

Influence of Child Support Grants on Increased Birth Rate among Women of Childbearing Age in Alice Town, South Africa

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KEYWORDS Child Support Grant. Birth Rate. Poverty. Unemployment. Women

ABSTRACT This paper investigates the influence of the Child Support Grant (CSG) on increased birth rate among women of childbearing age. A qualitative research method was employed and data was collected from fifteen female participants aged between 16 and 40 years. The results of the study suggests that increased birth rate in Alice Town in the Eastern Cape Province of South Africa was mainly caused by CSG in terms of its easy accessibility and the government's inability to control usage of the grant. Furthermore, it was revealed that young women refused contraceptives purposely to get pregnant in order to have access to the grant. Nevertheless, there were many other factors that emerged, which caused increased birth rate and these included lack of parental control, social exclusion, unemployment and poverty. Notably, the grant was not only benefiting the intended beneficiary only that is the child, but also the family as a whole. It was suggested that the government should check and control grant abuse by mothers and also provide community based income generating programs that would reduce dependency on CSG as a means of income.

INTRODUCTION

In an attempt to curtail child poverty the government of South Africa introduced the Child Support Grant (CSG) in 1998 following the Lund Commission recommendation as a means of cash transfer payable to the primary caregiver of poorest children from the ages of 0 to 7 years (Biyase 2005). The social provision was the government's contribution to poverty alleviation and initially, it was meant to be disbursed during the children's most vulnerable period (Leatt 2006). However, due to the high poverty levels among the children between the ages of 7-15 years old, the South African government increased the age of CSG beneficiaries to 14 years in 2009 (Khumalo 2009). To date the grant includes people aged between 0 and 23 years (Dhlamini 2014).

The South African Social Security Agency (SASSA) (2015) defines the CSG as a form of monetary support given to the primary caregiver. To access the grant, the primary caregiver must pass a means test, which stipulates that the primary caregiver must be a South African citizen or a permanent resident of South Africa and both the child and the applicant must reside

in South Africa. Other conditions include that parents must provide identity documents such as the baby's birth certificate, an affidavit or proof from the police station that states that the father of the child has disappeared or is not alive and the applicant must be the primary caregiver of the child or children concerned (Department of Social Development 2009). Furthermore, in order to attain the grant, the combined salaries of both caregivers should not exceed R9,600/year if living in urban areas and R13,200/year if living in rural areas (SASSA 2015). More so, applicants cannot apply for more than six non-biological children and the children cannot be cared for in state institutions. The number of children receiving the grant increased from 34,000 in 1999 to 6,500,000 in 2005 (Skweyiya 2008). In 2007, more than 8 million children were receiving the CSG (Lund 2008). According to SASSA (2015), it is estimated that the CSG reaches over 10 million South African children each month.

Due to high rate of poverty in the rural areas, rural dwellers have become direct recipients of the CSG when compared to those living in urban areas (Skweyiya 2008). Furthermore, more than ninety percent of the primary caregivers were women. Poverty and social problems has been attributed as the main causal factors to this high demand for CSGs (Lund 2008). The CSG system plays an important role in enabling the caregiver to access food and to meet the child's needs (Agüero et al. 2007). However, in the recent years, primary caregivers of beneficiaries of CSG have

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come to see the welfare policy as a means of income. This phenomenon has resulted in a paradigm shift wherein researchers have questioned if there could be a departure from the norm where grants are viewed by beneficiaries as an income incentive. According to Leatt (2006), most women plan to have a number of children in order to earn more, and as a result some poor households are of the view that the grant is likely to reduce the cost of childbearing. On the other hand, critiques argued that it is a source incentive to increased birth rate (Mokoma 2008). A school of thought has developed in South Africa, which claims that the CSG has some perverse incentives, one of which is to encourage women to have more children especially teenagers (Makiwane 2010).

In many social democratic countries, an increase in teenage pregnancy or fertility has been found to be associated with the existence of an elaborated welfare system. For example, in the United States, it has been reported that approximately one-half of teen mothers go on welfare within a year and seventy-seven percent within five years (Burt et al. 1984) as cited by Makiwane (2010). Welfare grants are thought by some to have perverse incentives for teenagers because they receive financial support when they bear children. A corollary of this assertion is that child grants result in higher fertility in societies that offer welfare benefits for children (Makiwane 2010).

Therefore, this paper seeks to ascertain the influence of CSG on increased birth rate among women of childbearing age in Alice Town of South Africa. The following research questions were postulated to guide the paper:

- ♦ Is CSG a pulling factor to increased birth rates?
- ♦ What is the relationship between high birth rates and the CSG?
- ♦ Who are the real beneficiaries of the CSG?

Literature Review

Research and literature points out that the issue of CSG and its association with high birth rates is not only an ongoing national crisis but also a pronounced global concern to those countries that offer the children's grants (Reproductive Health Research Unit (RHRU) 2003; Cherry et al. 2001). High birth rates have become a concern especially among young women in South

Africa and this can also be noted among 13-19-year-old females (Kaufman et al. 2000). The problem is that young women are becoming mothers at a tender age when they are supposed to be in school pursuing their academic career before becoming parents. Early parenthood exposes them to the risk of contracting sexually transmitted infections (STI) such as syphilis and HIV/AIDS. This results in many social problems that leave a huge burden on policymakers. The CSG is seen as a motivation to high birth rates, which poses a great concern to the policymakers and the government as the grant is meant to alleviate poverty, yet the grant beneficiaries are purported to be diverting the grant to other uses, which are contrary to what it is intended for.

Furthermore, literature reveals that the CSG was introduced post-1994 by the South African government as a means of curbing child poverty especially amongst previously disadvantaged groups. Nevertheless, popular belief in other sections of the society is that the grant is abused, that teenagers get pregnant to access the grant or that people who depend on the grant become lazy and do not aspire to find work. In poor communities, the birth rate is increasing each year and is becoming a social problem (Cherry et al. 2001; RHRU 2003). This development is further invoking concern among academics, policymakers and society at large. There is an ongoing debate that CSGs are incentives for women to get pregnant, however, research has been inconsistent in supporting this notion. Some scholars have however blamed the CSG for contributing towards increased teenage childbearing whilst other reports have found traces of the CSG money's mismanagement by caregivers.

According to Du Plessis and Conley (2007), poverty and inequality have a devastating impact on the lives of children in South Africa. Infant mortality rates are rising, the prevalence of preventable illnesses and malnutrition in children is increasing and structural unemployment has become chronic. It is estimated that 22 million people (over 50%) of the population live in poverty, that is, on an income of less than R160 per month (Du Plessis and Conley 2007). Children are recognized to be among the most poor and vulnerable in society in South Africa. Amongst these children in poverty are particularly vulnerable groups of children including those infected and affected by HIV/AIDS, children with disabilities and chronic illnesses and

those living on the streets in urban informal settlements and in rural areas.

As noted by Bezuidenhout and Joubert (2008), these children face discrimination, isolation and extreme hardship, and yet every child has the right to benefit from social security and social assistance. Du Plessis and Conley (2007) note that the Convention on the rights of the child 1989 Article 26 (1.2) states that benefits intended for children should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant. However, Du Plessis and Conley (2007) note that the current social security system is fragmented and non-comprehensive, with many children not being able to access grants for which they are clearly eligible and many more not qualifying for social security despite clearly needing it.

Poverty is a worldwide phenomenon, and also permeates the fabric of South African society. May (1998) as cited by Triegaardt (2005) advances that three in five children live in poor households. However, later estimates by Triegaardt (2005) indicate that approximately 14.3 million children (75%) live in poverty. Of these 14.3 million children, approximately 11 million live in extreme poverty. Many women, particularly single heads of households, are affected by poverty. Dieden and Gustafsson (2003) note that almost two-fifths of South Africa's children live in female-headed households, which is also true for just over half of all the poor children in South Africa. Children living in rural areas are more likely to be poor than those in urban areas, as seven out of ten poor people in South Africa live in rural areas as noted by Statistics South Africa (2012). Research has demonstrated that child poverty in South Africa means poverty among children in African households and, to a lesser extent, among children in the Colored population (Dieden and Gustafsson 2003). The Taylor Report (2002) as cited by TrieGaardt (2005) notes that malnutrition remains one of the biggest contributors to child morbidity and mortality in South Africa.

The incidence of poverty varies from province to province. The provinces of Western Cape and Gauteng have the lowest incidence of poverty, while the Eastern Cape, Limpopo and Mpumalanga provinces have the highest rates. The

Eastern Cape is one of the poorest of all provinces in the country and a large population of the region is recipients of social grants. In the Eastern Cape, seventy-eight percent of the children live in poor households, while twenty percent of the children live in Gauteng households (TrieGaardt 2005). Gauteng is considered to be the wealthiest South African province and is the center of finance. However, a report by SASSA (2013) reveals that by June 2013, over 1.8 million CSGs had been distributed in the Eastern Cape alone. This underscores the government's growing success in curbing child poverty in the region through social assistance (CSG).

Substantially, this paper is guided theoretically by cultural theory of poverty causation. Llewellyn et al. (2008) state that the cultural theory of poverty causation focuses on the roles of families and family subculture. Within this theory, it is argued that poor families have a certain belief system that is totally different from the rest of society and therefore children are socialized in poverty. This theory reflects that there is a cycle of deprivation where deprivation is transmitted from one generation to the next. The growing behavioral patterns in poor communities of high demand for the CSG reveal the cycle of deprivation reflected in the cultural theory of poverty causation. In the Eastern Cape alone, SASSA (2015) states that as of 30th June 2015, 1,934,805 CSGs were distributed and this translates to a total of sixteen percent of the total number of CSGs distributed in South Africa and the number continues to grow.

STUDY AREA AND METHODOLOGY

This study employed a qualitative research method to obtain the desired results. The research was conducted in Alice Town in the Eastern Cape Province of South Africa. The town lies on the southwestern bank of the Tyume River, North West of East London and has road and rail connections with East London (Encyclopedia Britannica 2013). Substantially, the targeted group for the study comprised females aged between 16 and 40 years and were residents of Hillcrest community, which is in Alice. Hillcrest is a small community situated within a walking distance of about 2 km from Alice Central Business District (CBD) (Encyclopedia Britannica 2013).

The snowball sampling technique was used in selecting the participants of the study. Babie and Robin (2008) describe the snowball sampling as a method that can be implemented by collecting data on the few members of the target population whom one is able to locate and then ask those individuals to provide the information needed to locate other members of the population they happen to know. An in-depth interview guide was used to collect data from the participants and it was composed of open-ended questions in order to allow detailed opinions and perceptions of the participants. Furthermore, data collected through in-depth interviews were analyzed according to the themes that emerged.

RESULTS AND DISCUSSION

In this section, the findings of the study are presented according to the themes that emerged and a discussion is given thereof. Firstly, the biographical information of the participants is laid out.

Biographical Information of Participants

The study was conducted with a group of fifteen women residing in the Hillcrest community in Alice. All the women were guardians of children receiving the CSG. The participants that were interviewed composed of 13 Afrikaans and two Xhosa speaking with ages ranging between 18 and 40 years old. Thirteen participants were Colored whilst two were Blacks. None of the participants were formally employed except three who indicated that they were doing piece jobs like washing clothes.

Theme 1: CSG as a Pulling Factor for Increased Birth Rate

The participants in the study were asked about the factors causing increased birth rate in their community. Responses from participants reveal that CSG has become a motivation for increased childbirth. Ten out of fifteen participants indicated that CSGs increased pregnancies among young women. Whilst the remaining five participants disagreed that CSG was responsible for increased pregnancies. Those participants who mentioned that the grant caused increased pregnancies were of the opinion that

if the CSG is abolished, it will have a direct impact on birth rate in the communities. Without the grant the implication is that the number of births will be less. The following were some of the participants' responses:

"If the grant is removed they will not have babies because they keep on having babies because of the grant." (Participant 7)

"No they will not have babies because other people do not want to work they are lazy they depend on the grant." (Participant 9)

"People will be afraid, no food and they won't be able to take care of themselves alone without the grant so they will not keep on having children." (Participant 10)

"Definitely there would be less birth rate because people will not survive." (Participant 11)

These findings are supported by Burt et al (1984) who argue that the availability of monetary support in the form of CSG for households living in poverty may pose as a motivation for increased birth rates. Apart from the CSG being the motivator of increased pregnancies, it was revealed in the study that there are other factors that have contributed to increased birth rate.

Lack of Parental Guidance and Support

The first factor revealed was lack of parental guidance and support. This involves the parents' inability to have an open relationship with their children especially the girl child. An open relationship makes room for discussion on issues such as sexual relationship with opposite sex and other matters that concern the development of the children. Generally children fare best when they receive parental guidance and support from their parents and not from outsiders. Findings from the participants elicited some of the following comments:

"I don't feel comfortable discussing such issues with my children." (Participant 1)

"Well as parents we fear if we discuss about sex they will get too curious so we leave it in the hands of the schools and the nurses, they know these things." (Participant 4)

"I do tell my oldest son but the small ones it's too early." (Participant 6)

Unemployment

Furthermore, unemployment emerged as a contributing factor. Participants were asked spe-

cific sets of questions regarding their employment status and all of them highlighted that they were not formally employed, hence citing that they are using the grant as a means of survival. Many young women who were without jobs saw the CSG as a means of income. Many of them chose to get pregnant and have babies so as to have access to the grant for survival. Twelve participants indicated that they depended on the CSG for their monthly income.

"I depend on the grant for money, besides the support I get from my grandmother." (Participant 1)

"No I am not employed and I survive on the grant." (Participant 2)

"The grant is my main source of income but I'm waiting for a response from Spar since I applied for work there." (Participant 4)

"I'm not working so I consider it as my main source of income but I also get money from my relatives." (Participant 7)

It can be argued that social grants reduce the motivation of seeking employment. In communities that have limited employment opportunities and with beneficiaries possessing low educational qualifications and not relevant qualifications it is difficult to find jobs. On the other hand, the remaining three participants denied that they regarded the grant as the main or only source of income and they were working part-time to supplement the grant since it was not enough to meet the needs of the child. The participants mentioned that:

"The grant money is too little to cover for many of the basics. So I do part time jobs washing clothes for people to get more money." (Participant 9)

"Some people rely on it, but I do some piece jobs because the money is not enough. The prices of all basic things rise almost every day and the grant is just too little." (Participant 10)

Social Exclusion

Additionally, feelings of abandonment by the government emerged as one of the motivations for increased birth rate among these women. Some of the participants revealed their frustrations as follows:

"The high school is so far away that is why I even left school." (Participant 4)

"Well at least there is a primary school, but there is no secondary school, we need them also

in our community to keep our children grounded." (Participant 7)

"The school and the clinic are far from us." (Participant 12)

These women felt isolated from the scheme of things by the government. Most of their communities were without infrastructure like pipe borne water, schools, good roads and electricity. Their frustration led them to get impregnated and have babies, which allowed them to access the CSG.

Poverty

Lack of food has been found in the study to have led to the motivation for childbearing. All of the fifteen participants said that they were poor and could barely afford three meals a day. Many of these young women (twelve participants) were poor in such a way that they could not afford to eat three square meals before they started receiving the CSG. However, the grant afforded them food on the table.

"Yes people are poor here. A lot of people are poor in this community. People are putting effort to look for work but there is no work. So people are poor and they depend on the grant money. We depend on the grant to buy food for the children and the entire family." (Participant 1)

"Many people have no income so they live in poverty. That is why I would say they depend on the grant." (Participant 2)

Twelve out of fifteen participants indicated that in Hillcrest, most households are typical single parent households in which women remain the sole providers whilst fathers are non-participants of the process of raising children. Such a set up underscores a dimension of inequality, which results to feminization of poverty. This is evident in Hillcrest as most of the women are living with their children without assistance from the men. Most of the jobs available require men because they have the strength and women are left out. The inequality dimension of poverty has resulted in more women to become highly dependent on the CSG in order to survive with their families whilst men continue to exclude themselves from any family responsibilities with that role now being assumed by the government.

Easy Accessibility of CSG

The other factor that surfaced in the study was the easy accessibility of the grant. In an

attempt to try and understand the opinions of the research participants regarding the CSG, questions about its accessibility were asked. Thirteen of the participants indicated that the CSG is easy to attain, hence its accessibility has a positive relationship with the increased birthrates, as the criteria to attain the grant is easy to meet. Thus, its accessibility can lead females to continue to get pregnant so as to obtain the grant. They reiterated that the grant was easy if only they could prove to be the biological mother of the child. These were some of the responses:

"Yes it is easy very easy to get the CSG, all you need to do is to prove that you are the biological mother of the child and you are not working." (Participant 4)

"Anyone can get it as long as they qualify." (Participant 10)

On the other hand, two participants highlighted that it was not easy to get the grant as they had faced many difficulties. One participant mentioned that:

"No, it is not easy. Sometimes I have problems with the card...when the money comes...R20 or R40 will be missing and I do not know where it goes and you can even wait for days for the money to come even when it is due." (Participant 2)

Lack of Monitoring of the Use of the Grant

Lastly, responses from participants showed that the fact that they could use this money for their own selfish end without been quarry by anyone was also a motivation of childbearing. Many of these women spent the grant on achieving purposes, which the money was not meant for. Such purposes include buying of cosmetics, clothing material, and other things like drinking and smoking. Some of the participants made the following comments:

"Yes it's actually true. There is no one who comes to monitor how the grant is being used. The grant is meant for the child but some people use it for their own things." (Participant 1)

"The kids are roaming in the streets, dirty while they have a grant and my opinion is that the old women must report these cases of young women abusing the grant." (Participant 9)

"Yes they use the grant for the purpose it is not intended to especially these young women, they are not responsible, they drink and fool

around and leaving the child with their gran-nies" (Participant 11)

"Not really but if there is a need they buy other things such as food for the household." (Participant 12)

In supporting these findings, De Villiers and Giese (2008) stated that there is no guarantee that a child's monetary benefit or social grant can be safely entrusted to the child's guardian. They argue that it is more likely that benefits or social grants intended for the support of children will be used by a poor family for whatever needs the caregiver views as immediately pressing. To further buttress these findings, Hassim (2005) argues that CSG is responsible for increasing teenage pregnancies mainly because some women instead of using the CSG money for the needs of the child misuse it by spending it on things that enhance their physical looks such as lipsticks and clothing. This is also corroborated by the West Cape News (2008) as cited in Dlamini (2012) that teenagers become pregnant in order to obtain the grant and then placing the burden of caring for their children on grandparents and using the grant money for other purposes.

Theme 2: Relationship Between CSG, Abstinence and Contraceptive Use

Education on contraceptives and abstinence are freely given to reduce cases of unwanted pregnancy in clinics. There are local clinics and hospitals that provide platforms for people to be orientated to such health issues. The participants were asked about access to such services and all of them mentioned that it was available in their community. Some of the responses given include:

"The nurses help everyone who comes to the clinic. Birth controls are available and are for free." (Participant 10)

"They are doing enough because it's for free." (Participant 11)

"They are doing their best and yes they are helpful." (Participant 12)

However, this has not proved effective for reducing the increased birth rate. One reason attributed to this by participants is the presence of the CSG, which makes the cost of child bearing affordable especially for women who lack any means of looking after their children. These are some of the views of participants:

“The services are available and even campaigns but they are not helping. People choose not to use contraceptives so that they can have children to get the grant and end up contracting the HIV.” (Participant 14)

“People are taught everyday but people are just careless and they need the grant for survival so they will just have babies because the more children you have the more money. Thank God the government said only six qualify others people were going to have even 10 children.” (Participant 15)

From the findings above it is clear that despite the efforts of local clinics and campaigns in the community about use of contraceptives to reduce child birth rate, the CSG is a welfare policy that has brought about increase in child birth rate.

On the other hand, the CSG alone is not to be blamed for increased birth rate. Parents are supposed to be responsible for providing sex education to their children to reduce birth rates, however this has not helped in reducing the increased birth rate. This is due to the fact that many parents have neglected this aspect of their roles. Most times parents find it difficult to discuss issue of sexual relations with their children. They also educate on the reproductive system and prevention measures. This negligence on the part of the parents may also be due to the fact that as long as CSG is available they do not see any need for sex education. More so, many young women do not listen to instructions from their parents. One participant expressed her opinions as follows:

“A lot of teenagers are getting pregnant because they do not listen to their parents, and they just rush to get food and dresses from their boyfriends.” (Participant 1)

In agreement with this finding, Parker (2005) stated that sex education, contraception and abstinence provide an option for people to avoid unintended pregnancies. Parker (2005) further argues that in cases where knowledge of contraceptives is scant the result will be a high rate of unintended pregnancy. This may simply imply that where such knowledge is available, levels of pregnancy are likely to be low.

Theme 3: CSG Benefiting Other Household Members

Findings of this study revealed that the CSG is used for other people other than the intended beneficiary who is the child. Mothers are the

actual beneficiaries of the CSG. Mothers receive the CSG on behalf of their children with the aim of meeting the basic needs of their children. However, due to the hardships they face they divert the money into other uses. Some participants indicated that:

“Well if there is no food in the house, I use that money to buy food.” (Participant 5)

“The thing is if I get the grant today and there is no soap in the house I will buy with the CSG money because the child will be benefiting.” (Participant 9)

“Yes, it happens but it is just a matter of balancing the two because I also need to buy my own clothes and food for the child.” (Participant 6)

Notably, most of the participants (ten) interviewed indicated that they resided with the child receiving the CSG, noting that they were unaware of cases where the CSG was received even when the child was absent. However, five participants revealed that they did not stay with the children for whom they received the grant but the children stayed with other relatives. This confirms popular belief that there is a trend in which most children in South Africa are living with extended families. Furthermore, it was shown that extended family style is very common in the Eastern Cape Province. Therefore, the grant is not only spent on the child but on all the family members to cater for their basic needs. Participants expressed their opinions as follows:

“It happens, I cannot stay with my children here because I live in a small house so it is better for my children to stay with my mother.” (Participant 1)

“Yes my other son is staying with my brother in King Williams Town but I send them R300 there every month”. (Participant 3)

The participants further highlighted that most young women abuse the purpose of the grant to suite their own needs. Unfortunately, the government does not follow-up on the recipients so as to find out if it is reaching out to the intended beneficiaries. This could be attributed to the fact that due to limited knowledge these young women could be viewing the CSG as their husband or means of survival than older women or grandmothers hence the value they attach to it could be different from older women. The media has also reported that community members believe some of these teenagers become pregnant in order to obtain the grant, and

then placing the burden of caring for their children on grandparents and use the grant money for other purposes. Some teenage girls allegedly move out of their parents' homes and move in with their friends or boyfriends and they do not care about who is taking care of their children (West Cape News 2008 as cited by Dlamini 2012).

Hassim (2005) stated that CSGs are blamed for increasing teenage pregnancy mainly because some women, instead of using the CSG money for the needs of the child, misuse it by spending it on things that enhance their physical looks, such as lipsticks and clothing. Hassim (2005) further argues that there are allegations from the Minister of Social Development that some mothers have even rented out their children to others so they can claim grants. The participants were asked about the whereabouts of their children that they were receiving the CSG for. Eight participants indicated that they were staying with the children whilst seven mentioned that the children were staying with their mothers. The following were some of the responses:

"I am receiving a CSG for my child and my sister is receiving a CSG for one of her two children and the children are staying with my mother in King Williams Town." (Participant 2)

"My children and niece receive CSG but they stay with my mother." (Participant 9)

"My 2-year-old daughter is receiving the grant and stays with my grandmother who is receiving the OAG." (Participant 12)

Often, a child is not in a home to which the monetary benefits for their support (CSG) are paid (De Villiers and Giese 2008). While the government is releasing a lot of money to support them to get basic needs, its usage in households remains a debatable issue amongst academics and other policymakers. Most children stay with their grandparents because they can use the old age grant (OAG) to take care of them. In terms of the CSG, few children are benefitting because the whole family is relying on it yet it is meant for children. More so, grandmothers are not beneficiaries of this grant as findings reveal that grandmothers even use their own old age grant to take care of their grandchildren (Tanga and Gutura 2013). In addition, families accessing the CSG remain eligible for other government welfare programs and often qualify for housing assistance (RDP), medical subsidies and the national school nutrition programs. This finding is upheld by Grogger et al. (2002), who stated that theory on economic welfare postu-

lated that welfare policy changes can increase fertility among women.

CONCLUSION

Although there is a decrease in fertility rates, the levels of childbearing are still a concern in South Africa. Childbearing remains one of the most important issues in the governmental agenda in South Africa and in the world as a whole. There is a correlation between poverty stricken communities and high fertility or childbearing. In South Africa dependency on social grants has remained high. Scholars have noted that the demand of the CSG is increasing especially among poor communities whilst at the same time the rate of poverty remains high. This has triggered numerous questions from various scholars of various fields in trying to establish the effectiveness of the CSG. The main bone of contention is that can the CSG be viewed as an income incentive by poor households? This paper sought to unveil the perceptions of the recipients in the communities if the CSG is an income incentive, which might in turn be influencing high birth rates in order to receive this lucrative cash grant.

Conclusively, the CSG, as revealed from the study, provides a sense of financial security to women of childbearing age and it has become a motivation to get pregnant. Although there are some other contributing factors, access to CSG plays a significant role in increased birth rate among these women. More so, rather than using the grant to meet the needs of their children, it is the whole family that eventually becomes the beneficiary while the need of the actual beneficiaries remains unmet. This however, has contributed to children problems in the society. Many children have dropped out of school and are on the street while many have also become delinquent and turn into crime to survive. Many of the women also use the grant for non-valuable things such as drug abuse, alcohol, clothing and cosmetics and this has also contributed to the problem of crime and sexually transmitted diseases such as HIV/AIDS.

RECOMMENDATIONS

- The following recommendations are made:
- ♦ Government should reduce scenarios in which the CSG is misused and make provisions for educating community members especially those responsible for receiving the CSG on

behalf of the intended child, about the importance of the CSG and how it should be used in respect of the Social Assistance Act, 2004.

- ♦ The national government should also find means for the establishment of a parallel series of community based income generating programs that fit within the context of the culture and budget of that particular community in which such programs are initiated. This can reduce dependency on child grant as source of income.
- ♦ Furthermore, older women are indignant towards the younger women who have never worked. Apparently the claim is that most of them are dropouts and they do not even know what a job is. The government should create more youth oriented development programs that are aimed at skills development and a sense of responsibility towards personal and community based development.

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