Parenting, poverty and young people in South Africa: What are the connections?

Catherine Ward (Department of Psychology and Safety and Violence Initiative, University of Cape Town),
Tawanda Makusha (Human Sciences Research Council) and
Rachel Bray (Department of Social Policy and Intervention, University of Oxford)

This essay approaches "parenting"[i] as the caring interactions between close adult kin and young people. The practices, ideas and connections that comprise parenting evolve over time because they are dependent on the well-being of parents, that of adolescents and the health of the relationship between them. In this essay, we explore these ideas with regard to the parenting of adolescents under the particular conditions present in South Africa.

Children who have received appropriate nutrition from conception onwards, who are attached to their parents, and who have received cognitive stimulation and warm, positive parenting with consistent limit-setting, are more likely to succeed in their education;[1] are more likely to be healthy as adults;[2] and less likely to engage in risky sex,[3] substance misuse[4] and violent and criminal behaviour[5]. These are strands that run throughout the span of child development, from conception to adulthood, but adolescence entails new contexts for parenting as young people expand their social networks, diversify their occupations and experience rapid brain development that changes the way they think and engage with the world.[6] Positive relationships with role models, access to social networks and to cultural capital become increasingly important as young people tread the difficult path between their aspirations and local realities. Shifts from earlier forms of parenting may occur both in the activities of parenting and associated expectations of both adults and their older children. However the evidence suggests that parenting remains critical to young people's sense of belonging,[7] constructions of their sexuality,[8] their interface with wider society[9] and to their emotional and physical safety[10].

But poverty can make parenting a very difficult task, and parenting that is harsh and inconsistent can increase the risk that young people continue to live in poverty – because such parenting is more likely to lead to poor health and risk behaviours in children that will negatively affect their ability to perform well at school and find employment. In this essay, we examine the following questions:

- How does poverty affect parenting?
- What is the role of family structure?
- What about teen parenting?
- What is needed to support parents in South Africa?

How does poverty affect parenting?

Many parents in South Africa face considerable barriers in their efforts to fulfil the tasks of parenting. For instance, poverty increases the stress that parents experience when trying to provide for and protect their children, and makes emotionally distant, harsh and inconsistent parenting more likely.[11] Parents living in poverty are also likely to be poorly educated and thus less able to support their children's educational development.[12] Poverty, by definition, also reduces the ability of parents to provide adequate nutrition and to access good educational opportunities for children, on the consistent basis necessary for healthy development.[13] Poverty therefore can significantly undermine parenting, decrease the life chances of children, and thereby transmit poverty from one generation to the next.

What is the role of family structure?

Family structure – whether children live with both parents, one parent, or neither parent – can have marked influences on whether families are able to care adequately for their children. For instance, single parenting increases the risk for poor behavioural and educational outcomes for young people because single parents are more likely to be living in poverty and more likely to be stressed, and thus more likely to struggle with all the issues outlined above.[14] Father absence also affects children's outcomes: while most studies focus on the role of the mother in parenting, there is mounting evidence that engaged fathering has independent, positive effects on children's behaviour.[15] Family structure can thus play a significant role in whether families live in poverty, and/ or are able to accomplish the tasks of parenting.

What do family structures look like in South Africa? Table 3 shows parenting status for teenagers (aged 13 – 19) and children (aged 12 and younger). While the overall patterns are similar, there are substantial differences between the early and teen years: Teenagers are in fact far less likely to live with their biological parents.

Fortunately these statistics do not give the full picture: an analysis of the General Household Survey indicates that most children who lived with only one biological parent, lived in households with other adults present: 83% of children who were not living with their parents had a living parent who was elsewhere;

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i   In this essay, the word "parenting" applies to both biological parents, and any caregiver who takes on a parenting role.

Table 3: Parenting status of teens and younger children, 2011[ii]

	Teenagers (aged 13 – 19) (%)	Children (0 – 12) (%)
Live with father	28.4	32.2
Father deceased	27.9	12.6
Father alive but not co-resident	43.6	55.2
Live with mother	59.0	71.8
Mother deceased	14.1	5.1
Mother alive but not co-resident	27.0	23.1

Source: Statistics South Africa (2012) *Census 2011. Statistical release (Revised) P0301.4.* Pretoria: Stats SA.

and the majority of orphans lived in households headed by adults (only 0.5% of children lived in households headed by children) – see *Demography of South Africa's children* on p. 102. Extended families can of course mitigate the stresses of fragmented families: For instance, father figures need not be biological fathers in order to achieve good outcomes in young people.[16]

Orphans, however, are more likely than other children to be living in poverty, less likely to access schooling, and less likely to be living with a parent – and these risks are greater for double orphans than for single orphans.[17]

As with any other family, parenting and the context of parenting appear to play a key role in orphans' vulnerability. For instance, children who lost one or both of their parents due to AIDS-related illnesses, or who are living with a parent who has AIDS, are more likely than other children (including those orphaned for other reasons) to be living in extreme poverty and to suffer physical and psychological abuse; in turn, poverty and abuse increase the risk for transactional sex in these young people.[18]

> *I want somewhere where people don't say "it's not your home."* (Orphaned child)[19]

There are several reasons for the fragmentation of families in South Africa. These include labour migration, particularly from rural to urban areas, and low marriage rates, especially among African women, who are also less likely to live with their child's father if they are not married.[20] Poverty seems to underlie both of these: Adults migrate because they need employment, and men living in poverty are unable to pay *lobola* (the bride price) or *ukuhlawulela* ("damages" or restitution for children born outside of marriage).[21] The AIDS pandemic also plays a key role: In 2000 in rural KwaZulu-Natal, deaths in the age group 15 – 60 were most likely from AIDS (48% of all adults), while injuries from violence or traffic crashes also played a big role (20% of men aged 15 – 44).[22]

What about teen parenting?

Teenage pregnancy in South Africa is driven by many factors, such as:[23]

- gender inequalities;
- gendered expectations of how teenage boys and girls should act;
- *ukuthwala* – the practice of abducting young girls and forcing them into marriage, often with the consent of their parents;
- sexual taboos (for girls) and sexual permissiveness (for boys);
- social and economic disadvantages such as poverty;
- poor access to contraceptives and termination of pregnancies (for girls);
- inaccurate and inconsistent contraceptive use (for both boys and girls);
- judgemental attitudes of many health care workers (to girls);
- high levels of gender-based violence (affecting girls);
- wanting to leave a legacy (for boys);
- wanting to keep a partner (for both boys and girls); and
- poor sex education (for both boys and girls).

But contrary to popular misperception, teen parenting has been steadily declining in South Africa: In 1984, 42% of children in South Africa were born to mothers under 20, but by 2008, this was only 30% (see figure 16 on the next page); additionally, most (95%) of births to teen mothers in 2008 were to those aged 17 or older, for whom the risks are lower.[24]
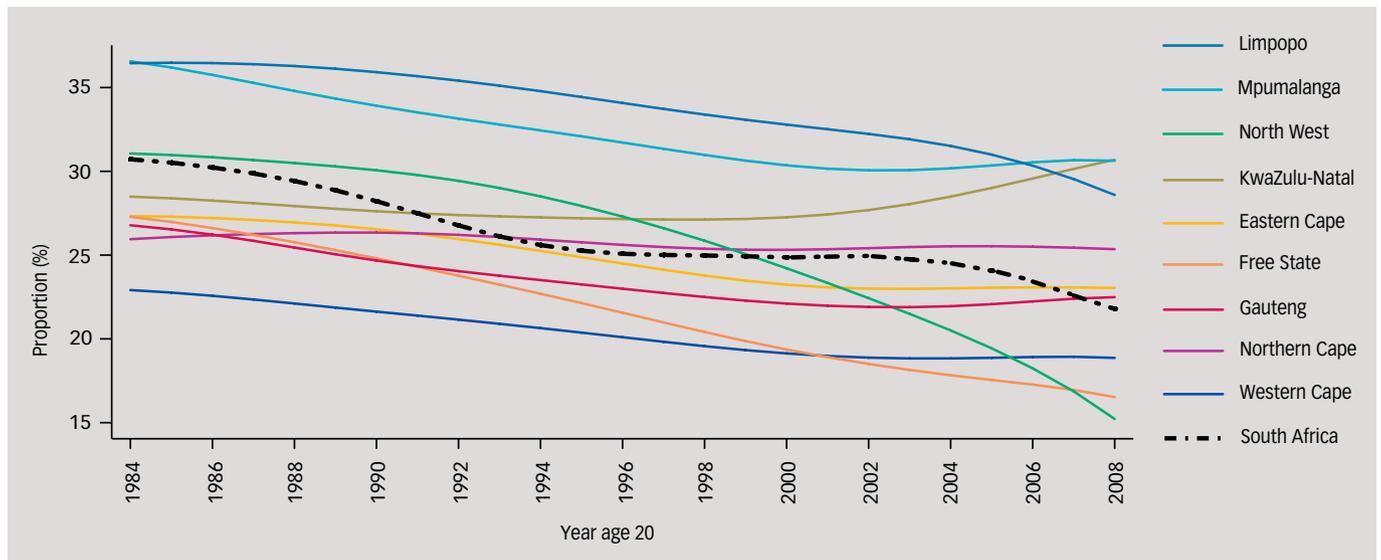
Teen parenthood, and particularly parenthood before the age of 17, can have serious consequences for mother, father and child,[25] as well as for grandparents. Consequences for the children of teen parents may include a higher likelihood of low birthweight (probably because pregnant teens are less likely to receive good antenatal care and more likely to be living in poverty, and therefore less likely to be able to access good antenatal nutrition),[26] followed by associated health, developmental and behavioural problems,[27] a higher likelihood of stunting, a sign of poor nutrition after birth,[28] and poor educational outcomes[29].

For the teen parents, and particularly the teen mother, consequences may include health problems; a higher likelihood of school drop-out;[30] increased risk of depression;[31] and high risk of rapid repeat pregnancies, mainly due to inconsistent contraception; not being married; low levels of education; not going back to school after delivery; low educational aspirations; and weak parental relationships[32]. Teen fathers also face multiple problems: increased risks of lower educational attainment; poorer employment outcomes; greater poverty; and higher criminality than other young men.[33] All of these can contribute to the intergenerational transmission of poverty.

Teen parents face considerable difficulties in carrying out the parenting role. Teen fathers face significant barriers to achieving regular involvement, largely because they often cannot provide

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ii   See p. 100 in *Part 3: Children Count,* for a further analysis of children and youth living with their biological parents, drawing on data from the General Household Survey.

Figure 16: Proportion of women who gave birth by age 20, 1984 – 2008

materially for their children,[34] an aspect of parenting that also conveys emotional care[35].

> *It was a big shock. But a baby is a wonderful thing. I don't feel like a real father because I'm not working. I'm not supporting and that. A father's job is to support his family and I'm not doing that and that's what makes me feel a bit down.* (18-year-old father, Coloured male, Bonteheuwel, Cape Town, 2008)[36]

Many young fathers are not living with their children or are not in a socially recognised relationship with the child's mother. Several factors may lead to this situation:[37] the young mother's family is often not supportive of the involvement in their family of a young man whom they may perceive as being "irresponsible"; or his own family may consider him neither old enough nor prepared for such a role. Thus, even where the young man himself would like to be a father to his child, he may have little ability – financial, social or legal – to press for access to his child. In the face of such hurdles, young men may become fathers biologically but never see their children again.

> *I told myself that the baby is mine and I am going to take responsibility … because the child was made by me and I told myself that whatever happens I'll be there.* (20-year-old young father, Black male, Langa, 2008)[38]

For young mothers, the push to complete their schooling may limit their ability to care for their child themselves.[39] Those who cannot complete their schooling may need to migrate elsewhere in search of employment to support themselves and their child, leaving the child in the care of their family or that of the father's.[40] Such situations make it difficult for young mothers to be involved in their children's lives.[41] Also, research in the United Kingdom suggests that teenage mothers are more likely to remain as single parents throughout their adult life. It tends to be more difficult for them to find and retain a partner, and they are more likely to partner with unemployment-prone and lower-earning men.[42]

Despite these problems and barriers to parenting, young mothers and fathers are often very interested in parenting their child.[43] They are not necessarily the "deadbeat dads" and "feckless mothers" often portrayed in the press, nor are their children necessarily doomed. Informally, mentoring from their own parents and other family members, and a welcoming attitude from the family of a teen mother towards the father of her child, help teens to carry out parenting responsibilities well, alongside increasing their chances of furthering their own education and future prospects.[44] More formal supports may also improve outcomes, as they do for any parent. It is not a foregone conclusion that teen parenting dooms both generations to continue in poverty.

What is needed to support families in South Africa?

While parenting is indisputably key to young people's development, equally important is the support provided to families by the broader context in which they live. All families need some support, such as finances and access to health care and education, in order to fulfil the basic tasks of providing for children; some may benefit from more focused parenting support, such as parenting programmes.[45] South African policy makes provision for both, and is particularly driven by recent emphases on early child development and child protection.[46]

Cash transfers were introduced in the 1990s as a means of reducing poverty in South Africa.[47] Such transfers include the Old Age Pension and Child Support, Foster Care, Care Dependency, and Disability Grants. The ability of such grants to reduce risks

for children and adolescents is exemplified in the recent finding that, in families where children received the Child Support Grant, adolescent girls were less likely to engage in transactional sex and in sex with men more than five years older than themselves (both risks for HIV infection).[48]

The two policies containing provision for parenting support are the Children's Act[49] and the White Paper on Families[50]. The latter focuses on strengthening families, with the promotion of responsible parenting as one of seven core principles. Although approved by Parliament, there are no instruments in place or funds dispensed to provinces to put these intentions into practice. Preceding the White Paper is a longer history of voluntary sector initiatives to enhance opportunities for youth that include reducing unwanted teen pregnancy and supporting young parents. For instance, loveLife operates Y-centres in 18 communities with very high HIV rates and purposively integrates health and education for youth within a broad spectrum of services including career guidance, information technology training, opportunities to develop leadership skills and the creation of a safe, supportive discussion space for tackling sensitive issues and setting personal goals.[51]

A much greater momentum exists around developing provision to fulfil the government's obligation under the Children's Act, although the focus has been largely on the early years and not on teenagers. There is good reason for this, as a good foundation in the early years improves the chances of success in the teenage years. However, preventing child maltreatment (a key focus of the Act) is critical in the teenage years, as is support for teen parents to manage their parenting role. The Act provides for the former, and services are at present provided by non-governmental organisations (NGOs), but coverage remains patchy. The Children's Act as well as other legislation that deals with youth matters (such as the new National Youth Policy 2015 – 2020)[52] remain largely silent on the issue of teen parenting. Further, making adequate funding available for the provisions of the Children's Act is an urgent priority.[53]

Parenting support may take the form of home-visiting services for at-risk parents (for instance, first-time, single or teen parents), or group-based parent training programmes. The intent of such programmes is to improve parent–child relationships, to reduce child maltreatment, and to improve parent skill in managing child behaviour without resorting to violence. Very few have been evaluated,[54] though the Sinovuyo Caring Families Programme for Parents and Teens (see case 9) aims to support parents and their adolescent children so that child maltreatment is reduced, and The Parent Centre (an NGO based in Cape Town) offers a teen parenting programme. Both these programmes are currently being evaluated and are not yet offered on a large scale.

But there are key gaps in South African family policy.

- First, poverty and labour migration are key factors in undermining families in South Africa. Any policy provisions that attempt to address these situations should take a family focus. For instance, a recent agreement among mining companies, unions and the government makes provision for converting

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Case 9: The Sinovuyo Caring Families Programme for parents and teens

The Sinovuyo Caring Families Programme helps parents to develop warm, caring relationships with their teenagers and to use non-violent forms of discipline. The programme emphasises the development of good relationships between parents and teens, parents and teens being able to work together to keep the teen safe, and includes a component on family budgeting. Parents and teens meet weekly in small groups facilitated by a trained community worker, sometimes separately and sometimes together. Meeting together gives them an opportunity to practise the new relationship skills they have learned and to make family plans together. The programme has been through two preliminary tests in impoverished rural communities in the Eastern Cape, which have shown promising results: reductions in child abuse, more consistent discipline, better supervision, and positive and involved parenting; as well as reduced adolescent delinquency and aggression. It is now being tested, using a randomised controlled trial design.

The programme is being developed collaboratively by the Universities of Oxford and Cape Town, Clowns Without Borders South Africa, UNICEF, and the National Association of Child and Youth Care Workers.

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some mining hostels to family dwellings, which will allow families to remain together even if a parent is a mineworker. [55]

- Second, more information is needed about the ways in which already existing, informal support can be strengthened (for example, to deal with the shortfalls around information, social inclusion, material resources or psychosocial well-being), and how support for parents is – or could be – conceived by parents themselves and wider family members, so that appropriate types of support can be enhanced through public services, or offered through new kinds of services.
- Third, there is too little emphasis on evaluating programmes and the roll out of such evidence-based programmes. This runs the risk that programmes may be ineffective, or worse, harmful.[56] Financial support for evaluations of existing and new programmes is a crucial element of policy provisions.
- Fourth, there is too little funding available for staffing such programmes, even if paraprofessionals are used rather than professionals. Government must prioritise the provision of financial resources to implement services mandated under the Children's Act.
- Fifth, even though teen pregnancy is a less critical issue than the media and even some government officials would suggest, rates could be reduced still further if attention is given to preventing teen pregnancy by improving the quality of sex education and the availability of contraception to adolescents.[57] Teens who become parents should be prioritised to ensure that

they access parenting programmes, antenatal care and proper nutrition. They should also get support through other channels such as peer education or mentorship through education, training, work or faith-based organisations. Schools should provide support so that they can continue their education during and after pregnancy. Education for teen mothers also requires access to quality, affordable child care; and their access to the Child Support Grant should be facilitated, even if they do not have identity documents as outlined in regulation 11(1) of the Social Assistance Act which provides for the use of alternative forms of identification.[58]

In summary, then, supporting families to achieve good outcomes for young people is an issue that should engage every sector of society: all government departments, the private sector, civil society, as well as parents and young people themselves. Currently a great deal of work is going into developing evidence-based parenting programmes to prevent child maltreatment and improve young people's outcomes in South Africa – see, for instance, the Parenting for Lifelong Health suite of programmes,[59] as well as early child development programmes[60]. What remains, now, is to continue understanding the evolving relationships between adolescents

and parents in diverse socio-economic and aspirational contexts, to develop the evidence base, to make effective programmes and supports widely accessible to parents – to find the funding for them, to prioritise young people's access to these services, and to find service delivery mechanisms that have wide reach and provide services without stigma to parents.

Achieving these goals will also depend on achieving sufficient levels of coordination between sectors and government departments. As we have seen, the challenges of parenting are multi-faceted across the age span, requiring access to health care, education, social services and economic development opportunities for both parent and child. The balance of these needs will shift over time as children mature and young people become parents themselves – and as social change shapes external demands on families and on individuals. It is therefore critical to develop ways to share lessons from existing programmes and to identify models of coordination that are best able to meet the needs of parents on a sustainable basis. These steps offer important opportunities to influence the health and well-being of South Africa's young people in this generation and those to come.

References

1 Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R & Uauy R (2013) Maternal and child undernutriton and overweight in low-income and middle-income countries. *The Lancet*, 382(9890): 427-451;
Walker SP, Chang SM, Vera-Hernández M & Grantham-McGregor S (2011) Early childhood stimulation benefits adult competence and reduces violent behavior. *Pediatrics*, 127: 849-857.
2 See no. 1 (Black et al, 2013) above;
Ward CL, Gould C, Kelly JF & Mauff K (2015) Spare the rod and save the child: Assessing the impact of parenting on child behaviour and mental health. *South African Crime Quarterly,* 51: 9-22.
3 Kotchick BA, Shaffer A & Forehand R (2001) Adolescent sexual risk behavior: A multi-system perspective. *Clinical Psychology Review,* 21(4): 493-519.
4 Ryan SM, Jorm AF & Lubman DI (2010) Parenting factors associated with reduced adolescent alcohol use: A systematic review of longitudinal studies. *Australian and New Zealand Journal of Psychiatry*, 44: 774-783.
5 See no. 1 (Walker et al, 2011) above;
Souverein F, Ward CL, Visser I & Burton P (in print) Serious, violent young offenders in South Africa: Are they life-course persistent offenders? *Journal of Interpersonal Violence* (forthcoming).
6 Blum R, Astone M, Decker M & Ventrakaman CN (2014) A conceptual framework for early adolescence: A platform for research. *International Journal of Adolescent Medicine and Health,* 26(3): 321-331.
7 Henderson PC (2013) AIDS, metaphor and ritual: The crafting of care in rural South African childhoods. *Childhood: A Global Journal of Child Research,* 20(1): 9-21.
8 Lesch E & Kruger L (2005) Mothers, daughters and sexual agency in one low-income South African community. *Social Science and Medicine*, 61(5): 1072-1082.
9 Bray R, Gooskens I, Kahn L, Moses S & Seekings J (2010) *Growing Up in the New South Africa: Childhood and Adolescence in Post-Apartheid Cape Town.* Cape Town: HSRC Press.
10 Meinck F, Cluver L, Boyes M & Mhlongo EL (2015) Risk and protective factors for physical and sexual abuse of children and adolescents in Africa: A review and implications for practice. *Trauma, Violence and Abuse,* 16(1): 81-107.
11 Kotchick BA & Forehand R (2002) Putting parenting in perspective: A discussion of the contextual factors that shape parenting practices. *Journal of Child & Family Studies,* 11: 255-269.
12 See no. 11 above.
13 See no. 9 above.
14 Aliber M (2003) Chronic poverty in South Africa: Incidence, causes and policies. *World Development*, 31(3): 473-490.
15 Sarkadi A, Kristiansson R, Oberklaid F & Bremberg S (2008) Father's involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediactrica*. 97: 153-158.
16 Hendricks L (2009) *Father-Son Relationship Quality and Associated Adolescent Risks.* Cape Town: University of the Western Cape.
17 Andrews G, Skinner D & Zuma K (2006) Epidemiology of health and vulnerability among children orpaned and made vulnerable by HIV/AIDS in sub-Saharan Africa. Paper presented at the OVC roundtable, 7th AIDS Impact Conference, Cape Town, April 2005. *AIDS Care*, 18(3): 296-376.
18 Cluver L, Orkin M, Boyes M, Gardner F & Meinck F (2011) Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *Journal of Acquired Immune Deficiency Syndromes*, 58: 336-343.
19 Cluver L & Gardner F (2007) Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care*, 19(3): 318-325. P. 321.
20 Hall K & Posel D (2012) Inequalities in children's household contexts: Place, parental presence and migration. In: Hall K, Woolard I, Lake L & Smith C (eds) *South African Child Gauge 2012*. Cape Town: Children's Institute, UCT.
21 See no. 20 above;
Swartz S & Bhana A (2009) *Teenage Tata: Voices of Young Fathers in South Africa.* Cape Town: HSRC Press.
22 Hosegood V, Vanneste A & Timæus T (2004) Level and causes of adult mortality in rural South Africa: The impact of AIDS. *AIDS*, 18: 663-671.
23 See no. 21 (Swartz et al, 2009) above;
Jewkes R, Morrell R & Christofides N (2009) Empowering teenagers to prevent pregnancy: Lessons from South Africa. *Culture, Health & Sexuality*, 11(7): 675-688;
Willan S (2013) *A Review of Teenage Pregnancy in South Africa – Experiences of Schooling, and Knowledge and Access to Sexual & Reproductive Health Services.* South Africa: Partners in Sexual Health;
Bhana D & Nkani N (2014) When African teenagers become fathers: Culture, materiality and masculinity. *Culture, Health & Sexuality*, 16(4): 337-350.
24 Ardington C, Branson N, Lam D, Leibbrandt M, Marteleto L, Menendez A, Mutevedzi T & Ranchhod V (2012) *Revisiting the 'Crisis' in Teen Births: What is the Impact of Teen Births on Young Mothers and their Children?* A SALDRU Policy Brief. Cape Town: SALDRU, UCT.
25 See no. 24 above;
Savio Beers LA & Hollo RE (2009) Approaching the adolescent-headed family: A review of teen parenting. *Current Problems in Pediatric and Adolescent Health Care*, 39: 216-233.
26 See no. 24 above.
27 See no. 25 (Savio Beers et al, 2009) above.
28 See no. 24 above;
Branson N, Ardington C & Leibbrandt M (2015) Health outcomes for children born to teen mothers in Cape Town, South Africa. *Economic Development and*

Cultural Change, 63(3): 589-616.

29 See no. 24 above;
See no. 28 (Branson et al, 2015) above.

30 See no. 25 (Savio Beers et al, 2009) above.

31 See no. 25 (Savio Beers et al, 2009) above.

32 Rowlands S (2010) Social predictors of repeat adolescent pregnancy and focused strategies. *Best Practice and Research in Clinical Obstetrics and Gynaecology*, 24(5): 605-616.

33 See no. 21 (Swartz et al, 2009) above.

34 See no. 21 (Swartz et al, 2009) above;
See no. 23 (Willan, 2013) above;
See no. 25 (Savio Beers et al, 2009) above.

35 See no. 9 above.

36 See no. 21 (Swartz et al, 2009) above.

37 See no. 21 (Swartz et al, 2009) above;
Makusha T, Richter L & Chikovore J (2013) Fatherhood and masculinities in South Africa. In: Glennrich D (ed) *Men and Masculinities in South Africa*. Pietermaritzburg: PACSA, Sonke Gender Justice.

38 See no. 21 (Swartz et al, 2009) above.

39 See no. 23 (Willan, 2013) above;
Chigona A & Chetty R (2007) Girls' education in South Africa: Special consideration to teen mothers as learners. *Journal of Education for International Development*, 3(1): 1-17.

40 Chigona A & Chetty R (2008) Teen mothers and schooling: Lacunae and challenges. *South African Journal of Education*, 28: 261-281.

41 See no. 23 (Willan, 2013) above;
See no. 39 above.

42 Ermisch J (2003) *Does a "Teen Birth" have Longer Impacts on the Mother? Suggestive Evidence from the British Household Panel Study.* Working Paper No. 32. Essex: ISER.

43 See no. 21 (Swartz et al, 2009) above.

44 See no. 21 (Swartz et al, 2009) above;
See no. 25 (Savio Beers et al, 2009) above.

45 Daly M, Bray R, Bruckauf J, Byrne J, Margaria A, Pecnik N & Samms-Vaughan M (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* Innocenti Insight. Florence: UNICEF Office of Research.

46 See no. 45 above.

47 See no. 45 above.

48 Cluver L, Boyes M, Orkin M, Pantelic M, Molwena T & Sherr L (2013) Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: A propensity-score-matched case-control study. *Lancet Global Health*, 1(e362-e370).

49 Children's Act 38 of 2007.

50 Department of Social Development (2013) *White Paper on Families in South Africa.* Pretoria: DSD.

51 Naidoo P, Chirinda W, Mchunu G, Swartz S & Anderson J (2015) Social and structural factors associated with vulnerability to HIV infection among young adults in South Africa. *Psychology, Health and Medicine*, 20(3): 369-379.

52 National Youth Development Agency (2015) *National Youth Policy 2015 – 2020*. April, 2015. Pretoria: NYDA.

53 See no. 24 above.

54 Ward CL & Wessels IM (2013) Rising to the challenge: Towards effective parenting programmes. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (editors) *South African Child Gauge 2013*. Cape Town: Children's Institute, UCT.

55 Chamber of Mines (2014) *Fact sheet: Housing and Accommodation*. Johannesburg: Chamber of Mines.

56 Wessels I, Mikton C, Ward CL, Kilbane T, Alves R, Campello G & Dubowitz H (2013) *Preventing Violence: Evaluating Outcomes of Parenting Programmes.* Geneva: World Health Organization.

57 See no. 24 above.

58 See no. 24 above.

59 World Health Organization (2015) *Parenting for Lifelong Health* (PLH). Viewed 12 August 2015: www.who.int/violence_injury_prevention/violence/child/plh/en/.

60 Ilifa Labantwana (2014) *The Essential Package: Early Childhood Services and Support to Young children in South Africa.* Cape Town: Ilifa Labantwana.