick is another father who suddenly found himself with sole caregiving responsibility, after his wife left him. He also uses the quite masculine imagery of standing one’s ground (putting his foot down) and decisiveness when confronted with self-doubt, and of facing up to difficulty in defining himself as a parent —

M: And would other people around you agree with this description of what a father is, or what kind of a father you are?

I: Actually, [laughs] I, a lot of people have been approaching me... thanks for that question, cause, you’re not the only one asking me that [M chuckles]. What I can say, people like my – how do I live with my kids. Because, especially to a guy like me, a boy, it’s not that easy thing to do. This thing with the kids, being a man, it’s not, it was never simple. Cause I can tell you now, when I when I, when I broke up with the mother, it was tough hey. It was very tough for me, to to to face the challenges that I’m gonna have. But you know, telling yourself, believing yourself, it sometimes helps. Because you don’t end up falling into... to wrong thoughts, that you know what, maybe it will be like this. But, by stepping your foot down and standing by yourself and believing in what you are capable of doing, it helps a lot, cause it was, it wasn’t easy for me actually, I must say. It wasn’t easy, I I went through a difficult time whereby I even, eish, I intend even to take my kids, maybe to stay with my aunt and all that, because I felt that this is gonna be heavy load for me. But... being a person who always believed in god, going to church, approaching my pastors at church, and talking to them, having a word, like, confiding to them whatever that I’m going through, being with the kids, of which it was not easy at the first stage. But now it’s simple and I even enjoy it.

53 ‘M’ stands for ‘Manon’ – ie Manon van der Meer, who conducted the interviews (Meer, 2016). ‘I’ represents the interviewee.
54 Insertions in square brackets indicate the author’s modifications to the transcripts to facilitate easier reading.
Like Bheki, he could have left his children with someone else (his aunt), but chose not to – choosing to believe in himself and his ability to get through what he constructs as extremely difficult circumstances (he mentions difficulty, or a synonym, eight times in the extract above). The final sentence is indicative of another trend in the interviews that is explored in section 4: after initial difficulty, and with experience, many men eventually come to enjoy the work that comes with being a parent – for Patrick it has become ‘simple’.

Adam, who has a long history of being a single father, also identifies as someone who does not run away from his responsibilities – saying that when one does so, “reality is going to bring you down” – adding an almost karmic dimension to good parenting. His taking responsibility is evidenced in his account of his parenting history: after the death of his wife, his child remained with her grandparents (his in-laws) until he had paid off ilobolo and money to change the child’s surname to his (a prerequisite to co-residence with her, which ensued when she started primary school). While making these payments, he also continued to do “whatever I could” to support the child from a distance, which involved paying pre-school-related expenses and regularly spending time with the child. His conception of responsibility is shown below:

I’m happy raising her. You know, I think, I see myself as somebody who is making a difference. Because there are people who do not take good care of their kids. But there... I can’t say I’m running away from being brought down by reality. Because, if you run away from your responsibility, reality is going to bring you down as a man. So, I don’t want to be brought down by reality. I want to do what I’m supposed to do, taking care of my kids.

And in response to “what is currently seen as a man?”:

As a man never run away from responsibility. Because reality is going to bring you down. You see, you must lead. You must take your part as a man. Take your part. Stand firm. You know.

Interestingly, this is perhaps not a particularly gendered (masculine) statement, as he wants his daughter to be the same way when she grows up…

Because when you’re not there when she’s alone, she must be able to be firm and stand her ground and look, this is what I was taught at home. This is what my dad told me.

Suggesting that if the question had been framed as about being a parent or an adult, the response might have been the same.
He also defines this responsibility in relation to an environment where many other fathers are not doing the same:

Today you’ve got kids that are sleeping in the streets. Where are the fathers? Absent. Mothers are struggling alone. That’s why, if a mother raises a kid, and the father is not there, sometimes it’s not easy. But if you are both there as parents, laying the rules of the house, being the father and the mother, it’s nice. If families were strong and united, you wouldn’t have as many street kids as you are having today in our country, you see. So, we need fathers who are going to commit. You need fathers who are going to take a stand. Take their position in the household.

Adam exemplifies a trend across interviews: he acknowledges that there are certain descriptive norms regarding fatherhood – chiefly absence or harmful masculinity among present fathers, and defines himself in direct opposition to that norm, as a different, better kind of father. Qinisela, a young father living with his wife and two children, says that he is a father who takes responsibility, and that this responsibility encompasses more than just physical presence in contrast to the norm of physical absence: it also involves an emotional presence; an ongoing attempt to know and understand your children and their needs:

M: Alright. And how would you describe yourself as a father?

I: For myself, to describe?

M: Yeah, what kind of a father are you?

I: I can say that I’m one of the fathers who care with their children and I like myself to communicate with my kids. And for me like, I’m not really concerned about myself. I’m really concerned about my kids, about the environment that they live in. and also about their future, how they grow, like and myself to be part and parcel of their life. So, I can say that like I will like myself like to be that father of like taking responsibility to my children. And know them very well, like, how are they? How are they doing? School? And on home, and about their life, like – that’s how like I feel like, I can examine or I can examine my life that I really passed it to my children and also contribute to their life.

Like Adam, Qinisela recognises that this kind of fatherhood is not the norm, and that men have a bad reputation: “That’s our reputation outside there, that we don’t care about our children”.

But despite this, he still identifies as a man who is part of the group that is deemed irresponsible and that has a bad reputation:

It’s bad, it’s not good at all. Because it’s not proclaiming what we as other fathers like to see, us, like taking care of our children, taking care of our families. You know that even, I was even asking sometimes why
every day you find that there is a holiday for the women and the child abuse\textsuperscript{55}, but we never have that days or day as the men. Although we are taken as some people who are really abusing the children and women so, even for me it can be like a pleasure to see other men like focusing on how to take care of their children and to really participate to the house. And that would be very, very, good, even for me to see other men doing like those things. But most of the time we find that some of the men they really try to do that. But because of alcohol and yeah, that is one of the things that really, really, disturb us, to do the good thing. We are drinking a lot and at the same time doing a lot of mistakes, and unaware, like, if we are doing wrong things, sometimes you are aware, sometimes we are not aware of that we are wrong. That is why like most of the time we find that we are always the target when it comes to the government that we are the men who don’t care for our children, we don’t care for our families, so we end up like some people, end up like ATMs. You’re just at the house, the only thing that they are looking for you is just only the money. You don’t have time with your family, you don’t have with your kids. So like, we are trying with our best, like, to have that time and to feel like to take care of our children, and see if that like, yes there are some people who can see that they are willingful to do so. And then we keep on trying, like, although we are never 100 per cent, but at least we are trying by all our best to really, really, make sure that we are the part and parcel of our families and at the same time we know like, our kids like, how do they grow, how do they live, and all of the stuff like that.

Here we see that he does not necessarily recognise men’s bad reputation as warranted. He says it is unfair, despite acknowledging earlier in the interview that the form of fatherhood he tries to practice – responsible, involved and caring fatherhood – is only performed by ‘a minority’ of men, and that it would make him feel good to see more men enact fatherhood the way he does. He identifies with the group of men who have a bad reputation – note the repeated use of ‘we’ and ‘us’ – despite implying that this reputation is deserved – he concedes that “we are drinking a lot and at the same time doing a lot of mistakes”; “although we are never 100 per cent” – but attempts to minimise their responsibility for this, claiming a lack of self-awareness and characterising men’s bad behaviour as “mistakes”. In the last sentence he reiterates his view of the type of father he is, projecting this onto other (uninvolved) men, as a man who wants to be part of his family’s life and to know and understand his children. He also moves into a more personal challenge when talking about the challenges of being viewed as an “ATM”, and filling other roles in the household. His repeated construction of care as “very difficult” later in the interview may also serve to justify men’s frequent absence from care and reinforce the idea (expressed in “not that it’s

\textsuperscript{55} Here Qinisela is referring to Women’s Day (a public holiday on 9 August), Women’s Month (August), or to the annual 16 Days of Activism against Women and Children Abuse (in November and December). These efforts are spearheaded by government, which runs public awareness campaigns centred on gender-based violence during these periods.
“your job” in a later part of his interview – see section 3.3), that caregiving is more suited to women. It may also be a reflection of a personal transition for him in his father role, and the struggles he is facing in this transition, away from being primarily a financial provider and into something quite different, and not having the discursive resources to frame his experiences.

Qinisela thus recognises his difference to other (most) men at the same time that he wishes to identify with them. His views about the negative reputation of men are likely influenced by his and his brother’s experiences of applying for a CSG, where officials mistrusted their intentions and the application process was long and onerous, involving (perhaps unfair) demonstrations of the proof of his being a primary caregiver. On the other hand, he could be identifying with the ‘bad dads’ because he feels a need to, rather than because he has been seen by others in that way. Across the interviews, men reference very powerful societal pressure to enact masculinity in narrowly defined ‘acceptable’ ways, and defining oneself in opposition to that can be damaging. This idea will be revisited when analysing how Qinisela and other men express very traditional ideas about gender roles and the division of labour, often despite their realities not according with this discourse. Consciously identifying as a different kind of man seems to be very difficult.

Another important aspect of Qinisela’s fatherhood is how he sees former president Jacob Zuma as a role model – the idea that being a good father requires a kind of quiet stoicism in the face of obstacles. It is interesting that he compares being an engaged caregiver with having to face a barrage of constant criticism (and legal challenges) – this also makes sense when seen alongside his views of men having an unfairly negative reputation:

I always like making an example about the president, the current president of South Africa, Mister Jacob Zuma, and saying that, he is always criticised. But [he never replies to] those things, but the only thing he will do, he will just keep quiet and do what he is doing. And if you can start from his case, nothing bad he said but there were a lot of things being said about him, but he never replies rude or wrongful to the other people. So, he’s having that patience... Any argument, even, if you can listen to the arguments that he is always having, like, you’ll never hear him like raising his voice, or doing something like that.

In describing the kind of parents they are not, two men characterise women as bad parents (generally speaking) at the same time that they also acknowledge certain bad behaviours in men. Sizwe has lived with his two children since his wife (their mother) left him and the children, and he decided he needed to ‘man up’ and take responsibility: “I ask my mom. What do I do now, in this situation? My mom said, you know what, you are a man, you must
see what are you going to do”. He describes himself as a loving, present father who takes responsibility, in contrast to his father, who, though present when Sizwe was a child, is described in very negative terms:

M: So what kind of a father are you? How would you describe yourself as a father?

I: I mean I am a good father, I am a loving father. Because, as I was telling you that, Manon, my father was, was there. And he was working and [long pause] he was not supporting us as his children. He was busy drinking, having girlfriends while my mother, she staying with us. Manon I was raising by my mom. But my father was there. Enjoying his life… drinking, having many girlfriends. So Manon, when I grow up, I see this things, and my mother told us, you see guys? I'm suffering with you but your father is enjoying outside with girls, eating his money, doesn’t buy us food, doesn’t buy – because my mother [clears throat, pause] my mother, she end up, go and look for a job. Maybe by that time we were... maybe we were six. So is supposed to leave us and go and work for us, while our father is there, he’s working, enjoying his, his moneys. So, that’s why, Manon, I told myself, Manon, I’ll raise my kids until the end.

He apparently sees his father in his wife, who he paints as a heavy drinker and as selfish. For example: “She was drunk. She came there to demand the kids”. “She doesn’t fight for her kids, she wants this money, this grant money, because she’s doing her own things, doing hair, buying drinks, this alcohol”. Social workers decided in his favour regarding custody, at which point the CSG was transferred to him. His experiences with his wife have coloured his views of women in general, despite having had a positive relationship with his mother. The views are very negative: women are not good parents, want to “control men”, are violent towards children, and leave many single fathers to look after the abandoned children. Women also “drink” the grant money – he mentions this, four times during the interview. Interestingly, this is almost exactly how one would describe a ‘bad dad’ in South Africa (if we switch fathers and men for mothers and women). This is at the same time that he recognises, throughout the interview and in less vitriolic language, that men being absent from their households and not supporting their families (for example in the case of his own sisters and their husbands) is a norm. This is a major inconsistency throughout his interview, and is a case – like Qinisela – of a man who still feels a need to defend and minimise men’s shortcomings as he apparently still wishes to identify as part of that group of men (rather than, say, ‘alternative’ men). John is to a lesser extent another example of this – a man who defines his own fatherhood in contrast to (negative) motherhood. He characterises women as prone to spoiling their children, and of not being conscious of their longer-term needs – he cites the example of a woman who allowed her son to drop out of law school to pursue drama
as irresponsible. This is despite the fact that he seems to spoil his son: only seeing him on weekends means he tends to compensate by buying him “whatever he wants”.

The portrayal of adult men (and sometimes women) as irresponsible serves not only as a background against which to define their paternal identities, but it also in some cases leads men to isolate themselves, and thereby insulate themselves from what they perceive to be bad influences and/or distractions. Sanele lives with his nieces, who came to live with him after his sister died. He fears inadequacy as a father, because he is not their mother, so he seems to try very hard to compensate for that. This involves prioritising his nieces, for example at the cost of possible romantic relationships:

M: So, how would you describe yourself as a father, because I assume you feel like a father for them? Or do you?

I: I am a responsible father. I try by all means. Hence, as I told you earlier that, even if I had to get a girlfriend right now, she have to be someone who’s gonna understand that I’ve got two, two girls now. And understand, who’s gonna try and treat them like I am doing right now, yeah.

Prioritising his nieces also means professing to not having a social life, due to not wanting to be distracted by the possible bad influence of his friends – several men explicitly construct friendships with other men (and in Sanele’s case, women as well) as incompatible with fatherhood, given their views of men as irresponsible. Qinisela says, for example:

Like for myself, I don’t have a friends…from our generation like, for now like, it’s all about boozing, and smoking. If you’re not boozing, you’re not like, the favourite.

Or Patrick:

I never drink since I was born. I never had alcohol. So, that are the things that help - it helps, me not having friends.

Eight men talk about feeling isolated. This either takes the form of not having friends at all, or staying away from the few friends they do have. The reasons are – as above – that friends (and especially male friends) would interfere with parental responsibility. But this is also due to the real or expected experiences of being denigrated by other men and women for taking on ‘feminine’ work and so doing masculinity in ways that are viewed as aberrant and/or that are simply unfamiliar to many men (this is elaborated further in sections 4 and 5). Sanele talks about his own isolation a lot during his interview – in addition to saying that he does not see his friends often, he brings up being single four times during the interview. He justifies
this with reference to having to prioritise his role as a father, which could also be seen as an attempt to convince the interviewer of a ‘valid’ reason for failing to find a girlfriend. This interpretation is consistent with his portrayals of his quite emasculating experiences of applying for and receiving what he constructs as the very feminine grant and so failing as a man in this way (see section 5).

Nonetheless, his father role is very salient: Sanele consistently steers the conversation back to his nieces – to details of their likes, habits and needs. This is a common thread running through several interviews, where during the interview the men show they are thinking about their children in ways that are not directly related to the topics of discussion. Indeed, absence is commonly interpreted by these men as being a broader concept than being physically absent from their children’s lives, and in addition to spending time with their children, being present also frequently translates into always having the children present in one’s thoughts. Examples include one of many instances in Adam’s interview, here, bringing up his daughter’s schooling and how he is attempting to help her in the context of another discussion about a prior need to be emotionally available due to her mother’s passing:

I: her mother passed away. You see...she likes school, because I normally tell her, you must, you must go to school. There’s nothing else. Because like, the past, I tell you, at the school meeting. I do class visits. To check her performance at school. She’s doing well, although here and there she struggles. So today I’m going to see a boy that I know who finished matric last year. I will go to ask him to help her with maths. [M: hm] because she’s struggling with maths. She struggles with maths and life orientation. So just want to go and ask for help with those two subjects. Otherwise she’s ok, she’s ok.

Or Emmanuel, who interprets ‘absence’ very immediately/proximally:

M: [Talking about the norm of absent fathers]...yeah, they’re absent, so they’re not around their children.

I: I’m always around him. Because even now I have to go and fetch him at about half past 3. I should have to get him out from crèche. Half past 3, 20 to 4. Because if maybe you leave him alone ne, when they are starting taking those children at crèche, at half past 3 until 4 o’clock. But if maybe you are late, you go there at say 4 o’clock, maybe you can find that your son is the only one, you see? And then if you just... he feels like lonely, you see? I have no one to come and fetch me. So, it’s better to fetch him in that time while they are playing all of them, you see? That he can feel that now it’s time to go home, to be with his father ...if maybe if I arrive there 5 o’clock. I think maybe he can even start crying. But, because there’s no one, there’s no other children, there’s only me. And there’s no way that children can play alone. Maybe he can sit and feel lonely. Yes.
3.2. Emotional work

Therefore, for many men, the father role is the most important, shown in its reported importance above other roles (for example, friend, lover), and in the ways in which many of the men talk about their children. As with taking responsibility, being demonstrably caring and emotionally open – so, showing love by saying it (rather than just providing), and by being understanding and approachable – is highly valued. It often flows from the idea of taking responsibility as being there but not just physically – as being emotionally present and engaged, as seen in the previous two extracts. It is in the construction of this aspect of fatherhood that we begin to see more deviation from hegemonic masculine ideals, and which quite openly contain more ‘feminine’ traits that are generally associated with mothering.

Especially for single fathers, an awareness of their children’s emotional needs begins with the context in which (sole) parental responsibility was assumed. For six men, the death of the child’s primary caregiver – and someone very close to that child – motivated taking on care responsibility.

Sanele, whose nieces moved in with him after the death of their mother (his sister), is a single father exemplifying this:

So, they were attending the same, the same school...[and] they’ll cry in the morning. And you don’t know why they crying now. Then, you ask them, what is wrong? They just keep quiet. Then later on, when you are dressing them, they start talking now that, the reason I was crying, man, I miss my mom. You know? It’s painful, it was painful, it was very painful. But now they’re, I think they are starting to accept, and they start to understand. ’Cause last year, both of them, they failed. The other one I think, just because she needed the special school. But, and I also think that the passing of their mom that affected them. So, both of them, this year, first term, they passed.

M: Hmm, ah, that’s great!

I: It was nice, because, I also felt that I was, did something right, that I was doing. Last year it was tough, I also thought maybe I’m failing, you know. Because both of them, they failed. Started to ask myself questions. So this year, both of them they passed, even the teacher, they called me, they saying, you know, she has improved a lot, yeah.

M: So, then you can feel proud of yourself.

I: Yeah, now I’m proud. I’m proud. Yeah.

This quote also shows that Sanele perceives the emotional needs of his nieces as being directly tied with their other well-being outcomes in ways a less emotionally engaged parent
may not appreciate. Doing well in school is regarded as related to improving the child’s emotional well-being, and he has seen the concrete effects of ‘taking action’ on this understanding. This action included (not shown in this quote) being more open with his nieces, particularly about their mother, talking and playing with them, and not being what he describes later as the norm of the father as a “monster” – a disciplinarian, angry, fear-inducing figure.

Patrick also recognises the importance of this emotional work, but describes it as very difficult, possibly even more than having to do other care and household work (“that’s what they most need”; “but it’s attention”):

Things were difficult for me, there, it was, I have to cook for the kids. I have to wash for them. I have to... give them attention. ‘Cause that’s what they most need, they need it – apart from the other things. those are, I don’t think...they’re going to play and come back, then the food [must] be ready, they gonna eat, then the clothes, they’re washed, they’re ironed...but it’s attention. To the kids. That one wasn’t easy, because you know, I think the mother is the best person who knows the child, more than the man.

The reason for the particular difficulty of emotional work is its commonly understood gendered nature: women are ‘best’ for this. This is in direct contrast to how he perceives the roles of mothers and fathers later on in the interview, and his construction of traditionally feminine household and care work as gender-neutral, almost technical exercises (see section 5.3 for his explanation of gendered competence being due to socialisation and the structure of institutions, and section 4.2 for his comparison of care and household work with knowing how to use a new phone). This contrast is shown in the extract above: cooking, washing, ironing – which he eventually got used to through practice – was not as difficult as giving attention, which he describes as explicitly and somehow innately feminine; something that cannot as easily be mastered with practice.

Tom also, while recognising the importance of attention and emotional work, finds it difficult to carry out in practice. He is a single father to his eight-year-old son, and has moved in with his brothers and their children after getting a night job and not wanting his son to be alone at home while he is working. But here, his difficulty stems not from gendered ideas about women’s greater emotional capacities. Instead, the source of difficulty is his introverted nature – and possibly low self-esteem. A notable aspect of Tom’s interview as a whole is the near-absence of gendered language: his own insecurities drive the discussion. He apologises throughout for what he perceives to be his poor English and failure to adequately explain himself, despite being possibly the most competent communicator of the group. This
insecurity extends to his ideas about his competence as a parent, fretting constantly about whether he is good enough (in contrast, for example, to Sizwe). His feelings of incompetence appear to be driven by his perceived inadequacies relating to emotionality as described above, financial insecurity (he started his job as a security guard after also recently starting a course in criminal justice) and difficulties providing, and also feeling like an imperfect substitute for his son’s deceased mother. The extracts below illustrate: (a) the links between his assumption of sole caregiving responsibility, death, grieving and emotional awareness; (b) his perceived incompetence and insecurities; and (c) his isolation:

M: OK, and what is the case that before your wife passed, she was the one who –

I: She was the one who was receiving the grant, yes, [M: aah] yes.

M: And then when she passed, then it was transferred to you.

I: Yes, yes, I took over… then the challenges that I have with the, with my child, is that you know, there’s, he is someone who is very curious, who want to know things. What I find difficult was to explain to him fully about death. Because he started experiencing death with his mom. So, he was still very young. Because he was still going grade 1. And he didn’t understand, he thought maybe she’s somewhere sleeping. Then I had to explain to him fully. Then, it was quite a challenge… but, he accepted the situation. Then his granny passed on, then he began to be scared that now, everybody who’s around him passes away, that not gonna happen to us, that’s what he asked me. Then I said to him, no, you know, if we go to church, pray to god, god will protect us. So, even if we die, there will be some day that he will resurrect us. So, you need to stay strong. So, he listens, he is kind of shy, but he listens to me, he looks up to me with everything. I tell him he’s not a naughty child to be on the street …but what I fear is that as a single parent, am I doing enough to grow him the way he is supposed to be? So, I don’t know, because maybe there are some things I should tell him. But maybe I don’t, because I’m also a quiet person. He will come time and again, ask me all kind of question. Daddy, what is this in English? The word soft? I’ll explain. What is this, what is the word – because normally he likes to watch this cartoons. Anything, anywhere that he has, he will come and ask. That is how we communicate. But you know, to be with him, sit one on one, son, this is how you need to do this, not quite often. I don’t wanna lie there, I’m not that good.

M: Yeah. So how would you describe yourself as a father? What kind of a father are you?

I: Well, as a first-time father, to be honest, I don’t know if like, I’m doing the best I can to be the best father. Because you know, if financially you are struggling, you tend to think, oh, I’m failing my child...

M: Yeah, so you said, I’m not sure whether I’m the best father. So what would be the best father according to you?
I: A best father... [is] the one who’s well-experienced in raising children. You see, with me, to be honest, I had a big problem when I grew up. I didn’t have friends, to be honest with you, you won’t believe me if I tell you that the best best friend I had, it was once, when I started school, I was very very young. And I think that last time was 1980-1981. After that, even when I grew up, if if if if I interact with people, it’s just like as we are having conversation now, but that won’t mean like we are best friend where I can visit you, where I can pour out my problems to you, that something, this and this is bothering me. No, I keep things to myself so, I grew up with that thing. So, like, if I say I’m not a good, I don’t think I’m a good father, I’m saying in terms of, I think in some instances I do lack experience. In telling a child, if you do this, it’s gonna... lead to this. Or if you don’t do that, this is – so I know just basic thing, because I encourage him about education, I tell him about the importance of education. As now I’m also studying, I’m telling my son, you see, this is my mistake. I didn’t pursue, when I got my metric, I’ve relaxed...

He says that he has difficulty communicating and being open with other people, and he always has – hence his feelings of being inexperienced not only because of being a first-time parent but also because he is not used to having people to talk to (this interview appears to have given him a rare opportunity to do just that). Moreover, he feels that if he does not work on this, he will not be able to advise and help his son to avoid making the same mistakes he did, such as not continuing his education when he was younger. It is notable that the first challenge of parenting that he brings up is about talking to his son about death. Interestingly, the perception that he is not a perfect parent is quite possibly not because he is a man, and because women are perceived as more capable parents. Tom explicitly mentions being a single parent as a challenge, without using gendered language: “what I fear is that as a single parent, am I doing enough to grow him the way he is supposed to be?” Such challenges would apply equally to women who are single parents.

Below he expresses his emotional difficulties again, saying he needs to ‘work on’ this. These difficulties seem to stem from his childhood experiences, and not necessarily from any belief that he has been socialised as a man into being emotionally non-demonstrative.

M: Yeah, and how do you express your love to him?

I: [pause, thinks] You know what? I, I do, you know, actually, sometimes I feel ashamed because he’s the one who tells me that, you know what, daddy, I love you. So to me, that thing it’s so hard for me to say. Instead I express that love maybe by giving him some gifts, or buying him something that he wants. Or maybe paying him for trip. Because every time there’s a trip at school, he doesn’t miss the trip. I buy him everything, chocolates, everything, go and enjoy yourself. But, like, in terms of sitting down with him and telling, you know what son, I love you, that’s where I need to correct myself. Because my sister does tell him that, you know what, as your aunt, I do love you. And then he’ll say, I love you too aunt. I find that
hard to do. Because nobody used to say that to me when I grew up...but, that I’ve noted, and I told myself that I need to tell him that, every time we go to bed. That you know what son, I do love you. But now as I told you that, during some nights, I work because I look over school so I’m not there, but it’s something I need to work on.

Some men recognise the importance of affection in a context where financial provision is the dominant expectation, like Adam, who says, “even if you don’t have money, just sit with your kids, have a nice conversation…it builds love”; and Qinisela, in section 3.1, where he speaks of wanting to be more than an ATM. Sanele is another example:

M: And how do you express your love to them?

I: I always, I always tell them that, you know, ‘cause I cannot give them everything in the world, you know. But what I can, they must make, they must know that I love them, you know. Just for instance, you see, like, where, on my neighbourhood, where I stay or wherever I live... what is happening there? My neighbours will buy their kids like, those expensive things to play. Then... like the bicycles. I don’t have money to buy them bicycles, but I always tell them that I love them. Doesn’t mean I don’t love them [pause] [mumbles]

M: So what is a good father according to you?

I: A good father... is the one who... a good father is the one who who who who provide for for for his kids. Not only with money, but try to spend time with the kids. Emotionally show them love, emotionally. You know. ‘cause, you know, what I’ve noticed, most of the people, they rely on money... they forgetting that, you know, a love, a kid, man, you know, if you spend time with her, or him, you are creating something something special, hmm.

Being emotionally available for their children is thus regarded as a very important aspect of being a good father for many men, and efforts are made to act on this recognition. But this is almost universally regarded as difficult – either because of a feeling that men are naturally less-suited to emotionality than women are, or because of not being shown love themselves when they were younger.

3.3. Financial provision and inequality

But for some men being an adequate financial provider is the dominant, recurring concern that overshadows other aspects of fatherhood.

Emmanuel, 32, lives with his wife and four-year-old son, who attends crèche (preschool). As with the other younger men, inequality is a persistent theme in his interview – being able to provide for his child in a context where other children are provided for – with birthday cakes, toys, meals out – but his own child is not. His stress about money runs through the interview
the first half of which is characterised by responses to almost every question leading back to difficulties in providing materially. For example, the response below to a question about whether he has a role model in terms of how he enacts fatherhood is interpreted as what he would like to do (pay) for his son:

M: And do you by the way have a role model, so, do you know someone who you look up to, or you think, oh that is a good father, and that inspires you to be the same?

I: No, I can’t say... I don’t have someone. Maybe just, or maybe just, you’re watching TV. Maybe there you see something from TV, or you see maybe those people, our neighbours, you see. Our neighbours just, you see, maybe neighbour is taking his son to maybe, maybe going outside, maybe mother and son, they going out and eat and playing, all those things, something that I cannot afford...I like to be, to do something like that.

Noteworthy is how the concept of good fatherhood is almost commodified: he feels the need to not only provide resources, but also himself, to always be around his son, so that other children do not see his son as being without a father:

M: And how would you describe further a good father?

I: What I say, to describe a good father is anyone who care about his son. And always be there for his son. And supportive to him. It’s that, I think... Yes.

M: And what does support include?

I: [pause] Yeah, it can [be] maybe, he’s sick, something like that. Maybe the, you have a meeting at crèche, I also attend. So does he, maybe he’s growing up, he can see no, my father always is with me, from crèche, he’s grow up to this school, always be on his side. Because children they are playing, while they are playing, they can maybe, says where’s your father? And then maybe that, out of 10 children only my son who doesn’t have a father. So, it can look like maybe an orphan children. I’m always there for him. So...

M: What do you mean with what you just said?

I: If maybe he’s an orphan children, the child that doesn’t have father or mother. So, I have to be always, maybe if there’s something, I have to be there, so that I can see that, no he’s also having a father. He’s not like someone who doesn’t have father.

This quote also reveals the stigma he believes is attached to fatherless children, which seems strange given its statistical normality (in South Africa up to half of children do not live with their fathers or see them regularly – Mavungu et al., 2013). In addition, being able to provide for his wife, and sharing control over spending decisions (“and then we agree you can have it”) – makes him feel like a man:
M: And in what ways do you feel like a man?

I: What makes me feel like a man is, what do I say, if I’m going to work, I come back…I come back with money. Then let’s go buy whatever you need at the shop. And then she says, I want to buy this, because it’s nice…and then we agree you can have it and then, it’s that I can say, makes me feel like a man.

Provision also plays a dominant role in John’s conception of himself as a father, who is the only non-resident father interviewed. He picks up his son from school on Friday and takes him back to his place, where he stays and cares for his elderly, frail mother, for the weekend. It seems that because of this arrangement he feels a need to overcompensate when he does see the child, giving him “whatever he wants” and taking him on lots of outings.

We must be careful, however, in ascribing these men’s focus on the traditional breadwinner role to attempts to align themselves with hegemonic masculinity, ie, attempts to be a man and father in widely accepted ways. Gender may be less relevant than the fact of being unemployed, living in poverty and needing to find the resources to keep one’s children alive.

Even Tom, the only permanently employed interviewee, expresses this aptly:

M: So, what is currently expected of a man?

I: To be a good provider – these days, even if you want a good relationship… I think is to be a good provider, one who is educated…who’s secured in terms of employment. So, people are looking for security. And I’m afraid, even if you want to be a good parent today, for you to raise your child to be… best child, you have to provide them. So, it’s all about money.

M: And are there other characteristics of men that are important?

I: I think it’s love. [M: love?] it’s love. Yeah, to show to our children, so it’s something that most people are lacking these days. Because you know, when you live in poverty, you don’t think about all this things. Your prime concern is how I must get money, so that I can put food on the table, or buy for my children.

Or Sizwe, who does not explicitly bring up financial provision as part of what he conceives a good father to be. However, when asked about the kind of support he would like as a single father who has assumed full caregiving responsibility for many years, he says the only thing he would need is a job – he says he coped with everything else. As described in section 4, caregiving responsibilities are for Sizwe and others easier to gain experience in and master, and even come to enjoy, as opposed to financial provision, which appears to be far harder to have any long-term control over.

Finally, the importance of the provider aspect of Qinisela’s paternal identity is highlighted in his misinterpretation of a question about what kind of household work he does.
M: And what kinds of tasks do you have in the households? What kind of household tasks do you do?

I: I like, for me now, the tasks that I do have like, really, it’s the challenge on me, is to see my child growing. That is all my challenge that I do really have now. You know [makes popping sound], right now, I’m still like, I’m attending school right now. Because I still want to improve... I’m not working right now, I’m just taking some piece job here and there, and I just go to school like, fulltime. So Monday to Friday like, I’m just going to school, and during the weekends I can have those piece jobs just to support my children and my family. So, that’s my challenge that I do have now, that I’m still focusing on... I don’t want my children to feel what I feel right now [mumbles unintelligibly] so I’m trying to hide that from them and I don’t want them to look outside, on other families, they can say that, they can eat this, they can do this, and they feel ashamed of themselves. So, I’ve got that peer pressure of like making sure that they get what they want and at the same time they don’t compare themselves with others...this thing is what is on her mind. My father can’t afford this. And... I’m always telling them that no, I’m working for you, so she is always asking me telling me that, you said that you’re working for us. And I told he, I tell her, that no, I’m going to school like you...and I start washing her. After I washed her, she asks me, you’re going to school papa? And I said that yes, I’m going to school. You’re no longer working? No, I’m no longer working. Just schooling now, only. So, that is my task now. To make sure that my children like, they really feel that warmth of the house and sometimes even my wife like, my family is home, they really recognise what I’m doing and also they recognise I’m really taking care of them, like.

The turn that this extract takes is revealing. In the beginning, he starts by thinking of household work as earning money by working (he is unemployed, but his wife is employed), and studying further to enhance his future ability to do this (“I still want to improve”). By the end of this extract, however, his thoughts surround his family’s immediate needs – he talks of his concern about his children not having what others have (they feel “ashamed”; his “peer pressure”) – and suggests that he may have to reorient his primary role away from breadwinning, which he recognises he has an increasingly limited ability to do, towards a possibly more caring role. It is interesting that he mentions talking to his daughter about his limited ability to provide while he is carrying out direct care (washing her). He also says that “his task now” – i.e., now that he isn’t working – is to make sure his family “feel that warmth of the house”; that they feel loved and that their home is a safe and welcoming space. The newness of this role is reflected in the way he constructs care in the rest of the interview as something that is, and has historically been, his wife’s job. For example, he qualifies his contributions to household work with “not that it’s your job”; frames this work as a “surprise” for his family (implying he would not normally do it); says that his work is often just a start – like cleaning the house – that the family “touches up” (i.e., completes the work properly); and reinforces the perception of their primary responsibility with, “I’m just helping
them”. This illustrates a more general phenomenon: there is a lot of ambiguity in how men think about care, and there are often contradictions between these conceptions and what they actually do in the household. This is the subject of the next section.

4. Care Work

When men talk about themselves in relation to questions about their masculinity and about their attributes as fathers, care work is very rarely independently mentioned, despite all of the men reportedly doing the work to varying degrees. Care can be classified as direct or indirect as per Razavi (2007), where direct care consists of direct care for persons, such as feeding, bathing, changing nappies. Indirect care refers to other domestic tasks that support direct care, such as cooking, household work, cleaning and shopping. Hegemonic discourse supports the status quo where men do not do much of either. Direct and indirect care can also be thought of as taking care of, as opposed to caring about – feelings of love or care without necessarily being accompanied by concrete actions (Fisher & Tronto, 1990). That the men care about their children has been well-established in the preceding section. How they think about the practical work that gives effect to that emotion, and discourses used to do so, is the subject of this section. This section also addresses how discourses about care are enacted, and whether they are reflected in how the men say care is actually arranged in their households.

4.1. The division of labour: the persistence of traditional gendered ideas

Roughly half of the men (seven) articulate traditional discourse about the household division of labour. The core of this discourse is that women are primarily responsible for direct and indirect care of children.

Some of the men hold on to this discourse despite reportedly doing all of this work themselves. This is frequently justified by necessity: there was or is no woman around to do the work instead. In these cases, doing ‘feminine’ work is re-casted as ‘masculine’. This makes more sense when seen in the light of how these men previously defined being a man and a father: as taking responsibility and rising to challenges, with the challenge here having to be a primary caregiver and hence having to do masculinity differently.

56 There is no way of knowing with certainty whether what the man says he does in terms of direct and indirect care work reflects what is actually going on in his household. But the way the men talk about these activities provides clues as to the truthfulness of what they say they do, and this is highlighted where appropriate. For example, talking with a lot of detail about specific tasks, or in combination with a detailed schedule.
As we saw with Qinisela on the previous page, he is a man who appears to be going through a transition – holding onto patriarchal discourses at the same time that he is recasting his role in the household, and using alternate discourses to do so. These discourses frame his responsibility as creating a warm household environment for his family and helping them with household work, as he appears to realise that sticking to an idea of himself as the breadwinner is unrealistic. Emmanuel illustrates more clearly what Qinisela may have been before this mental transition: a man firmly (and perhaps obsessively) committed to the financial provider role such that he can only conceive of his caregiving in a way that is secondary; as supportive to his partner, who may or may not be working. His wife does the cooking, washing and cleaning, though “sometimes that can be me” – if his wife is ill or needs help and there is “no option”. He also does not see differences in capability between himself and his wife – he can do the household work but seemingly just does not like it, and so avoids it where possible. What he does like is easier (going to the shop), and manlier as per the traditional division of labour (work):

M: What do you mean, I do everything?

I: I do everything that she can do, that I also I can do, in same [way] to her. Yes.

M: And can you give examples of what you mean by that?

I: Unlike...maybe there are dishes, I can clean also. Taking, baby to crèche, I can take baby to crèche. Maybe it’s like a day that she has to do washing. I can take [on that responsibility]. You see.

M: By the way, what do you find difficult in doing [interrupted by phone calling] – what do you find difficult in household stuff, what kind of tasks do you find difficult?

I: House stuff? [M: yeah]. To me, it’s washing dishes. Yeah to me, that’s difficult to me. Even cooking, just cooking, but when I cook, after if you have to wash those dishes, [M laughs] difficult to me.

M: And why is it difficult?

I: I don’t know why it’s, I’m not choosing to wash dishes usually, she’s the one doing it. But, if... there’s no other way, I can do it.

M: And how do you feel about that? Would you rather not do it?

I: If there’s no option, I have to do it. But if there’s option, I can leave, she can do it. Yes.

M: And are there other things that you find difficult, or other things that you find very enjoyable to do?

I: [pause] Very enjoyable to do, is I like to go to shop. And work. Yeah, that to me is easier.
For single parents Amos and Bheki, quite patriarchal gender views do not stop them from ‘loving’ doing what they describe as women’s work. Amos, a grandfather who has received the CSG for his grandson since he was six months old, and who also cares for his sick and frail wife, does a large amount of quite varied care work; work that he consistently describes as difficult (in a further three instances in addition to the quote below):

M: So, what in your, what are the daily tasks you did and you do now for him? ‘Cause he was six months when you got him. So what did that involve, taking care of him?

I: Hey, is difficult... hey, is very difficult, because I must look after him that, nappies, you know, now we’re using the kimbies57. You know, those things are very expensive. I end up buying those towel napkins, you know? Because I didn’t have enough money to keep on buying those Kimbies until he grows up. I started to go, Pep store, with the low prices, just to grab some clothes, so that he can wear... other things, are difficult for me at the moment, very very difficult, because I’m not working and I must make sure that, I must buy, I must buy him something... like, now he’s playing soccer, he’s also getting, at school he’s starting, I must buy those Dickies58 for running, the run, the, the run Dickies, so the the this side, you know, to play soccer, soccer boots... Hey, it’s very difficult for me. But I try, because I, there’s nothing I can do. I cannot take that child and give it to someone...

The detail in the description of what he does/did lends credibility to what he says – that he actually does this work rather than wanting to impress the interviewer. The last sentence is consistent with how he constructs his paternal identity, which is very similar to men like Bheki, Patrick and Adam described in section 3.1: they see being a man and a father as taking responsibility in the face of difficulty: “I feel like a man, a strong man...taking every situation that comes up, you see, because I don’t want to be ashamed of that, I want to be brave to doing things like that. And maintain everything. Although it’s difficult, but I try to do it”. In addition, “I cannot take that child and give it to someone” highlights what is for him an unavoidable responsibility, as also illustrated below:

I was teaching my old son to iron the clothes, you see, because we don’t have other girl to do that stuff. I know that it’s stuff which is supposed to done by the female, but because we don’t have a daughter, I I taught my son to iron up their stuff.

Here, that “someone” would be a woman, who would be more suited to doing this work. This idea materialises throughout the interview and is taken for granted: he never explains why

57 ‘Kimbies’ refers to a brand of nappies.
58 ‘Dickies’ refers to a brand of sneakers.
women would be better. The next extract shows how he feels about taking on this ‘female’ work.

M: And how do you feel about being a man and doing women’s tasks? And being a mother, as you said?

I: I feel very great, because I am learning things... which I didn’t know before. How to look after children, you know. I was always relying on my wife, that she do things, you know. And if I went out, she do things. Even if I’m at church, my wife, she’s there, she can take care of the children. But it was difficul- although it was difficult, but for me... it was... a great task otherwise to look after my children and, and... do other things for the family. I was feeling bad, but not that bad, [laughs] because there’s nothing I can do.

This exemplifies one of the patterns among those who define care work as feminine but do it anyway: they come to enjoy doing the work that they have to do (“there’s nothing I can do”), seeing it as a learning experience, with this learning helping them to be more competent, self-reliant parents. In turn, this competence helps them to more effectively fulfil their parental responsibilities, with ‘taking responsibility’ being the central component of their masculine identities. At the same time, the somewhat unevenly articulated response – characterised by frequent pauses and repetitions – could imply an internal conflict relating to being a man doing feminine work, with enjoyment and practicality employed as defences against this.

Sizwe says he is a proud father because he knows how to take care, like changing nappies and preparing bottles – and he learned this from his mother, whom he supported since he was a child. He also knows his children in practical ways, for example their clothes sizes, which enables him to buy clothes for them – “they will ask, daddy, how do you know? I know, because I’m your father!”, or what food they like and what is good for them nutritionally. He is obviously proud of being knowledgeable – the principal at his children’s school asked him to set up a father’s group to encourage other men to be more like him. He has in fact done this – and this may be where he talks with other men about how bad women are, influencing his views expressed in section 3.1. He feels like a man doing this work because he has the knowledge and experience that enables him to do what needs to be done without asking for help: he can avoid the potential weakness of being a man who cannot cope. Below we see the framing of his masculinity as competence:

I: Yeah, so, when when my mother helped me, by doing those things, Manon, I was enjoying, because I know how to change the nappies, I know how to make a bottle, I know how to feed them, so, that is why I am a proud father. So, I don’t see any problem. We were raised by women. [M repeats] Yeah, because we are men, and we are still men in the household.
M: You’re still a man in the house.

I: Yeah, still men, we are men.

M: So in what way are you still a man?

I: Come again?

M: So in what way are you still a man, do you feel that you are a man?

I: No I feel, to be a man, because now I have my own kids now, I can take care of them, because all of the things my mother told me, now it’s easy for me to do than to go and ask somebody, hey come, and help, you see. Because if, if it was not that ne, I think maybe even me myself I will give up to my kids and say, I won’t, I won’t do this, because I’m a man and it’s hard for me, so.

M: But because you were raised by your mother –

I: Yeah, because I raised by my mother, and then I... were helping her, and I will see how she do things, you see. So I saw, no, Manon you know what, I won’t just throw my kids away, let me continue doing this, as I’m doing right now. You see.

Adam, who earlier described what it is to be a man as needing to “stand firm”, went on (in response to “what is currently seen as a man”) to say:

Your kids must see, this is our dad, you can do 1-2-3.

So he is another man who links his masculine identity with competence, and importantly, being seen as competent and capable – almost like a problem-solver. As stated earlier, he has been a single father for a long time, since his daughter’s infancy, and for many years did all the care and household work himself, telling himself that he was “supposed to” and “had no choice”. Like Amos, he came to enjoy it:

M: And was it hard for you to do the household tasks and to take the primary care of her?

I: It was not tough, because I was supposed to. Nobody else would do it, because I was supposed to hold the bull by the horns, you know. To do everything. I will do it, enjoy do it, I enjoy doing household things.

M: Yeah?

I: I enjoy cooking, cleaning, so. I had no choice, but I had to.

M: And what do you enjoy about it? Or what did you enjoy about it?

I: You know, cooking for them, for [children’s names]. You know, when they eat, they tell you how nice is the food. [M smiles] It gives me joy. Cause they enjoy what I’m doing. And whatever you offer, they enjoy,
they love it. So, it makes me feel great, that at least they see that even if my mother is not there, but my
dad can do something for me. You know. So, I don’t want to fail her. I don’t want to fail her, you see.

Here he also constructs mothers as superior parents – an idea that fits with his rather
traditional views on the division of labour – he views cooking, cleaning and tidying as “the
mother’s department” – but when the context is not amenable to getting out of the work, one
does what needs to be done as a man and for the benefit of one’s child. In addition to
reframing care work as taking responsibility, and therefore masculine, he also constructs
certain tasks as masculine, like cooking: “top chefs are men”, to justify an instance where he
says there is nothing wrong with men cooking. The idea of competence also resurfaces when
he talks about being better at certain tasks than his current wife, justifying his involvement:

M: And right now, you’re staying with your wife, [I: yes] and your two daughters right now [I: yes], how is
the household division right now? Who does what?

I: You know, like, I’m not working. When they left, in the morning I wake up and prepare [pause] what
makes me happy is that my wife cannot cook oats than I do. [M chuckles] My daughter will say, mommy
don’t you do it! [M laughs] So, she knows. She knows, I can’t do it better than you. So I clean shoes for
everybody. Prepare lunch for both my daughters when they go to school. So… I just tidy the house.

So, for Adam and Amos, very substantial contributions to care and household work (or taking
it on singlehandedly in the recent past) are not viewed grudgingly: despite viewing the work
as women’s work, they have modified aspects of patriarchal discourse to naturalise this work
and make it more masculine, and also come to view it as a reflection of their paternal
competence. Adam never explains why – given he lives with four adult children – he still
does so much in the household – it seems very much because he enjoys doing it.

Indeed ‘loving’ or enjoying care work has emerged quite strongly: for Bheki and John, being
a man is “doing everything” and “loving it”. At the end of the following extract, John makes
quite an effort to assert that he is a man, and that care work is not un-masculine, after having
detailed extensive ‘feminine’ care duties to the interviewer:

M: Can you describe then in what ways you feel like a man?

I: [pause] I feel like a man because I’m doing everything. In my mind, when I do cooking, doesn’t feel like,
sighing, low voice] I’m not a man. A man must be strong, and be harder – no! I feel like a man that I love
doing what I’m doing. And I love my kids. I don’t do for somebody, showing somebody [strong voice] that
I’m a man, I won’t do this, this, no! It doesn’t mean if you said, I won’t cook, my wife need to cook, then
you are a man. No! you need to help your wife to whatever you do. If she feels sick, you do it. Even if she
doesn’t feel sick or is fine, if you feel like, I’m gonna go to do the pots. I need to clean this house, clean the house... I’m a man! [pause] [higher voice] You hear me, I’m a man! You hear me, I’m a man.

4.2. The emergence of more egalitarian discourse

There are also men who do a lot of care and household work but do not express patriarchal ideas about the division of labour; whose discourse matches their reported behaviour rather than lagging behind it.

Lethabo is a single father living with his sister and her daughter, and his teenage son (16), whom he has been a single father to since his wife left him when their son was a baby. As with all the men, the central aspect to his fatherhood is taking responsibility despite difficulty, with care consistently constructed as being very difficult, at least in the beginning. He constructs his caregiving as different to other men, who “don’t do these things”, and justifies it, as do Adam and Amos, with recourse to arguments relating to practicality and necessity:

M: Yeah, and do you feel that other men in your community comment on you, or are critical of you being -?

I: Others they say I’m doing great things, yes.

M: Other men say this?

I: Yes. Even the ladies, they are so surprised see me raising my son like this...

M: And what do the men tell you, when they say you are doing great, can you explain more?

I: OK, the men, they can say, damn you see, [Lethabo], you are so different, even to us. Because you see that, even me, I will never wash my baby, I will never wipe my baby. My girlfriend wiping, do those things, me I don’t do those things, you see. Something like...

M: But do you feel that there are expectations of you to be another kind of father, that doesn’t wipe his children, or that doesn’t do that kind of thing?

I: I think it’s not a, it’s not a problem. Even if you are a father, to do those things. To wipe your son. But OK, let’s say, your wife is sick. Can’t do anything, can’t take care of the son. What will you do? You as a father. You must also do those things, you see.

While the ‘what if the wife is sick’ argument appears to suggest that she, or women more generally, carry primary responsibility for caregiving, later discussion suggests that his ideas about gender and parenting are less black and white. Before his wife left, it appears that she did the bulk of the care work, and for a time after she left, Lethabo’s mother took on this work. But then she died, and Lethabo had to do a lot of work – such as washing, cleaning,
cooking, taking the child to crèche, going to school meetings, learning about child health and nutrition – lots of it for the first time:

I: Yes, because that time, I was losing my mother. My mother was helping me a lot.

M: And what did she do for you?

I: For me, it’s like, I was never wipe, she was, she was doing that, those things. But you see, when she passed away...I must see, now I must wipe [my son] now. Something like that, I must wash [him], you see, I must feed [him], now it’s time to sleep, must take [him] to sleep, something like that... that time was hard, was hard. But now...

Being a single carer was so difficult that he says he used to cry. In relating this, he has seemingly dispensed with a need to perform as a ‘man’ to the interviewer, in contrast to some of the other men (for example, Sanele, Qinisela, John). The difficulty does not necessarily stem from an idea of it being feminine or degrading: he does not see any distinction in parental roles between mothers and fathers:

M: OK, but in general, what do you see as, what should a mother do for her children, and what should a father do for their children?

I: In fact, you must be there for... for your own blood, be there, you see... Both of us. Not one. You see. To give this young man, yeah, a good life, you see.

M: But what is a good mother?

I: A good mother is, you must be there for your son.

Earlier when asked about what a man is, he says “a man is a man because he’s a man”, suggesting he does not see essential differences between men and women.

Finally, he has come to love doing what was once extremely difficult (in the same way as Adam, Amos, John and Bheki), because it reminds him that he is facing up to parenting challenges and succeeding, which reinforces his masculine identity, premised on taking responsibility. This success, interestingly, is also confirmed for him by other people expressing the belief that his son has a mother because he is so well-cared for. This highlights Letabo’s belief in the superiority of mothers as parents, despite not being able to articulate differences between men and women and mothers and fathers. This seems to be linked less with gendered ideas and more to his own grief – he talks about his late mother a lot during the interview (“everyone needs a mom. Even me, I still need my mom”).

M: And can you explain this? How you notice that you are accepted?
I: Yes, because others ne, they are, they talk, you see, look at his son... he’s a father, but you don’t see the difference, that there is no mother there. You can even see this boy, even you can see, you would think that he’s got a mother, but there is no mother. There is just a father. You do things...

M: They also accept that you do tasks that are associated with mothers, [I: yes] such as wiping and cleaning [I: yes]. Does that not make you feel uncomfortable to do?

I: No, will do, because that thing you’re facing, you must do it. And you love it.

M: Love it [I: yes]. Do you love it?

I: Yes! Do love it.

M: And why do you love it?

I: Because it’s there [laughs] you face this, those things, you must face it. Because there is no one [else who] can.

Sanele – who takes care of his nieces completely on his own – also has egalitarian conceptions of gender roles. In the extract below he recognises that traditional gender roles have shifted, and that this is not a bad thing. He states that more women entering the labour market provides an opportunity for men to develop stronger “bonds” with their children, and suggests that changing times will leave behind those who “think because of his or her gender”:

M: And do you feel that mothers are the one who should take the primary care and doing household tasks, and that the father is just there to mainly support the family and to be around?

I: [pause] Yes, yeah, it still happens, like, even with people who are financially stable. You can see that thing is still there, you know. But I don’t think it’s supposed to be like that, you know. We supposed to be both both a mother and a father, we’re supposed to to to... take care of our, of our children. The same way. [M: hmm yeah] so that you create that bond, that they are not scared of asking a dad when – cause, you know, that’s what happens, when when maybe the mother of the child pass away, then they’re left with their dad. They are not comfortable in talking with the dad. You understand? [M: yes].

M: And why would you think that other people would see the caregiving and the household as women’s tasks? [repeats].

I: [pause] I think it’s, it’s, it’s because of our, of the past. In the past, it was like that, you know? Like, [pause] in the past, women never used to go and work. [M: hm] But they, in our days, women, they work. They are in in in big position these days. Those days, men they will go to the cities and go and work. Then, the mom will stay with the kids at home. Then, yeah... this was their duty. [M: yeah] Yeah, but today, these
days you find that a man, a woman, earns a lot, than than than the father of the house. [M: yeah] so, yeah, yeah.

M: So that the position is turned around, that the woman is the breadwinner.

I: Exactly, that I think, yeah. These days, yeah, it have changed, the equality, yeah.

M: And how do you feel about that being a man? [chuckles]

I: [pause] Being a man.

M: Yeah, that women are advancing on the labour market and are maybe in some cases the breadwinner of the family [repeats].

I: [pause] Nah, I think, I think, it’s it’s cool, man, it’s cool. [M: hm] ‘Cause, you know, with the… the world I think is gonna be a better place to the… without a person who thinks because of his or her gender… yeah. Because we gonna, that allows us, [stammer] as the man to have… a better bond with our kids. Unlike before, when we used to work, men used to work 24/7. [M: yeah] Their careers used to be their excuse not to come home evening, you know. [M: yeah] Though now, it’s balanced. It’s balanced. That means our kids, like, we are with our kids, like, equally. [M: yeah] yeah.

M: That’s nice. And do you see, still see some differences between what women are and what men are? [repeats].

I: [pause] Not really. No, not really.

Nevertheless, in response to, “do you feel like less of a man in certain ways”, he says no, because he will eventually get a job and a girlfriend, implying that these parts constitute a ‘full’ man. Indeed the extract above is notable for its possible uncertainty, or lack of practice in articulating the new, gender-equal discourse, evidenced by multiple pauses and the need to have questions repeated.

Below are some plausible (due to the detail) examples of his direct and indirect care tasks:

M: So what are your daily caring tasks for them?

I: Daily caring, as I said that –

M: Yeah, you already said, going to school and –

I: Then I have to cook during the day. Make sure that they come home, there’s good. Especially the other one, who go to the normal school, that one, she loves food [mumbles].

M: She loves?
I: She loves food [M: Oh, food]. Yeah, that one, yeah. Even this morning she wanted something, yeah. So in the morning I have to do the, the sandwiches... for for for school. Yeah. During the day I have to cook, so that when they come back home, they get food. Yeah.

M: And what else do you do with them?

I: Then, ‘cause, the ironing, I have to iron for them. Then, yeah... but this days, I only iron once, maybe on Sunday, so that I iron for the whole week [M: hm]. Then, on Saturday or on Friday, I wash, I do the washing. Yeah... yeah.

Patrick, when talking about care work, also uses a lot of detail, in contrast to, for example Emmanuel, a ‘supportive’ caregiver who talks about cooking and cleaning in very general, non-specific terms. For example, Patrick talks about: (a) enjoying cleaning the house as it provides an opportunity to tune out – he puts on the music and switches off; (b) disliking doing the laundry in winter; (c) cooking, which he learned how to do from his father, who worked as a chef. The extract below shows how he uses cooking to bond with his older son:

‘Cause when I’m there, even if I don’t call him, but once he finds out that I’m cooking he’s going to be sitting there in the kitchen [M chuckles], asking me, why now you are putting tomato? Why now you cutting these? Don’t you afraid – are you not afraid of cutting your finger? [both chuckle] [You must do it] with patience, you understand?

This is an interesting case of male bonding over a traditionally feminine task, and also, of teaching associated skills to a young man.

Patrick is another man whose interview is characterised by the use of alternate and more egalitarian gender discourse. Like Lethabo, he does not see differences between men and women in parenting roles, despite earlier in the interview stating that women are superior parents:

M: So what would you say are the mother’s roles in taking care of children and what are the father’s roles?

I: As I said the first time that you know what, taking care of a child... it’s being yourself. So I don’t I don’t think there’s a difference. As long as the child is comfortable.

This idea seems to fit with how, since being separated from his wife, and becoming more aware of what she gave to the children that was unique, he has tried to change his parenting style so that he can be more like her. Like other men, he says emotional work does not come naturally. He noticed his sons were happier after spending time with their mother, and realising this could be because of his own failures to show his love to them. Again, it is this aspect that is considered difficult, as opposed to care and household work, which became
easier with practice and experience, and importantly, after moving past ideas that men cannot or should not do this work:

M: But you, you did say in the beginning that you felt hard as a man to take care of children...

I: That was, that was before I experienced that, you understand? That’s why I said [M: hmm], yeah, that, that was before I experienced it. Because since I experienced that raising kids is where I started to see that, most of the things, the the there’s no difference on that [M: hmm]. That depends on you. That’s why I said before... I find it difficult, because, I thought, you see, sometimes as a man, this I can’t do. Maybe that I can’t do. But if you stand up and do it, it’s where you see that no, nothing is difficult on doing those things. That’s the same thing that maybe I can think maybe I’m holding a phone. You holding a phone. Maybe I can think maybe that phone, eish, maybe it’s difficult to use it. But once I have the phone in my hands, I start pressing the phone, maybe I’ll find out [laughs] that there’s one difficult thing there.

M: But, do you feel that, other people would still think that caring for children is something for the mother and providing is something for the father? Is that still alive, that idea, although you have changed of course, because you have experienced it, other people [repeats].

I: Yeah. That’s still happening. A lot. Cause you see, what I’m saying that, even guys, a man, fathers, come to me, and ask me how do manage, look, ‘cause, that’s something that’s not easy to do. As a man. ‘Cause you see... as a man, a man does have that mindset, that you know what, I’m a man. I don’t have to change a child’s nappy. I don’t have to feed the child. That’s, that’s the duty of a woman. I don’t have to do those things. There is still people who believe in those things. You understand what I’m saying? Of which, those are the, some of the people who are coming to me to find out from me how do they manage to do it? [shortly interrupted] There is people are still thinking that the, raising kids is one duty for woman. There is a lot of them, a lot of them.

His comparison of care and household work (excluding emotional work) with using a phone shows that he views this as almost a technical exercise: all that is required is knowledge of how something works to overcome ideas about innate male incompetence (or rather lack of suitability when compared to women). These ideas accord with feelings of low self-efficacy when first starting to do something new, and may justify men’s continued absence from these tasks and hence never learning. He also talks of pride standing in the way of developing competence. Incompetence or lack of knowledge among men is rife, and this is because women overwhelmingly do this work, but asking help from women is commonly regarded as a weakness (but as illustrated in the previous extract, men have no problem asking another man for this kind of help):
I’m gonna say, men, we are stubborn [M chuckles]. Yeah, I’m going to say that. I’m going to say that. Because, I also wanted to be, but I had to take my pride, and put it aside. ‘Cause, some, most esp- most of the time because of pride. That I’m a man, I can’t must, seek help from a woman, what am I gonna need from a woman? You understand what I’m saying? But want to still have that ego. You you you you gonna you gonna fail in many things. Only to find out that the help was in front of you, right in your face. But because you had that ego, that I’m a man, I can’t seek help from woman – I mean, I couldn’t go from a, as a man, go and seek for help of raising kids, to other men. No, I couldn’t. But I had to go and mothers, because I know most of the time, mothers who, those are the people who understand kids better than a man, you understand. So, there still guys, they find it like… no use to go and look for help in a woman, you understand what I’m saying. Of which, that’s totally wrong.

Finally, he says that putting one’s pride aside and doing feminine work is not the same as being less of a man. It is instead evidence of being a man – of taking responsibility and putting the family first.

I’m trying to be a caring father. That’s, it’s being a, for my, to me, it’s being a caring father. You care. It’s not because you’re a man you can’t do this, you can’t do that, no. But if you can, if you love your kids, if you want to see your kids being something, somewhere, someday, you gonna have to put your pride aside. ‘Cause what kills us people, we full of pride. Most of the time. It’s what, it’s what I hate, because I also, before experiencing this type of things, I was also having that attitude. How I’m going to raise this kids? I’m not a woman. How I’m going to do this and that? Because I was full of that pride of no, I can’t do this, because I’m a man. I don’t kn- the day I saw that that doesn’t work. It doesn’t work like that. Cause that means, even if I’m staying with a woman, I still have to give a hand and help her. With the child, I have to change the nappy of the child… gonna have to. When I’m at home – because she can’t just leave cooking and come and change the nappy of the child, because she’s a woman, and I’m just sitting doing nothing. I mean, it’s not fair [laughs]. It’s not fair.

M: And in what ways would you say that you are a man? [repeats]

I: No, in what ways that I’m going to say that I’m a man, man is not man because maybe I’m wearing trousers, or maybe because I’m having my manhood [M chuckles]. A man is, because we can say, there’s a boy, there’s a child is a boy, there’s a teenager boy, being a man, a man is a person who stand for his family all the time. That is what I call being a man. Puts his family first in whatever that he does.

Interestingly, he is also one of the few who – in addition to justifying his care work with recourse to arguments about taking responsibility for the needs of their children – also explicitly says that not doing the work would be unfair to women. Frequently the implication of the arguments made by many men is that if there were a woman around to do the work then they would do less of it.
Tom also recognises the arguments relating to equality between men and women. After a discussion about government policies and programmes that are focused on women, and in response to a question about whether he thinks the government unfairly prioritises women, he says:

I: Some people think that the government prioritises women more than men. But I don’t think that’s the case. Because the government, what it’s saying is that, it’s readdressing the imbalances of the past, where women were excluded from certain things, like getting decent employment, getting equal rights, things like that. So, I think it’s, the government what is trying to do, is to level the playing field and treating everybody equally.

Tom, who also did all care work even when his wife was alive (because she worked full-time), never constructs this work as difficult – in stark contrast to many of the other men, who – at least when they started doing this work – describe it as extremely difficult. As described previously, it is the emotional work that he struggles with, and possibly chronic depression. Below we see vivid examples of his direct and indirect care work relating to cooking (and learning about nutritious food) and doing laundry:

M: And what do you like to cook?
I: To be honest with you, I’m learning new recipes [M chuckles]. Because cooking is my passion now lately. If you can see at my house, I’ve got different types of books, cooking including baking. Because what I’ve realised is that we used to ask ourself, why are white people not getting sick just like we do get sick. Because we get this high blood pressure. And then, because my mom also had high blood pressure. And the doctors said, you must not eat red meat a lot, stop eating fat stuff with salt, so change your diet. Then, I started developing this new ideas and I said, what can I eat then? As I see, most, if I take restaurant, most people, they like this lettuce, they like fish, they like veggies, prawns, the things we say, oh, these are expensive. Then I said to myself, what is it that they are enjoying so much? Let me try this. Then after time, the things are so nice. Then, I’ve got recipes – I’m trying different type of food. But now that I’m living with my brother, they normally buy red meat and chicken and fish, so I changed. Basically, African cuisine when I’m at home. But when I’m at my, when I was with money, I do the recipes that I saw in the books.

M: Yeah, so right now, so how are the household tasks divided, because now you’re at home again with your brothers?
I: I do everything to be honest with you. I clean the house, I cook for their children, like, I don’t mind because you know they were there for me financially. During the most difficult time. So, like, even my younger brother, he used to sometimes buy the clothes for my child. When I was not totally working. So, like I said, even if they make dishes dirty and everything, I’ll clean the house, because I’m there during the day when they’re at work. And I cook and do everything, I don’t get tired... so everything, I’m there. So we
have a washing machine, I don't worry about that, because I put that stuff, to the machine and it will wash. The only thing I do is to iron clothes for myself and for myself. So that every time he goes to school sharp.

The second part of the extract is notable for showing that, because his brothers are working during the day, he sees it as natural that he stays at home and does the household work – like the traditional housewife in conservative, hegemonic conceptions of femininity. This is despite the fact that he also works full-time, at night. He seems to compensate for being introverted, a perceived failing, by doing lots of household work – practical things to show that he cares. This compensation also includes spoiling his child – shown in the extract below. The extract typifies the interview as a whole for its lack of overtly gendered language:

M: So how do you feel women and men are similar and different? [repeats]  
I: There are similarities, but we are different. Women, just like men, they do have love for their children. But they show – we, as men, show our love in a different way. So, as I’ve said that now things have changed, it’s a learning process for us, that we too as men, we need to take care of our children by doing all of the things that women do... so, in my case it’s just that I don’t know if it’s enough, because I’m single. Because I know one thing for sure, if... my child’s mom was still around, in some of the things she would have taught him differently. Because I think sometimes I’m even spoiling him. You know what I used to do? Sometimes when he wakes up, he is supposed to wake up to go to school, he sleeps. Then, I wash him when he is still asleep. But in other, in other... houses, children, when they are supposed to wake up, they wake them up by force [smacks the table]. Wake up, go wash, go wash! Sometimes even though like they are dragging their feet, but they end up do- so I don’t have that you know, to push my child. Because I used to do that every day, then I said, no, wait a minute, I’m spoiling him, I’m dressing him. And sometimes I even put, spoon-feed him. One day my, my, my brother, said to me. No! no! no! it’s time to leave him, he’s old enough. I think that time he was still one and a half years. No, he’s a boy, he can do it. Don’t do that. But you know, I still do, today he’s eight years, I still – because sometimes I do feel that no, I’m spoiling him, I’m not supposed to do this things. I should let go. Even dresses, sometimes. He won’t dress very well, so I come, every day I assist him. But these days I said, no, look at yourself in the mirror. Make sure that your shirt collar is ok, and you button all your buttons on your shirt and you dress well and polish your shoes. So, that’s what I’m also teaching myself. Not to spoil too much, but you know, give the right direction. So that when I’m not around, he won’t struggle.

M: Yeah. And in what ways do you feel like you are a man?  
I: Man [laughs]. To be honest, I can’t express, because I’m not where I want to be. All I can say is that I’m trying. But I won’t say I’m 100 per cent like doing what I’m supposed to be doing. Ok, I’m just trying.

He, like other men, sometimes wishes the child’s mother was around, but not necessarily because she is a woman, with greater parental competence, innate mothering ability or
potential to take over care responsibilities: it seems more that it would be beneficial because the child would have a parent that is not him. He also explicitly mentions that being a single parent is difficult. And again, we see his beliefs about his own incompetence, but here directly linked with being a man (he does not fully feel like a man because he is not “where I want to be” – so in a different way, this is another example where masculinity is equated with competence.

5. The Construction of the CSG

In this section, the CSG itself is the focus of analysis. The way it is constructed influences motivations to apply for it, and to identify as primary caregivers. This is detailed below.

5.1. It’s a women’s grant/ It’s for the unemployed

In all but three cases, the men believed that the CSG was for women only, as discussed in section 2.4. George, of all the interviewees seems the most ashamed of receiving the CSG because of its feminine image, haltingly describing this failure as becoming “a little man to other men”:

M: No, but why do men, so few men apply for the Child Support Grant?

I: Yeah, because, the heart. That thing I’m talking about, the heart, and then you scared, men they know it’s a women thing, they so scared! ‘Cause you look so... stupid and other men, you see, don’t have a grant... you see. So they also make you a little man to other men.

M: A little man?

I: Yeah, you think you got a little man to other men, you see. So you low. Then, hope goes down, you see... It’s hard, you know... it’s hard. It’s hard.

M: Is it also hard for you?

I: Ey! First time, it was so hard. Ey, where am I gonna start to do the, was so heavy, ey. Go there, and then they ask you, where is the mother? Ey. I had to explain, mother, passed away. See I don’t have job or something to take care of myself with the kid and I’m trying to, ey, it’s heavy. So sad... sad, sad, sad. The women, they, just try to console you, say, I know, just go ahead. You have to do that.

M: Did other women tell you?

I: Yeah, says that, you have to do this, because you are alone, and there’s nothing you can do. Yeah. So, catch up the spirit, take care of... at least, it’s not ... So, let’s do that. So I’m still there today. Trying to do something. It was so hard... it was hard.

M: Because you felt like you –
I: I feel like I don’t have a power to be a man, you see, just feel lousy… see. Yeah, I was not alright. Yeah, I was not ok. Eys, it was hard. So that’s only, I got a heart. To, because I like to… have this this this… I like to have this, do myself, push myself, to be strong, push push push, until… that’s only what I’m trying to do. That’s the only thing.

This very deep shame stems from the emasculating need to apply for a women’s grant. Tellingly, he only receives the CSG for his son, whose mother is dead, and not for his younger daughter, whose mother is alive, and to whom he is more of a secondary caregiver. Perhaps this is an attempt at minimising his shame even though it would likely be easier for one parent to handle grant-related matters for both children.

In addition to the female image of the grant, it is also frequently understood as income support for the unemployed, so applying for it is direct evidence of this unemployment, and of not trying hard enough to look for a job, and in turn, of failing in one’s most basic duties as a man: to provide financially for the family. These intersecting class- and gender-based discourses compound the shame felt by George and also Sanele (a man who otherwise has progressive views about gender):

I: No, I don’t do it [queuing at SASSA paypoints] anymore, you know, I just go to Shoprite and buy with the card. Yeah.

M: And is it also because you don’t want to see reactions of other people?

I: [laughs loudly] [M chuckles]

M: ’Cause I would understand that.

I: That, that, that’s another one! Yeah, that’s another point, yeah. You know. Yeah. ’Cause the time when, I don’t want to go there, with those women, cause they talk a lot hey.

M: What did they talk the last time?

I: Whatever, what I just said now, they’ll say, I’ll never date a man who carries a SASSA card, no ways. Ey! You see, so…

M: Yeah, so does it sort of affect your dignity that you have to get a grant, that you cannot, that you-?

I: Yeah, at that time, when it when it happens, like, yeah, you’ll feel like, small. You feel small [M: hmm]. Yeah, but… but it’s ok, man. ’Cause you know, after all, then… if you withdrawing that money, you withdraw it with the purpose of going and buying. So if I can buy with the card, then it make it easy. Yeah. Cause I can

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59 Shoprite is a grocery store that accepts payment via SASSA-issued debit cards for grant recipients.
buy with the card, so, what is the use of going there queuing? I think those people who are going there to queue, they just want to withdraw that money to chew it.

M: To what?

I: To chew, to eat it [M: aah]. I don’t know! [laughs] Yeah.

M: That they don’t spend it right you mean?

I: I think so, yeah. ‘Cause if you, if you withdrawing with the purpose of buying, if you can buy with the card, what is the use of going their queuing? Yeah [M: yeah]. So, yeah.

Here we see that Sanele, to avoid feeling “small”, has stopped collecting his grant money from the SASSA office, instead choosing to have the money transferred directly to his debit card, which he can use at Shoprite to purchase food and other items directly. Sanele, who we saw earlier as very sensitive to what could be described as his failings with women, is also very sensitive to how women react to him: he says here that when he used to queue for the money at the office, he would hear women making dismissive remarks such as “I’ll never date a man who carries a SASSA card”. Sanele seems to have received quite negative reactions from other people in response to his caregiving: for example, earlier in the interview he mentions neighbours calling him “gay” when they saw him hanging his nieces’ underwear on the clothesline (which is not a negative comment in itself, but was intended and received in that way). Finally, negative class-based discourse is also visible, where Sanele views people who queue at SASSA to collect cash as irresponsible; as people who “chew” the money (though the reiteration of this very common view of grant recipients may just serve to legitimise his own shame-directed behaviour).

When Amos gets negative reactions, he responds by demonstrating his own capabilities:

They say “now, you are the man, you can’t…” I said no, there’s nothing I can’t do. Can’t you see that my situation is bad?

Nonetheless, not all men get such negative reactions. Amos for example also gets asked by neighbours to babysit their children. Some are viewed very favourably and get preferential (even discriminatory) treatment for doing women’s work; work they are not expected to be doing at all. This can be emboldening, as for Sizwe:

Manon, I used to take my kids when they young to the clinics. So, if if the mother takes her child to the clinic, ne, they must queue in the line. But me as a father when I get in the clinic, the nurses will help me fast. They call me, OK, father, come with your child, then they take your card, then you, even, congratulate.
OK, you keep on do that. Because this thing we are doing, it’s very scarce… even that thing, it makes me a bold father, you see, yeah, you know, which means I made a difference.

Or Adam, whose friends and acquaintances – both male and female – say he is “one of a kind” (a phrase Adam repeatedly uses to describe himself) for doing what he does (for example, knowing how to cook). Having this knowledge, in a context where so few other men have it, makes him special, and he feels better about himself (see Lethabo’s quote in section 4.2 for another example of this).

The intersection of gender- and class-based discourse is further illuminated in an extract from Tom’s interview below:

M: And when the grant was announced on television, was it stated that it was for women, or not, or?

I: No, [sighs] I didn’t make a follow up to be honest. It’s the perception that I had that it was for women. Because maybe it was, the information that I got was wrong, because it was stated on television and people were generally speaking about it, that, you know what, pregnant- single women, unemployed, they gonna get grant. You know what this will lead to? People are getting, gonna get pregnant deliberately, knowing that they’re gonna get money from the govern- so, with that [M: aah] understanding, I thought, no, this was for women only, or single moms who are unemployed.

Here it does not seem that advertising directly stated that the grant was for women, but nonetheless it did not change the perception that it was for women; furthermore, popular discourse is reportedly quite negative: that this is a grant for young, single, unemployed, pregnant women, who are going to get pregnant “deliberately”. Previous research has shown how pervasive this stigmatising discourse is (and also that it is statistically false) (Makiwane, 2010; Patel et al., 2017). But in this research, we can begin to see how it affects men’s knowledge and choices relating to the CSG: not only is the grant for women, but it is also for irresponsible women, and so it is negative in different, mutually reinforcing ways. And in this specific case, very negative discourse about grant recipients probably also compounds Tom’s very negative feelings about himself – his low self-efficacy and self-doubt.

Unemployment itself is frequently constructed as abhorrent and stigmatising, despite its statistical normality in low-income South African communities – in parts of Soweto it is as high as 35% (Wazimap, 2018). Patrick, for example, says that “when you are unemployed, people will take advantage of you, you know, have words, and bad mouthing you as well”. This link has also been found in youth-focused research, where young people often avoid the
unemployed, especially once they have started working (Patel, Khan, Graham, Baldry, & Mqehe, 2016; Tinarwo, Khan, Boer, & van As, 2017).

Some men do not feel pressured by the negative discourses surrounding the grant, while recognising that they exist. John says that for many men, applying for a CSG would be like an admission of failure – “they say, you’re getting the grant, but you don’t look for a job or something like that”. He provides further detail, including how his love for his son, and recognising that the grant is crucial to meet his son’s needs, overrides any feelings of shame:

M: But how did you find out that men could apply for the Child Support Grant, because the Child Support Grant is sometimes also – I don’t know if you would agree – regarded as something that mothers apply for, or women apply for?

I: No other guys, they are ashamed to apply for grant. Because they feel like they failed. But doesn’t think that... if he doesn’t have anything, then the kids will suffer. Because this money is for the kids, not for him. You spend for your kid. Anything he wants... buy for him. It’s not for us. We not need to take the money and buy something, make sure that you buy something for your kid or anything he wants or whatever. Or you put it somewhere and maybe at school they use that at school. Make sure that money works for his kids. Not for you.

M: So maybe men are ashamed to apply.

I: Exactly.

M: And you weren’t.

I: [Makes dismissing sound]

M: And why not?

I: [High voice] Because I love my son!

At another point in the interview John also says that he applied for the grant because he and his wife were not working: once again revealing the association between the grant and unemployment. This suggests that many employed men would not apply for it, and may explain the very low employment rates among the CSG-receiving interviewees. This is despite the fact that, at the time the interviews were conducted, 50% of South Africa’s workers earned less than R3,500 per month (Isaacs, 2016), while the individual income threshold for CSG caregivers as per the means test was also R3,500 (SASSA, 2016b). This implies that there is a high probability that if unemployed CSG-receiving men were to find work, they would earn low wages, and would therefore still satisfy the means test
requirements. A further implication is that there are working men who qualify for the CSG but do not claim it, either because they believe being employed disqualifies them, or because claiming the grant would mean having to associate with, and be associated with, the unemployed. The image of the CSG as a women’s grant and as a grant for those who are not working or who have ‘given up’, is thus doubly damaging to efforts to present a ‘normal’ masculine image, and in turn, to greater rates of male CSG uptake.

The construction of the grant as feminine also influences interactions between the male applicants and SASSA staff. Some SASSA staff seem to also view the grant as for women only. Bheki delayed application for years because he believed that SASSA staff would not believe that he was a primary carer. Qinisela’s experience appears to justify this belief – for him (and his brother, another male CSG carer from whom he discovered he could apply) the grant application process was very difficult and time-consuming because he had to prove – through the courts – that he was the primary carer to his child. He also claims this is the reason why male uptake of the grant is not higher.

5.2. A useful income supplement: uses of the grant

John’s quote on page 189 exemplifies the trend across interviews of men viewing the CSG as an amount of money that is for their children. It is almost always described as a very helpful income supplement to support their needs, as in Lethabo’s case:

I: You see, help, SASSA helped me a lot...

M: What do you mean exactly?

I: I mean, maybe I’ve got nothing, you see. Maybe I want to go to pay school this month, maybe I’ve got 200 rand. But this money will add to this 200. You see? And then I go to pay.

Earlier we saw how being left with the responsibility of caring for an infant was exceptionally difficult for Lethabo after his wife left him and his mother died shortly afterwards. In the extract above we see that during this difficult period, SASSA proved to be a big help when he was on his own, ameliorating the stresses of financial provision. In the final sentence we see that sometimes the grant was more than all the other cash he had available, at least doubling his income. The regularity and predictability of the payments is also crucial, especially given the fact that only one of these men is in stable, full-time employment with regular income. John’s remark illustrates this: “I don’t have money anytime, every day, every month. Sometimes… pass 2 months or 3 months, I didn’t have anything”. Questions about how the grant is used are almost always followed by a detailed
description of food and schooling. The men therefore appear to be using the grant for the intended purposes, in the same way as women would (DSD et al., 2011, 2012; Patel et al., 2013, 2017).

5.3. Challenges in the environment/services

While the CSG is universally regarded as being very useful, there is also consensus that the money is not enough in a context where paid work is very difficult to come by, and where services are not working adequately (as found in research with female grant recipients – Patel et al., 2017). One such service is education. Five men talked about the need to cover school fees, for example Adam, in response to why he applied for the CSG:

I look at my situation and I said, I’m not working, and I must provide for this girl... the only way, this is the only way, I must go and get a support grant for my...and it helps me a lot. Because [school name] is expensive, [school name]. So, even the uniform is expensive. The school fees. So, it helps me.

This is despite beneficiaries of the CSG being legally entitled to attend no-fee schools, or to fee exemptions in fee-paying schools. While the reasons for this were not addressed in the interviews, we can assume that fees are being paid either because the men do not know (ie, they have not been informed) that their children qualify for no-fee schools, or they know but choose not to send children to them due to concerns about quality (and Adam is one of several men who express a determination for their children to be well-educated). In either circumstance, essential services are not working adequately. Moreover, Lethabo, when stating why he applied for the CSG, mentions his wife’s irresponsibility, which took the form of drinking and not paying school fees. The latter led to the child being taken out of class and made to sit in the school hall, along with other children whose fees had not been paid.

Another service that appears to be working sub-optimally is SASSA’s processing of applications and means-testing. Earlier, problems encountered by men in proving primary caregiving to mistrusting staff were outlined. Another problem relates to the type of grant issued. One of Sanele’s nieces has a mental disability, and attends a school for children with special needs. A year before the date of the interview he applied for a Care Dependency Grant (a grant with a significantly larger value, which the child’s mother received on her behalf before her death); an application that took a year for SASSA to process. During this time, he did not receive any support for this child. Now he receives a CSG for her and his other niece. But he still needs to pay for a special needs school, and in addition, has to spend R500 per month on transport to and from this school. Other research shows how South
Africa’s failures to provide affordable and efficient public transport disproportionately impacts the poor (Graham et al., 2016).

Patrick, who recognises women’s superior competence in general, believes this competence is institutional or socialised – that women are targeted by social services, and as highlighted earlier, men are too proud to ask for help:

Learning, asking, is where you find out that, you know, or maybe when the child temperature is high... you know, ok, when the temperature’s high, what’s that you should, what you have to take. ‘Cause as a man, I can’t just know those things without asking. As you know, because those are the things that women know, because they teach them at the hospital most of the time, when they go to clinics, they attend programs at clinics and stuff, is where they learn that from. But me as a man, because I’m not always there, I don’t know some of the things [M: hm]. But I should go and ask for them, that you know, when the child doesn’t want to eat, maybe for a day, or maybe, you ask to eat, the child doesn’t want to eat. How am I going to know those things if I don’t ask? So I should go ask, I should ask [M: hm]. So in order for me to know, that if my child doesn’t eat, now I must, what steps do I take, what step does I have to take. Or maybe the food I cooked, but only find out that the food I cooked, he eat it, he usually eat the food, but today he lose appetite, what’s wrong with that? So I should find out about it. Understand?

6. Case Study: Ludo

Ludo, a 68-year-old grandfather, applied for the CSG after going to SASSA because he thought his daughter-in-law (who was married to his deceased son) was misspending the grant money. He then found that he could claim it for his grandson instead. The 10-year-old boy, who appeared to have his own problems with his mother (“she couldn’t control him”), then chose to move in with his grandfather. Ludo’s intention when visiting SASSA was to complain about his daughter-in-law and to have SASSA intervene in some way to improve her behaviour; he did not know that men could apply for the grant. He – like most of the other men – believed it was for women only. He recalls when he saw an advertisement for the CSG on TV for the first time:

Well, as it was announced on TV, I told myself, ey, I told myself, some of these girls will be able to provide for their children.

He says that he used the money for food and clothing for his grandson, and when the CSG is discussed in the interview he refers to it as “his money”; ie his grandson’s, and not as an addition to his own income.
He has had a very difficult life, with a history of childhood abuse and being let down and abandoned by a series of people – first by his mother, an abusive alcoholic who was a victim of abuse herself at the hands of his stepfather; his wife, after the break-down of their marriage when their son was an infant; his son, who Ludo raised alone and who died as an adult (with his death seemingly related to drug abuse); and recently his now 15-year-old grandson, who shortly before the interview moved back in with his mother. He took care of all of these people (except his wife who did not seem to depend on him), with the understanding that they all needed him in similar ways: as a capable person to support them. His mother needed someone reliable to share her care burden with in a context of living with an abusive and irresponsible husband; his infant son needed a caregiver when no one else was around to protect him; and his grandson needed a responsible adult given the apparent irresponsibility of his mother:

You know, I’m a brother. I’m a sister. I’m a mother. I’m a father. To all the people that I live with. Because everything, they rely on me.

Ostensibly, this history has shaped Ludo’s sense of what being a father means. Fatherhood for him takes the form of being reliable, prioritising one’s dependents, and always being aware of their needs. This salience of the caregiver identity (as opposed to the narrower father identity) is shown in the extract above, as well as below, where being present takes the form of always having his grandchild on his mind:

M: And what, how would you describe yourself as a father for him, what kind of a father were you for him?
I: [Pause] Just like his father. Because sometimes he, instead of he say grandfather, he said, father… I liked him too much. Because every time, even if I go out, when the sun goes down, I think of him, that he must have food, he must be ready for school the next day, or maybe wants to go and visit the mother over the weekend. See that I give him money, so he goes, maybe Friday and Sunday night he comes back. Because I used to be in touch with the mother every time when he’s at the other side. Where is he? No he’s not here. Alright. As soon as he comes in, just give me a call, or just miss me, then I phone back.

Practicality and being capable also figure often as central components in his discourse of fatherhood and of how he sees himself (and indeed, how others see him and why they need him). In response to negative reactions from others to his assumption of feminine care work, one of whom said he should find a woman to do the work, he says:

60 Here he means that the boy’s mother should ring him without the expectation of being answered, and that he would use his mobile credit to call back.
I’ve got my own hands, I’m still, I’m 68 years of age. I can do anything. Anything.

Like others, care and household work is constructed as something he needs to do. In his case, while this association was reinforced by being left with a small child to look after when he was a young father, it was formed when he was a child, and he would be beaten if he did not do the work (or if he did not do it properly). Moreover, the abandonment by his wife (she went out to “buy a pair of shoes” and never came back) made him feel suicidal, and taking responsibility for his young son is framed almost as a way of keeping himself alive:

M: So how do you feel about being a man and doing those things ['those things' being the work described in the next extract below]?

I: [sighs] Ey. I feel great, you know? Because I’ve lived with the couple of ladies, but they, even, I got married in 1980 [thinks] I got married in 1988 [pause – thinks aloud about dates], on the 6th of January... the lady said she’s gonna buy a pair of shoes. Since then, she left. I saw her, she left me with the boy, he was about 3 years [more thinking aloud about dates and when he next saw her – seems to be three years later and she said she was not coming back]. There was time that I decided that, man, what’s the use, of until death do us part with this lady? And... what she did to me, she just left me. When I tell her, look, man, we are married, said, what is marriage? Marriage is nothing [M snorts], so, it came to my mind that I must rather just kill myself, you know. What am I living for? What trust must I have? So, one question came across my mind, that, alright, you could kill yourself, alright, what about this boy? She has no love for your son. You see? So if you’re gonna die, how he’s gonna live? [mumbles] So it was heart-breaking. Since then I decided, just stay away from this ladies. Just be alone. Until now [M: hmm]. So, my heart is sealed. There is no more pain, or needle that can punch it, you see. While god created this people, but the brains, they don’t match. You see.

Now, he describes household work as something he enjoys – he enjoys it because he is good at it and recognised as such (so it reflects his competence; his capability), and because it has been part of his life for so long (so it has become part of who he is). Below is an extract where he describes, in vivid detail, what he does:

M: And what is, what tasks do you enjoy doing?

I: [pause] I like cleaning. Cooking. Music, you know, sometimes I just play music, look, watch TV. I don’t do, don’t go around a lot. I stay at home most of the time.

M: And why did you like to clean?

I: My mother taught me when I could walk. Even cooking, my mother taught me how to cook. So, I like, like in the morning, when I wake up, first thing, I open up the windows. Open the door, so fresh air can come in. Then I do my bedding, clean the bedroom, go to the dining room, clean, the last room that I clean is the
kitchen. And I make sure that there is no dish that stays dirty. I make sure that I clean, I use like bleach, this Handy Andy, whatever I get that is soap. Just to keep the place clean. Most people, when they come there they ask me, where’s the momma? No, I got no momma! But now, the way it is cleaned, there somebody’s doing this for you. Said, no! Do it myself. Even the windows, I wash the curtains, I wash, I change every month.

An indicator of his competence is when other people think there is a ‘momma’ who looks after the child or keeps the house clean, which, as observed earlier, highlights how gendered caregiving is.

Like many of the other interviewees, he expounds traditional gendered discourse, with clear roles for men and women in the family and the household. And, also like many others, this discourse does not reflect how he lives his own life. As discussed, he has been an active caregiver for many people throughout his life, starting when he was a young child. He was the eldest in a household of many children. His daily tasks included cooking, cleaning, changing nappies, feeding and shopping while he was a child to his younger siblings; work that continued into adulthood and that he bore alone when his wife abandoned him and his infant son. Of all the interviewees, he is the one who talks in vivid detail about the biggest variety of care work (examples include washing curtains, cooking, his shopping schedule and how to avoid waste, preparing bottles and feeding babies) and doing it most often. It is also not clear if he actually believes what he says about gender roles or if these are just platitudes: shorthand modes of expression. For example, when he says “it is a woman’s task, of course, most of the time”, this could be read as a description of how things are rather than how they should be, given that it is followed by a description of how his specific case is different because he needed to help his mother. On the other hand, he also says things like “the mother must be around the children most of the time, while the father must go and work and see that he gets food for the children”.

M: Do you feel that you can do it as well as a woman could do [‘it’ being the description of activities in the preceding extract]?

I: Too much.

M: Or wouldn’t you regard it as a woman’s task, I don’t know. How do you see that?

I: Nah, it’s everybody’s… it is a woman’s task, of course, most of the time, but for me, because I was the first child of my mother, then, there were 4 brothers after me. So, I used to take care of them. The second one, he grew up more especially with me. So, this, I used to take care of them, wash the nappies, wash the pots, wash them, take them to the pre-school. Later, at about 4 o’clock, collect him, maybe he’s messed
up, I clean him, I wash him, put on new nappies. And things like that... so, since then, I just like to stay in a clean environment.

In terms of his ‘performance’, or enactment of masculinity during the interview, the extract below demonstrates his lack of fear about saying he cries to the interviewer (said several times in the interview), and thus demonstrates that he is not concerned about being perceived as a man in the traditional sense (ie, one who does not cry). He says he has been ridiculed for being a different kind of man (whether because of a specific instance of crying or for being a different kind of man in general, is unclear), and how this failure to fit in makes it easier for him to turn his focus to something he can control: keeping his house clean (similar to the therapeutic aspects of care work highlighted in section 4.2) and isolating himself (as with several other men – see section 3.1).

M: ...and you just said that you cried. [I: yeah] And, but some people would say that men aren’t supposed to cry?

I: They say men don’t cry, because they don’t feel what I feel in me. They don’t see what I see. Even if you try to explain it, they tell you, ah man, you not a man, you know, so, that thing caused me also to be away from friends.

M: And why would they exactly say that you’re not a man?

I: Because I’m crying! [M: hmm] you see. You don’t have to cry, I mean, it something is not right in my heart, I don’t feel nice. I really don’t feel nice, really very bad. So I decided to be, you know, most of the time, I stay alone. Instead I can clean or be busy with fixing the kettle or stove, or whatsoever. I look what is not right in the house, I clean up. If the pots are dirty, I clean up, the floor, because I got white tiles on the floor. So I don’t want the spots on them.

7. Discussion

7.1. Introduction

The major objective of this component of the study was to analyse how CSG-receiving men ‘do gender’ discursively. This has been analysed in terms of their constructions of their gender identities as fathers and as men, and then in their construction of gendered activities, that is, tasks and behaviours relating to caregiving. How individual discourse relates to both societal, commonplace discourses as well as to their own reported behaviour has been analysed too. In all cases here, elements of alternate discourses about fatherhood and masculinity are evident, to varying degrees, in how the men perceive themselves – discourses that challenge norms of father absence and in all cases motivate application for the CSG.
How this also relates to the way they construct and enact the everyday business of fathering is also important, because it yields insight into the possibilities of present, engaged fathering in a broader context where this is not the norm. Here, there is significant variation, and several men – while appearing to do gender quite differently to hegemonic standards of masculinity, still draw on elements of hegemonic discourse in order to maintain a specific masculine identity. These insights and tensions are summarised below.

7.2. Masculinity and fatherhood
Every man who was interviewed drew on ideas of taking responsibility, standing one’s ground and rising to challenges as what it meant to be a good man and a good father. The imagery used by the men is traditionally masculine, with frequent connections made between taking responsibility in difficult circumstances and strength, fortitude, resilience, capability and being a protector of children. This remarkably consistent portrayal of masculinity and fatherhood usually begins with the specific event of needing to look after a child (usually alone, but in three cases with a partner). Applying for a CSG is a key mechanism to support the care of their child(ren), and ensuing caregiving responsibility – an activity defined as either normatively or descriptively feminine – is the central challenge around which masculine identities are defined. Remaining in the lives of their children in the longer-term and succeeding at this challenge reinforces the conception the men have of themselves as responsible fathers. In some cases, the men have a strong sense of their own agency and ability to overcome difficulty for the well-being of their children. But some men do not feel particularly self-efficacious, and doubt whether they are doing enough for their children.

7.3. Care
Doubt is a result of the fact that care work is difficult. It is almost always constructed as extremely challenging in the beginning, except in a couple of cases where the men had lifelong experience of caring for siblings and parents. But interestingly, many of the men here no longer consider direct and indirect care – things like cleaning, washing, cooking and shopping – to be difficult anymore, even among single fathers who bear sole responsibility for their children. Instead, what remains difficult for many men is the emotional work of being a parent: being emotionally open and affective with their children. The emotional aspect of fatherhood is perhaps the strongest element of an alternate discourse that runs through just about all of the interviews. In this discourse of very caring masculinity, men are emotionally open: unafraid to show emotion or receive it from others; and aware that they have the power to make their children happier by being more loving. Often this awareness is
a direct result of the circumstances in which primary caregiving was enacted: ie, when the child’s female primary caregiver died, and the man had to help his children navigate through grief. This is, however, an ideal; and many men express difficulty with living up to it, often because emotional demonstrability and openness is perceived as a feminine trait. Nonetheless, they do appear to be trying.

The difficulties with emotionality highlight the gendered nature of care. For some men, difficulties stem from needing to take on responsibility for work that is regarded as feminine, either by the man himself or wider society. This creates an internal conflict, of trying to preserve one’s masculinity while filling the very feminine role of caregiver; a conflict that for many men is difficult to navigate (Nentwich & Kelan, 2013). One method of attempting to resolve this conflict involves constructing being responsible, capable of overcoming challenges, and not letting their children suffer by not caring, as components of their masculine and paternal identities, as highlighted in the previous paragraph – and all of the men do this to some degree.

But, taking responsibility relates more broadly to an orientation to present (as opposed to absent) fatherhood, and to the initial motivation to apply for the CSG and to identify as a caregiver. When it comes to how the men conceive of and enact the everyday, mundane business of caregiving, there is more variety. For seven men, traditional gender discourse about gender roles and the division of labour is stubbornly persistent, despite reported behaviour usually not according with this discourse. For three of the married men who live with their partners, hegemonic, patriarchal discourse is reflected in how they conceive of their and their wives’ roles in the household, with the latter viewed as primarily responsible for care and household work. These men strongly conceive of their roles as being about breadwinning – the traditionally dominant motivation for men in the enactment of fatherhood (Marsiglio et al., 2000). In households where men live with their wives or partners, care arrangements thus tend to follow traditional lines (with two exceptions61) – though it must be emphasised that these men do appear to at least contribute to care and household work. In households where the men do not live with their wives, the enactment of patriarchal discourse is obstructed by reality: there are no women around to do the work so they must – as Sizwe says – ‘take the bull by the horns’ and do it themselves. In some cases, the men have come to enjoy the work, so it is not clear whether they would stop doing it if circumstances changed

61 These exceptions are Amos and Adam, both of whom are married, with Amos doing most of the care work and Adam contributing evenly.
and a woman did become ‘available’ to do it instead. It is also not inconceivable that
constructing the work as feminine, and as work they only do because they have to (despite
reported enjoyment of it in some cases), is a result of a need to be perceived as a man in the
‘normal’ sense by the interviewer.

But in six cases, men express alternative discourses about caregiving that do not differentiate
what men and women ought to do for their families. For them, the difficulties of assuming
caregiving responsibility arose primarily from being inexperienced. Some of these men say
they had internalised patriarchal discourse that naturalises women for caregiving, and that
this discourse made taking initial caregiving responsibility so daunting; they did not believe
they could do it. They recognise that this discourse is simply a reflection of care
arrangements as they are, rather than as they should be: women are believed to be more
competent and so they are taught caregiving – by other women, and by social services – in
ways men are not, reinforcing the discourse about men’s lack of suitability to both direct and
indirect care. Socialised and institutionalised male incompetence thus reinforces patriarchal
discourse, which in turn likely reinforces the beliefs of men who do not have caregiving
experience about their own abilities. Even among the seven men who hold onto patriarchal
discourse, there is a firm view that all it takes is experience: for men to start doing the work
for them to gain competence and knowledge. Indeed enjoying the work and being good at it
reinforces their notion of their ability to take responsibility, and of being capable, which is
central to their masculine and paternal identities. This could be viewed as a way of
reconciling the conflict of having to do feminine work (Nentwich & Kelan, 2013). It could
also be viewed as taking control over an aspect of their lives when doing so in more
traditionally expected ways – for example, by getting a well-paying job – is unlikely. In all
cases, alternate discourse is accompanied by a recognition that holding on to gendered ideas
that they should not be doing the work, and acting on those ideas, would damage their
children. But hegemonic discourse is also rejected in two cases with explicit reference to
equality between the sexes: that women have the same rights as men and that men failing to
undertake care and household work would be unfair to women. Therefore, the dominant trend
here relating to men’s motivations as fathers is that they want and feel a need to care for their
children in ways that extend well beyond financial provision, and that resemble how mothers
usually enact parenting (Marsiglio et al., 2000).

One man – Qinisela – seems to be in the process of moving between discourses; of
inculcating new masculinity into his identity away from very traditional patriarchal views. He
has become increasingly aware of the limitations of the ‘men as providers’ discourse, because well-paying work has been so hard for him to come by, and because his wife works and appears to be the primary breadwinner. He has recently begun to see a greater role for himself in the household; a role that he articulates with recourse to alternate discourses of masculinity. Here being a man and a good father involves creating a warm household environment for his family, and making sure they are happy. This seems to be reflected in increasing care and household work, despite his confessions that he does not do as much as his wife does. He is an important case because he points to the possibilities of changing gender relations in dual-parent households (and most CSG-receiving men here are either single parents, or recently remarried to women who are not the mothers of their children).

Nonetheless, despite his changing behaviour, he holds on to patriarchal discourse relating to the roles of men and women, seeing his wife as primarily responsible for caregiving, in the same way as the six other men who explicitly articulate this discourse. Even among the six men who are more progressive in their views, elements of patriarchal discourse remain – for example, feeling ashamed when going to the SASSA offices, or about the fact of being a recipient of a ‘women’s grant’; when being called or assumed to be gay; or feeling a need to be seen as a man in certain ways by the female interviewer.

7.4. Isolation, depression, and intersecting discourses
The preceding discussion points to the powerful social pressure to enact masculinity in acceptable ways. In three cases, being seen to be a different, more caring kind of man has had distinct benefits, including being recognised and praised by members of their communities, inspiring the curiosity (rather than ridicule) of other men, and – in one case – preferential treatment when he takes his children to the clinic (he gets to jump the queue, in a context where women would often have to wait for hours). This kind of reaction is not uncommon in local (Meyiwa, 2014) and international (Nentwich & Kelan, 2013) research. But the more prevalent scenario in this study is that being a different kind of man is isolating. Eight of the 13 men do not interact much with other adults – especially men, but women as well. Sometimes this is because of the expectation that other people will not understand or endorse how they live. Here, they have internalised negative discourse that stigmatises caring men as aberrant, and chosen to limit their interactions with other people. For others, isolation is because of the low opinions they have of other men, and not wanting to fall victim to peer pressure or to anything that would distract them from their children (perceptions of crime and
violence – committed mostly by men – also drive ‘isolationist behaviour’ and mistrust of
neighbours in research among women CSG recipients in Soweto – Patel et al., 2017, p. 3).
This may be a result of experience. But it is also possible that another negative discourse has
been internalised – this time, relating to how low-income, black men are frequently portrayed
as irresponsible, criminal, violent and/or promiscuous (Makusha & Richter, 2014; Morrell et
al., 2013). Portrayals of men who are caring, involved fathers in ways more commonly
associated with mothers are scant, and indeed only two men knew of any other CSG-receiving
men – men whom they could potentially turn to for friendship or support. Clinging
to parts of patriarchal discourse by some men is thus possibly protective – given wider
societal attitudes are still very negative, and given their isolation, they identify with
traditional ideas to fit in. But some of these men explicitly place themselves at a distance
from other men, regarding themselves as different or special.

Yet there is a third discourse that is not gendered, and that may be driving not only isolation
but also feelings of inadequacy. Several men relate receiving a CSG to failure, and articulate
negative understandings about grant recipients in general. These stigmatising discourses
about grant recipients are pervasive (Hassim, 2008; Mpike et al., 2016; Patel et al., 2017) and
have been found to contribute to women grant recipients having low opinions of themselves,
and could be linked to Patel et al.’s (2017) finding that depression among female grant
recipients is widespread. Here, at least two men appear to be depressed. However, this
research shows a new aspect of the discourse relating to grants, and to the CSG in particular,
that is gendered, and that could be negatively impacting recipients. All men relate that the
CSG, as well as the supporting infrastructure – such as SASSA offices and clinics – have a
very feminine image, and given the enormous pressure to identify and be identified as a man,
this can be problematic. In addition, the CSG is often associated with unemployment, and
with a failure on the part of a caregiver to adequately fulfil the role of financial provision.
Given that this is the central component of hegemonic, ‘normative’ masculinity, the
association with unemployment combined with the association of the grant with women is
doubly damaging in men’s attempts to portray a ‘normal’ masculine identity. Finally, while
the discourses surrounding the CSG are not particularly helpful overall, a very positive
finding is that the CSG is interpreted by these men as a means to support the needs of their
children, rather than their own needs. This is consistent with the objectives of the policy and
accords with how women see the grant (ibid.; Mpike et al., 2016). There is thus no evidence
to suggest, as highlighted in chapter 2, section 4, that men may apply for and continue to
receive the grant in anticipation of the fulfilment of their own narrowly defined interests, or to wield power over women and children.

7.5. Access to services and other issues

Consistent with other research (Patel et al., 2013, 2017), this work finds that the receipt of the CSG is not supported by adequate complementary services and infrastructure. Several men here reported paying school fees (and in one case the shaming of his child when fees were not paid), despite entitlements to no-fee schools or to fee-waivers. Transport has also been found to be a very large expense. In addition, health services (and SASSA) are often perceived as geared towards women and their needs, which is sometimes viewed as exclusionary. The grant administration is also inefficient, though positive experiences were mentioned in a minority of cases. Finally, the dysfunctionality of the South African labour market, and the inability of just about all of these men to find adequately paid work, is clearly evident. Indeed, the universal difficulties in providing financially lead to a feeling that the CSG is a crucial means of support, but also that its small value does not offset the costs of care.

7.6. Summary

In summary, the way care is constructed discursively does not always relate neatly to how care is actually enacted. The nodal discourse that structures the interviews defines being a man and father as taking responsibility. In a minority of cases this responsibility is effected primarily via financial provision, and the CSG facilitates this role. This is an expression of quite traditional discourse, though effected using very untraditional means (the CSG). However, in all cases, this responsibility also encompasses traditionally feminine aspects, and it is here that we see discourse about fatherhood and masculinity changing. In all cases (to varying degrees), taking responsibility also involves an emotional presence and being loving parents. In roughly half of the cases, this is accompanied by progressive and egalitarian discourse about gender roles and the household division of labour. In the other half, traditional, patriarchal discourse that frames caregiving responsibility as the domain of women is stubbornly persistent. But in at least five cases where men articulate patriarchal discourse they still engage substantially – and sometimes by themselves – in care and household work. This is often reconciled by viewing feminine care and household work as an expression of their parental competence that enables them to take responsibility, and hence materialise their masculine identities. This is a further modification to patriarchal discourse: caring men are not constructed as people who have failed to be proper men, but instead as successful parents who have taken responsibility and mastered the difficulties of caregiving.
The implications of these findings are discussed in tandem with the findings from chapter 4 in the following concluding chapter 6.
Chapter 6: Conclusions and Recommendations

1. Introduction

South Africa’s social protection system for poor and disadvantaged children is widely considered to be a progressive social policy in its design in that it does not take the male breadwinner model of earlier Northern welfare states as its point of departure (Lund, 2008). Instead, the principle of ‘following the child’ in their family and wider social context acknowledges that the nuclear, heteronormative and marriage-based approach to social protection policy does not accord with South African realities, changing family structures and the gendered nature of the care of children (Knijn & Patel, 2018). Consequently, eligibility to the CSG at the outset adopted the principle of gender neutrality whereby both men and women qualify to receive the grant. Implicit in this design was the idea that men may be trusted with the day-to-day caring of children, which has historically been regarded as ‘women’s work’. This supposition challenges dominant gendered norms about who should care for children. Tackling these systemic inequalities between men and women could potentially tackle the root causes of social, economic and political inequality between men and women, and is considered to be central to a transformative, gender-sensitive approach to social protection (Devereux & McGregor, 2014; Holmes & Jones, 2013; Molyneux et al., 2016) discussed in chapters 1 and 2.

Despite the explicit intentions of the CSG to target both men and women as primary caregivers of children, few men (2%) take up this challenge. Given that very little is known about the men who receive child-focused social assistance – in South Africa or elsewhere – the transformative potential of more men receiving the CSG and taking on corresponding care obligations remains speculation. The aim of the study was to assess the potential of the CSG to advance gender equality in South Africa. This was achieved by interrogating first, the key gendered assumptions undergirding household spending patterns, where women are believed to be more likely to spend public assistance on children and household well-being than men (Gummerson & Schneider, 2012; Yoong et al., 2012). Second, the former assumption, if taken to its logical conclusion, implies that child nutritional outcomes may be more favourable when the primary caregiver is a woman compared to when this caregiver is a man. The study thus also explored differences in child nutritional well-being outcomes by the sex of the grant recipient, while controlling for socio-demographic factors such as age, education, employment and income. Nutritional well-being is an accepted proxy for assessing
child well-being, although positive nutritional well-being cannot be taken to imply positive
well-being in other dimensions (Patel et al., 2017). These objectives were studied by means
of statistical analyses of four waves of panel data of the NIDS, conducted between 2008 and
2015.

But quantitative analyses do not tell us much about the narratives of male primary caregivers
of the CSG, their real-life experiences as caregivers and how they construct and do gender.
The discourse analysis of the qualitative interviews provide a rich and nuanced account of
men’s perspectives as carers. This study and analysis are critical in answering the overall
research question about what the potential is of the CSG to be more transformative. It also
sheds light on the ‘conundrum’ of how to bring men into social protection policy to promote
gender equality (Patel & Mavungu, 2016).

The key findings relating to each of the above objectives are summarised in section 2 of this
chapter, and the conclusions are discussed in section 3. In section 4, the implications of the
study findings and conclusions are considered for policy review, implementation and
practice. Pointers for future research are considered; ending with reflections on the
contribution of the study.

2. Major Findings

2.1. Household spending

Notwithstanding the limitations of the widely-noted under-reporting of expenditure in
household surveys, and particularly expenditure relating to temptation goods (Evans &
Popova, 2014), as well as the fact that the NIDS data relates to household income and not to
how individual components of pooled income were used, the findings reported on in the
study are robust.

The analyses of four panel data sets of the NIDS provide no evidence to suggest that: (a)
where men receive the CSG their households are more likely to incur positive expenditure on
tobacco, alcohol or gambling than when women receive the CSG; (b) there is also no
evidence that when a consumption decision has been made, that the levels of spending on
these temptation goods is higher where men receive the CSG.

This accords with the limited evidence from other studies. For example, Evans and Popova
(2014), in a review of 19 studies from Africa, Asia and Latin America, do not find that the
receipt of cash transfers is associated with expenditures on temptation goods, by men or
women. Previous empirical reviews of the CSG find that recipients use the grant for its intended purposes – that is, for the benefit of their children (DSD et al., 2011, 2012; Patel et al., 2013, 2017). The findings in this study also go against some of the evidence suggesting that men and women (who are not necessarily grant recipients) have different spending preferences in the family sphere (Gummerson & Schneider, 2012; Yoong et al., 2012).

The two-part multiple regression analysis identified factors that are significantly associated (p<0.05 or p<0.01) with both (1) the probability that a choice to consume temptation goods is made (ie, spending amounts to either zero or greater than zero), and (2) levels of expenditure once a positive consumption choice has been made, controlling for the sex of the caregiver. These are the emotional health of the caregiver; increasing per capita household income; living in an urban area or farm area relative to a traditional rural area; caregivers having low levels of education; being a younger caregiver (under age 55); and living in the Western Cape. The findings relating to the Western Cape accord with work detailing the prevalence of alcohol abuse in that province (Gossage et al., 2014), while those relating to per capita income concur with van Walbeek and Blecher (2014), who find that alcohol and tobacco are normal goods in South Africa.

2.2. Children’s nutritional well-being

To measure the nutritional well-being of the child beneficiaries of the CSG, low height-for-age, or stunting, was used as an indicator. More accurately, the absence of stunting is taken as a reflection of nutritional well-being, while its presence reflects the lack thereof. This is a more objective and reliable variable than household spending. It is constructed in NIDS by survey enumerators taking multiple measurements of children’s height, which is then placed along a reference distribution defined by the WHO (de Onis et al., 2007; WHO, 2006) to determine whether this is a healthy height for the child’s age (Leibbrandt et al., 2016). The major aim of this analysis was to analyse whether the likelihood of stunting differs according to the sex of the adult CSG recipient, given the gendered assumptions that drive explicit or implicit female targeting of CTPs. Bivariate tests conducted in the NIDS analysis using four waves of pooled data reveal a weak association between the sex of the caregiver and child stunting that is not statistically significant (p<0.1): 24% of child height-for-age observations for children of male CSG recipients indicate stunting, while the proportion for the children cared for by female grant recipients is 20%. Across multiple panel and cross-sectional models that control for the simultaneous influence of other variables in NIDS, there is no statistically significant association between the sex of the CSG caregiver and the probability that the child
in their care is stunted. Instead, there is weak, statistically insignificant evidence (p<0.1) in one of the models (the random effects panel regression presented in Chapter 4, section 4.3) to suggest that when children are cared for by male caregivers, they are more likely to be stunted.

There are other factors in this sample that more decisively influence the probability of child stunting while controlling for the influence of the sex of the caregiver. These factors are first, child age and sex (those under the age of four, and boys, are significantly more likely to be stunted). Second, the children of more educated and employed caregivers (whether male or female) are less likely to be stunted. Third, per capita household income was also a significant predictor of stunting among CSG beneficiaries. As income rises, the likelihood of child stunting falls. Fourth, being resident in poorer provinces was associated with a higher incidence of stunting. Fifth, the relationship of the child to the carer also matters. Parents and grandparents (whether male or female) are more protective against stunting than other relatives or non-relatives. In addition, a strong effect in the panel models is that when caregivers have someone to help them look after their children, the odds of these children being stunted fall significantly. The lack of caregiving support and caregivers’ low educational attainments are two factors along which men (at least in this sample) fare worse than women. Men are also less likely to be the biological parents of their children, with greater proportions of brothers, uncles and foster-fathers than sisters, aunts and foster-mothers.

The findings relating to child sex and age, caregiver educational attainments and employment status, and household poverty; accord with other evidence from South Africa (Casale, 2016; Coetzee, 2013; Leibbrandt et al., 2016; Patel et al., 2017). Similar findings (except for child sex) have been recorded in other developing countries (Borghi et al., 2014).

2.3. Constructions of gender and caregiving

The critical discourse analysis of the qualitative interviews identified how CSG-receiving men conceive of their gender identities as men and as fathers, and relatedly how they construct the gendered activity of caring for children. Empirical evidence indicates that men tend to align themselves with hegemonic masculinity in their discourse and associated behaviours (Mavungu et al., 2013; Nentwich & Kelan, 2013; Shefer, 2014; Speer, 2002; Walker, 2005), with hegemonic masculinity privileging the ideal of men as strong, independent, emotionally non-demonstrative, decisive and prone to risk-taking (Connell &
Messerschmidt, 2005; Morrell et al., 2012). In terms of relationships with women and motives to be a father of a certain kind, this usually translates into a view of fatherhood that emphasises financial provision to the exclusion of other roles (like care work), and/or dominance of women and children (ibid.; Marsiglio et al., 2000). However, hegemonic masculinity is not immutable (Ahl, 2012; Deutsch, 2007; Nentwich & Kelan, 2013), and in certain situations South African men have been found to ‘do gender’ in very different ways (Morrell & Jewkes, 2014).

Men receiving the CSG is a clear example of this. In every case, interviewees drew on ideas of taking responsibility and rising to challenges in their characterisations of good men and good fathers. Living their lives in accordance with these characterisations is effectuated by staying in the lives of their children, being aware of their needs, and persevering in difficult circumstances. This makes the men feel strong, and the imagery used is traditionally masculine. In most cases, the CSG is described as a key means by which the men fulfil the traditional role of financial provider for their children, with many men preoccupied by financial worries. But this is interpreted less as an alignment with traditional masculinity, and more as a reflection of the deep and seemingly chronic poverty that many of these men and their families live in. Indeed, the provider role is only dominant in the discourse of two men – one is married and lives with his wife, and the other is a non-residential father who sees his child only on weekends, but who is also the primary caregiver to his sick mother. The majority place an overriding emphasis on elements of alternate discourses, clearly believing that their roles of fathers encompass much more than being an ‘ATM’ (Mavungu et al., 2013).

Nonetheless, there is a lot of variety in terms of how and what elements of alternate masculinities are expressed, as well as in the extent to which more progressive notions frequently coexist with quite traditional ideas. One relatively stable perception among the men is that being an emotionally engaged and affective caregiver is central to good fathering. This often stems from grief: the children of six CSG-receiving men have had to deal with the death of their mothers, and single fathers in particular – who have themselves had to navigate through grief for these women, who were their sisters or wives – are acutely aware of how grief affects their children’s emotional well-being. Being a father who cares about this aspect of parenting is often framed by these men in opposition to the hegemonic norm which constructs men normatively and descriptively as emotionally non-demonstrative.
However, many men also believe the flipside of this norm, which is that emotionality is a feminine trait, and that being a man makes them less capable of being emotionally open and affective with their children. For many, this remains the most difficult aspect of care, and is not as easy to master with experience and practice, in the same way as other traditionally feminine tasks that are more practical. Many men – including both those who report once having very patriarchal views and those who still express gendered ideas about the division of labour – once believed that they could not be good caregivers in the same ways as women. Care work – such as cooking, cleaning, bathing, and knowing what to do when their children are ill – was constructed as very difficult for many men in the beginning. But for both types of men, with practice, this falls away, and care work becomes an expression of the identities they have created for themselves, thus continuously reinforcing their conceptions of themselves as strong, responsible and capable men who are needed by their children. Others had done this kind of work since they were young children, and did not have the barrier of inexperience to overcome.

Care work was defined as feminine in roughly half of cases (seven of thirteen); as work that women are more suited to and therefore that they should retain primary responsibility for. Five of these men are either married or living with their female partner. In the other half of cases (six), this traditional discourse is rejected: the men do not see care work as a necessarily gendered activity, and believe that men and women should share responsibilities for the same tasks within the household. All of these men are single fathers living either alone with their children or with other adults (such as their siblings or adult children) as well. However, traditional ideas about gender roles usually do not obstruct men from doing feminine work, and nor is there sufficient evidence to indicate that the men view it grudgingly. This links with the finding that the men perceive that their children need them to do this work, and this reinforces their fatherhood and masculine identities as capable and strong. The findings on the extent of actual contributions to care work are outlined in section 2.5.

Finally, what does appear to remain difficult for some men (in addition to the emotional aspects of parenting), rather than the practical care work associated with receiving a grant, is simply the fact of receiving it. This is elaborated in the next section.

2.4. Motivations to apply for the CSG

As outlined in chapters 3 and 5, discursive constructions of masculinity, fatherhood and care were expected to influence both the motivations of men to apply for the CSG and the ways in
which childcare is actually enacted. This is because discourse – the way we structure our thoughts about our roles, activities and capabilities as individuals and as part of society – directs action (Fairclough, 2005, 2013).

In most cases, men in the study had not assumed primary caregiving responsibility with the birth of their children. Instead, this responsibility was often assumed when the mother of the children they currently care for (whether biological children or not) died, or came to be seen as irresponsible. The CSG was then used as a means to support their children and their (new) obligations as primary carers. For some men, being unable to pay ilobolo (bride price) and intlawulo (damages for impregnation) led to delays in the children moving in with them. In the rare cases where a male CSG recipient lived with the mother of his children at the time of application, application was spurred either by temporary separation or the foreign spouse not having appropriate South African identification documentation. In all but four cases, the men believed the CSG was only for women and/or the unemployed prior to the advent of the circumstance that led to the assumption of primary caregiving responsibilities.

Applying for and continuing to receive the CSG is consistently viewed as an extension of the men’s constructions of themselves as responsible, persevering, and capable men, motivated by a desire to meet their children’s financial needs (the traditional fatherhood role) and to support the care of their children (the role traditionally associated with mothers) (Marsiglio et al., 2000). This represents a reframing of how the CSG is commonly understood. It is widely viewed as a women’s grant (by the men themselves prior to receiving it and in wider society). This makes being a male grant recipient emasculating for several men, and to varying degrees. This sense of emasculation is apparent even among some men who articulate very progressive gendered discourses, as well as those who report to “love” doing traditionally feminine work. The CSG is also often associated with unemployment – and of having failed in what is hegemonic masculinity’s central fatherhood role of financial provision. The incorporation of the fact of being a CSG recipient into these men’s identities as responsible fathers could thus be interpreted as a way of reconciling the conflict of being a man who does masculinity in ways that society does not necessarily condone (Nentwich & Kelan, 2013). Applying for and continuing to receive the CSG could also be viewed as an attempt to take control in one area of their lives when doing so in more traditionally expected ways – for example, by getting a well-paying job – is unlikely.
In addition, the recognition that their children would suffer if they chose to abscond appears to outweigh any sense of shame. Indeed, many of these men explicitly characterise themselves as different kinds of men from a norm that is characterised by irresponsibility (the image of other men as prone to drinking and to violent behaviour is common) and by ‘bad’ fathers – men who do not have the best interests of their families at heart. Despite this, some of the men face negative reactions from other men and women for being apparently deviant (while a small minority of three men experience the opposite and are treated very well by both community members and service providers because they are perceived as so unusual, in a positive sense). Negative reactions (whether actually experienced or expected), a view of other men as potential bad influences, a sense of shame (because of getting a ‘women’s grant’, feeling inadequate as a provider, or simply due to the fact of receiving social assistance), and depression and low self-esteem are some of the factors that lead to isolation for eight of the men – they do not interact much with other adults (especially men). In addition, almost none of the men knew any other male CSG recipients, with whom they could potentially form a network of support.

Finally, what clearly motivates continued application for the CSG is income poverty. Many of these men recognise that despite its small value, the CSG is the only steady income that they currently receive, and the only steady income that is readily available in a context of widespread unemployment. Interestingly, none of the men talk about how poverty affects them personally, besides its effects on their ability to provide and the helplessness this engenders. In every case, they are more concerned about how their children could suffer without food, clothing, or money for school, rather than how poverty might impede them from meeting their own needs or realising their own dreams.

2.5. Care arrangements

All of the interviewed men report doing at least some care work on a continued basis, though there is a wide range in the extent of this work. Often, engagement in care is mediated by household structure – that is, whether the men live with women. The six men whose interviews are characterised by the use of quite egalitarian discourse about gender roles and about parental responsibilities for childcare, report behaviour that is consistent with their ideas about care. These men – all of whom are single fathers, or who were single fathers at some point in the past – do all or most of the direct and indirect care of their children themselves. In many cases what they say they do is supported by the way they describe this work – for example, tasks are described in vivid detail, with accompanying schedules, or with
examples of how they had learned to do certain tasks better (such as cooking). Similar findings obtained among the seven men whose discourse was more reflective of hegemonic masculinity, and of traditional gender roles. Of these men, three married men appear to be secondary caregivers to their wives, only contributing to care work when asked or when their wives are unavailable. One of these married men, however, is beginning to think differently about fatherhood, given continued unemployment, with a corresponding expansion in the kinds of tasks he undertakes within the household. The other two married men either did most of the work themselves (because of having a frail wife), or contributed evenly. The two remaining men with traditional ideas live with extended family, who they could conceivably outsource care work to but apparently do not – both because they have come to love being a meaningful involved caregiver. Many of the single fathers also love what they do, suggesting that remarrying would not necessarily change the ways they enact fatherhood.

3. Conclusions

In this section, meta-inferences are drawn about the potential of the CSG to be more gender-sensitive. This is achieved via an integrated, concluding analysis of both the quantitative and qualitative data following Creamer’s (2018) guidance. The following themes are considered below: the first theme explores the implications of the findings for gender targeting of CTs. Since gender norms are stubbornly persistent and difficult to change, the second theme considered the potential for the deconstruction of gender beliefs, norms and practices when men care. A third theme addresses factors beyond gender that mediate the impacts of social assistance on child well-being outcomes in a societal context of widespread poverty, unemployment and inequality. Finally, the research question of the study is answered, and conclusions about whether and how the CSG could be more gender-sensitive, and thus transformative, are provided.

3.1. The feasibility of gender-neutral targeting in CTPs

The rationale for studying men receiving the CSG was that the roles of men in child-centred social assistance are under-studied, and we do not know whether expanding these roles or getting more men to take on these roles would be beneficial from a gender perspective and for the promotion of child well-being. The absence of significant differences in spending and child stunting outcomes in the statistical analyses suggests that men can also be capable parents, and ‘trusted’ with cash transfers in the ways that women are. This debunks the notions that men and women have innately different parenting capabilities because of their
sex, and that men are governed by selfish or irresponsible impulses when deciding how to use household income. These notions often motivate the explicit or implicit targeting of cash transfers at women across the global South (Holmes & Jones, 2013; Yoong et al., 2012). Instead, gender is socially constructed and dictates what men and women should be, with these ideas – for example, those relating to male parental incompetence – influencing how men perceive themselves and also how policies and associated services are structured.

While the finding in one of the models that children of CSG-receiving men are possibly more likely to be stunted is statistically insignificant, the possibility that with larger samples of male caregivers and their children more definite trends could be uncovered must be entertained. The analysis of household expenditures on temptation goods suggests that it is not a lack of parental motivation, or a greater tendency to selfishness, that could be driving this potential difference. Indeed, any differences between male and female caregivers should not be interpreted as throwing into doubt the viability of gender-neutral targeting in South Africa. Instead, it points to circumstantial differences between male and female caregivers, that muddle the impact of sex – as found in other work comparing male and female cash transfer recipients (Akresh et al., 2016; Sebastian et al., 2016, Yoong et al., 2012). The men and women in the statistical sample are different along various observable dimensions that were controlled for in analyses estimating the impact of the caregiver’s sex. These included CSG-receiving men being less likely to have caregiving support than women, and being less educated, which could correlate with less knowledge about health and nutritious food. They are also less likely to be working. This could be a reflection of the commonly-articulated belief in the qualitative interviews that the CSG is for unemployed people.

Yet there are many aspects of the qualitative analysis – conducted with a different sample of urban CSG-receiving men who are nonetheless part of the same population (CSG-receiving men) – that illuminate the statistical findings; providing possible explanations for how quantitative outcomes may have come about (Miner-Rubino & Epstein Jayaratne 2007; Zachariadis et al., 2013). These factors were unobservable in the NIDS data. For example, when the men talk about how they use the grant, this talk is in every instance characterised by a focus on the child(ren) on whose behalf the CSG is received, and what their needs are (in most cases, food, clothing, and school-related expenditures). The critical discourse analysis component of these analyses also supports this interpretation – the interviewees have internalised responsibility as a central component of their masculine and paternal identities, and of how they enact these identities in caregiving. In addition, the men talk lovingly about
their children, and in most instances, the children have a definite presence in the interviews. Conversation is often steered back to them: to their likes and dispositions, their habits, and to how the men may be better fathers to them. This provides support for the interpretation that the men would be using the grant for the intended purpose – to support the well-being of their children.

Similarly, the qualitative interviews shed light on the factors that define differences between male and female caregivers that could drive different nutritional outcomes. Men consistently highlighted the lack of caregiving support. This relates not only to their households and immediate environments (many of the men are single fathers who report not interacting much with other adults), but also to the service environment, where some men report that they have faced difficulties accessing services and support that are usually targeted at female caregivers. In addition, most of the men only took on primary caregiving responsibility after an adverse circumstance (such as the death of a female carer). Prior to this point, many men had very little experience of raising children, and of the practicalities relating to, for example, cooking and cleaning. Perhaps in bigger statistical samples the initial effects of men’s lack of experience and knowledge would be more visible. This suggests that the socialisation of women into caregiving roles, supported by the targeting and tailoring of childcare services at women, could endow women with a greater ability and greater levels of knowledge about caregiving, which could result in their children faring relatively better on nutritional measures. This appears therefore less a reflection of inherent differences between the sexes, than of differences in the gendered socialisation of men and women (Yoong et al., 2012).

In conclusion, this study does not provide evidence to support the contention that CTPs should be targeted at women. When men receive the grant, they appear to use it for its intended purpose – securing the well-being of their children. This is evidence to support the contention that applying for and continuing to receive the CSG, and actually looking after your children and doing the care work, are complementary. They are not viewed as separate responsibilities by these men: one activity supports the other. This mitigates the concern raised in chapter 2, section 4.7, that men formally identifying as primary caregivers in order to access the CSG may not correspond with how care is actually enacted, and that men could be applying for the CSG for other, possibly selfish motives. Indeed the association between the grant and meeting children’s needs, and the love that the men show for their children across the interviews, could be viewed as statistically unobservable factors that underlie quantitative outcomes such as the absence of stunting or the lack of spending on temptation.
goods. Another unobservable potential causal mechanism that has been uncovered qualitatively is gradually increasing parental competence and knowledge. The qualitative evidence does suggest that for many men, especially isolated single fathers, in the beginning they probably are less competent than women in raising particularly young children. However, this knowledge and competence can be learned – indeed, older caregivers regardless of sex were found in the statistical analyses to be significantly less likely to have stunted children in their care, conceivably because of having accumulated parenting knowledge and competence. How this could be achieved is discussed in section 4.

3.2. Doing masculinity differently challenges gender norms

From the interviews, as well as the simple fact of their being male CSG recipients in the NIDS data, it is evident that when the opportunity to care becomes available, these men have taken this opportunity. Their enactment of alternate masculinities – more caring ways of being men and fathers that more resemble how mothers are expected to behave – points to the possibilities of doing masculinity differently (Deutsch, 2007; Nentwich & Kelan, 2013). Every man who was interviewed has incorporated at least some aspects of alternate masculinities into their discourse and their associated behaviours. The most common trends are: (a) striving to be more emotionally present, and (b) doing care work because they feel that it has to be done, if they wish to retain their identities as responsible, capable fathers. In most cases, this is a process: they did not always think this way, or behave in this way. The absence of significant differences with female caregivers in terms of quantitative caregiving outcomes appears to reflect this.

This reinterpretation of masculinity implies that men are not bound by the damaging norms of hegemonic masculinity that many would have grown up with, and that they are surrounded by today. In particular circumstances, they are able to reconstruct their notions of gender and care because of their own experiences, and because of their perceptions of what their children need (and in a minority of cases, what female partners would need). This reconstruction of caregiving as a central part of being a competent and responsible man and father illustrates the flexibility of what are often assumed to be rigid gender norms, and to the possibilities for men to reformulate and redefine for themselves what masculinity and fatherhood mean and how they should enact it (ibid.).

This represents a challenge to dominant assumptions about how men should be, and this challenge of the gender order – articulated through new discourses about fatherhood and the
enactment of these discourses – point to the possibilities for real social change, as predicted by critical discourse theory (Fairclough, 2005, 2013). Yet even in cases where men articulate hegemonic discourse, for example about gender roles, this does not stop them from doing gender differently to what those ideas would dictate – engaging substantially in care work. This is driven by the recognition of their children’s needs, and how doing the work makes them feel responsible and capable, despite negative wider societal attitudes.

3.3. Material poverty and class decisively undermine child well-being

An important conclusion from this work is that gendered differences between male and female caregivers appear to matter less than the conditions of poverty that affect men and women alike, and their ability to secure the well-being of their children. Low household incomes, being unemployed, and being resident in a poorer province are all strongly predictive of stunting in multiple regression modelling that controls for the sex of the caregiver. As indicated in section 2.2, a substantial portion of the child beneficiaries of the CSG are stunted regardless of their caregiver’s sex. The qualitative interviews also reveal the extent of material poverty. All the men speak of difficult living conditions, of the difficulties in finding work, and of struggling to make ends meet with what is universally regarded as a very small amount of money. In addition, complementary services that form part of the caregiving infrastructure – for example, the SASSA administration, schools, clinics and hospitals – are often said to be malfunctional, with some men paying for services that should be free (such as schooling). This is consistent with much of the work that has been conducted with female grant recipients (DSD et al., 2011; Patel et al., 2013, 2017).

3.4. The potential of the CSG to become a more gender-sensitive policy: weighing up the arguments

The study demonstrates that when men receive the CSG, they use it for the intended purposes, and they enact masculinity and fatherhood in ways that are different to a norm characterised by various forms of father absence. This finding was corroborated by the nutritional impacts of the CSG when men are the primary caregivers as well as by the qualitative data on men’s perspectives and care practices. This is a very positive outcome within these households. It is also likely that children benefit from having their fathers meaningfully involved in their lives, though this aspect was not canvassed in this study and requires further research. There is also some evidence to suggest that where men live with women, whether these are the mothers of their children or not, they contribute to care work. This would imply that care burdens are shared to some extent in households with cohabiting
couples. For single fathers, taking on the CSG and the corresponding obligations that comes with it is to likely relieve the pressure on female relatives who in similar circumstances (like the death of a mother) would generally have taken on the responsibility of the care of the child. This sharing of care burdens between men and women is key to unlocking the power of the gender-neutral principle of the design of the CSG to transform unequal gender relations.

Increasing the numbers of men who enact alternate, caring fatherhood roles could render the CSG more gender-sensitive and socially transformative in that it could serve to counteract the unequal care responsibilities that underlie gender inequality. That said, Holmes & Jones (2013) make the cogent point that moving towards more gender-sensitive social protection is a complicated endeavour. If the modus operandi of social assistance programmes for children in the global South were to suddenly change to increased male uptake as the principle of gender-neutrality implies, this could be criticised for being gender-blind and for subtly reinforcing patriarchal hierarchies in ways that are not always obvious or visible (ibid.).

Several research studies on female recipients of child-centred social assistance demonstrate the personal and financial empowerment that many women experience as a result of receiving a cash transfer. Female grant recipients also report increased control over some financial resources and decision-making over certain categories of spending due to the regularity of the income received (Alcázar Valdivia & Espinoza Iglesias, 2014; Bartholo, 2016; Hagen-Zanker et al., 2017; Jones et al., 2007; Molyneux & Thomson, 2011; Patel et al., 2013; Tebet, 2017; van den Bold et al., 2013; Wright et al., 2014). Yet many authors suggest that the inability of CTPs to substantively challenge unequal care burdens is only empowering for women in their roles as mothers and carers, to the exclusion of other parts of their identities (Bartholo, 2016; Holmes & Jones, 2013; Jones et al., 2007; Molyneux & Thomson, 2011; Patel & Hochfeld, 2011; Patel et al., 2013; Tebet, 2017). These arguments are well traversed in chapter 2, section 2.

There are hence, two competing versions of empowerment that need to be reckoned with. The first is the empowerment that results from women being enabled in their roles as mothers and carers by being provided by cash transfers to support associated care work. The second is an empowerment that stems from being freed, to an extent, from caregiving obligations, and the attendant freedom to pursue roles outside the household. This distinction between types of empowerment reflects Molyneux et al.’s (2016) distinction between non-transformative and TSP interventions. The former are ‘palliative measures that smooth over the effects of poverty’ while the latter are ‘those that aim to enhance the potential of poor people to move
out of poverty (for example, by investing in their capabilities, changing their behaviour, and helping them to overcome disabling/oppressive social relations)’ (p. 1088, parenthesis in original).

What do these debates mean for male and female recipients of the CSG from the standpoint of TSP? Most of the men in the qualitative and quantitative samples of this research were single fathers. In cases such as this, expanding male uptake of the CSG would almost certainly be very useful for them and for their children, especially in light of widespread unemployment that makes it very difficult for men to fulfil the role of financial providers, and which sometimes leads to abandonment of their families. In this sense, the CSG is certainly empowering for the men who receive it, and likely for their children too. In cases where the mother is deceased or no longer takes responsibility for the care of the children, grandmothers and relatives would normally assume such responsibility. When men assume care responsibility it could relieve female relatives from caring but it may also mean that they miss out on receiving the financial resource that comes with caregiving every month. However, this is a small amount of money that is below the amount needed to secure basic nutritional needs (Statistics South Africa, 2017b), and does not offset the costs of taking on the care of a child.

For men who live with their female partners, and who could apply for the grant instead of their partners, the answers are less clear. What if the CSG – something that has become a crucial support for many women – turns into a men’s grant? Would women feel freer? Or immediately impoverished? The one benefit of extensive uptake of the CSG by women is that it serves to empower them financially in a context of high rates of female unemployment, lower wages and higher poverty rates compared to men (Makou, 2017; WEF 2017).

Whether the second type outweighs the first type of empowerment referred to above probably hinges on the extent to which men who do not currently receive the CSG also enact more gender caring, progressive fatherhood and masculinity roles. This is something that this research cannot answer definitively. It cannot be said with certainty whether the men who were in these samples are somehow innately different to other men in similar positions, with ex ante preferences to actively engage in the well-being of their children, or have greater intrinsic motivation. One may ask: how is it that these men in the study sample managed to overcome the stigma attached to being a man and applying for the CSG? There must be many men confronted by similar circumstances, but where an opportunity to apply for a CSG and to
An identify as a primary caregiver is not taken. It is unlikely that all of them are unaware that they can apply for the CSG, which is certainly a barrier for at least some men. We also cannot lose sight of the fact that there are many men in South Africa who enact extremely harmful forms of masculinity, evidenced by the widely reported epidemic of violence against women and children (Hsiao et al., 2018; Statistics South Africa, 2018b).

It is this researcher’s contention that the men who do receive the CSG – while displaying very unusual attitudes and behaviours – are not a fundamentally different super-minority. Instead, the evidence suggests men in general can be encouraged or coached to enact fatherhood in similar ways. It appears that for many men here, applying for and receiving the grant took these men along a learning curve. Most men spoke of their limited competencies in the beginning, and the reasons for this – internalised gender norms, lack of experience, and a corresponding lack of belief in themselves. With time and experience, this seems to change, with the men becoming more competent and confident parents. In addition, while many other men were found to look down on CSG-receiving men for being the kinds of fathers they are, the evidence points to other men whose chief reactions are either admiration or curiosity, having little similar experience themselves. There is ample scope to educate men like these about the benefits to themselves, women and children of uptake of the grant and/or greater involvement in care work, and how to go about accomplishing this. This would require a normalisation of alternate discourses relating to fatherhood and masculinity, which is one of the recommendations of the study outlined in the next section.

Finally, TSP encompasses a broader set of policies than just those that are gender-sensitive. The preceding discussion suggests that expanded uptake of the CSG could be truly empowering for women. But is it empowering for men, in the sense that it transforms, rather than alleviates, the conditions of poverty they live in? The conclusion here echoes much of the work relating to the empowerment of women. As mentioned above, poor men are financially empowered by the CSG, and by the degree of control the regularity of its receipt affords them. But again, the dual-notion of empowerment referred to above is important in weighing up the evidence. There is hardly any evidence here to suggest that the men who receive the CSG are moving out of poverty. The small amount of the grant, the crisis of unemployment, the low levels of education of the men in the study relative to women beneficiaries, and the unavailability of well-paying, formal and regular jobs, mean that many of these men will likely remain on the CSG for long periods of time. Many are unsupported in care, and suffer the consequences of a poor caregiving infrastructure in the same ways as
women. Many are also clearly affected by negative discourses that stigmatise grant recipients by constructing them as failures. These discourses interact with hegemonic discourses relating to masculinity and can be doubly damaging for men’s self-worth. Truly transformative social protection would therefore not only need to be gender-sensitive, but transformative of the underlying conditions that create material poverty for both men and women, and of the inadequate service environment that leads to difficulties for grant recipients. Suggestions for how this could be achieved – along with illustrative examples from other parts of the world – are provided in section 4.

4. Towards more Gender-Sensitive and Transformative Social Protection Policy: Recommendations for Policy and Practice

Section 3 showed that men can be trusted with cash transfers, that dominant ways of doing masculinity that harm women and children can change, that material poverty hurts both men and women despite the receipt of the CSG, and that the CSG could become more gender-sensitive and hence, transformative by acknowledging these insights. Concrete ways of doing so are discussed in this section.

4.1. Increasing male uptake of the CSG

Given that there appear to be no immediate risks to expanding male uptake, the first recommendation is to institute efforts to expand this uptake. Doing so would lead to a more equitable sharing of care responsibilities between men and women. Two broad intervention types are suggested below.

4.1.1. Normalising the discourse of caring fatherhood

Policies are considered to change people’s preferences by constructing certain types of behaviours as worthy (Jones & Cullis, 2000). CSG policy, by virtue of its gender-neutral targeting, could demonstrate to men that they can and should become more involved in family life. However, this has not been enough to significantly change men’s preferences. In many cases, this could be a reflection of the finding that many men simply do not know that they can apply for the CSG, either because they are men or because they are not unemployed. This is in turn a reflection of inadequate communication between the grant administration system administered by SASSA and its potential beneficiaries, and points to a need to change popular perceptions about the grant.
But evidence presented here also reveals the strength of patriarchal discourse and how this intervenes in men’s motivations to enact fatherhood and masculinity in different ways. Being a man who enacts masculinity differently can be stigmatising, and threatening for men who still conceive of their normative roles as men and fathers in hegemonic ways. Therefore, in order to expand male uptake of the CSG, alternate discourses of masculinity and fatherhood, and their associated ‘feminine’ practices, need to be normalised and seen as acceptable masculine behaviour, rather than as a sign of deviance or failure. This would displace patriarchal discourse that naturalises various forms of father absence, or leads men to believe that if they cannot provide financially, that there are no other roles for them in the family sphere (Makusha & Richter, 2014; Mavungu et al., 2013). In addition, common depictions of low-income, black men as irresponsible or absent would need to be challenged. Changing societal discourses can change how people view themselves, and in turn change how they behave – leading to changes in the social order (Fairclough, 2005, 2013). As more men feel empowered to enact alternate masculinities, the transformation of unequal gender relations becomes more possible.

This could be achieved by including men in information pamphlets, social media content and advertising done by SASSA and the DSD, and informing people that men and low-wage workers are also eligible for the CSG. There is also a role to play for the popular media (television, radio and social media) in reviewing their representation of men along the lines of the men who participated in this study. However, male-inclusive messaging needs to be balanced to avoid a potential patriarchal backlash, as noted in chapter 2, section 4.7. The CSG simply needs to be portrayed as the gender-neutral policy that it actually is. Men need to know they can apply, that it is not unmanly to do so, and that they can improve the lives of the children and women in their lives and their own lives.

### 4.1.2. Behavioural change interventions

However, ‘getting the message out’ is a necessary but insufficient strategy, and challenging hegemonic discourse through communications would need to be supplemented with behavioural change programmes that show how men can actually enact alternate discourses. This is especially pertinent in relation to parenting, and the findings that many men – due to gendered socialisation – simply do not know how to take care of children. Holistic family interventions that include psychological and social support and skills training have been shown to improve parental competence, child well-being, parent-child relationships and the ability to more effectively cope with negative community pressures (Patel et al., 2017; Tolan,
Gorman-Smith, & Henry, 2004). Examples of the kinds of skills and knowledge that could be imparted at training workshops or classes for men (and their families) include how to ensure that children eat nutritious food to avoid stunting, how to care for babies (for example, changing nappies and being able to spot the signs of ill health), and how to carry out practical tasks like cooking and ironing. To counter the association of care with mothers, experienced male caregivers (like some of those interviewed in this research) could run these classes. This could be a practical solution to making caring fathers more visible and more accepted, to changing the image of caregiving away from being an exclusively feminine activity, and in turn to facilitating more caring, capable fatherhood and greater CSG uptake by men.

In South Africa, there is experience of behavioural change programmes that show potential, particularly those run by Sonke Gender Justice (Makusha & Richter, 2014), which could be learned from and/or scaled up. More gender-progressive masculinities have successfully been adopted, improving health outcomes and the quality of partner relationships, reducing violence and corporal punishment, increasing involvement of fathers and enactment of caring and nurturing roles with families (van den Berg et al., 2013). A big obstacle to change was unemployment, with men who are unable to provide financially frequently resorting to domineering behaviours. Nonetheless, widespread unemployment is an example of the kind of social crisis that often precipitates social change. With more men unable to fulfil financial provider roles attached to hegemonic masculinity, space opens up for these men to do masculinity differently by becoming more involved caregivers (Makusha & Richter, 2014; Swarz & Bhana, 2009), as in the case of at least one man in this research.

Programmes are also likely to be more successful when men are made aware of the benefits of greater involvement, highlighting the mental and physical health benefits, and improved quality of relationships with women which stem from men being more involved; and in more gender-equitable ways (van den Berg et al., 2013). When men are educated as to the benefits of greater involvements of family life, enactment of altruistic behaviours and obligation is framed as more aligned with their self-interest. The qualitative evidence here shows how men benefited from being engaged fathers: they have better relationships with their children and enjoy being meaningfully involved in their lives. This makes them feel like better people.

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62 Similar programmes are run in other developing countries. For example, Brazil has recently instituted the Bolsa Familia Companion programme (Promundo, 2018), aimed at the male partners of women beneficiaries.
4.2. Support for men (and women) who already receive the CSG

4.2.1. Recognition of male CSG caregivers

Normalising the discourse of caring fatherhood, and of CSG-receiving men, would not only be useful in motivating men to apply who do not currently receive it, but would also be valuable for the men who already receive the CSG – a group that is effectively invisible in the popular imagination as well as in the policymaking landscape. It would afford them recognition and acknowledgement for the important roles they play in promoting the successes of South African social assistance. Recognising citizens in this way is important, and can result in increasing self-esteem and self-efficacy and feelings of inclusion (Hunter & Sugiyama, 2014). This is an important consideration given the isolation that many of these men experience. Recognition could be effected not only in the media and advertising, but also in the service environment that CSG-receiving men interact with, which has sometimes been experienced as distrusting of men. This includes the SASSA offices, clinics and schools. The service environment is where stigmatising, class-based discourses appear operative as well. Grant recipients need to be recognised as citizens claiming their rights, not as failures waiting for handouts. This requires treating grant recipients with dignity and respect, which in turn requires interventions to change negative attitudes and knowledge of some civil servants. This discussion of recognition and respect applies to female grant recipients too, for whom ample evidence exists about their mistreatment (Hassim, 2008; Patel et al., 2017; Wright et al., 2014).

4.2.2. Tailoring services for male caregivers

It seems that many existing services for grant recipients – such as clinics and SASSA offices – are targeted at women, as services are used mainly by women. However, greater sensitivity to the fact that there are male caregivers, and that they may have different needs, could be useful. In addition, the kinds of classes and workshops mentioned in section 4.1.2 for potential grant recipients could also be useful for those CSG-receiving men who are inexperienced, or who could benefit from greater support networks with men in similar positions (especially since it seems that hardly any CSG-receiving men know of any other men like them). Another type of service that could be useful and made more available is grief and/or trauma counselling, given the fact that many men and their children have experienced

63 This statement should not be taken as a judgement on all who work at SASSA and in the related services environment. Some of the men interviewed in this research had very positive interactions with helpful staff. This kind of treatment needs to become more widespread.
loss due to the death of close relatives and suffer the consequences intensely. Many women could also benefit from these services (Patel et al., 2017).

4.2.3. Transforming poverty-creating conditions for both men and women

In addition to more gender-sensitive supporting measures, the CSG could also be transformative in other domains. Indeed, in many ways, men require the same support as women. Many interventions suggested in other research are appropriate here too (ibid.). Psychosocial support is one of them, given the evidence unearthed here of isolation and possibly depression as well, which is consistent with Patel et al. (2017), where up to 40% of CSG-receiving women in that study could be classified as clinically depressed. In addition, complementary services that form part of the caregiving infrastructure need to be improved. This includes better-run schools, clinics and hospitals; more efficient grant administration; better sanitation; and interventions to improve community safety (ibid.; Makusha & Richter, 2014). More reliable and cheaper public transport – without which grant recipients will continue to waste their benefits – is also necessary.

Another crucial intervention would recognise that almost all the men in this research have struggled to find permanent, formal employment that pays enough to meet their families’ needs. Skills training and job-search support for grant recipients – whether male or female – could allow for recipients to ‘graduate’ from social assistance and support themselves independently (Makusha & Richter, 2014). Interventions like this are currently undertaken in Brazil (Bartholo, 2016) and Mexico (Molyneux et al., 2016). However, South African macroeconomic policy has not fully acknowledged that small social grants are not a solution to inequality and poverty, both of which are sustained by structural unemployment and the high prevalence of very low-wage work (Hundenborn, 2018; Isaacs, 2016). Without meaningful interventions to change these structural factors, the CSG will remain a non-transformative ‘Band-Aid that conceals rather than addresses manifestations of social injustice’ (Devereux & McGregor, 2014, p. 308).

An area of opportunity for expanded employment is in the social care sector. Technological change accompanying the ‘fourth industrial revolution’ threatens job losses in an environment already characterised by large-scale unemployment. Creating employment in labour-intensive sectors could be achieved by expanding public care facilities and increasing the numbers of men who do this work. However, care work is undervalued in South Africa (evidenced by, for example, very low minimum wage entitlements for care workers – Vetten,
2018). Valuing it better and recognising work that is valuable not just from the traditional profit perspective could open up new opportunities for both men and women (Howcroft & Rubery, 2018). This would also shift care responsibilities in the care diamond from the family, community and the third sector, and promote greater sharing of responsibilities with the state, which could reduce unpaid care burdens for male and female carers alike (Razavi, 2007). Greater socialisation of the costs of care, via public childcare facilities, is underway in Brazil (Bartholo, 2016) and Mexico (Molyneux et al., 2016). While South Africa adopted a new policy on Early Childhood Development in 2015 (Republic of South Africa, 2015), it is being implemented rather slowly and recognises that insufficient funding is an obstacle.

5. Directions for Future Research

This research has yielded valuable insights into how men who receive cash transfers to support the care of children use these transfers, how they conceive of themselves as men and caring fathers, and in turn how they enact caregiving. But it represents merely the first step towards a potentially very large new area of research. Below, some possibilities are highlighted.

First, the biggest obstacle when conducting the statistical analyses was that samples of CSG-receiving men were so small. The release of the fifth wave of data for NIDS in October 2018 (Brophy et al., 2018) represents an opportunity to see how the trends change, if at all, with greater numbers of CSG-receiving men and more time points. The larger samples would substantially improve the precision of the estimation of the effects of male grant receipt.

Nonetheless, other problems remain with the NIDS data, despite being the most useful survey available in terms of the detailed data collected about grant recipients and their households. Large national surveys whose major aim is to track the population as a whole do not do so well in capturing smaller sub-populations. More reliable data on men receiving the CSG is therefore missing, and surveys that focus on specific sub-populations should be planned to enable better policymaking and ongoing monitoring and evaluation of existing policy. Demographic surveys also need to better measure fatherhood, in the same ways that motherhood is measured. This includes intentionally tracking children fathered by male CSMs over time, and asking men more parenting-related questions. Finally, the choice to pursue qualitative methods in addition to survey methods in this study was because most surveys do not capture information about how care is enacted. This is partly because quantitative methods are simply incapable of yielding the kinds of nuanced insights about, for
example, the construction of gender identities. But there are certainly areas where robust, statistical findings would be useful and relatively straightforward to incorporate into survey instruments. These include descriptions or selections from a list of what kinds of care tasks are undertaken, how often, and how much time is spent on them. Infrequently conducted time use surveys – the last was conducted by Statistics South Africa in 2010 (Statistics South Africa, 2013) – should be done more regularly. The same applies to the measurement of bargaining power within households, who makes decisions about spending, and which adults are responsible for childcare and to what extent. While these are measured in NIDS for example, questions are limited and item non-response is high.

Second, this work has consistently advocated for the importance of taking a relational view to the study of gender relations; that focusing on women alone is not enough. Knowing how men interact with women and children, or in gendered spaces such as childcare, is necessary in order to understand the barriers to the transformation of unequal gender relations. This then requires that further research is needed with the women and children that CSG-receiving men live with. Qualitative research with children could identify if, for example, they feel as good as their fathers do about their relationships, or if there are parts of their lives where they feel their fathers could do better or could be better supported. Research visits could also be used to triangulate height-for-age and other nutritional measures that are usually measured via demographic surveys (as analysed in this study). But nutrition (or physical development) is only one aspect of child well-being, and future analyses could address others – for example, economic, cognitive, social, and emotional well-being (Patel et al., 2017).

Moreover, despite the assertions that we need more research on men, this does not mean that women should not continue to be a focus of gender-related research. This is especially so in research areas such as this, where men appear to be doing masculinity in more gender-equal ways. Without research with the women they live with and in their immediate environments, it remains unknown whether this really is empowering for these women. Would women corroborate what the men say about their contributions to care? How would they feel about men getting the grant – a grant that they may perceive as a rare intervention that explicitly recognises and is ‘for’ them? Would expansion of male uptake be something they recommend? This links to the paradox of this research, which revolves around how to reconcile the tension between empowering women by giving them grants, and alleviating their care burdens by giving grants to men, discussed in section 3.4.
Third, we need more research with more CSG-receiving men. The samples here were small, and qualitative work was conducted only in Soweto. Further research with these men could explore the topics under investigation here in more depth, particularly areas that were not the major focus – for example, how these men secure their families’ livelihoods when so few of them are able to find work. Similar research in other cities, as well as in rural areas, is also needed. Soweto is an area that is relatively socially progressive. How gender attitudes might differ in other parts of South Africa – for example in rural areas and smaller towns – is open to question. Soweto is also highly urbanised, and while it is deprived relative to other parts of South Africa’s wealthiest city, it is also more affluent than many parts of the country. In addition, we need more research that is explicitly focused on men who do not receive the CSG, but who would be eligible to receive it. In this research, all of the interviewees were able to overcome the stigma attached to being a male caregiver, and to applying for and receiving what is widely regarded as a women’s grant, or a grant for the unemployed. But there are conceivably many other men who do not get beyond these psychological barriers. What is stopping them? And, if they started getting the grant would they be like the men in this research – responsible and dedicated fathers? This research takes the view that many could be, but it is only through rigorous research that better answers will be found.

6. This Study’s Contribution to Knowledge

This study’s contribution is to fill the substantive knowledge gap in relation to CTPs in the global South: the roles of men in child-centred social protection are largely unknown, with just a handful of studies that separate impacts by the sex of the grant recipient (Akresh et al., 2016; Hagen-Zanker et al., 2017; Sebastian et al., 2016), and none relating to the CSG. Filling this gap enhances our understanding of the gendered nature of social protection. The dominant assumption that child well-being is promoted by women receiving cash transfers instead of men is interrogated in this study. It finds that when men care, this assumption does not necessarily hold. Being a male beneficiary was found to not be significantly associated with negative outcomes, whether in terms of spending that contravenes the purposes of the grant or in terms of child nutrition. Nor were men found to enact harmful forms of masculinity. This is a significant finding and throws into question the continued reliance on women to secure the objectives of CTPs in the global South. However, given the small samples – driven by the fact that few men in South Africa (and elsewhere) receive cash transfers – more studies in South Africa and other developing countries are needed, even though samples will also probably be small.
This study has also avoided the common tendency to conflate gender issues with women, and to assess gender outcomes from an entirely female perspective (Cornwall & Rivas, 2015). Instead, it has focused on the unusual men who do gender differently, and on how their attitudes and behaviours may contribute to changing unequal relations between men and women, thereby unleashing the transformative potential of gender-neutral social protection. It has also shed light on structural factors that are outside the control of the individual, and that cannot simply be overcome by the provision of a cash transfer (such as social isolation, the lack of decent work opportunities, or the persistence of gendered norms that paint male caregivers – especially those who receive social assistance – as somehow less manly).

Recommendations have been made for policy, practice and research in order to concretely address these constraints. The development of such gender-sensitive and transformative social protection is consistent with the South African Constitution, as well as the developmental approach to social welfare (Patel, in press, 2015). South Africa has taken the lead before in the development of social protection in the global South – specifically in the development of unconditional social assistance in the 1990s, and its gradual expansion over time to reach large numbers of people and reduce material poverty. It is now time that we do so again.


randomized-evaluation-of-the-household-welfare-impacts-of-conditional-and-unconditional-cash-transfers-given-to-mothers-or-fathers


Costa, S. (2017). Entangled inequalities, state, and social policies in contemporary Brazil. In Ystanes, I., & Strønen, A. (Eds.), *The social life of economic inequalities in contemporary Latin America* (pp. 59-80). doi:10.1007/978-3-319-61536-3_3


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246


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Appendix 1: Descriptive Statistics of CSG-Receiving Men using Post-stratification by Province

In Table 17, the descriptive statistics for CSG-receiving men relating to their demographic information is displayed. The statistics were arrived at using weighted estimation with additional post-stratification by the known number of CSG-receiving men in each province, as described in chapter 4, section 2.1.2.

The official, total number of men in the South African population who received the CSG in September 2014 was provided by SASSA (2016a). The total is broken down by province and age group. Using calibrated weights provided by NIDS misrepresents the total numbers of men receiving the CSG by province to a much greater extent than by age group. The wealthiest provinces (Gauteng and the Western Cape) are overrepresented by almost 8%, while the poorest three provinces (the Eastern Cape, Limpopo and KwaZulu Natal) are underrepresented also by close to 8%. On the other hand, the proportions of working age grant-receiving men in the population and in the weighted sample are the same (69%). This suggests that non-response and sampling error among CSG-receiving men is more different to the general population when classifying by province. The calibration by age in NIDS for the general population thus does well enough in capturing the correct proportions of CSG-receiving men by age, while for province the NIDS calibration is insufficient.

The relatively greater lack of representativeness in terms of province could potentially bias estimation of certain descriptive statistics which are likely to differ by province: for example, household income, highest level of education and the likelihood of being employed, all of which would be greater in wealthier provinces. Post-stratification is therefore done by province

Table 17: Descriptive statistics for CSG-receiving men using post-stratification

<table>
<thead>
<tr>
<th>CSG-receiving Men</th>
<th>Estimates using calibrated design weights post-stratified by province</th>
</tr>
</thead>
</table>

64 To measure ‘wealth’, GDP per capita figures from Statistics South Africa (2016) are consulted. From highest to lowest, the ranking of South Africa’s provinces in terms of their GDP per capita in 2016 is Gauteng; the Western Cape; Free State; the Northern Cape; Mpumalanga; North-West; KwaZulu-Natal; Limpopo; the Eastern Cape.

65 Ideally post-stratification would be done on both age group and province, but this increases the number of categories that need to be filled. Given the small sample size, this would result in some cells being empty and not having post-stratified weights assigned to them (for example, men aged 15-35 in the Western Cape).
On the whole, differences between the estimates presented here, and those using the NIDS calibrated weights alone and presented in Chapter 4, sections 2.1.3 and 2.3, are marginal, and this is a reflection of the fact that the NIDS wave 4 sample doesn’t hugely miscalculate provincial trends. However as predicted, on certain estimates there are significant differences reflecting the different socioeconomic realities of South Africa’s provinces. There are more men here with no schooling (7.37% vs 6.71%), and fewer employed men (34.36% vs 38.35%). In addition, households are bigger (with an average household size of 4.96 vs 4.67) and average monthly household income is lower, though not by much (R4,388 vs R4,464). Finally, generally speaking, standard errors are smaller when using post-stratification – a direct result of imposing a more accurate variation structure onto the data. These estimates are therefore relatively more precise.
Appendix 2: Multiple Regression Analysis of the Probability of Observing Child Stunting using Fixed Effects Estimation

In this Appendix, the results of a panel regression model estimating the probability of observing child stunting using Fixed Effects Estimation (FEE) are presented in Table 18. As described in chapter 4, section 4.2.4, FEE is a powerful method of controlling for unit-specific heterogeneity that may be correlated with the independent variables in the model, exploiting only the variation in the dependent variable within units over time to derive estimates of the effects of different time-varying predictors (Andress et al., 2013). This means that only units where stunting status changes over time are included in the estimation. Similarly, the effects of time-constant independent variables cannot be estimated, though their influence is controlled for via the elimination of time-constant, unit-specific heterogeneity, whether observed (like the child’s sex and race) or unobserved (such as parental motivation). This results in the estimates of effects of time-varying independent variables on the odds of stunting being unbiased by omitted or unknown time-constant factors.

However, the drawback of this method is that much-reduced sample sizes, in a research context where the subpopulation of CSG-receiving men is already so small, lead to large standard errors and less precise estimation (ibid.). Of the 296 children for whom a male CSG caregiver appears at least once over the course of the panel, only 77 have been stunted at at least one point in time, and in the FEE model below, only 39 of these children are included due to missing data on other variables. This is the reason for presenting the Random Effects Estimation (REE) model, which uses a far bigger sample in estimation, as the main model in chapter 4, section 4. Nonetheless, the FEE model does yield some interesting insights.

The caregiver’s sex is included in this model to estimate the effect on the probability of stunting for children when their caregivers change from women to men. As with the REE model, for the sake of simplicity, certain variables have been dropped from this final FEE model, and these are the same as those dropped in the REE model. These are area type (ie urban, traditional area or farm area), the household’s water source, and whether the child has a serious illness or disability. No bivariate associations were found between these variables and the odds of stunting, nor in different specifications of the fixed effects model below.
Province is also omitted because so few of the children move between provinces over the course of the panel (fewer than 35 cases in different fixed effects models). However, the self-reported health status of the caregiver is included and discussed below. With other independent variables, change may either represent the change within a single caregiver, or a movement from one caregiver to another who is different along the relevant variable (eg a change in employment status could represent a caregiver becoming employed or unemployed, or a child moving in with a different caregiver who has a different employment status).

*Table 18: Regression 5*

<table>
<thead>
<tr>
<th>Explanatory variables</th>
<th>Odds Ratio (OR)</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age category of the child (base= &lt;4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;=4 years old***</td>
<td>0.19</td>
<td>0.15</td>
</tr>
<tr>
<td>Sex of the CSG-receiving caregiver (base=female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.58</td>
<td>0.72</td>
</tr>
<tr>
<td>Caregiver is supported by someone else (base=no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.84**</td>
<td>0.72</td>
</tr>
<tr>
<td>Relationship of the carer to the child (base=biological parent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster/step/adoptive parent</td>
<td>0.73</td>
<td>0.20</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.32</td>
<td>0.06</td>
</tr>
<tr>
<td>Grandparent/great-grandparent</td>
<td>0.88</td>
<td>0.52</td>
</tr>
<tr>
<td>Uncle/aunt</td>
<td>1.14</td>
<td>0.63</td>
</tr>
<tr>
<td>Other</td>
<td>0.72</td>
<td>0.22</td>
</tr>
<tr>
<td>Caregiver's highest level of education (base=no schooling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than matric</td>
<td>0.69</td>
<td>0.46</td>
</tr>
<tr>
<td>Matric or more</td>
<td>0.61</td>
<td>0.32</td>
</tr>
<tr>
<td>Caregiver’s self-reported health (base=excellent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>1.02</td>
<td>0.85</td>
</tr>
<tr>
<td>Good</td>
<td>0.86</td>
<td>0.71</td>
</tr>
<tr>
<td>Fair***</td>
<td>0.61</td>
<td>0.46</td>
</tr>
<tr>
<td>Poor***</td>
<td>0.51</td>
<td>0.33</td>
</tr>
<tr>
<td>Caregiver's employment status (base=unemployed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Employed*</td>
<td>0.86</td>
<td>0.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver's age category (base=15-24)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34***</td>
<td>0.65</td>
<td>0.46</td>
<td>0.90</td>
</tr>
<tr>
<td>35-44**</td>
<td>0.65</td>
<td>0.43</td>
<td>0.97</td>
</tr>
<tr>
<td>45-54</td>
<td>0.68</td>
<td>0.41</td>
<td>1.13</td>
</tr>
<tr>
<td>55-64</td>
<td>1.06</td>
<td>0.53</td>
<td>2.12</td>
</tr>
<tr>
<td>65+</td>
<td>0.98</td>
<td>0.41</td>
<td>2.33</td>
</tr>
</tbody>
</table>

Real per capita income | 0.9999 | 0.9997 | 1.0000 |

*** indicates significance at p<0.01 (highly significant)  
** indicates significance at p<0.05 (significant)  
* indicates significance at p<0.1 (approaching significance)  
All figures are rounded to two decimal places, except for those relating to income and/or other very small or very large numbers.

The coefficient on ‘male’ above of 1.58 is not statistically significant (95% CI 0.72-3.47). Its interpretation is that when looking only at those children who move between stunting statuses over the course of the panel (ie, between being stunted and not stunted), having a caregiver change from a woman to a man at some point over the same time period is not necessarily the driver of the change in stunting status. But the numbers in the sample for whom both of these changes occur are small, and as with the case of the REE model in chapter 4, with larger sample sizes of male CSG recipients and their children (and specifically those also cared for by women), more efficient, statistically significant effects could be uncovered that match what is implied by the coefficient (indicating an average increase in the odds of stunting of 58%). Nonetheless, there are other variables where statistically significant associations are discerned. As children age the odds of stunting fall, and the same applies when their caregivers age. For example for very young caregivers, becoming older and possibly more experienced caregivers as the panel progresses, reduces the odds of their children being stunted. This could also be a reflection of children moving in with different carers who are older. This latter case seems less prevalent, however, given the absence of significant effects in the older age categories and the small sample sizes in the estimation sample (eg of children cared for by 15-24 year olds moving in with pensioners). The same applies for children where the relationship with and education level of the caregiver changes (no effects). Caregivers becoming employed appears to reduce the odds of child stunting, with this result approaching statistical significance (p<0.1). A possibly quite disturbing finding is that when caregivers’
self-reported health worsens from excellent to the two worst categories of fair and poor, the odds of child stunting fall significantly, by 39% and 49% respectively (p<0.01). The only reasonable interpretation for this is that adults are diverting scarce resources away from themselves in order to feed their children. Finally, an important finding is that when caregivers receive support from someone else in looking after the child, when this support was previously unavailable, the odds of stunting fall by 16% (p<0.05).
## Appendix 3: The Qualitative Interview Guide

The ‘topic list’ presented below was developed by Manon van der Meer (Meer, 2016), in consultation with myself and my supervisor, Leila Patel, and her primary supervisor, Professor Trudie Knijn, to guide her interviews with CSG-receiving men (which chapter 5 analyses).

<table>
<thead>
<tr>
<th>Theoretical concept/topic</th>
<th>Operationalization</th>
<th>Interview questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>How old are you?</td>
<td></td>
</tr>
<tr>
<td>Household composition</td>
<td>Who else is part of the household you live in?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many children live in your household that depend on you (gender, age)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you also have children living in other households?</td>
<td></td>
</tr>
<tr>
<td>Caring situation</td>
<td>How did you end up caring for your child(ren)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal identity</td>
<td>How would you describe yourself as a father?</td>
<td></td>
</tr>
<tr>
<td>Own definition of caring</td>
<td>Does this differ per child?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Fisher &amp; Tronto, 1990)</td>
<td>If someone asks you what caring for your children involves, how would you describe it? Why?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What things does it include? Why?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How important do you find caring in this way for your children? Why?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Would men/people in your community agree with you? In what ways? Why? How does this make you feel?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you explain how you feel about being a man and caring for your children?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you have a male role model – it can be anyone – when it comes to being a father? A role model is someone who you admire or who you look up to.</td>
<td></td>
</tr>
</tbody>
</table>
Caring arrangements
(Fisher & Tronto, 1990; Marsiglio et al., 2000; Razavi, 2007)
- social/emotional support

- Care work:
  - Caregiving/engagement & nurturance: i.a. bathing, feeding, changing nappies, reading to children, helping with homework, playing with children
  - Caregiving/accessibility: housework, grocery shopping
- Sharing of activities with other household members
- Constructing paternal identity in relation to gender norms

Caregiving/engagement/accessibility
- As a father, what are your tasks in the household?
  - How often do you do these? How come?
  - What do you find the hardest tasks? Why?
  - What do you find the easiest tasks? Why?
- What are your tasks in relation to caring for your children?
  - How do the caring tasks differ per child?
  - Do you feel that there are expectations of you to fulfil these tasks? From whom? Why?
  - Can you explain which ones you prefer or which you enjoy doing?
  - Can you explain which tasks you do not enjoy doing?
  - Can you explain which ones you find hard to do? And which ones are easier?
  - Can you explain for what tasks do you find that you don’t have the time for?
  - Do you feel you can take care of your child(ren) in the same way as a mother can?
  - For all the above: does this differ per child? In what way? Why?

Autonomy, independence and interdependence
- Do you think you are similar or different to other men in your community? In what ways? Why do you think you are similar or different?
(if applicable) What makes you involved in your child(ren)’s life/lives, when compared to other fathers?

- What do you think your community (esp. men) thinks about you doing the (household and caring) tasks you do? Why? How does this make you feel?
- Do other household members comment on how you take care of your child(ren)? If so, how, and how does that make you feel?
  - Do their opinions differ from family members? From people (esp. men) in your community? In what ways?

- Do other household members also take care of your child(ren)?
  - Who do these tasks?
  - Who does what tasks and in what situations, and why? Do these tasks differ per child? Why?
  - Can you explain how you decide who does what tasks?
    - Do you feel like you are able to delegate tasks to other members? What tasks? How often? In what situations?

- Do you have friends, family or other people nearby who you can rely on for help with looking after the child(ren)?
  - Can you explain in what situations you need help?
    - Can you give me an example? For which children?
  - What kinds of help do they give to you?
    - Practical, emotional (e.g. encouragement, providing listening ear, being understanding, reassurance, able to express thoughts and feelings)
### Fatherhood roles
- Fatherhood: ‘the social role men undertake to care for their children’ (Morrell, 2006, p. 18; see also Marsiglio et al., 2000)

<table>
<thead>
<tr>
<th>Fatherhood roles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting</td>
</tr>
<tr>
<td>Providing</td>
</tr>
<tr>
<td>Role model &amp; moral guide</td>
</tr>
<tr>
<td>Caring (nurturing)</td>
</tr>
</tbody>
</table>

• Constructing paternal identity in relation to gender norms

### Father roles
- What do you regard as the mother’s tasks and roles with respect to caring for children and what as the father’s tasks and roles? Why? Do these differ for children of different ages, and how, and why?
- Which of the father’s roles you mentioned do you play in each of your children’s lives?
- Do you think there are any situations or times when you would do [task he has defined as female]
- Could you explain which of your roles as a father you find most important when thinking about the relationship with your child(ren), and which less? How do these differ per child?
- Do your views differ from those of people in your community? How do they differ? What about men specifically? How does this make you feel?
- Can you explain how you think your community regards you as a father? Do you feel that you are being accepted? Why?

- Can you explain to me what you like about being a father?
- Can you explain to me what you dislike about being a father?
- What challenges have you had as a father?
- In what ways has being a father changed you personally? Can you explain how you have changed since your first child? Have you changed with the birth of new children? How and Why?

- How do you feel about them helping you? Why?
- Do you need additional support? What kind of, and why?
### Masculinity and masculine identity
- collective gender identity
  - 'an everyday system of beliefs and performances that regulate behaviour between men and women, as well as between men and other men’ (Blackbeard & Lindegger, 2007, p. 95)
  - traits associated with masculinity (e.g. Peacock et al., 2008)

- Incorporates hegemonic masculinity and gender norms
- Masculine beliefs, performances, behaviour/tasks within family
  - As opposed to femininity – power differences
- (hegemonic) masculine traits: importance of work, independence, dominance, sexuality, strength, not emotional, aggressiveness & violence
- Power: influences of community and wider society
  - Constructing masculine identity in relation to gender norms

### Masculinity and masculine identity
- In what way do you feel men and women are similar?
- In what ways do you feel that men and women are different? Can you explain this?
- Can you describe what characteristics men should have? Why?
  - Can you explain which of the characteristics you mentioned you find most important and which less important?
  - How have you come to this opinion of what a man should be?
- Do you think people in your community would agree with your description of a man? Who would disagree? What would they say a man should be? Why?
  - Probe about norms on expressing feelings/crying/help-seeking/having a job and own attitudes about this: some people say…
- Can you describe in what ways you feel you are a man? Can you explain this?
  - Can you also describe in what ways you don’t feel you are a man? Can you explain this as well?
- Child Support Grant
  - Aspects
    - Motivation
    - Link with masculinity/gender norms
    - When applied
    - Process of applying
    - Use
    - Importance
    - Other beneficiaries in social network

- Can you tell me how you found out about the CSG?
- How do you feel about that you had to apply for the CSG?
- How did you find out that men could apply for the CSG?
  - When did you apply?
  - For whom of your children did you apply?
  - How did you experience the application process?
    - How do you get your money?
- Why did you apply for the CSG?
  - How have you ended up taking care of your child(ren)?
- How did family react when you started caring for your child(ren) and applied for the CSG?
  - And friends and people from your community?
- Only between 2 and 8 per cent of men apply for the CSG. How do you feel about this? Why do you think this number is so low?
  - How many men do you know that receive the CSG?
    - Or men who take care of children and don’t?
- Can you explain how you spend the grant?
- How important is the grant for you as a father? In what ways? Why?