

## **Financing Social Reproduction: Women's responsibilities in financing and undertaking household social reproduction in multigenerational households in South Africa**

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This paper examines how low-middle income, employed black South African women in multigenerational households are key providers and face numerous demands for economic and practical support from a wide range of dependents. The author argues that although women's role in financially supporting families is not a new phenomenon, the co-existence of high levels of care and the changing socio-economic context, including the welfare system, low marriage rates and higher levels of female employment, has created new conditions for caregiving responsibilities in multigenerational households. The paper fills a theoretical gap in the understanding of the hidden abode of reproduction and the full array of women's responsibilities in financing household social reproduction.

**Keywords: intergenerational support, care, gender, financial support, multi-generation, families, social reproduction**

### **Financement de la reproduction sociale : les responsabilités des femmes au sein de ménages multigénérationnels en Afrique du Sud**

Cet article examine comment les femmes sud-africaines noires, disposant de revenus modestes et vivant au sein de ménages multigénérationnels jouent un rôle-clé dans le soutien économique et pratique apporté à un large éventail de personnes à charge. Le soutien financier apporté par

les femmes au sein des familles n'est pas un phénomène nouveau. Cependant, la coexistence de niveaux de soins élevés, de l'évolution du contexte socio-économique, du faible taux de mariage et du niveau plus élevé d'emploi féminin ont créé de nouvelles conditions de responsabilités. L'article comble une lacune théorique dans la compréhension des mécanismes cachés de la reproduction sociale et illustre l'étendue des responsabilités de ces femmes dans le financement de la reproduction sociale des ménages.

**Mots-clés: soutien aux proches, soins, genre, soutien financier, multi-génération, familles, reproduction sociale**

## **Introduction**

In the Global South, family caregivers of dependent family members provide care in practical, physical, emotional, and financial ways, often in contexts of inadequate welfare provision. Care in South Africa, like other countries in the Global South, is shaped by high levels of poverty, inequality and unemployment. However, unlike these other countries, care is also shaped by the HIV/AIDS crisis, low rates of marriage, high rates of female-headed households<sup>i</sup> and specific cultural commitments to care for kin. In this context, intergenerational care, while offering necessary help, becomes a hidden mechanism by which disadvantage is transferred through families from one generation to the next. The conditions under which such care is performed in working class households in South Africa has been characterised as the crisis of social reproduction (Fakier and Cock, 2009). The crisis of social reproduction is the way in which the responsibility of practical care is left to specific people in society – despite the importance of such work for overall humanity and human society (Fakier and Cock, 2009). Much scholarly focus has been on the unpaid care work of social reproduction while less is known about the financing of household social reproduction.

In South Africa most of the population continues to rely on female family members for practical care (Seekings and Moore, 2014). In fact, women in South Africa spend eight times more time on childcare than men (Statistics South Africa, 2013, p. 36). But in South Africa, unlike many other parts of the world, the majority of care takes place in extended households<sup>ii</sup> as 62 percent of children live in a multigenerational household (Hall and Mokomane, 2018). The decline in marriage, where almost two out of three adult women have never married or lived with a partner (Mhongo and Budlender 2013), and the rise in female-headed households has been accompanied by maternal kin playing key roles in both financing social reproduction and

providing practical care. Emerging evidence shows that the financial as well as the physical care of black South African children is gendered (Hatch and Posel, 2018). Yet extended and lone-parent households are the poorest households in South Africa (Budlender, 2018, p. 95), which has significant implications for the economic well-being of the women, children and kin members they support. This paper demonstrates the invisible, intra-household financial transfers undertaken by employed women who are financing household reproduction while providing practical care in South Africa. This research fills a theoretical gap in the understanding of the hidden abode of social reproduction and the full array of women's responsibilities in financing household social reproduction.

### **Care Responsibilities in Context**

Apartheid-era legislation created racialised restrictions on where people of colour could live, what work they could do and what they could earn. These laws heavily influenced income levels, residential arrangements and how care practices were shaped. Budlender and Lund (2011) demonstrated how the colonial and apartheid era patterns did not disappear at the end of apartheid. They map out how low rates of marriage, high rates of extra-marital childbearing and the absence of fathers continued to feature in family life after apartheid. Furthermore, Button et al. (2018) outlined how South Africa's welfare regime, created during colonialism, secured the reservation of land, well-paid occupations and state financial support for the European (white) population whilst most of the population were not only subjected to discriminatory economic policies but also excluded from the welfare system. This exclusion was based on the grounds that support and care were sufficiently provided by kin within the 'traditional' system (Button et al., 2018). The need for family support, both historically and

more recently, outlines how the colonial and apartheid era divided black family members, and yet made them interdependent (Hunter, 2019).

Although women's labour force participation grew significantly after apartheid ended in 1994 to almost 50 percent in 2005, Posel (2014, p.305) argued that women continue to be more vulnerable to unemployment than men. By 2007, the unemployment rate<sup>iii</sup> was 45 percent amongst women compared to 31 percent amongst men. Moreover, the type of employment women entered also differed remarkably. Posel (2014) noted that of the 1.7 million additional jobs recorded amongst women from 1995-2007, almost 40 percent were in self-employment in the informal sector, employment that is typically associated with low and insecure earnings. Over the last decade, these figures haven't changed and the unemployment rate in South Africa in 2018 was more than 37.2 percent (Statistics South Africa, 2018). The rate of unemployment amongst women in 2018 was 7.5 percentage points higher than that of males.

Women are increasingly being identified as the head of their families. Posel and Rogan (2009) demonstrate how the number of female-headed households grew by 1.5 million households in the period 1997-2006. By 2006, female-headed households comprised just below 40 percent of South African households (Posel & Rogan, 2009). The growth of female-headed households is linked to the decline of marriage. Posel and Rudwick (2013), by analysing trends from 1995-2010, found that the percentage of married African women, aged between 40-50 years, had decreased by 25 percent. The evidence shows that female-headed households are more financially vulnerable as they tend to be home to more children, ill or disabled family members and unemployed working-age adults (Dungumaro, 2008; Rogan, 2012). The extent and depth of poverty are considerably higher for black South African females and female-headed households (Posel & Rogan, 2012).

South Africa's welfare system, well-developed for whites under apartheid, was deracialised and substantially expanded during the post-apartheid period (Button et al., 2018). More than 17 million grants are paid monthly, for one in three adults or children in the country, to more than 50 percent of the country's households (Moore & Seekings, 2014). This is based on a set of unconditional, tax-financed cash transfers (that is, social assistance), including the old age grant for the elderly and disabled, and child support grants and foster child grants for carers of children and adolescents. The old age grant pays the equivalent of about US\$135 per month to more than 3 million people over the age of 60, the disability grant pays the same to more than 1 million adults and the child support grant pays US\$30 per month for more than 12 million children until the age of 18. Cash transfers reduce the poverty headcount rate by 8 percent and the poverty gap by 20 percent and inequality is reduced, with the Gini coefficient for income distribution falling by at least 10 percentage points (World Bank, 2018, p.72-73).

Social transfers have a strong gender dimension as most recipients are women, however, most grants are paid to women as carers of dependents (Moore and Seekings, 2019). Almost all child support grants, two out of three old age grants and one half of disability grants are paid to women. Although women are the main beneficiaries of cash grants (Moore & Seekings, 2019), scholars have criticised how children's needs are seen as the basis of women's claims, rather than women making rights claims on their own behalf (Hassim, 2005, p.114). The state has prioritised the provision of financial support, through non-contributory means-tested grants, over direct care provision (Seekings and Moore, 2014). Kin, mainly women, are expected to care for children, the elderly and sick. Women also bear the primary responsibility for supporting unemployed working-age adults, who have largely been excluded from the state's social security system (Seekings and Moore, 2014). There are mechanisms, like provident funds and the Unemployment Insurance Fund, that provide support to the unemployed.

However, this support is limited as access to benefits is conditional on prior contributions and they often only provide temporary relief (Seekings and Moore, 2014). In a context where unemployed working-age adults have been excluded from the social safety net, Klasen and Woolard (2005) argued that many such adults may have little choice but to reside with kin who have stable sources of income (either from social grants or employment).

Despite the advances made through the welfare system, especially in relation to food insecurity and school attendance (Heinrich et al., 2012), scholars highlight the consequences of the design of the welfare system for gender equity (Patel, 2012; Hassim, 2005) and other studies suggest how the welfare system reshapes caring responsibilities without reducing them (Moore & Seekings, 2019). The state provision for children includes subsidised schooling and creches, subsidised public health care, limited social work interventions and a few residential institutions (Seekings & Moore, 2014). However, the South African welfare and care regime relies more heavily on family and kin than do either the classic liberal or social democratic regimes of the global North (Seekings & Moore, 2013).

Widespread HIV/AIDS-related illnesses and deaths over the last three decades (which have reduced since the roll out of anti-retroviral treatment) decreased the number of income earners in families and increased the level of physical and financial care required within many households, whilst increasing the need for state support for people living with HIV-related illnesses (Seekings, 2011). Care for the ill cannot be bought from the market by many poorer families, who seek assistance from largely female kin (Seekings & Moore, 2014). Scholars have outlined how the care for disability and HIV-related illnesses falls on female kin and community members, especially in the absence of adequate institutional care (Gouws et al., 2014).

Relative to the extensive literature on the provision of practical care (Bak, 2008; Fakier and Cock, 2009; Urdang, 2006; Schatz and Ogunmefun, 2007), the body of literature on financial support given by women is much smaller. Breadwinning is clearly not a new feature of motherhood or grand motherhood (Lee, 2009; Mathis, 2011; Moore 2013). The occurrence of employed people providing for kin in rural areas is also mapped out in older literature on remittances (Case & Deaton, 1998; Posel, 2001a). More recently, in the context of ongoing migration, studies have found that remittances to rural households are shrinking, possibly because the expansion of social grants reduces the need for migrants to remit and there are no longer legal constraints on people moving from rural to urban areas (Casale and Posel 2006).

Other flows of financial support within families is part of an emerging body of literature that has examined the ‘black tax’ phenomenon, which means financial transfers by the emerging, black middle class to family members. Although much of the research has been undertaken in relation to social mobility and consumption patterns (Magubane, 2016; Mangoma and Wilson-Prangley, 2018), it shows how individuals are contributing monthly to direct and extended family members (Mangoma and Wilson-Prangley, 2018). Ndinga-Kanga (2019) calls for a greater understanding of ‘black tax’ by recognising its historical origins in a racialised, apartheid South Africa that socially engineered black poverty. Whilst a discussion on ‘black tax’ lies outside this paper’s scope, the author draws on a political ethics of care to examine the structural inequalities that underpin the need for high levels of household interdependency. In doing so the author uses the concept of responsibility for financial support rather than that of a ‘black tax’.

When we consider the literature on practical caring responsibilities in tandem with the literature on financial responsibilities, some pertinent points can be highlighted. Firstly, the focus on the

gendering of care in low-income households has been on practical care, often to the exclusion of financial responsibility. Secondly, the focus on financial responsibility is often in the context of state grants and less often in the context of income (Moore & Seekings, 2019). Thirdly, the focus on the financial responsibility in middle class households (often referred to as ‘black tax’) is not typically examined through a gendered lens, nor is it specifically focussed on the system of exchange of forms of care within broader issues of the political economy. A focus on financial support in isolation of physical or practical care fails to examine the degree of inequalities both within and across households. Focussing on the caregivers, who are employed and provide financial as well as practical support, shows how the responsibility is experienced in lower middle-class families.

### **A Political Ethics of Care**

A growing literature on care in South Africa has highlighted the role that African kinship systems play in the provision of care between family members, which is governed by principles of Ubuntu (Aboderin 2006; Gouws & van Zyl, 2014; Sagner & Mtati, 1999). Ubuntu embodies the value of interdependence and emphasises the importance of ensuring the wellbeing of the collective over self-interest (Sagner & Mtati, 1999; 400). This paper thus adopts an ethics of care framework which recognises that an individual can only exist through and with others within networks of care (Sevenhuijsen, 1998; Tronto, 1994) to resonate with the principles of Ubuntu. Although Ubuntu may organise caregiving this does not mean that Ubuntu either explicitly supports or undermines an asymmetrical, gendered division of responsibility. The disruption of African households through colonialism and apartheid and now through unemployment, have left many women financially and practically responsible for children and

dependents in the absence of men. Ubuntu operates in African households but, in many instances, this is being upheld by women.

Using Tronto's (1994) conceptualisation of care, I examine how the state should be more concerned with women's experiences of financial and practical caregiving. Tronto (1994) views care as a social practice comprised of four interconnected phases with corresponding moral values: caring about and attentiveness, taking care of and responsibility, caregiving and competence, and care-receiving and responsiveness. This paper focuses on the social practice of caregiving and its value of competence, investigating what people need in order to perform care work in specific situations. By making visible the caregiving practices and the resources required for care to proceed 'as well as possible', I foreground women's practices of care and the combination of resources they use to take care of themselves and their relatives. In conceptualising financial support as "care" by drawing on Tronto's conceptualisation of interconnected phases of care, including taking care of and caring for, the paper examines the connections between different forms of care in multigenerational households.

## **Methods**

The data comes from a larger study on intergenerational relationships and support in South Africa. The participants were recruited in Cape Town and Johannesburg. The sample includes over 90 men and women of diverse ethnic backgrounds and generations, largely from lower-middle to middle class. Class was gauged by a combination of a participant's education, occupational status and income. In a country like South Africa, with high levels of inequality, poverty and unemployment, different approaches to understanding the middle class are helpful for differentiating between those who have achieved a standard of living associated with

economic stability and those ‘average’ or regular South Africans (Visagie and Posel, 2013) whose monthly individual income may be just beyond the poverty line when stretched amongst many family members. Using an income-based approach, Visagie (2013) outlined the middle class as a household of four persons with a total income of between R5600 (\$375) and R40,000 (\$2680) per month after income tax. The sample comprises a range of participants from those in middle class occupations, such as teachers and nurses, to those earning from R6000 per month who typically work both in lower paid administrative positions but are members of larger households and have a greater number of dependents inside and outside the household. This paper draws on a broad income threshold, whilst sampling for specific occupations, to demonstrate how women who are employed and earning various ‘middle class’ incomes are stretched to the limit in the face of high family responsibilities, inadequate welfare and the scourge of AIDs.

At least two members in different generations of one family were required to participate in the study so that their different perceptions and practices could be captured. Interviewing two members of the same family also allowed us to capture the experience of support from both the giver and recipient’s perspective. Table 1 below illustrates the demographic characteristics of the sample drawn for this paper. The sample of women selected for this paper represent those women who live in multigenerational households, who are the sole breadwinners (in terms of income from employment) and are supporting kin. The participants were mothers of children who were under 18 and the mothers ranged between the ages of 24-58, that is, those who were of working age. All the mothers had completed secondary or tertiary education. Three of the participants were married, and the rest were either single, divorced or widowed. None of the participants were cohabiting with a male partner. The participants all resided in a multigenerational household, comprising 3-4 generations. Whilst other household members

obtained money from state support, no other adults in the household were bringing in a waged income.

The qualitative component of the study consisted of at least two interviews with each participant which included a mapping out of the participant's family tree and a monthly budget. I organised and undertook all the interviews in Cape Town and Johannesburg. I also drew on the help of a fieldwork assistant in Soweto, Johannesburg, a well-established Zulu female researcher, in her mid-40s, who resides in the area and is a respected, experienced and knowledgeable social scientist.

Table 1: Sample of Employed Female Providers

	Name	Age	Place	Education	Profession	Marital Status	HH Type*	No. in HH	Dependent Kin
1	Lebo	24	Soweto	Matric	Call Centre	Single	4	6	Mother and Grandmother
2	Sandile	27	CPT	Degree	Nurse	Married	3	5	Sisters and Mother
3	Lerato	30	Soweto	Matric	Retail	Single	3	6	Mother and Brother
4	Thando	31	Soweto	Matric	Retail	Single	3	10	Mother Sister, Nieces
5	Jabhile	34	Soweto	Matric	Admin	Single	3	7	Brother, Sister, Nephews
6	Fezeka	34	CPT	Degree	Teacher	Married	3	5	Sister, Mother, Aunties
7	Nonhlanhla	38	Soweto	Matric	Internal Auditor	Separated	4	5	Brother, Grandmother, Nieces
8	Soup	41	Soweto	Matric	Traffic Officer	Single	3	5	Nieces, Brother and Sister
9	Jabulile	42	Soweto	Matric	Retail	Married	4	5	Sister, Mother, Nephews
10	Zoleka	51	CPT	Degree	Teacher	Divorced Separated	4	6	Niece and Nephew, Child, Uncles, Aunties
11	Lindiwe	54	CPT	Matric	Admin	Divorced	3	5	Grandchildren , Auntie, Mother
12	Sindiswa	58	Soweto	Matric	Pharmacy Assistant	Widowed	3	4	Sister, Nieces

*\*Household type refers to the living arrangements and whether the participant lives in a three- or four-generation household.*

Participants were sampled through both purposeful and snowball sampling techniques. Multiple informants facilitated access to various networks including GPs, health practitioners, soccer and running clubs, local creche facilities and small shops, that were purposefully sought to diversify the sample. Snowballing also occurred when some participants introduced me to friends. The sample of participants for this paper were interviewed in 2018 and 2019. All names used are pseudonyms chosen by the participant and all identifying features, including places of work have been removed or changed.

Most of the participants opted to speak English during the interview. Three interviews were undertaken in Johannesburg, in Zulu or a mix of Zulu and English. The interviews lasted 2-3 hours, were recorded, translated (where necessary) and transcribed. Transcripts were coded for recurring themes related to intergenerational support. An overarching theme presented in this article is the “squeeze and pressure” that the participants expressed as part of their responsibility in providing practical, financial and physical care to a wide range of family members.

The study has several limitations. Whilst the sample size used for the purposes of this article is small, it should be remembered that at least two members of each household were interviewed, so the researcher was able to compare practices and flows of support with the other family member’s experience. In addition, as one of the first studies on financing household social reproduction in multigenerational households, I wanted to draw a qualitatively rich sample in order to gain an understanding of the diversity of experiences. The method of sampling, self-selection, used for the study may mean that some of the women wished to participate because they were experiencing a greater number of difficulties.

## Findings

The care given by the participants to their family members falls into different categories, including financial and practical (housing, childcare, elderly care, assistance with medical and official administrative matters) caregiving. In what follows, I will present the type of care given and the different care recipients for each participant, drawing on family maps and monthly budgets to illustrate the level of responsibility. The three families who are presented in this paper were chosen as they depict the experiences of female breadwinners in different generations as well as how the household's economic security changes with increasing care responsibilities and decreasing job security. The three case studies illustrate the gendered responsibilities to provide financially and practically for kin in multigenerational households given the limitations of the welfare state and the lack of secure employment.

*“It’s pressure, it’s too much work, it gets too much”*

Lebo is a 25-year-old who lives in a four-generation household. She lives with her mother, grandmother, younger brother and her son in a 2-bedroomed house in Soweto. Her uncle Nico, who receives a disability grant, lives in a backyard dwelling behind the house and eats with the family but does not contribute financially.

[Insert Figure 1: Lebo’s Family]

Lebo’s mother, Lorraine, was retrenched in 2011 and she hasn’t worked since. Lebo is the only earner in the family and has been mainly employed on short-term contracts. Lorraine has

been unable to meet the basic needs of her second child and Lebo, as the earner, assists the family. Table 3 below outlines the monthly budget for the household. Lebo explained how she cannot always meet the needs of the household on her salary and must sometimes borrow money. She described the experience:

There was a point where I was unemployed for about 6 months. There was no income coming and I'm the only person that works in the house. I'm the only person that takes care of my son so that's why I had to borrow to make sure that he eats...and I had to make sure that we eat at home too. I borrowed from a loan shark. You have to pay by end of the month. It doesn't feel nice because when you get your salary you must know that half of it is gone

More recently, in May 2019, her contract ended, and she secured a new 6-month contract but at a much lower pay level of R4500 per month. The lack of employment opportunities and decent employment conditions and the difficulties in meeting basic needs of the wider family motivates the need for debt. There were no contribution from others, especially her uncle, the father of her child and her father. These experiences highlight the gendered responsibilities in providing for the family.

Table 3: Lebo's Household Budget

	Money In (per month)	Money Out (per month)
Income (Lebo's salary)	R7500 (recently dropped to R4500)*	
Old Age Grant (Grandmother, aged 63)	R1780	
Electricity & Water		R500
Food		R2500
Transport (Lebo's son & her brother & herself)		R2000

Creche		R400
Clothes (kids)		R200
Contribution to Mother		R500
<i>Total</i>	<i>R6280</i>	<i>R6100</i>

*\*At the time of the interviews Lebo was earning R7500 per month. She was on a 1-year contract which was due to end in April 2019. In further communication with her in May 2019, she said she had secured a new 6-month contract but received only R4500 per month.*

Yet the financial needs of the household are coupled with significant caring needs. Lebo’s mother, Lorraine, cares both for Lebo’s child while Lebo is working and for her own mother. The division of labour in this regard is shared between Lebo and Lorraine. Lebo’s father has not paid maintenance nor cared for Lebo since the mother divorced him in 2009. Lebo leaves for work at 04.50 so she can take the train, which is cheaper than a taxi. Lorraine takes Lebo’s child to the creche and collects her in the afternoon. Whilst the state provides a child grant for Lebo’s child, it falls short of the overall cost and support needed when raising a child if a mother is in full-time formal employment. Where the state fails, the family steps in and Lorraine offers Lebo crucial support here. Similarly, Lebo provides financial support for her younger brother as the child support grant is insufficient to meet the cost of food and transport. The household and kin group shared their resources and energies in matters of shelter, breadwinning and child-rearing. Lebo’s household was made insecure, in part, by the absence of men in economic and domestic ties. But the household was also subjected to the plight of insecure, low-wage work with no legal protection for continued employment.

*‘It’s going to be tough, God knows if we get the support.’*

Zoleka is a 45-year-old teacher and is unmarried with one child. She belongs to the middle generation in a three-generation household of six people; two children and four adults. As the only income-earner in the household, she is financially responsible for everyone. Following her sister’s death in 2005, Zoleka took on the primary financial care for her nephew, Siya and

her adult niece, Zandile, who, at the time of the research was a 24-year-old woman with an intellectual disability. Zoleka’s mother attended to the children’s practical needs whilst Zoleka was at work. After Zoleka’s mother passed away in 2016, , Zoleka’s aunt moved from the Eastern Cape to Cape Town (over 800 km) to care for Siyz and Zandile.

[Insert Figure 2: Zoleka’s Family]

In addition to the extensive tasks in caring for all the children, Zoleka attends to the practical (including cooking and shopping) tasks for other household members and administrative tasks for her co-residing aunt and uncle and other family members in the Eastern Cape (approximately 1000 km away). The uncle who resides with them will soon be eligible for the state old age grant. He doesn’t have the necessary paperwork and Zoleka helps him with this. Moreover, she is trying to get extra state support for Zandile, so she can spend some time in institutional care to help Zoleka and the family cope. A few days before I met her last, Zoleka informed me that her uncle in the Eastern Cape passed away, she is responsible for financing and organising the funeral.

Table 2 below is the average household budget for the family. In an average month Zoleka can manage the extra costs of providing for her wider kin. She gives the co-resident aunt R700 for taking care of Zandile and Siya as the aunt has her own two young adult children who are unemployed in the Eastern Cape and do not receive state support. The sharing of social reproduction tasks is negotiated and agreed. In this way we see how the aunt’s home, in rural Eastern Cape, is linked and interdependent with Zoleka’s household.

Table 2: Zoleka’s Household Budget 2019

	Money In (per month)	Money Out (per month)
Income	R14000* (teacher’s salary)	

	R12901 (after tax)	
Foster Child Grant	R960	
Disability Grant	R1780	
Bond		R5000
Remittance to Aunt in Eastern Cape		R1000
Co-resident Aunt (childminder)		R700
Food		R2000
Electricity		R300
Transport (Work and School)		R800
School Fees		R300
Children's Clothes		R200
Cell Phone		R200
Funeral Policy (4 adults)		R560
<i>Total</i>	<i>15 641</i>	<i>11, 060</i>

\*Whilst the exchange rate varies, at the time of writing the paper, 15 rand = US\$1 approx.

Furthermore, Zoleka's household is linked to another household in the Eastern Cape as she remits R1000 per month to another aunt, who is not yet receiving an old age grant. However, Zoleka cannot remit this money when she encounters extra costs.

Zoleka is the financial and practical shock absorber of a care crisis in this family and she is assisted by her co-resident aunt with practical caring responsibilities. She spreads her income across three separate households who are part of the one kin group. Their interdependency has brought economic security to three households. However, the lack of state support moves the care to the private domain and the responsibility rests with Zoleka and her co-resident aunt. Despite earning a good salary and working for over 15 years, her household is just surviving. Whilst Zoleka obtains the foster care grant for Siya and a disability grant for Zandile, she struggles to cope with the responsibility she carries.

*"It's been months that I have been waiting and I'm still waiting"*

Lindiwe is a 52-year-old grandmother living in a Cape Town house she bought in 2000 which is worth R450,000. She has four biological children, one of whom remains dependent and lives with her. Her eldest daughter recently passed away and Lindiwe is now the primary carer for three grandchildren. Her three sisters live nearby and Lindiwe financially supports them too. Moreover, her mother, who is 80 years old has recently spent the last six months with Lindiwe, accessing health care in the city.

Lindiwe worked as an administrator for a multinational company for over 15 years but was retrenched in 2014. She received a large retrenchment package which she used to finance other business enterprises which maintained her for the last few years but recently she has been left with little capital. She owns a second house in an urban part of the Eastern Cape which she rents out. Lindiwe who is now the primary carer for three grandchildren struggles to find time to focus on paid work:

[Insert Figure 3: Lindiwe's Family]

Lindiwe, as the oldest sibling, also takes on the responsibility for the food costs for two of her sisters and their children. One sister is training to become a police officer and the other sister is not working. The money they receive from the state as child support grants is insufficient to cover the basic needs of each child (Budlender 2018).

A third sister reciprocates the financial support of R700 by taking care of the children if Lindiwe needs to do some work. This form of interdependency in multiple households, where different forms of support are exchanged improves security and allows Lindiwe to re-engage in employment. When I first met Lindiwe, she was annoyed that the outcome of her foster care grant application was still unknown four months after it was submitted. During this period,

Lindiwe would not have been able to meet the needs of the family without help from her adult children who give her regular monthly financial and practical support.

Table 4: Lindiwe’s Household Budget

	Money In (per month)	Money Out (per month)
Contribution	R2000 (adult daughter)	
Contribution	R1500 (adult son)	
Child Support Grant	R1200	
Rent from House	R1000	
Bond on house in EC		R1900
Sister (childminder)		R700
Food		R1000
Transport		R500
Son’s Education		R2700
Mother		R1000
Sister no.2 & 3		R1000 (food)
Funeral policies		R120
<i>Total</i>	<i>R5700</i>	<i>R8920</i>

*\*the application for a foster care grant was made in December 2018 and the outcome was not known at the time of the interviews in March 2019. In a follow up interview in May 2019, Lindiwe explained that she had received the child support grant for the three children and not the foster care grant.*

Lindiwe also cares for her mother when she comes to Cape Town for medical support. In addition, Lindiwe financially supports her mother, when she is at home 1000km away, by contributing R1000 per month to the cost of a carer. With limited state care services available for the elderly, the responsibility falls back on the family. Lindiwe manages several tasks to make ends meet. She is currently pursuing self-employment to supplement her dwindling savings and her offspring’s financial support. However, the form of employment needs to be reconciled with the caring responsibilities of three young grandchildren.

## **Conclusion**

The distribution of caregiving (financial and practical) maintains and reinforces patterns of subordination along gender and race lines. Women respond and are attentive to the need for financial and practical care and act as the shock absorbers for not only social reproduction but the financing of social reproduction. Most women cope manage these responsibilities as long as there is some financial assistance from the state or family and practical care from the family.

But managing financial and practical caregiving is a source of hardship. The private nature of care hides the enormous toll caregiving takes on women.

Although the state can be applauded for expanding the welfare system, it falls short on providing good quality care services and ensuring that quality care is occurring. The state facilitates and supports caregiving in families, rather than meeting the needs for care directly (Sevenhuijsen et al., 2003, p.203; Button et al., 2018, p.605). In each of these households, significant caring is required for the elderly, the young and kin members living with disabilities. Female breadwinners are responsible for a range of dependent family members. Although many grants are available, the focus on cash transfers without care provision overlooks the result of the care on the caregiver or receiver. Whilst scholars have demonstrated how working-class black South African women are the ‘shock absorbers’ of social reproduction (Fakier and Cock, 2009), this paper and other emerging research (Hatch and Posel, 2018) also indicates the gendered responsibility for financing social reproduction within households and kin groups.

In some cases, the ability to provide for a family is hampered by the precarity of the work and the caregiving responsibilities employed women carry. This affects both the caregiver and the care receivers. In the case of Lebo, we see that being engaged in paid work isn’t enough; the salaries are too low for her household to maintain a ‘reasonable standard of living.’ Rogan and Reynolds (2019) argued that in 2012 just over a fifth of all employed South Africans spread their earnings (and other income sources) so thinly across their households that there was not enough income to meet the minimum of the most basic needs of all household members. Whilst principles of Ubuntu form the normative principle or desire to support family members, decades of economic disadvantage and limited welfare support in the post-apartheid era – especially the absence of state financial support for unemployed working-age adults – continue

to shape the need for interdependency. The impact of a “middle class” salary in these households, given the rising costs of food and transport, is limited.

The findings also highlight the limitations of the feminist, welfare state literature which tends to focus on countries in the Global North that typically do not capture the female, sole provider in a multigenerational household. The feminist critics of welfare regime typologies argued that public provision was gendered, either by treating women as dependents of males (in conservative welfare regimes) or protecting women indirectly against the risks facing their (breadwinning) husbands (Lewis, 1992). The feminist literature subsequently replaced the male-breadwinner/female-carer model with a dual earner/female carer model where there were enormous pressures on women to manage paid and unpaid work (Orloff 2009). The South African case highlights the limitations of existing feminist critiques of welfare regimes which tend to focus on male-female relations in nuclear households. If almost three quarters of South African women are living in multigenerational households, many of which are female-headed, we need to consider the ways in which financing social reproduction together with undertaking caring practices reproduces gendered, racialised and class inequalities and not merely gender differences. Feminist analyses of welfare states have ignored the significant financial support that women provide in households that are not nuclear, two generational or based on marriage or cohabiting. A lens for understanding financial and practical care should adopt a feminist ethics of care but focus on multigenerational households which uphold relational and human interdependencies.

Gouws and van Zyl (2014) argued that developing countries, with an emphasis on community, have insights to contribute to understanding care in countries that must find ways of dealing with specific crises, such as HIV/AIDS. Razavi’s (2007) concept of the ‘care diamond’

includes NPOs while Gouws and van Zyl (2014) proposed a ‘care star’ to include community carers in understanding each sector’s contribution to welfare. In this study, however, the community and specific NPO groups didn’t act as sources of financial or practical support. I would argue that the economic position of women and households in this sample as lower-middle income households reduced the need to rely on community support as the support given and received extended across households within the same kin group and not to non-family members.

Neoliberalism, evident in various policy papers, has strengthened the assumption that the government can rely on people to provide for their families. It expects that families will have the capacity to practically and financially care for family members. The social and financial capacity to ensure social reproduction on a long-term basis requires new ways of providing care. The state should bring the unemployed into the welfare system and recognise the greater responsibility borne in larger, multigenerational households. This would assist Lindiwe, Zoleka and Lebo and many others in the collective project of caring for their families. Scholars have shown that South African welfare policy simply assumes that caring work will be done by families without recognising that the bulk of it will be done by women (Sevenhuijsen, et al. 2003; Rabe, 2017). Whereas in the past this work referred to mainly practical caregiving, the recent evidence shows that women are carrying both the financial and practical caregiving responsibilities. The resilience amongst multigenerational households, often comprising a female head, should be highlighted and supported rather than made invisible.

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<sup>i</sup> The author understands that headship is a contested concept and I draw on the concept when it is used in existing literature and statistical findings to indicate the growth in female-headed households. Although the concept is contested, I support Posel's (2001a) argument which identified consistent headship characteristics in that household heads tend to be the oldest household members, the primary income earners and/or the main decision makers in their households.

<sup>ii</sup> Much of the statistical data on households uses the term 'extended' households. The author uses this term when drawing on statistical evidence only. The author chooses to use the term 'multigenerational' household instead of extended to move away from conceptualising households in reference to a nuclear household. A multigenerational household refers to households that have three or more generations co-residing.

<sup>iii</sup> In this article, the author draws on the broadly defined understanding of unemployment, i.e. the unemployment rate includes those not looking for work