

**The role of transport in accessing social services for women (Child Support Grant
beneficiaries) in rural areas:
A case study of the Lions River pay point**

Renay Pillay

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Declaration

Except where otherwise specified in the text, this dissertation is my own original work and has not been submitted in part or in full to any other university.

Signed: Renay Pillay
Renay Pillay

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Abstract

Transport is a significant factor in development. It determines the extent to which people can access social services as well as work and livelihood opportunities. The study presented in this dissertation is based on a case study of the Lions River pay point, which is a shop in the Mngeni Municipality. The aim of the study was to look at the influence of transport in accessing social services for women (Child Support Grant beneficiaries) in rural areas. The findings are based on a sample of 66 Child Support Grant (CSG) beneficiaries.

Using quantitative methods, the study focused on women and their transport needs when accessing the Child Support Grant, medical care for their child/children and their child/children getting to and from school. The sampling technique used was an in-depth use of a case study as illustrative of rural settings. The respondents constituted a convenience sample as anyone who was at the Lions River pay point were asked whether or not they received the CSG. If the respondents were beneficiaries of the CSG, they were asked to respond to a survey questionnaire.

The results of the study show that in rural areas, transport is a barrier to accessing social services. Due to poor roads and the limited availability of transport, women spend a considerable amount of time accessing social services, time that could be used in income generating activities.

Findings of this study confirm research undertaken in other unpublished studies (Ngubane 1999 and Nzama 2001). They show that in rural settlements, transport is a serious barrier to accessing social services. Welfare beneficiaries have no choice and are forced to use expensive public transport due to a lack of alternate modes of transport.

It has been suggested by Nzama (2001:2) that the transport efficiency of rural households can be enhanced by improving the rural transport system (by creating better roads and

foot paths) and by locating social services close to people in order to reduce the distance that they need to travel.

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Chapter 1

Introduction

Rural areas are often very disadvantaged in terms of basic services such as safe drinking water, electricity, schools, health care facilities, roads, transport and infrastructure. Transport plays an important role in the way people access basic services, work and recreation opportunities. Inadequate transport leads to the limited accessibility and use of social services in rural areas.

Statistics from the October Household Survey in 2000 in (Kehler) show that 52% of South Africa's total population are women. Almost half (47%) of women live in rural areas. The unemployment rate amongst rural women amounts to 53% for all population groups compared to 37% amongst rural men. The unemployment rate amongst African rural women is 56% compared to 21% amongst rural Coloured women and 5% amongst rural White women. The Statistics indicate that the majority of African women continue to live under extremely poor condition in rural areas. Rural areas are characterised by a lack of socio-economic development and infrastructure, lack of opportunities for employment and income generation. Rural areas are also characterised by a lack of basic services such as water, electricity and sanitation. This lack of services affects the lives of women as they have to spend many hours a day walking long distances in order to fetch water and firewood (Kehler)

This study has looked at African women who receive the CSG. Women, in general, are considered to be vulnerable members of society by the Department of Social Development (Department of Social Development). Black women are dramatically worse off in almost every aspect of their living conditions when compared to other racial groups. Poverty, together with poor public health conditions, overcrowded housing, lack of accessible drinking water and sanitation, as well as a lack of electricity makes their living conditions the worst in the country (Canadian International Development Agency 2001: 5).

The objective of this study was to look at women who receive the Child Support Grant and the impact of transport in accessing welfare, health and education services for their children.

Chapter 2

Literature Review

There are studies (World Bank 1999 and Doran 1996) that look into aspects of transportation in South Africa and in other developing countries and how transport influences access to services. This study provides further insight in terms of transport and access to social services in rural areas.

2.1 Apartheid and Development

Under apartheid, development programmes were concentrated in urban areas and it targeted White people. The consequences of the apartheid ideology were separate and unequal development of the different races. People were segregated into urban or rural areas through the Bantustan's Policy. African people were forced to live in rural areas, where there were high levels of poverty, limited economic and employment opportunities, under developed infrastructure and limited services. Social services were located at great distances from people. Transport systems under apartheid were unequal with rural areas being particularly disadvantaged in terms of the provision of roads and infrastructure (Radebe 2003:1).

Black women have been oppressed both by their race and patriarchy within their culture. Black men were forced to move from rural areas to work in mines, thus leaving women to become the head of households. Women had to raise their families on their own, they had to earn money during the day and had to take care of their family at night (Caler)

2.2 Gender and Transport

Transport is important for the development of women in rural areas as it determines how women access services and facilities. Transport can improve the lives of women by reducing the amount of time they spend in domestic activities. In most societies, men and women have distinct economic and social roles and responsibilities and therefore there are gender differences in transport needs. In addition to women's productive roles, they are almost exclusively responsible for household and child-rearing tasks and therefore

they have diverse travel and transport needs. Women also suffer the physical and health burdens of head loading a large proportion of water and fuel (Bamberger 2001:2).

When the ANC government came into power, they undertook to emphasise development of rural areas to redress the inequalities of apartheid. Kruger (2002) argued that there was a need for rural areas to be developed as the people who live in rural areas were the elderly, children, unemployed or unemployable, uneducated and young mothers. These people are dependant on state grants for up to 80% of their income (Kruger 2002:16).

Rural people have limited access to basic social services and economic activities. *Transport is important for rural development, as improvements in rural infrastructure and services would allow for economic development and improved access to social services.

*One of the objectives of the Department of Transport (DOT) under the current government “is to plan new transport infrastructure and means of developing the country to improve mobility and the quality of life for all” (Department of Transport). At the end of 2000, the Government introduced the Integrated Sustainable Rural Development Strategy (ISRDS), which aims to bring changes to South Africa’s poorest areas (rural areas) by targeting the poor, women, youth and the disabled. The vision of the ISRDS is to ‘attain socially cohesive and stable rural communities with viable institutions, sustainable economies and universal access to social amenities able to attract and retain skilled and knowledgeable people who are equipped to contribute to growth and development’ (Del Grande 2002:9).

The ISRDS empowers rural communities who have been disadvantaged in the past, through conducting campaigns against rural poverty and underdevelopment. Some of the goals of rural development are:

- creating greater equality in the use of resources in rural areas
- increasing access to services through the provision of infrastructure and social services such as water and sanitation, transport, health services and schooling, and
- ensuring the safety and security of rural people.

The vision for rural people by the year 2020 is

- freedom from poverty
- a greater integration between towns and rural areas
- close availability of water and sanitation and fuel resources ...

The Government is committed to basic levels of infrastructure development; water availability, sanitation, access to schools and clinics and road development. This will reduce the levels of poverty in rural areas and allow rural people to use their time more productively (The South African Government).

In rural areas, women are largely responsible for domestic activities such as

- the collection of water and firewood
- the preparation and cooking of meals
- child-rearing
- cleaning and washing and
- household purchases and errands.

Domestic activities are almost exclusively carried out by women, who perform 80% of the work involved. The most time consuming domestic activity are the collection of water and firewood where women provide nearly 90% of wood that is consumed by the household. Firewood is important for meeting energy demands in rural areas as it is used for cooking, heating and food processing. Time travel for water collection (excluding the time spent in the queue at the water source) takes between 2-4 hours per day. (Bamberger 2001:5).

Bamberger (2001:6) argues that domestic transport needs places more pressure on women's time and energy. Improved access for domestic needs could provide women with more time for other more productive activities. He further argues that for most rural women, the process of travel is seen as more of an obstacle rather than as a facilitator to their daily activities.

A study in Doran (1996:7) of the domestic transport activities of a typical rural woman in Ghana, Tanzania and Zambia revealed that women spend considerable amounts of time and energy in fetching water and firewood.

- Fetching water – women spend 2-10 hours fetching water (excluding time waiting in the queue at the water source) and carry a load of 20 kilograms over a distance of 4-23 kilometres, and
- Fetching firewood – women spend 1-13 hours fetching firewood and carry a load of 20 kilograms over a distance of 4-26 kilometres

* Most of the journeys carried out by rural women are around their village. As women transport goods mainly by head loading, it consumes their energy and it also means that relatively small loads can be carried at a time. If other means of transport were available, that carried larger loads, even if the means of transport were slow, women would not have to spend so much of time and energy which is needed for extra trips to head load the larger load. If other means of transport were available then women would save their energy for other activities, such as working in their fields or with other household activities (Doran 1996:8).

* Bamberger (2001:8) recommends the use of Intermediate Means of Transport (IMT's) in rural areas. Many transport problems can be solved through non-transport (e.g. improved village infrastructure and services). Bicycles with carriers are commonly used for personal transport and for the carrying of loads. However, most bicycles in rural areas are owned and are used by men. Bicycles can still be used by women especially for water and fuel collection (Bamberger 2001:8).

* There are gender inequalities in access to IMT's. Most IMT's are owned and are used by men. Most of the transport programmes and IMT initiatives are determined by men, designed for men and men are therefore the main beneficiaries of them. Women do not have much access to IMT's as they have less purchasing power than men and the use of IMT's is restricted by their culture (Bamberger 2001:9).

* In rural areas, women are also concerned about the cost and availability of transport and their safety when using public transport. The cost of transport, in rural areas, is a serious problem for many women. Transport costs often consume a large portion of women's

wages. In many poor households the second major expense is transport, with food being the first. There is a need for affordable and appropriate public transport. Presently a trip to town or even to a health care facility can take a full day. Women cannot afford to waste so much time. Public transport has to therefore be reliable so that women do not have to spend long periods of time waiting for public transport (Price and Budlender 1997:270).

Rural women also experience problems with long walking distances to transport stops. There is a general rule that 10 minutes is the desirable walking distance to a transport stop. John Fruin (1971) argues in (Budlender 1997: 260) that the maximum desirable distance from ones home to a transport stop is 670m. According to a study carried out by Ribbens and Brafman-Bahar (1981) in (Budlender 1997: 260) for the Department of Transport, the findings revealed that the actual walking distance between home and a taxi terminal is 3650m and 4250m to a bus terminal. Women who leave home in the early hours of the morning or who return home late at night are more at risk of sexual harassment and rape if distances from transport stops are long (Price and Budlender 1997:260).

The Department of Transport is not the only Department responsible for the satisfaction of transport needs of rural women. Price and Budlender (1997:271) argue that other departments can work together with the Department of Transport through the better provision of water and energy so that women do not need to walk long distances to access them. They further argue that social services such as education, health and pensions should be provided at more points so that women do not have to travel long distances to reach them (Price and Budlender 1997:271).

2.3 Gender and Poverty

There is a relationship between poverty and gender, with more women being poor than men. According to the Constitution of South Africa, every citizen is equal before the law.

There are more women than men who still live in poverty and lack access to basic human rights of education, clean water and sanitation, proper housing and health care (Canadian International Development Agency 2001:1).

Statistics from the October Household Survey in 2000 in (Kehler) show that 52% of South Africa's total population are women. Almost half (47%) of women live in rural areas. The unemployment rate amongst rural women amounts to 53% compared to 37% amongst rural men. The unemployment rate amongst African rural women is 56% compared to 21% amongst rural Coloured women and 5% amongst rural White women. The Statistics indicate that the majority of Black women continue to live under extremely poor condition in rural areas.

Kehler argues that women are the ones who constitute the majority of the poor who live in rural areas, which has little or no provision of services. She further argues that based on women's reproductive and care-taking roles, women are the main consumers of services and they are affected the most with inadequate services. According to statistics on service delivery in South Africa, (October Household Survey 1999 in Kehler) only 27% of African rural households had access to running water inside the house or in the yard compared to 83% of African urban households. This finding indicates that access to water is not yet a reality for many rural women. Rural women still spend hours every day collecting water.

Welfare and social security benefits could assist with alleviating poverty. In addition to welfare, education, skill training and job creation are some of the tools that can be provided to the poor in order to uplift themselves from poverty (Kehler)

2.4 Gender and Development

Due to both economic and social vulnerability of women, the government has targeted women in their development agenda (South African Government). Women are the people who constitute the majority of the poor; they live mostly in rural areas and in informal areas with no services.

The Gender and Development (GAD) framework is an approach employed by the South African Government to address the inequality of women in South Africa. The GAD approach has been adopted by the South African Government as its official development paradigm (Pandy, Watson and Makan 1997:4). The GAD approach focuses not only on women but also on the social relations between men and women, in the workplace as well as in other settings. GAD uses gender relations [gender relations describe the social meaning of male and female and thus what is considered appropriate behaviour of activity for men and women (Pearson 1992:292)] rather than 'women' as a category of analysis and views men as potential supporters of women. It treats development as a process influenced by political and socio- economic forces (Visvanathan 1997:23).

The GAD approach differs from other development approaches such as Women in Development (WID) and Women and Development (WAD). The WID approach argues that resources should be targeted towards women. WID wanted to get women into the public sphere and in paid employment and they wanted more women in higher positions in government. They ignored mothering and caring instead of arguing that it should be equally valued as income earning. WAD argued that women have always been a part of development and they sought to challenge the relationship between women and the development process (Young 2002: 321-323).

One of the assumptions underlying gender and development is that women and men, because of their different gender roles and power, have different gender interests. If people who plan projects and programmes were able to understand women's gender interests, they would be in a better position to ensure that women's gender needs were met. One of the ways to look at women's gender interest is to improve the difficult conditions that most women face, for example by improving access to economic resources, employment and improvements in health housing and education (Mosse 1993: 165)

According to the Department of Social Development, "inequality exists between men and women" and has characterized the South African society for many decades. Women are

subjected to discrimination, exploitation and violence despite the Constitution, which affirms the democratic values of human dignity, equality and freedom. An unprecedented effort is, therefore, required to ensure that the status of women is elevated to protect their rights and speed up gender equality” (Department of Social Development).

The Department of Social Development has established the Flagship Programme for unemployed women with children less than five years. The programme aims to provide economic and developmental opportunities and services to unemployed women with children under the age of five years, living in deep rural areas. Sixteen projects have been designed to create income that is distributed among the participating women. The projects that include facilities such as an eating house, overnight facility, car wash, beauty salon, vegetable gardens, garment-making, poultry and egg production, bread-baking, leather works, offal cleaning, child minding, and paper and fabric printing. Some 800 women and 913 children are benefiting from the Programme (Department of Social Development).

2.5 Transport and Accessing Social Services

* As part of the reproductive role of women, women are responsible for looking after children. Women require transport in order to access social services for both their children and themselves. Rural areas are often disadvantaged in terms of basic services such as water, electricity, schools, health care facilities, roads and transport (Nzama 2002:14). Kahnert 1993 (in Technical Paper No 232:14) states that poor infrastructure discourages children from attending schools and people from attending health care facilities.

* Transport plays an important role in social development. It determines the extent to which people are able to access basic services. According to a study by Ngubane (1999:11), the existing transport services at Emakhabeleni (a rural area in Kwa Zulu Natal) are inadequate to the needs of pensioners. Pensioners used three modes of transport to access welfare pay points. There were 45% of pensioners who walked to the pay point and 55% of pensioners travelled by hired vehicles. They spent between 30–60 minutes waiting for transport at the transport stop. Pensioners spent between R8 and

R100 in transport costs to the pay point. Most pensioners complained that the roads were in a poor state (Ngubane 1999:8). Findings of the study revealed that poor path and road networks as well as a lack of a public transport system forced pensioners to depend on expensive transport to access their grants. The cost of poor transport provision is borne by the very poorest people; pensioners.

A study of the Maphumula District by Nzama (2001:1) confirmed research carried out by Ngubane (1999). Due to poor road, infrastructure, pensioners have limited access to alternate modes of transport and are forced to pay too much to reach essential services. There were 78% of pensioners who used the taxi to access health care facilities. Most pensioners (55%) walked to the welfare pay point, 49% of pensioners travelled by hired car and 5% travelled by wheelbarrows. The cost of transport to the welfare pay point ranged from R4-R200 (Nzama 2001:28). Nzama (2001:1) suggests locating welfare and health services nearer to rural communities.

(i) Welfare

* Transport is important for women in rural areas to access welfare pay points. The mission of the Department of Social Development (DSD) is to enable the poor, the vulnerable and the excluded within the South African society to secure a better life for themselves (Department of Social Development). Welfare in the form government grants can play an important role in alleviating poverty for children, women, the elderly and people with disabilities and their families. ACCESS (2003) has estimated that there are approximately 14.3 million children under the age of 18 years living in poverty in South Africa. Out of these 11.6 million children are under the age of 14 years (ACCESS 2003).

Welfare as a sector is doubly gendered, as it is both women who seek support from government and who provide welfare support. The people who seek support or help are children, people with disabilities, the elderly and young mothers. They are the group of people who are described by the Department of Social Development as vulnerable members of society (Lund, Ardington, Harber 1996:97).

The South African welfare system is a combination of British welfare tradition and apartheid policies. The British welfare system was based on an assumption that people lived in two-generational nuclear families, with the male being the head of the household, and that he would be employed while the women remained at home. But the policies of South Africa allowed men to work away from home. This resulted in a disruptive family life and it prevented the attainment of the two generational nuclear family (Lund, Ardington, Harber 1996:98).

The ANC government inherited a fragmented social security system, which provided a safety net for mainly White people. Social security has been extended over time, but the coverage remains inadequate. The White paper on Social Welfare states that 'every South African should have a minimum income, sufficient to meet basic subsistence needs and should not live below minimum acceptable standards' (South African Government).

The Child Support Grant

The CSG replaced the State Maintenance Grant (SMG), the state support programme for single parents. Under the SMG, R700 was paid to single parents depending on their financial situation. The benefit was limited to two children under the age of 19 years. The CSG was introduced in 1998, as a means of reaching greater numbers of poor children across the country. The CSG was introduced at R100 per month for children under the age of 7 years. As of 1 April 2003, the CSG has increased to R160 per month per child under the age of eight years. Over the next 3 years, the child support grant will be extended to children in need up to the age of 14 years (Manuel 2003:11).

The CSG is provided to the primary caregiver of the child. The caregiver does not necessarily have to be the child's biological parent. The grant is provided to primary caregivers who meet the requirements of a strict means test. According to the means test, a child who lives in a household with a total income of less than R800 in urban and R1100 in rural areas is eligible for the grant. The caregiver has to produce his/her Identity Document, the child's birth certificate, proof that he/she tried to acquire a job or join a community development project and documentary evidence of attention to the

child's primary health care needs. A caregiver can collect the CSG for a maximum of 6 children under his/her care (Applied Fiscal Research Centre 2001: 11).

According to the Social Assistance Procedural Manual for the Department of Social Development, the following facilities need to be present at a pay point

- toilet facilities
- chairs
- public telephones
- 10m security fence
- first aid kit and wheel chairs
- computer lines
- permanent building or marquee
- electricity generator, and
- water

Beneficiaries should not travel more than 20 kilometres to reach a pay point. In order to control the flow of beneficiaries and to make sure that there are not too many people waiting for their grants, disability grants should be paid first, followed by the Old age pension and other grants (Department of Social Development)

Statistics have shown that the majority of people collecting the CSG are women. Research carried out by Community Agency for Social Enquiry (CASE 2000) in Goldblatt 2003:79) showed that 99% of primary caregivers were women and 90% of them were the biological mothers of the children. Two-thirds of primary caregivers said that the CSG was used for the expenses of the whole household and not just for the child. More than one-third of the households had no other source of income other than the CSG (Goldblatt 2003:80). Research carried out by Manicom and Pillay (2003:97) on the CSG in Northdale confirms the finding of the CASE 2000 study. In the Northdale study all the CSG caregivers interviewed were women. There were 82% of caregivers who said that they used the CSG to buy food for the whole family and not just the child. The main source of household income for 47% of caregivers were the CSG.

(ii) Health

As part of women's role as caregivers, they are responsible for children's health needs. Women require transport to access health care facilities for their children. The mission of the Department of Health is to 'provide leadership and guidance to the National System in its efforts to promote and monitor the health of all people in South Africa and to provide caring and effective services through a primary health care approach' (Department of Health 1997). One of the goals and objectives of the department is to promote equity, accessibility and utilisation of health services (Stevens 1997:286).

According to a study carried out by Hirschowitz and Orkin (1995) in (Budlender 1997:290), Africans generally used public transport (51%) or walked (37%) in order to reach health care facilities. Most Blacks took 30 minutes to over an hour to get to the health care facility. The time taken to reach a health centre is a serious barrier to the utilisation of health care facilities in rural areas (Stevens 1997:290).

Apartheid policies have had a devastating impact on health care in South Africa. Health care policies have been racially fragmented and this has created disparities along rural, urban, class and gender lines. People living in rural areas or informal settlements have to travel the furthest to reach a health care facility and they wait the longest to see a health care provider and the medical consultation is likely to last less than five minutes (Flood 1997:41).

(iii) Education

Transport is an important factor in the accessibility of schools. Education is essential for improving the standards of living for all people. The South African School Acts makes schooling compulsory for all children from the beginning of the year in which they turn seven until they reach the age of 15 years (Canadian International Development Agency 2001: 6).

According to the 1998 October Household Survey in (Woolard 2002:3) there is a very strong correlation between educational attainment and standard of living. Fifty-eight

percent of adults with no education are poor, 53% of adults that have less than seven years of (primary) education are poor and 34% of adults with incomplete secondary education schooling are poor. Poverty figures drop significantly with the attainment of 'matric' and further qualifications – 15% of those who completed high school are poor and only 5% of those with tertiary education are poor. According to 2001 statistics from Statistics South Africa in (Woolard 2002:4) in South Africa in 2000, 94% of boys and 95% of girls aged 8-16 years were at school.

When looking at male and female enrolments at school, there are more females at secondary schools but the pass rate for them is lower. This suggests that there is more financial and parental support for males. There are 9 million children that are of school going age, but 1.6 million black children are not attending school (Canadian Development Agency 2001:8).

In July 1998, The Kwa Zulu Natal Department of Transport (KZN DoT) initiated a project to identify and address rural mobility problems. The Community Access Roads Needs Study (CARNS) examined the infrastructural side of rural transport. The KZN rural mobility study was to assist in identifying rural mobility patterns in order to provide input to the development and design of transport modes and services to accommodate those needs (KZN DoT 1998).

A set of recommendations were made in 1999:

1. changes to the existing public transport services so that they better serve rural areas
2. the proposed use of bicycles for scholar transport
3. targeted user-side subsidises for travel to clinics and welfare pay points
4. the better co-ordination of transport with the Education, Health and Welfare Departments

Findings of the study revealed that the majority of scholars walked to school (98% primary school and 89% secondary school). There were 37% of secondary school pupils who walked more than 5.6 km with 11% walking more than 7.5km to school. There were

43% of primary school pupils who walked further than 3 km, with 15% walking further than 4.5km to school. The average cost of travel to school is about R600-R1000 per scholar per year. The most economic form of intervention would be in the form of supplying an intermediate transport mode to assist scholars in travelling to school. The use of bicycles has been recommended (KZN DoT 1998).

According to the literature, women are vulnerable members in terms of their social and economic role in society. There are more poor women than men. Most of South Africa's poor live in rural areas; 45% of the country's poor people live in rural areas but rural areas contain 72% of people of the total population who are poor (May 1998:2). Women are responsible for household and child-rearing tasks and therefore they have diverse travel and transport needs. The main form of transport that rural women use is walking and head loading of goods (firewood and water). Women spend considerable amounts of time and energy in household activities and accessing services that are essential to their livelihoods. Through more efficient modes of transport, women would be able to use their time and energy in other productive tasks.

Chapter 3

Methodology

Aim of study

Social services such as welfare, health and education are integral to rural well-being. Transport plays a role in ensuring effective delivery of these essential services. The aim of the study was to look at the role of transport in accessing social services for women (Child Support Grant Beneficiaries) in rural areas through a case study of the Lions River pay point.

Study area and population

The research was conducted in Lions River in the Mngeni Municipality (KZ222). Lions River is located approximately 45km away from Pietermaritzburg. The Mngeni Municipality is predominantly an agricultural area. The Lions River pay point is at a shop called Thokans Cash Store. There are five welfare pay points in the Mngeni Municipality. They are situated at Cedara, Howick, Mpophomeni, Nottingham Road and Lions River.

According to Statistics from Census 2001, the Mngeni Municipality has 549 620 African people, 35 898 females out of which 13 819 females are between the ages of 15-34 years and 115 368 are unemployed people. There are 44 887 people who have a monthly income of nothing. In terms of transport to work or school, 22 242 people travel by foot. There are 17 492 children who attend school. The medical facilities in the Mngeni Municipality are Balgowan Clinic, Hilton College clinic, Howick Mobile Clinic, Howick West Clinic, Mpophomeni Clinic and Umgeni Hospital (Statistics South Africa: Census 2001).

Conditions of the service area

Figure 1: Lions River pay point



The Lions River pay point is a shop called Thokans Cash Store. The shop was not always a pay point. Due to the large numbers of people at the Howick pay point; the owners of the shop were approached by the Department of Social Development in 2000 and asked whether or not the shop could serve as a pay point. Thokans has been a pay point for approximately three years. The welfare grants (CSG, Old Age Pension Grant, Disability Grant and Foster Grant) are paid out once a month at the Lions River pay point.

Figure 2: Waiting in the queue



Welfare beneficiaries wait in long queues in order to secure their places. There is no shelter provided at the pay point and welfare beneficiaries are exposed to the elements of extreme heat or cold. Welfare beneficiaries do not have anywhere to sit, so they sit on anything that is available. The Department of Social Development states in its Social Assistance Procedural Manual that the pay point must be a permanent building or a marquee. Chairs must also be provided (Department of Social Development).

Fig 3: Transport to the pay point



Welfare beneficiaries use various modes of transport to access the pay point. Most welfare beneficiaries travel by taxis.

Research design and method

Sixty-six respondents were interviewed at the Lions River pay point. There were approximately 200 people who collected their grants at the pay point on the day of the study. Out of the 200 people who collected welfare grants, approximately 70 people received the CSG. It was difficult to get a list of the exact number of CSG beneficiaries who collected their grants at the Lions River pay point. We were informed by Officials from the Department of Social Development that welfare beneficiaries could collect their grant at any point and therefore they did not have an accurate list of welfare beneficiaries who collected their grants at the Lions River pay point.

The company servicing the area (Cash Paymaster Service) refused to allow us to conduct interviews whilst respondents were in the queue waiting to collect their grant. As a result it was decided that people would be interviewed before they joined the queue to collect their grant and as they were leaving the pay-point. This proved to be difficult because of weather conditions (extreme cold in the morning and heat in the afternoon), hawkers and

insurance agents competed for respondents' attention and the respondents themselves wanted to return home as quickly as possible. CSG caregivers complained that they had to stand at the back of the queue as pensioners received their grants first. It is stated in the Social Assistance Procedural Manual that disability grants should be paid out first, followed by Old Age Pension and other grants (Department of Social Development).

Using quantitative methods, the methodology used was an in-depth use of a case study as illustrative of rural settings. According to Nisbet and Watt (1984) in (Cohen, Manion and Morrison 2000:181) a case study "is the study of an instance in action". For example, a class, school or community. In this study, I have looked at a particular group of people (women who receive the Child Support Grant) living in a particular community (Lions River). A limitation of the study was the absence of a list of CSG beneficiaries in the Lions River area. We did not know exactly how many CSG beneficiaries used the Lions River pay point. Beneficiaries could collect their grant at any pay point

The respondents constituted a convenience sample as anyone who was at the pay-point was approached and asked whether or not they received the Child Support Grant. If they collected the CSG, they were asked to respond to a survey questionnaire. It was decided to use questionnaires due to the time constraints faced by caregivers. Caregivers were in a hurry to go home and did not want to spend too much time with the fieldworkers. Interviews were conducted in isiZulu using a structured questionnaire with open and closed ended questions administered face-to-face by four fieldworkers. The survey included questions on the demographic profile of the CSG caregivers, background of their socio-economic status and transport factors that influence access to social services (welfare, health and education). A pilot study was conducted on nine respondents on the 7th April 2003 and the actual study took place on the 8th May 2003.

Data was pre and post coded and subsequently captured and analysed using a computer programme known as the Statistical Package for the Social Sciences (SPSS11.0).

Chapter 4

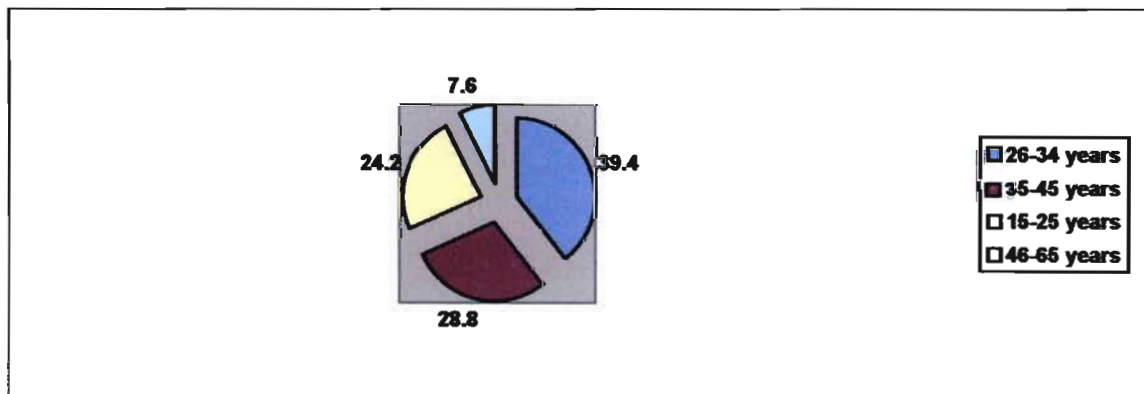
Findings

4.1 Demographic Profile of Child Support Grant Caregivers

The Lions River Pay point services grantees from Lidgetton (51.5%), Impendle (13.6%), Dargle (9.1%), Lions River (6.1%) and Tweedie (3.0%). The remaining 16.7% of caregivers' came from Dudley, Ivan Hoe, Maslingeni, Mafakatini, Mgwagwa, Ansen, Cindler, Caroline, Howick, Kloof and Balgowan.

In this study, all the CSG caregivers interviewed were African women. All the caregivers are Zulu speaking and they range in age from 15-54 years.

Fig 4: Age of Child Support Grant Caregivers



Most caregivers (39.4%) were between the ages of 26-34 years. There were 24.2% of caregivers between the ages of 15-25 years, 28.8% of caregivers were between 35 to 45 years and only 7.6% of caregivers were between the ages of 46 to 54 years.

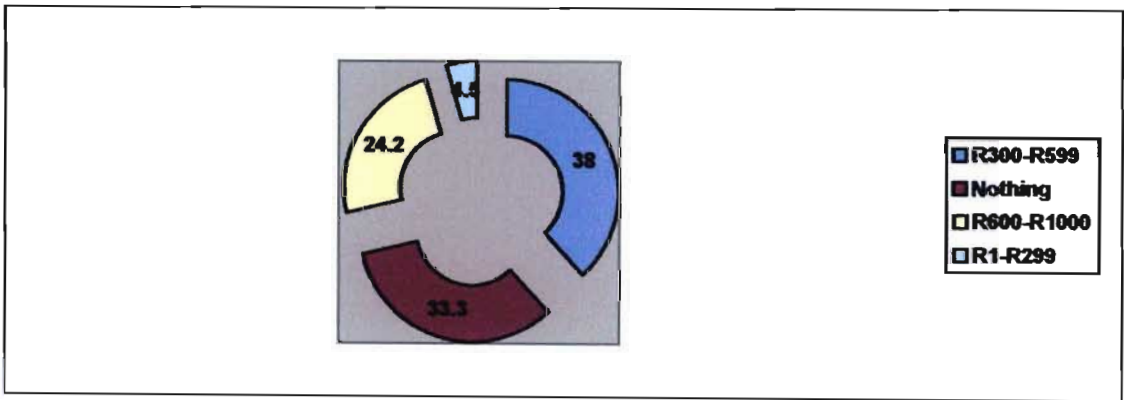
The majority of caregivers (84.8%) were single and 15.2% of caregivers were married. There were 74.2% of caregivers who were unemployed, 19.7% of caregivers were engaged in part-time employment and 6.1% of caregivers were in full time employment.

4.2 Socio-Economic Status of Child Support Grant Caregivers

The socio-economic status of caregivers can be established by looking at their main source of income, monthly income and uses of the CSG. In this study, the main source of household income for 43.9% of caregivers was the CSG. Other sources of household income included caregivers’ earnings (13.7%), partners’ earnings (4.5%) family members’ earnings (36.4%) and charities (1.5%).

In addition to the CSG and wages, caregivers were involved making and selling crafts (7.6%), thatching (1.5%) hairdressing (7.6%), working in somebody’s field (9.1%), domestic work (9.1%) selling fruit and vegetables (4.5%) and looking after children (7.6%). The remaining 53% of caregivers were not involved in any income generating activities.

Fig 5: Total income of caregivers, excluding the CSG



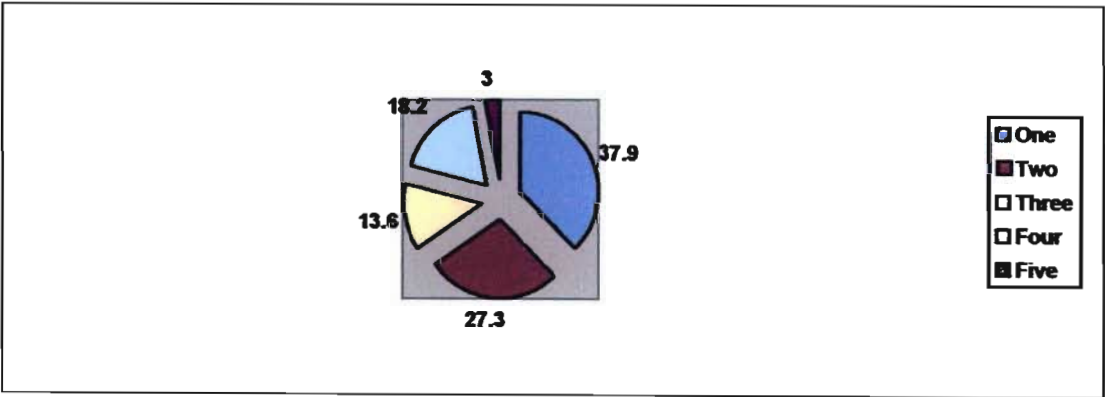
Most caregivers (38%) had a household monthly income (excluding the CSG) that ranged between R300-R599. The sources of income were from caregivers’ earnings, partners’ earnings, family members’ earnings and charities. There were 33.3% of caregivers who did not have any other source of monthly income apart from the CSG. Other caregivers’ monthly income ranged between R600-R1000 (24.2%) and R1-R299 (4.5%).

The majority of caregivers (77.3%) used the CSG to purchase food, while 15.2% used it for education, 3% for health and the remaining 4.5% for clothing, transport and water and electricity.

4.3 Profile of the children supported by the CSG

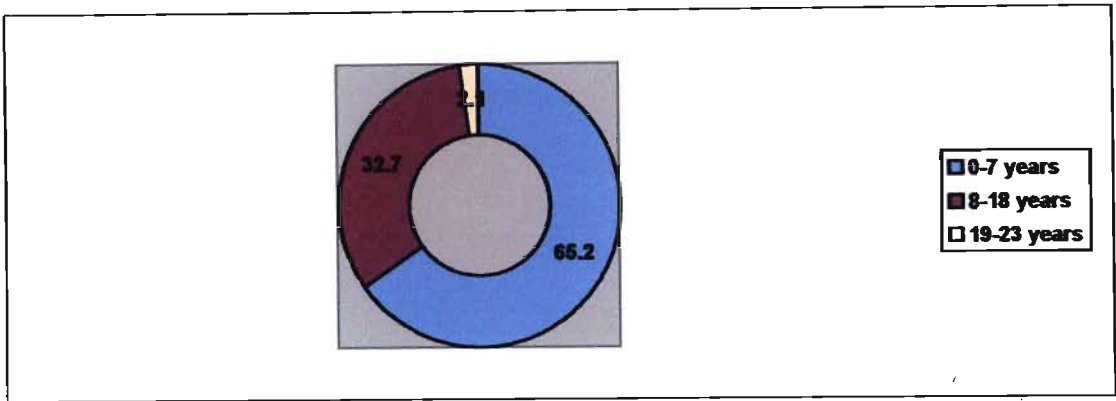
Most caregivers (48.6%) have been collecting the CSG for less than a year, with 34.8% caregivers collecting the CSG for one year, 12.1% of caregivers for two years and 4.5% of caregivers for three years. The majority of caregivers (95.5%) were the child/children’s biological mothers, with 4.5% being the child/children’s sisters, aunt and grandmother.

Fig 6: Number of Children



Most caregivers (37.9%) had one child, 27.3% of caregivers had two children, 13.6% of caregivers had three children, 18.2% of caregivers had four children and 3% of caregivers had five children. Most caregivers (60.6%) only received the CSG for one child, 30.3% of caregivers received the CSG for two children, and 7.6% of caregivers received the CSG for three children and 1.5% of caregivers received the CSG for four children.

Fig 7: Ages of children



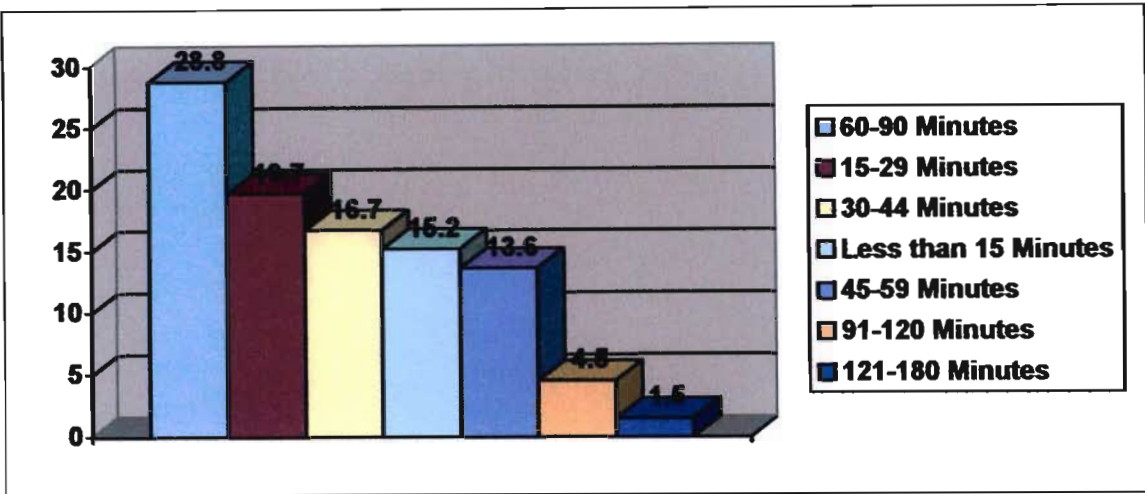
When examining the ages of the children of the caregivers, the findings revealed that most of the children's ages (65.2%) ranged between the ages of 0-7 years, 32.7% of children were between the ages of 8 –18 years and 2.1% were between the ages of 19-23 years. Children between the ages of 8-23 years did not receive the CSG.

4.4 Welfare

Transport and access to the welfare pay point *

This section covers mode of transport, amount of time spent travelling, cost of travel and quality of travelling to pay point. Caregivers mainly used five modes of transport to access the pay point. The mode of transport used by most caregivers (84.9 %) to collect the CSG was the taxi. 9.1% of caregivers travelled by car, 1.5% travelled by bus and 4.5% of caregivers walked. Most caregivers (83.3%) preferred the mode of transport that they used compared to 16.7% who did not. The reason given by caregivers for preferring the mode of transport that they used was due to a lack of alternate modes of transport.

Figure 8: Distance of transport stop from caregivers home



Most caregivers (28.8%) took between 60 to 90 minutes to reach their nearest transport stop from home. Other caregivers took 15 to 29 minutes (19.7%), 30 to 44 minutes (16.7%), less than 15 minutes (15.2%), 45 to 59 minutes (13.6%), 91-120 minutes (4.5%) and 121 to 180 minutes (1.5%) to reach the transport stop.

Caregivers spent between 10 minutes to three hours waiting for the taxi at the transport stop. Most caregivers (51.5%) said that the taxi to the pay point went past their transport stop every hour. Other caregivers said that the taxi went past the transport stop after every 30 minutes (21.2%), every two hours (13.7%), every three hours (4.5%) and between 10-20 minutes (9%). A number of caregivers spend a considerable amount of time walking to and waiting for transport at the transport stop.

Most caregivers (36.4%) said that the pay point was 60-90 minutes away from their home. Other caregivers said that the pay point was 30-44 minutes (22.7%), 91-120 minutes (13.6%), 45-59 minutes (13.6%), 15-29 minutes (12.1%) and less than 15 minutes (1.5%) away from their home.

Most caregivers (37.9%) spent 60-90 minutes travelling to the pay point. Other caregivers spent 30-44 minutes (19.7%), 15-29 minutes (13.6%), 45-59 minutes (13.6%)

91-120 minutes (10.6%), less than 15 minutes (3%) and 121 to 180 minutes (1.5%) travelling to the pay point.

The cost of transport is also an issue and a source of dissatisfaction for most caregivers who travelled by motorised transport to the pay point. Most caregivers (30.3%) spent R7 travelling to and from the pay point. There were 15.2% of caregivers who spent R8 travelling to and from the pay point and the remaining 54.5% of caregivers spent between R6 and R36 per return trip to collect the CSG

Aside from concerns about the cost of travel, most caregivers (36.4%) said that the conditions of the roads from their house to the pay point were poor, 30.3% of caregivers said the roads were very poor, 19.7% of caregivers said the roads were satisfactory, 10.6% of caregivers said the roads were good and only 3% of caregivers said that the roads were excellent. In terms of type of roads, most caregivers (75.8%) said that the roads were gravel while 24.2% said the roads were tarred.

Table 1: Journey to pay point

Conditions affecting journey to pay point	Yes	No
Is journey quick and comfortable?	59.1%	40.9%
Is journey costly?	54.5%	45.5%
Is journey dangerous?	45.5%	55.5%
Is journey tiring?	25.8%	74.2%
Is journey unpleasant?	28.8%	71.2%
Is there a risk of robbery?	10.6%	89.4%
Is there a risk for personal safety?	42.4%	57.6%
Is there a risk of hijacking of vehicle?	9.1%	90.9%

Caregivers were also asked about their journey to the pay point. The table shows that most caregivers were satisfied with their journey to the pay point. Most caregivers felt

their journey to be quick and comfortable, the journey was not dangerous, tiring or unpleasant. There was a low risk of robbery, personal safety or hijacking of vehicle.

4.5 Conditions at pay point

Welfare grants are usually paid out between 7:30 am and 1:00pm. As the service is offered to many welfare recipients (CSG beneficiaries, pensioners, people collecting the disability grant and people collecting foster care grants) in a restricted period of time, CSG caregivers have to get to the pay point long before it is open. Some CSG caregivers arrive at the pay point at 6:30 am, while others arrive at 10:00am. The reason for CSG caregivers arriving at the pay point later in the day is, due to them having to stand at the back of the queue to collect their grant. Caregivers complained that it is unfair that preference is given to pensioners who receive their grants first. Caregivers would like to have a queue of their own.

In general, the conditions at the pay point are poor. No seating, shelter or clean toilets are available. Whether it is hot or raining, caregivers have to hold their position in the queue until they get their money. Caregivers spend from less than 30 minutes to five hours waiting in the queue under these conditions. Most caregivers (42.4%) described their service at the pay point as average, 37.9% of caregivers said that the service at the pay point was poor, 18.2% of caregivers said that the service was good and only 1.5% said that the service at the pay point was very poor.

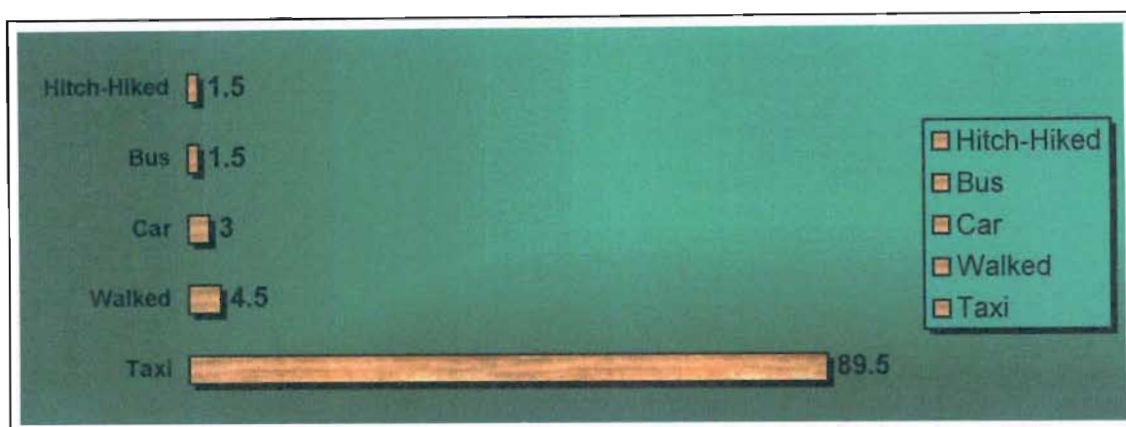
4.6 Health

Transport and access to Health Care Facilities

As part of their reproductive role, women are primarily responsible for the health needs of children. Most caregivers (78.8%) took their child/children to a clinic compared to 18.2% of caregivers who took their child/children to a private doctor and 3% to a hospital. Most (45.5%) caregivers took their child/children to a Health Care Facility (HCF) once a month. Other caregivers took their child/children every three months (27.3%), twice a month (19.7%), twice a year (3%), once a week (3%) and three times a month (1.5%). The reason for most visits (74.3%) to the HCF was for colds or flu. Other

visits were for immunisation (16.7%), body sores (3%), diarrhoea (3%), eyesight (1.5%) and for asthma (1.5%).

Fig 9: Mode of transport to Health Care Facility (HCF)



Caregivers mainly used five modes of transport to access the HCF. Most caregivers (89.5%) used the taxi to the HCF. There were 4.5% of caregivers who walked to the HCF, 3% of caregivers travelled with their own car, 1.5% of caregivers hitch-hiked and 1.5% of caregivers travelled by bus to the HCF. Most caregivers (83.3%) preferred their mode of travelling to the HCF compared to 16.7% of caregivers who did not. The reason given by caregivers for preferring their mode of transport was due to a lack of alternate modes of transport.

Caregivers spent between 10 minutes to three hours waiting for the taxi at the transport stop. Most caregivers (59.2%) said that the taxi to the HCF went past their transport stop after every hour. Other caregivers said that the taxi went past the transport stop after every 10-20 minutes (15.1%), every 30 minutes (12.1%), every two hours (9.1%) and every three hours (4.5%).

Most caregivers (28.8%) spent 60-90 minutes travelling to the HCF. Other caregivers took 15-29 minutes (18.2%), 30-44 minutes (18.2%), 45-59 minutes (18.2%), 91-120

minutes (9.1%), less than 15 minutes (4.5%) and 121-180 minutes (3%) to reach the HCF.

Most caregivers (27.3%) spent R8 per person travelling to and from the HCF. There were 15.2% of caregivers who spent R6 and 15.2% who spent R10 travelling to and from the HCF. The remaining 42.3% of caregivers spent between R0-R20 per return trip to the HCF.

In order to establish the quality of transport to the HCF, caregivers were asked about the conditions of the roads and about their journey to the HCF. With regard to road conditions, most caregivers (30.3%) said the roads were very poor, 27.3% of caregivers said that the roads were good, 21.2% of caregivers said the roads were poor, 15.1% of caregivers said the roads were satisfactory and 6.1% of caregivers said the roads were excellent. In terms of type of roads, most caregivers (54.5%) said that the roads were gravel and 45.5% of caregivers said that the roads were tarred.

Table 2: Journey to Health Care Facility

Conditions affecting journey to HCF	Yes	No
Is journey quick and comfortable?	63.3%	36.7%
Is journey costly?	36.4%	63.6%
Is journey dangerous?	47.0%	53.0%
Is journey tiring?	22.7%	77.3%
Is journey unpleasant	21.2%	78.8%
Is there a risk of robbery	9.1%	90.9%
Is there a risk for personal safety	54.5%	45.5%
Is there a risk of hijacking of vehicle	10.6%	89.4%

Most caregivers were positive about their journey to the HCF. The table shows that most caregivers felt the journey to the HCF to be quick and comfortable. The journey was not

dangerous, tiring or unpleasant. There was a low risk of robbery, personal safety or hijacking of vehicle.

4.7 Education

Transport and access to Education

This section covers mode of transport, amount of time spent travelling, cost of travel and quality of roads to school. Most caregivers (59.1%) had children attending school compared to 40.9% of caregivers whose children did not attend school. Out of the 59.1% of caregivers who said that their children attended school, 25.8% of caregivers had one child, 19.7% of caregivers had two children, 9.1% of caregivers had three children and 4.5% had four children in school.

Caregivers' children mainly used five modes of transport to go to school. Most caregivers' children (45.6%) walked to school. There were 40.9% of caregivers' children that did not attend school. Other children travelled by taxi (4.5%), by car (4.5%), by bus (3%) and by hired car (1.5%) to school.

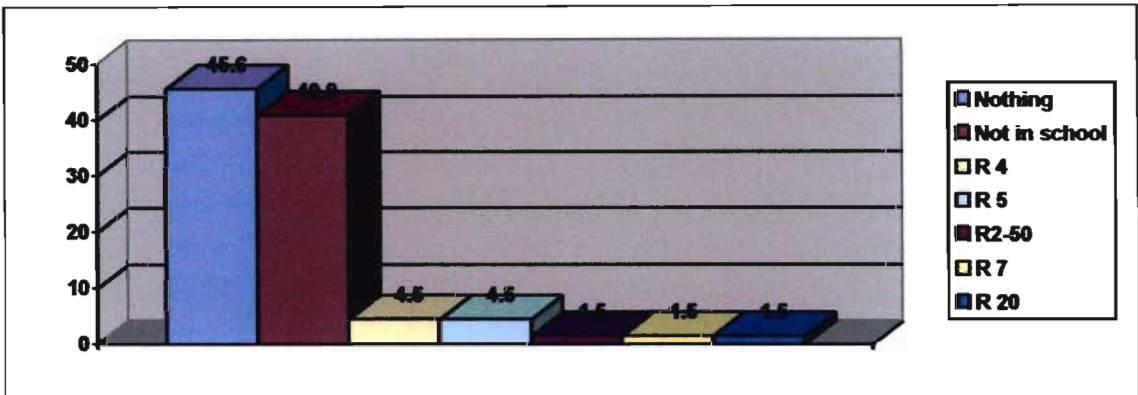
Most caregivers (37.9%) said that the taxi to school went past their transport stop after every hour. There were 40.9% of caregivers' children who did not attend school. Other caregivers said that the taxi to school went past their transport stop after every 10-35 minutes (10.6%), every two hours (6.1%) and every three hours (4.5%).

Most caregivers' children (40.9%) did not attend school. There were 21.2 % of caregivers who said that school was 30-44 minutes away from their homes. Other caregivers said that the school was 15-29 minutes (13.7%), less than 15 minutes (9.1%), 60-90 minutes (9.1%), 91-120 minutes (3%), 45-59 minutes (1.5%%) and 121-180 minutes (1.5%) away from their homes.

There were 40.9% of caregivers' children who did not attend school. Most children (18.2%) spent 30-44 minutes travelling to school. Other children spent 15-29 minutes

(16.7%), less than 15 minutes (9.1%), 60-90 minutes (7.6%), 91-120 minutes (4.5%), 45-59 minutes (1.5%) and 121-180 minutes (1.5%) travelling to school.

Fig 10: Cost of transport to school



* Most caregivers (45.5%) did not spend any money in travelling costs for the children to and from school. 40.9% of caregivers' children did not attend school. The remaining caregivers spent R4 (4.5%), R5 (4.5%), R2-50 (1.5%), R7 (1.5%) and R20 (1.5%) in travelling costs for their children.

With regard to road conditions from caregiver's homes to school, most caregivers (38%) said the roads were very poor, 12.1% of caregivers said that the roads were poor, 4.5% of caregivers said that the roads were satisfactory, 3% of caregivers said that the roads were good and only 1.5% of caregivers said that the roads were excellent. In terms of type of roads most caregivers (53%) said that the roads from their home to school were gravel and 6.1% of caregivers said the roads were tarred.

The following table illustrates a summary of the modes of transport; cost of transport, types of roads and amount of time it takes CSG caregivers to access social services.

Table 3: Transport and access to social services

Social Services		Factors impacting on access				Amt of time spent waiting for taxi
		Mode of transport	Cost of transport	Type of roads	Amt of time spent travelling	
	Welfare	Taxi	R 7	Gravel	60-90 minutes	1 Hour
	Health	Taxi	R 8	Gravel	60-90 minutes	1 Hour
Education	Walk	Nothing	Gravel	30-44 minutes	1 Hour	

According to the table, the mode of transport used by caregivers to the welfare pay point and the Health Care Facility is the taxi. CSG caregivers' children walk to school. The CSG beneficiaries pay R7 and R8 travelling to the welfare pay point and the Health Care Facility. Caregivers' children walk to school; hence they do not pay for travelling. The conditions of roads to social services are gravel. CSG caregivers spend 60-90 minutes travelling to both the pay point and the Health Care Facility. Their children spend 30-44 minutes travelling to school. CSG caregivers spend 1 hour waiting for the taxi to access social services. The table shows that accessing transport is a barrier to accessing social services. CSG caregivers spend considerable amounts of time waiting for transport and travelling to social services. In addition, the road conditions are gravel; hence the journey to services is made longer.

Chapter 5

Discussions and Conclusions

The study looked at women who received the Child Support Grant and the impact of transport in accessing welfare pay points, health care facilities and schools for their children.

The demographic profile of the women in the study seems to illustrate the general belief of the Department of Social Development that women are economically and socially vulnerable (Department of Social Development). The majority of caregivers were unemployed (74.2%). This unemployment finding illustrates the general conditions of unemployment experienced in Kwa Zulu Natal, where the unemployment rates are greater for women than for men. In rural areas, 47.1% of women are unemployed compared to 29.2% of men, and in urban areas 32% of women are unemployed compared to 22.7% of men (Commission on Gender Equality 1997). The findings also point to women's economic vulnerability in terms of their productive roles. The main source of income for most women (43.3%) was the CSG. Most of the caregivers (84.8%) were single, a finding which illustrates the view that “ in both the developed and developing countries, there are more single parents, more households headed by women and more people living outside the conventional model of the nuclear family” (Lloyd 2000:45).

In June 1999, the Community Agency for Social Enquiry (CASE) did a study on the Child Support Grant. The sample included 999 CSG beneficiaries from both the Free State and the Northern Province. In the CASE study almost all of the CSG caregivers were women. The average ages for the women were 33 years. In a study carried by Manicom and Pillay (2003:97) on a sample of 87 women in Northdale who received the CSG, the average age of the caregivers were 15-34 years (67%). These findings seem to contradict the assumption that young children are often taken care of by their grandmothers with the help of a pension grant. However, young mothers may be registered as the primary caregiver and the grandmother may still take care of the child (CASE 1999:3). Findings from the Lions River study confirm the findings of both the

CASE and Manicom and Pillays' research. In the Lions River study, the average age of the women was between the ages of 15-34 years (63.6%).

In the CASE study (1999:4), 55% of caregivers were single. In the study by Manicom and Pillay (2003: 97) 44% of women were single and in the Lions River study, 84.8% of women were single. These findings confirm the assumption that often there is no nuclear unit, which could support mother and child, and that such families are particularly reliant on state support (CASE 1999:4).

The importance of the CSG can be established in several ways. We can look at the number of children that the caregivers have. Most caregivers (37.9%) had one child, 13.6% of caregivers had two children, 13.6% of caregivers had three children, 18.2% of caregivers had four children and 3% of caregivers had five children. Most caregivers (60.6%) received the CSG for only one child. Most children's ages (65.2%) ranged from 0-7 years, 32.7% of children were between the ages of 8-18 years and 2.1% were between the ages of 19-23 years. Children above the age of 8 years do not qualify for the CSG.

We can also assess the importance of the CSG through the caregivers' perceptions of the importance of the grant for household income. There were 43.9% of caregivers who described the CSG as the sole or main source of regular income in their household. As the CSG was the main source of household income, the caregivers were forced to use it not only for the child but rather most caregivers (77.3%) used the CSG to purchase food for the entire family. The Lions River study confirms the findings of a study undertaken by CASE in 2000, in (Goldblatt 2003:79) where the CSG was the main source of household income for 33% of caregivers. Seventy-five percent of caregivers used the CSG for the entire family and not only for the child. The Lions River study also confirms the study carried out by Manicom and Pillay (2003: 97) where the CSG was the main source of household income for 47% of caregivers. There were 82% of caregivers who used the CSG to purchase food for the entire family.

The case study shows the relationship between transport and service accessibility. It shows that the existing transport provision is inadequate to the needs of caregivers in rural areas. Fruin (1971) in (Price and Budlender 1997: 260) says that it is desirable to spend 10 minutes walking to a transport stop but findings from the study show that it took 28.8% of caregivers between 60-90 minutes to reach their nearest transport stop.

There are five modes of transport used by caregivers to access social services – walking, travelling by bus, car, hired bus and hired car. The choice of mode of transport is related to the proximity of social services and the availability of transport. According to 57.6% of caregivers, they have to make use of the taxis due to a lack of alternate modes of transport. Other studies (Ngubane 1999:6 and Nzama 2001:28) confirm the finding that most people use taxis as a mode of transport to access social services in rural areas.

Regarding the cost of transport to social services, most caregivers (54.5%) spent between R6 and R36 per return trip to collect the CSG and 42.3% of caregivers spent between R0-R20 per return trip to the HCF. Out of the R160, that most caregivers receive, approximately R56 is spent accessing social services. Caregivers also use the CSG to purchase food, as well as for education, health and water and electricity.

There were 36.5% of caregivers said that the pay point was 60 –90 minutes away from home, 28.8% said that the HCF was 60 –90 minutes and 21.2% t said that the school was 30-44 minutes away from home. According to Stevens (1997:286), the time that is taken to reach social services such as health care facilities can become a barrier to the utilisation of them.

According to Price and Budlender (1997:270), a trip to the HCF can take a full day. This is illustrated in the study where caregivers spend between 5-7 hours accessing transport to the HCF and to collect the CSG (60-90 minutes travelling to the transport stop, 1 hour waiting for the taxi at the transport stop, 60-90 minutes travelling to the pay point, 60-90 minutes returning to the transport stop and 60-90 minutes returning home from the transport stop). It could take a caregiver between 8-10 hours to collect the CSG, as three

hours is spent waiting in the queue. Instead of so much time being used accessing social services, it could be used for income generating activities. Price and Budlender (1997: 270) argue that public transport has to therefore be reliable so that women do not have to spend long periods of time waiting for public transport.

* In the study, 34.8% of children spent 15–44 minutes walking to school. According to the Kwa Zulu Natal Department of Transport (KZN DoT) study (1998) bicycles would be an ideal mode of transport for these children as it is three times faster than walking.

The Department of Transport DoT's objective of "planning new transport infrastructure and means of developing the country to improve mobility and the quality of life for all" (Department of Transport) has not yet been achieved in rural areas. In the study most respondents described the roads leading from their home to the social services as poor. In addition to the roads being poor, most caregivers said that the roads to social services were gravel.

This study illustrates the view of the DSD that women are economically and socially vulnerable. Women in the study were single and unemployed, with the CSG being their main source of household income.

Findings in this study also highlights the findings in Nzama (2001:36) 'the physical effort that grantees spend in order to reach pay points and health care facilities impact negatively on them by undermining the delivery of those services both monetarily and socially. The costs are borne by the poorest people who least can afford it'). Caregivers spend a considerable amount of time and money accessing social services. Most caregivers receive the CSG for only one child, with the amount being R160 and approximately R56 is spent accessing social services.

From the literature and the findings, it can be seen that women who receive the CSG are vulnerable members of society. These women live in rural areas, where there is a lack of services. Most women are also unemployed (74.2%), a finding that confirms the 56%

unemployment rate of women in rural areas. Accessing social services is time consuming. The provision of transport can reduce the amount of time that women spend in domestic activities, and would leave them with time to invest in other activities that are essential for their livelihood.

The main contribution of this study is that it provides further empirical evidence backing up studies by (Ngubane 1999 and Nzama 2001) that show that transport is a barrier to accessing social services in rural areas.

✕ Finally, it is recommended that transport needs have to be taken into account when access to services is planned. It is also recommended that the rural transport system be improved through the creation of better roads and footpaths and that facilities and social services be located closer to people in order to reduce the distance that they need to travel.

Chapter 6

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Chapter 7
Appendices

7.1 Map of Study Area

THE ROLE OF TRANSPORT IN ACCESSING SOCIAL SERVICES FOR WOMEN (CHILD SUPPORT GRANT BENEFICIARIES) IN RURAL AREAS: A CASE STUDY OF THE LIONS RIVER PAY POINT

INTERVIEWER NAME	_____
QUESTIONNAIRE NUMBER	_____

INTRODUCTION

Hello, my name is _____ **(FILL IN NAME)**. I am from the University of Natal (Pietermaritzburg). I am doing a study on the Child Support Grant. I want to mainly know about the transport conditions for collecting the Child Support Grant. I also want to know about your transport conditions for getting medical care for you child/children and the child/children's transport conditions to go to school. This interview will take approximately 15 to 20 minutes of your time. The information that you provide is entirely confidential and no findings of this study will in any way be linked to you.

Would you like to participate in this study?

INSTRUCTIONS TO FIELDWORKERS

1. MARK EACH RESPONSE WITH AN X

2. ONE RESPONSE PER QUESTION

SECTION A

DEMOGRAPHIC DETAILS

1.1 Age of Respondent

AGE__

[1] 15-25 years

[2] 26-34 years

[3] 35-45 years

[4] 46-54 years

[5] 55 –65 years

[6] 66 years and older

1.2 Marital Status of Respondent

MARITALS__

[1] Single

[2] Married

[3] Separated

[4] Divorced

[5] Widowed

[6] Living with partner

1.3 Where you live? (Eg. Dargle, Lidgetton)

AREA__

1.4 What is the highest level of education that you have completed? EDULEVEL__

- [1] No schooling
- [2] Standard 4 or below
- [3] Standard 5
- [4] Standard 6-10
- [5] Tertiary – Non-University (colleges, technikons etc)
- [6] University

1.5 What is your employment status? EMPLOY__

- [1] Full time employment
- [2] Part time employment
- [3] Unemployed
- [4] Self-Employed
- [5] Pensioner
- [6] Student

1.6 How many child/children do you have? NUMCHILD__

1.7 What are the ages of your child/children? AGECHILD__

1.8 Which of these best describes your position in the household? HSEPOSIT__

- [1] Only breadwinner
- [2] Primary breadwinner
- [3] Secondary breadwinner

1.9 Do you or any of your family members own a ...

	Yes	No	
1. Bicycle	[1]	[2]	BICYCLE__
2. Car	[1]	[2]	CAR__
3. Van	[1]	[2]	VAN__
4. Bus	[1]	[2]	BUS__
5. Taxi	[1]	[2]	TAXI__
6. Truck	[1]	[2]	TRUCK__
7. Tractor	[1]	[2]	TRACTOR__

1.10 Do you or any member of your family do any of the following activities?

	Yes	No	
1. Make/sell crafts (beadwork, crocheting, weaving)	[1]	[2]	CRAFTS__
2. Do thatching	[1]	[2]	THATCH__
3. Hairdressing	[1]	[2]	HAIRDRE__
4. Make or sell clothes or shoes	[1]	[2]	CLOTHES__
5. Work in somebody's field	[1]	[2]	FIELD__
6. Do domestic work	[1]	[2]	DWORK__
7. Sell fruit or vegetables	[1]	[2]	SELFRUI__
8. Look after children	[1]	[2]	LOKCHD__

1.11 How many people in your family bring in regular income into the household?

REGINC__

1.12 What is your main source of household income?

MAININC__

[1] The money you earn

[2] The money your partner earns

[3] The money from other family earnings

[4] Donations and charities received

[5] The money you receive from government grants

THE ROLE OF TRANSPORT IN ACCESSING SOCIAL SERVICES FOR WOMEN (CHILD SUPPORT GRANT BENEFICIARIES) IN RURAL AREAS: A CASE STUDY OF THE LIONS RIVER PAY POINT

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RENAY PILLAY (MAY 2003)

**1.13 Apart from government grants that you receive, how much is your TOTAL
monthly household income? MONTHINC__**

SECTION B

CHILD SUPPORT GRANT

**2.1 Apart from the Child Support Grant, which OTHER Government Grant do you
receive? GVTGRANT__**

[1] No other Government Grant

[2] Old Age Pension

[3] Disability Grant

[4] Foster Care Grant

[5] Maintenance Grant

[6] Other ... please specify _____ OTHEGRAN__

2.2 For how long have you been collecting the Child Support Grant? LONGCSG__

[1] Less than 1 year

[2] One year

[3] Two years

[4] Three years

[5] Four years

[6] Five years

[7] Six years

[8] Seven years

2.3 For how many child/children do you collect the Child Support Grant?

NUMCSG__

2.4 What is the total amount of the Child Support Grant that you receive?

AMTCSG__

[1] R160

[2] R320

[3] R480

[4] R640

[5] R800

[6] R1120

2.5 What is your relationship to the child/children receiving the Child Support Grant?

RSHIPCD__

[1] Mother

[2] Sister

[3] Grandmother

[4] Friend

[5] Other ... please specify _____ **OTHESHIP**__

2.6 How do you MAINLY use the Child Support Grant?

SPENDCS__

[1] Rent

[2] Food

[3] Clothing

[4] Transport

[5] Water and Electricity

[6] Education

[7] Health

[8] Other ... please explain your answer _____ **OTHESPEN**__

2.7 Describe the application procedure for the Child Support Grant?

APPLICSG__

[1] Very easy

[2] Easy

[3] Difficult

[4] Very Difficult

[5] Other ... please specify _____ **OTHEAPLI**__

2.8 Can you explain your answer?

EXPLAPLI__

2.9 Have you always collected the Child Support Grant at the Lions River pay point?

ALWAYS__

[1] Yes ... (if yes, go to question 2.11)

[2] No

2.10 What is the name of the other pay point where you have collected the Child Support Grant?

OTHERPAY__

2.11 Is the Lions River your preferred pay point?

PREFEPAY__

[1] Yes

[2] No

2.12 Why do you say this?

WHYPREFE__

2.13 Have you ever gone home without collecting the CSG? **WOUTCSG__**
[1] Yes
[2] No ... (if no, go to question 2.15)

2.14 Can you describe what happened? **WATHAPEN__**

2.15 Would you like to see any changes in the way you receive the Child Support Grant? **CSGCHANG__**
[1] Yes
[2] No ... (if no, go to question 3.1)

2.16 What kinds of changes would you like to see in how you receive the Child Support Grant? **CHANGCSG__**

SECTION C: SOCIAL SERVICES

TRANSPORT AND WELFARE

3.1 How much time does it take you to get to the nearest transport stop from your house? **TRANSTOP__**

[1] Less than 15 minutes

[2] 15-29 minutes

[3] 30-44 minutes

[4] 45-59 minutes

[5] 60-90 minutes

[6] 91-120 minutes

[7] More than 120 minutes ... please specify _____ **OTHE TIME__**

3.2 How far away is the Lions River pay point from your house? **FARPAY__**

[1] Less than 15 minutes

[2] 15-29 minutes

[3] 30-44 minutes

[4] 45-59 minutes

[5] 60-90 minutes

[6] 91-120 minutes

[7] More than 120 minutes ... please specify _____ **OTHE DIST__**

3.3 What are the conditions of the roads to the Lions River pay point ... is it?

ROADCOND__

[1] Very poor

[2] Poor

[3] Satisfactory

[4] Good

[5] Excellent

3.4 Are the roads from your house to the Lions River pay point ...

RDSWELF__

[1] Gravel

[2] Tarred

3.5 What type of transport do you use to go to the Lions River pay point?

TYPTRA__

[1] Walk

[2] Taxi

[3] Private car

[4] Bicycle

[5] Bus

[6] Other ... please specify _____ **OTHETRAN__**

3.6 Is this your preferred mode of transport to the Lions River Pay point?

PREFMODE__

[1] Yes

[2] No

3.7 Can you explain why you say this?

WHYMODE__

3.8 How often does the taxi or bus to the Lions River pay point go past your nearest transport stop?

OFTNWELF__

3.9 How much money does it cost to go and come from the Lions River pay- point?

WELFTRIP__

3.10 How long do you spend going to the Lions River pay point?

WELFTIME__

[1] Less than 15 minutes

[2] 15-29 minutes

[3] 30-44 minutes

[4] 45-59 minutes

[5] 60-90 minutes

[6] 91-120 minutes

[7] More than 120 minutes ... please specify _____ **OTIME__**

3.11 Would you describe your journey to the Lions River pay point as?

	Yes	No	
1. Quick and comfortable	[1]	[2]	QUICK__
2. Crowded	[1]	[2]	CROWDED__
3. Costly	[1]	[2]	COSTLY__
4. Dangerous	[1]	[2]	DANGER__
5. Tiring	[1]	[2]	TIRING__
6. Unpleasant	[1]	[2]	UNPLSNT__

3.12 What are the main risks when going to the Lions River pay point?

	Yes	No	
1. Robbery	[1]	[2]	ROBBERY__
2. Personal Safety	[1]	[2]	SAFETY__
3. Hijacking of Vehicle	[1]	[2]	HIJACK__

3.13 Are any of the following facilities available at the Lions River pay point?

	Yes	No	
1. Places to sit	[1]	[2]	PLACESIT__
2. Shelter against sun or rain	[1]	[2]	SHELTER__
3. Toilets	[1]	[2]	TOILET__
4. Water taps	[1]	[2]	WATER__
5. Places to buy something to eat	[1]	[2]	FOOD__

3.14 Once you get to the Lions River pay point, how long does it take you to wait in the queue to collect the Child Support Grant?

LNGQUEUE__

3.15 How would you describe the Child Support Grant service at the Lions River pay point?

CSGSERVE__

- [1] Very good
- [2] Good
- [3] Average
- [4] Poor
- [5] Very poor

3.16 Can you explain why you say this?

WHYSERVE__

3.17 What are the kinds of changes you would like to see happening in the way you travel to the Lions River pay point?

CSGCHNGE__

TRANSPORT AND HEALTH

3.18 What type of health care facility do you MAINLY take your child/children to?

TYPEHCF__

[1] Clinics

[2] Hospitals (public)

[3] Hospitals (private)

[4] Private Doctor

[5] Other ... please specify _____ **OTHCF**__

3.19 What is the name of the health care facility that you take your child/children to?

NAMEHCF__

3.20 How often do you take your child/children to the health care facility?

OFTNHCF__

[1] Once a week

[2] Twice a month

[3] Once a month

[4] Every three months

[5] Twice a year

[6] Other ... please specify _____ **OTHEHCF**__

3.21 What are the main reasons for your child/children visiting the health care facility?

WHYHCF__

[1] Immunisation

[2] Cold or flu

[3] Diarrhoea

[4] Other ... please specify _____ **RESONHCF**__

3.26 Is this you and your child/children’s preferred mode of transport to the health care facility ? **PREHCF**__

[1] Yes

[2] No

3.27 Can you explain why you say this? **EXPLHCF**__

3.28 How often does the taxi or bus to the health care facility go past your nearest transport stop? **HCFOFTEN**__

3.29 How much money does it cost going to and coming from the health care facility per person? **HCFMONEY**__

3.30 Would you describe you and your child/children’s journey to the health care facility as ...

	Yes	No	
1. Quick and comfortable	[1]	[2]	COMFORT __
2. Crowded	[1]	[2]	CROWD __
3. Costly	[1]	[2]	COST __
4. Dangerous	[1]	[2]	UNSAFE __
5. Tiring	[1]	[2]	EXHAUST __
6. Unpleasant	[1]	[2]	UNPLEAS __

3.31 Are you or your child/children concerned by any of the following factors when going to the health care facility?

	Yes	No	
1. Robbery	[1]	[2]	THEFT __
2. Personal Safety	[1]	[2]	SAFE __
3. Hijacking of Vehicle	[1]	[2]	HIJACVE __

3.32 What are the kinds of changes you would like to see happening in the way you and your child/children travel to the health care facility? **CHNGEHCF**__

TRANSPORT AND EDUCATION

3.33 Does your child/children attend school? **CHILDSCH**__

[1] Yes

[2] No

3.34 How many child/children attend school? **NOCHDSCH**__

3.35 What is the name of the school that your child/children attend? **NAMESCH**__

3.36 How far away is the nearest school from your house?

FARSCH__

[1] Less than 15 minutes

[2] 15-29 minutes

[3] 30-44 minutes

[4] 45-59 minutes

[5] 60-90 minutes

[6] 91-120 minutes

[7] More than 120 minutes ... please specify _____ **OFARSCH__**

3.37 What are the conditions of the roads to the school ... is it?

CONRDSCH__

[1] Very poor

[2] Poor

[3] Satisfactory

[4] Good

[5] Excellent

3.38 Are the roads from your home to the school ...

ROADSCH__

[1] Gravel

[2] Tarred

3.39 What type of transport does your child/children use in order to go to school?

TYPESCH__

[1] Walk

[2] Taxi

[3] Private car

[4] Bicycle

[5] Bus

[6] Other ... please specify _____ **OTYPESCH__**

3.40 Are you satisfied with this mode of transport for your child/children?

PREFSCH__

[1] Yes

[2] No

3.41 Can you explain why you say this?

WHYSCH__

3.42 How often does the taxi or bus to the school go past your nearest transport stop?

OFTENSCH__

3.43 How much money is spent going to and coming from school per child?

MONEYSCH__

3.44 How much time does your child/children spend going to school?

SCHDIST__

[1] Less than 15 minutes

[2] 15-29 minutes

[3] 30-44 minutes

[4] 45-59 minutes

[5] 60-90 minutes

[6] 91-120 minutes

[7] More than 120 minutes ... please specify _____ **DISTSCH__**

THANK YOU FOR PARTICIPATING IN THIS SURVEY!