

Experiencing Vulnerability in Southern Africa

The Interaction of Multiple Stressors

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Introduction

The word “vulnerability” is often used by development agencies and scientists when speaking about human welfare in Southern Africa. It is known that increasing poverty, AIDS, and food insecurity are some of the threats that make households more “vulnerable” to different shocks and stressors. But what does vulnerability really mean for a household in peri-urban South African townships, a family in Chikamba, a rural village in Malawi, or migrant workers in Durban? And how can it be used effectively in development work? These are some of the key questions that have driven this research.

The aim of this study was to find out how parents are planning and acting to secure their children’s future. The intention was to paint a broad picture of people’s livelihoods to understand their perspectives and experiences, what is affecting their families and welfare, which interventions they are benefiting from, and how they are responding.

Fieldwork in 2006 and 2007 consisted primarily of qualitative household-level comparative research on three field sites, namely: a rural site in Chikwawa district, Malawi, a peri-urban site in Amajuba District, South Africa and an urban site in Warwick Junction, Durban, South Africa. Purposive sampling of 10 households on each site was undertaken, according to the following key sampling criteria: 10 parents per site, of which 6 parents chronically ill and 4 parents not visibly ill; at least one child younger than 12 years in the household and at least 2 children present in the household; where possible, participation in a previous research project that the study built on. The field research involved a series of four semi-structured interviews per participant carried out over a five month period (the fourth interview consisted in a feedback module, whose purpose was in part to ‘test’ findings with respondents).

Results

The key focus of this study was parental planning. In brief, the research revealed that

- Parents were concerned about the future of their children but did not have the resources (mainly money) and opportunities to make concrete plans e.g. for tertiary education or training.
- Most parents did not believe their situation would improve in the future—especially with regard to opportunities for wage employment.

- Caregivers that were grandparents were especially concerned about what would happen to their grandchildren when they passed away and when the grandchildren grew up. Many were also worried that there would not be anyone to “step in,” as they had, to look after their children’s well-being when they were no longer around.
- Stress and anxiety was one of the outcomes, as overburdened parents and grandparents struggled to meet current household needs, feared for the future of their children, carried out (often physically difficult) chores while ill, struggled with the bureaucracy of accessing government support, and (some) continued to do income-generating work.
- Absence of biological parents, as a result of death (in most cases) or migration to urban areas, was affecting family life. There were some cases of biological parents not contributing to the households, because they were unemployed or living elsewhere. This study focused on households that have some resources; the aim was to reveal some of the reasons why this segment of the population may be vulnerable to becoming more impoverished. Household resources or “capitals” included
 - Human and social capital: In South Africa there is a significant emphasis on school enrolment and education, as a result of good access to schools and the importance parents place on education as the key to their children’s future. Most parents interviewed said they could count on neighbors, fellow traders, or family members in times of need, although negative factors were also reported.
 - Physical and natural capital: Land and homesteads were the most important physical assets of most households. The majority of households in South Africa also had access to basic services and infrastructure, such as electricity, running water, roads, clinics, and schools. Natural assets included the availability of land and water for vegetable gardens, as well as access to wild plants and herbs that are used for traditional remedies.
 - Financial capital: the most important sources of household income were social grants (child grants and pensions), remittances from family members working elsewhere, income from informal trading, and small

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income-generating activities. However, parents also identified a number of challenges they had to deal with on a daily basis, and threats they believed they would face in the future. The main challenge reported was not having enough money to fulfil the family's "basic" needs. Often the family's situation was mainly a result of the effects of past shocks, such as death and illness, and high unemployment among adult household members. Other challenges included

- Harsh climatic conditions (e.g., drought, hail, and heavy rains);
- Tensions between household members: In some cases, this played out as intergenerational tensions, such as working young adult members refusing to support the household; children refusing to take parents' or grandparents' advice on not engaging in risky sexual behaviour.
- AIDS: Participants said effects of the epidemic on their local communities were great and a number of parents said it had directly affected their household. Stigma in the communities was reportedly high, mainly as a result of lack of knowledge.
- Other illnesses: For older grandparents, conditions such as arthritis and high blood pressure were a concern, since they made it difficult for them to look after the children in their care. Parents also described some of the ways in which they were coping, or trying to cope, with these challenges:
- Caregivers focused their attentions on immediate needs and short-term "coping strategies." These included borrowing food and money from relatives and neighbors, skipping meals, or reducing the quantity and/or variety of food consumed;

- There was long-term planning with regard to some matters. In South Africa, some parents invested in "insurance" against costs of a household death: most families belonged to burial societies that cover part of the funeral costs; also, in some cases, households were postponing the traditional feasts for the deceased.
- Families in all three sites invested in the construction of additional dwellings and/or improvement of existing dwellings, with the intention of leaving these to the children.
- Finally, in the South African case studies, many families ensured school attendance of children, even if this meant negotiating the payment of school fees in instalments, since education was seen as the key to a better future for the children. This was in contrast to Malawi, where education seemed to have lost its "value" in terms of immediate needs and the lack of school-related opportunities in the future.

Conclusion

Findings from all three sites show that people are aware of the threats to their welfare and of their limited options to sustain their families and livelihoods. It appears families are hardly "coping" in that they are not able to improve their living conditions and are living with the constant threat of things getting worse. In some cases families were able to invest into children's education and houses. However, this study suggests that these investments are not enough to provide children with the means and skills to achieve a stable existence. This is worrying, because it points to the widening gap between the rich and the poor in Southern Africa.



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About RENEWAL

Facilitated by the International Food Policy Research Institute, RENEWAL is a regional "network-of-networks" in Sub-Saharan Africa. Currently active in five "hub" countries (Malawi, Uganda, Zambia, South Africa, and Kenya), RENEWAL comprises national networks of food and nutrition-relevant organizations (public, private, and nongovernmental) together with partners in AIDS and public health research. RENEWAL aims to enhance understanding of the worsening interactions between HIV, food security, and nutrition, and facilitate a comprehensive response to these interactions. RENEWAL is grateful for support, at present, from Irish Aid, the Swedish International Development Cooperation Agency (SIDA), the International Development Research Centre (IDRC, Canada), and the United States Agency for International Development (USAID).

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