

AN ASSESSMENT OF CHILD PARTICIPATION IN THE FAMILY IN SOUTH AFRICA

RESEARCHED FOR

SAVE THE CHILDREN SWEDEN

BY THE

COMMUNITY AGENCY FOR SOCIAL ENQUIRY

OCTOBER 2006



FINAL DRAFT 2006

Published by: The Community Agency for Social Enquiry (C A S E)

PO Box 32882

Braamfontein

2017

Telephone: +27 (11) 646 5922

Fax: +27 (11) 646 5919

e-mail: director@case.org.za

Web site address: <http://www.case.org.za>



TABLE OF CONTENTS

Table of Contents	i
Introduction.....	1
Literature Review.....	2
Children and Participation in South Africa	3
Child Participation in the Family	4
Discipline in the Family	6
Methodology.....	8
Site-based Survey.....	8
Focus Group Discussions	14
Ethical considerations	15
Limitations of the Study.....	15
Demographics	16
Child Participation.....	19
Interaction and Communication within the Family	19
Levels of Child Participation in the Family	24
Educational decisions.....	25
Social decisions.....	26
Religious practices	30
Economic and Household Decisions	31
Factors Influencing Levels of Participation	33
Child Participation and Culture	33
Factors Associated with Child Participation	35
Caregiver Perceptions of Child Participation.....	36
Older Children’s Perceptions of Their Participation.....	39
Young Children’s Perceptions of Their Participation	41
Discipline	42
Balance between Communication and Punishment	42
Types of Discipline Used.....	43
Factors Influencing the Use of Alternative Discipline.....	48
Experience and Attitudes Regarding Corporal Punishment.....	49
Interaction between Participation and Discipline Used	56

INTRODUCTION

Child participation refers to the active involvement of girls and boys in decisions that concern them and affect their lives, the lives of their families and their communities. This means enabling children to think for themselves, express their views freely and effectively and participate meaningfully in decision-making in a manner that is appropriate for their age and maturity.¹

A child's right to participation is protected by the United Nations Convention on the Rights of the Child, which South Africa has ratified. In recent years, child participation in South Africa has been promoted in schools, at different levels of the community and even in legislative processes that affect children such as the drafting of the Children's Bill. Promoting child participation in the family, however, is a relatively new concern.

As a child rights organisation that works in South Africa and bases its international work on the UN Convention on the Rights of the Child, Save the Children Sweden has been actively promoting child participation for a number of years.

To be able to effectively address the issue of child participation within the family in South Africa, it is necessary to explore the wide range of cultural and religious practices that may impact on levels of participation in this country. Also of interest is the possible link between the level of child participation in the family and the disciplinary practices used in the home. Save the Children Sweden has therefore commissioned the Community Agency for Social Enquiry (C A S E) to carry out a study to explore the level of participation in families in different cultural and religious settings and to identify the factors that promote or enhance participation.

AIM OF THE STUDY

The aim of this study is therefore to explore child participation in a range of cultural and religious contexts and to consider the factors that hinder or enhance child participation in the family. The specific objectives of the study are to:

- Determine the level of child participation in decisions that affect them in families from different cultural backgrounds in South Africa;
- Identify factors that promote or discourage child participation in the family, with a particular focus on the role of culture and religion.
- Explore the link between disciplinary methods used in the home and levels of child participation.

¹ Save the Children, 2004. A workshop report on Child Participation in the UN study on Violence against Children.

LITERATURE REVIEW

South Africa has since made huge strides in providing constitutional rights to children since 1994. Children's rights are enshrined in Section 28 of the South African Constitution, adopted in 1996. South Africa is also a signatory to the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child (CRC).

Being signatory to the CRC means that South Africa is obliged to adapt national legislation, policies and practices to meet the requirements stipulated by the CRC and to go further by approaching development from a rights-based perspective, involving all members of South African society. The guiding principles of the CRC are:

- Non-discrimination;
- Ensuring the best interests of the child;
- Survival and development (recognises the child's inherent right to life but also the need to go beyond basic survival and provide maximum development); and
- Participation, which means ensuring that children's views are taken into account when making decisions that affect them. These views should be weighted according to the age and maturity of the child.

Child participation refers to the active involvement of girls and boys in decisions and actions that concern them and that affect their lives and those of their families. Participation involves children expressing their opinions or speaking out on issues that affect them; being involved in decision-making and taking part in practical action in a manner that is appropriate for their age and maturity.

Several other rights included in the CRC relate to child participation, as follows:

- Right to freedom of expression: ensuring the child's right to express his or her opinions in different ways without infringing on the rights of other children
- Right to form associations: allowing children to meet with others and form or join groups and associations if they please
- Right to information: ensuring that children have access to different sources including the dissemination of information by the media
- Rights of disabled children: ensuring children with mental and physical disabilities are afforded the same level of respect and opportunities, including the right to participate, as their counterparts

Child participation gives the child the right to be heard but participation must be appropriate to the child's age, development and level of maturity. The principle of child participation is aimed at ensuring that children's voices are heard, but is often misunderstood as giving children

authority over adults or diminishing the responsibility of parents to care for their children. The CRC emphasises the important role of the family in protecting and caring for children. Article 9 aims to prevent the separation of the child and parents where possible, while article 18 highlights the importance of both parents bringing up the child and of state support to parents. Article 27 endorses the role of the state in assisting caregivers to allow them to maintain an adequate standard of living.

Child participation should taking into account children's 'evolving capacities' and therefore is dependent on the child's age or developmental stage and capacity.²

- Stage One – Babies and Toddlers: this stage focuses mainly on the relationship between the child and mother and sets the foundations for empowerment and involvement.
- Stage Two – Pre School Children: this stage expands to include the family and friends in the child's interaction group. Although this is still considered a foundation phase, this child is allowed more freedom for development and learns to cooperate with colleagues and family in a group. They also have to make decisions and should be encouraged to solve simple problems and take leadership roles.
- Stage Three – Primary School Children: at this stage, this child is exposed to the outside world more than previously and begins to form opinions and develop a conscience. While the approval of adults in their life is important, the approval from peers is attached greater significance.
- Stage Four – Older Teenager: although, at this stage the child is growing in independence and should be encouraged further to participate in activities that affect their lives and society. Although the opinion of peers is important at this stage, parents should be close by to support their child through feels of insecurity during adolescence and to encourage them to take more risks and experimentation, but with limitations that should be discussed between them.

CHILDREN AND PARTICIPATION IN SOUTH AFRICA

The South African Constitution, like the CRC, defines a child as a person aged less than 18 years. According the Census of 2001, there are approximately 19 million children in South Africa, constituting 43% of the total population. Most children are clustered in the provinces of KwaZulu-Natal, Eastern Cape and Limpopo, while the lowest proportion of children is found in the Northern Cape. The majority of children are black, comprising 84% of the total population, followed by Coloured children (8% of the total). Only in the provinces of Western and Northern Cape are Coloured children the majority.

² Children's Rights Centre:

Children have a right to financial and social support, but in South Africa approximately 66% of all children live in households that earn less than R1200 per month. If a child lives in an environment of poverty, it is unlikely that the child's basic needs are being met or that they have access to sufficient resources, education, health and other vital services. The highest rate of children living in poverty is recorded in the Limpopo, with 81%, followed by Eastern Cape, Mpumalanga and KwaZulu-Natal.

Overall, just under half of all South African citizens are children and it is essential that their needs are being met and their voices heard. A South African Child Rights Survey, commissioned by Save the Children Sweden (2002), asked children to rank the rights that they felt were most often violated in their own lives. The majority of respondents ranked participation – to be heard and taken seriously as the *third* most violated right. This included the denial of the right to:

- Make one's own informed choices
- Express one's own opinions and ideas
- Access to information for making informed choices
- To be listened to as children – the wish to be respected and heard by adults

Significant progress has been made in recent years in involving children in broader public process. One example is the working group that the Children's Institute established to participate in a discussion process to inform the Children's Bill, a key piece of legislation affecting children. The group, named *Dikwankwetla – Children in Action*, consists of 12 children aged 12 to 18 from four provinces around the country. In addition to participating in a series of workshops, the group were present at the Parliamentary hearings on the first part of the Bill and aired their personal experiences and their views on gaps in the legislation.

Despite the progress made in other spheres, there has been little focus on promoting child participation in the family in South Africa. One of the reasons for this is that promoting participation in the family is seen interfering in a private domain.

CHILD PARTICIPATION IN THE FAMILY

While little research has been conducted in this area in South Africa, lessons can be learnt from studies conducted in other parts of the world. A study on child participation in the family conducted in South and Central Asia found the following:**

- There are diverse family structures within South and Central Asia but in most cases role expectations defined, and relationships stratified. Belief systems, customs and traditions play a significant role in governing relationships between parents and children are governed within families. Gender stereotypes also play a role.

- Across all religions in the region, adult opinions have always been more valued and respected. Children are at the lowest level of the hierarchy, seen as dependent passive recipients and lacking in opportunities to express themselves.
- There is a wide-spread belief that children are the property of their family and are expected to obey all elders
- The social structure of society is governed by patriarchal values, making participation extremely difficult for women and girls.
- Family dynamics play an important role in participation, as participation is lower in households with both parents than in mother-headed households. In the latter, the children have greater participation due to greater levels of responsibility.
- Although children in this region (especially in poverty stricken areas) play an active role in household tasks that generate income, such as farming, they are not seen as family role-players and not included in decision-making.
- Child participation in the family context is contested due a lack of understanding and widespread misconceptions.

The study also identified a number of 'bottlenecks' to effective participation that may apply to the South African context as well. These included:

- Stratified relationships and clearly defined roles which do not allow children to input into decisions or ask questions and express their views. In some cases, children are not allowed to address elders at all. These rules are particularly true for girls, disabled children and younger children.
- Challenging power relationships where parents perceive the right to participate as a challenge to their power or authority. Parents are reluctant to relinquish authority or to see their authority undermined. Parents also feel that participation will also cause their child to be disrespectful.
- Underestimating Children: parents often underestimate their child's capabilities and competencies in decision-making. There is a concern that children might make the wrong choices or that their decisions might place them at risk or in harms way.
- Privacy of Families: there has been reluctance by government and NGO's to promote participation and engage with parents and children in their homes as the "family" is generally considered a private domain. By doing so, it is seen as an invasion of privacy and is therefore considered difficult and somewhat controversial.
- Poverty is often seen as a limiting factor when promoting child rights and child participation. Funding and skills are also factors that limit information dissemination on child's rights and participation.

DISCIPLINE IN THE FAMILY

This study will consider the possible link between the types of discipline used in the family and levels of participation. While the use of corporal punishment is illegal in schools and in the justice system, this ban does not as yet apply to the family setting.

Corporal punishment can be defined as the “*use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child’s behaviour.*”³

A study by the Human Sciences Research Council (HSRC) on South African attitudes towards corporal punishment identified a number of potential risk factors that may play a role in the use of corporeal punishment as a form of discipline. These risk factors include:

- Socio-Cultural & Socio-Economic Risk Factors
 - Culture and beliefs
 - Religion (although evidence relating to religion is complex and conflicting)
 - Local norms
 - Rapid social change
 - Low socio-economic status

- Interpersonal Context
 - Male-dominated households (often associated with rigid gender hierarchy)
 - Marital conflict (aggression, lack of communication)
 - Family structure (family size, high numbers of children, single parenting)

- Individual Characteristics (caregiver and child)
 - Psychological functioning and temperament
 - Gender and age
 - Low levels of education

Current studies show that corporal punishment is a widespread and accepted form of punishment in South Africa. A qualitative study by Save the Children Sweden involving 410 South African children aged 6 – 18 years from four provinces found that boys and girls of all ages in south Africa experience corporal punishment at home and at school. The exceptions appeared to be children from communities with highest incomes and children from Indian communities, where almost no cases of CP were reported.⁴

³ Dawes, de Sas Kropiwnicki, Kafaar & Richter, 2004. South Africa's attitude towards Corporal Punishment.

⁴ Save the Children Sweden, 2005. Ending Corporal Punishment of Children in South Africa.

The HSRC on South African attitudes towards corporal punishment was based on the South African Social Attitude Survey and found that 57% of respondents admitted to using corporal punishment on their children. Of those respondents, 33% used a belt or stick. While African and white respondents were the highest users of this method of discipline, poverty was the highest risk factor overall. Women were also more likely to use corporal punishment, probably because they have daily responsibility for children. Fewer younger parents administered corporal punishment than older parents.

The aim of the current study is to explore child participation specifically in the family setting in South Africa and to compare levels of participation in different cultural and religious contexts. Drawing on lessons learnt from others studies, this study will consider the factors that enhance or hinder child participation and will explore the possible link between the disciplinary methods used within the family and the levels of child participation that exist.

METHODOLOGY

The key questions in this study can be described as follows:

- To what extent do children participate in decision-making in the family setting?
- What are the key factors that influence the level of child participation in families i.e. to what extent is child participation influenced by cultural practices or traditions?
- What types of discipline are used in families in different cultural settings?
- What factors influence the types of discipline used?
- Is there a link between the use of different types of discipline and the levels of child participation in the family setting?

Both qualitative and quantitative methodologies were to explore the issue of child participation in different cultural settings. The study consisted of the following elements:

1. A review of literature;
2. A site-based survey in 6 sites (1200 interviews in total); and
3. Focus groups in 3 of the 6 sites.

SITE-BASED SURVEY

Cultural groups can be difficult to define in the South African setting, particularly given the country's racially divided past. Adopting a site study approach allowed us to explore child participation within the family in a range of distinct contexts or sites. A site is a clearly defined geographical area, equivalent to a suburb in an urban area or a village in a more rural setting.

The advantages of this approach over a provincial or national survey are outlined below.

- A site study allows for the selection of relatively homogenous populations with distinct cultural or religious characteristics of interest;
- Choosing focused sites meant that respondents were more likely to come from the same background, which in turn meant that the results are less likely to have been confounded by large income differentials or quality of life;
- Focus groups could be conducted in each of the defined sites to assist in obtaining a deeper understanding of some of the responses given; and
- The study produced quantitative data that will form a useful starting point for discussing child participation in the family in South Africa.

South Africa is home to a diverse range of cultures and ethnic groups, and a site-based study cannot do justice to all of the cultural groupings that exist. Instead, the intention was to select

cultural groups that are distinctive and likely to differ from one another in terms of traditions and beliefs relating to child-rearing and decision-making in the family.

In this study, culture is viewed as a combination of a range of factors such as language, religion and ethnic group. Other factors that may impact on child rearing and child participation, such as income levels and location of the area (whether they are urban, rural or informal settlements) were also taken into consideration when selecting the sites.

Site	Group	Location	Income level	Province
Bo Kaap (BK)	Muslim, Afrikaans	Urban	Middle income	Western Cape
Cofimvaba (CO)	Xhosa	Rural village	Lower income	Eastern Cape
Chatsworth (CH)	Hindu, Indian	Urban	Middle/high income	KwaZulu-Natal
Diepsloot (DP)	Sotho	Informal settlement	Lower income	Gauteng
Mphahlele (MP)	Pedi (N. Sotho)	Rural village	Lower income	Limpopo
Umlazi (UM)	Zulu	Urban	Middle income	KwaZulu-Natal

Table 1: Characteristics of sites selected for the survey

The characteristics of the six selected sites are summarised in the table above and described in more detail below.

1. Bo Kaap⁵



A traditional residential area of Cape Town's Muslim community, the historic suburb of Bo Kaap is situated on the slopes of Signal Hill, adjacent to Table Mountain. Many of the residents are descended from slaves brought to the Cape by the Dutch in the sixteenth and seventeenth centuries. They came from Africa, India, Indonesia, Malaysia and elsewhere in Asia.

This area has become gentrified in recent years and is characterised by cobbled streets, brightly coloured houses from the nineteenth century and mosques. The Bo Kaap is home to approximately 6 000 people, most of whom are Afrikaans speaking.

2. Chatsworth

Chatsworth is a suburb to the south west of Durban on the east coast of KwaZulu-Natal. In the late 1950's, Indians were forcibly relocated from central Durban to this area, built as a buffer between white residential areas and the large African



⁵ Picture from: <http://www.bokaap.co.za/attractions/people.html>

township of Umlazi.

With about 300 000 residents, Chatsworth is said to be the largest settlement of Indian people outside of India. The main language is English, although older residents might still converse in their native Indian languages such as Hindi or Tamil. Despite being relatively homogenous in terms of race, there is an eclectic mix of religions in the area, including Hinduism, Islam and Christianity. Chatsworth is home to the largest temple in the southern hemisphere (see picture).

Chatsworth has good infrastructure and service provision, but socio-economic divisions are evident. High-income residents live in close proximity to middle-income and low-income residents, who live well below the poverty line.

3. Cofimvaba

Cofimvaba is a rural village situated in the Chris Hani district of the Eastern Cape, along the south coast of South Africa. The Eastern Cape is one of South Africa's poorest provinces. Cofimvaba is a Xhosa speaking area under the leadership of traditional chiefs and Indunas and formed part of the former homeland of the Transkei.



Magwala, one of approximately 100 sub-rural areas in Cofimvaba, was a site for this study. Dwellings in the area are typically a cluster of traditional, round structures. Unemployment is rife in the area and people depend on grants for survival. In many cases family are split as many fathers are working on the mines in Johannesburg. Cofimvaba has a population of approximately 15 000 people and Magwala has about 1500 residents. The area is lacking in infrastructure and basic services.

4. Diepsloot



Diepsloot is located northwest of the city of Johannesburg in Gauteng. Although Gauteng is South Africa's richest province, Diepsloot is a predominately informal settlement, home to an estimated 56 000 people. The community was established in the early 1990s when 'squatters' began to settle unoccupied shacks in the area. Unemployment and poverty are high in the area.

The dense settlement is divided into four main areas: a formal housing area consisting of RDP brick structures; a legal informal housing area; an illegal informal housing area and a reception area. The reception area is a camp where new residents from other areas are temporarily accommodated before a permanent dwelling can be made available to them. Diepsloot residents are mainly SeSotho speaking Africans,

approximately 76% of whom live in informal houses. The area is lacking in infrastructure and basic services.

5. Mphahlele

Mphahlele is a tribal rural area in Limpopo, the northern-most province of South Africa. The people in the area live in traditional villages and are primarily reliant on subsistence agriculture. Traditional mud houses are common in the area. In terms of basic services, water is generally obtained from a communal tap on the main street and many do not have flush toilets.

The area is relatively homogenous with the majority of people being SePedi (North Sotho) and Christian. Many are members of the Zionist Christian Church, the largest African Initiated Church in southern Africa, which has its headquarters in the area at Moria.

6. Umlazi

The township of Umlazi is situated south west of Durban and is the city's largest township. The majority of residents are Zulu and English speaking Africans. Although the township has been in existence since 1845, in 1965 it became home to many former occupants of central Durban when black residents were relocated.

Today, Umlazi remains a predominantly Zulu community with an eclectic mix of dwellings. Typically, Umlazi is a dense settlement consisting primarily of four-roomed brick house. There are, however, areas of informal settlement and established high income areas. The infrastructure in most of the area is well developed. The majority of residents in this area are Christians.⁶

Selection of participants

The six sites described above each represent a distinct cultural grouping. Within each of the sites, a household survey consisting of a total of 200 interviews was conducted with:

1. Children aged 8 – 12 years (50 interviews)
2. Children aged 13 – 17 years (50 interviews)
3. Their parents or caregivers (100 interviews)

One child and one of their parents or caregivers were interviewed in each household. The number of child interviews was split evenly across two age categories – children aged 8 to 12 years (primarily primary school age) and 13 to 17 years (high school). Younger children were not included as it was felt that the structured questionnaire technique used in the survey would not be appropriate for this age group. Questions about the participation of younger children were, however, included in the focus group discussions.

⁶ <http://www.umlazi.co.za/>

100 child interviews							
8 – 12 year olds (50)				13 – 17 year olds (50)			
Girls (25)		Boys (25)		Girls (25)		Boys (25)	
100 caregiver interviews							
Female (12)	Male (13)	Female (13)	Male (12)	Female (12)	Male (13)	Female (13)	Male (12)

Table 2: Selection of participants

As indicated by the table above, an equal number of girls and boys were interviewed within each of these two age categories. An even number of male and female caregivers were also interviewed as far as possible.

Questionnaire Design

Separate questionnaires were developed for each of these groups to ensure that they were developmentally appropriate. A standard five point scale was used to measure the level of child involvement in a decision, running from a child's decision on the one end to an adult's decision on the other, with a joint decision falling in between the two.

The scale (in text and presented graphically) was given to the respondents to refer to while answering questions about different spheres of decision-making. These scales were translated into local languages and a colourful, illustrated scale was used for younger children and caregivers who are unable to read. For the younger children, the fieldworker explained the different types of decision-making and the children were able to point to the figure that most closely resembled their own situation.

Questions in the questionnaire covered the following issues:

- Demographics
- Participation in decisions about:
 - Social activities
 - Education
 - Chores/work
 - Economic decisions (spending money)
- Interaction between child and caregiver (e.g. communication)
- Use of different types of discipline
- Individual attitudes towards child participation and corporal punishment
- Cultural norms regarding child participation and the use of corporal punishment.

Data Collection

The data collection began in August 2004 after a combined training session in Gauteng and separate sessions in Durban, Cofimvaba and Bo Kaap. Standard random selection procedures were used to select the household and the child and adult participants. Fieldworkers were provided with quotas to ensure that an even age and gender spread was obtained as far as possible.

The interviews were conducted face-to face in a language of the respondent's choice. Wherever possible the population group, gender and language of the participant and the fieldworker were matched to facilitate maximum empathy and cultural sensitivity. Interviewers explained to participants that they were participating voluntarily, that the information was confidential, and that they could terminate the interview at any time.

Fieldworkers were required to obtain the child's agreement as well as written consent from the parent or caregiver before interviewing a child. These consent forms were translated prior to the fieldwork and were read or explained to respondents to ensure that they understood the voluntary nature of the interview and the promise of confidentiality.

Where possible, interviews were carried out with children and caregivers simultaneously so that the interview with the child could take place in the presence of the caregiver if necessary, but the influence that he or she may have on the child's responses could be minimised.

Several challenges were encountered during the data collection for this study:

- In some areas fieldworkers struggled to identify male caregivers in the randomly selected households. This was particularly a problem in the Bo Kaap, and this criterion for selecting participants had to be relaxed in this area.
- In the informal settlement of Diepsloot, many of the randomly selected households consisted of adults who had children who were staying with relatives in the rural areas of Limpopo and other provinces.
- The fraudulent completion of some questionnaires in Chatsworth meant that data collection in this area had to be redone.

Analysis

After the questionnaires were checked and the quality control check backs were conducted, the data was captured, cleaned and imported into STATA (a statistical software package).

For analysis purposes the scales measuring the level of child participation in a range of spheres were combined to form a single participation scale for each of the three age groups. A factor analysis was run on each scale to determine which questions fell together into a

single factor. These were then combined into a single factor and the factors were added to obtain the scores for the overall scale.

A stepwise regression was then used to determine which factors most closely predict the level of participation for each of the age groups (probability of entry = 0.1; probability of removal= 0.2). The values displayed when reporting of the results are the values predicted by the model. In other sections, cross tabulations (and the associated confidence intervals) were used to determine whether the associations between variables were significant or not.

In most cases the data is presented by site, which is used as a proxy for culture. Unless otherwise stated, the results presented here are significant at the 90% confidence level.

FOCUS GROUP DISCUSSIONS

The second main component of the study was a series of focus groups in three of the sites. These groups explored the “why?” questions that could not be addressed in the survey. They will allow for a more detailed exploration of cultural attitudes towards the role of children, discipline and the children’s own perceptions regarding child participation. These discussions took place after an initial analysis of the survey and were used to obtain further insight into the survey responses.

Discussions were held with:

1. A mixed group of 8 – 12 year old girls and boys;
2. A group of 13 – 17 year old girls
3. A group of 13 – 17 year old boys; and
4. A mixed group of male and female caregivers of children aged 8 – 17 years.

The focus groups took place in Chatsworth, Cofimvaba and Diepsloot. These areas were chosen because of their high or low levels of participation or because of the responses given regarding the types of discipline used. The Bo Kaap was initially identified as a site for the focus group discussions, but the timing of the discussions coincided with the fasting month of Ramadan and respondents were not available.

The guidelines for these discussions also differed by age group to ensure that they were developmentally appropriate. Some of the survey results were used to prompt discussion amongst the adults and the older children, whilst for the younger children pictures and drawings were used to stimulate discussion.

ETHICAL CONSIDERATIONS

This study was based on the ethical principles of avoiding harm to participants; informed consent; confidentiality; an inclusive approach and fair return for participation.

LIMITATIONS OF THE STUDY

- While the site-based survey approach has a number of advantages, the main disadvantage is that the results are not representative of the country as a whole or of all cultures in South Africa. The study results are indicative and provide a sound basis for developing programmes to promote child participation in families. We are not, however, able to generalise them to the broader South African population.
- The study was completed over a period of 5 months. Difficulties with the data collection in one site meant that the analysis had to be completed in a relatively short time.
- In some site the majority of caregivers encountered were women. This may have led to a gender bias in the responses in these sites.
- The limitation of working with a small number of sites is that there are some interactions that cannot be explored further. In this study the cultural, religious, economic and environmental factors overlap across the sites e.g. the Hindu site is also the only site with an Indian population, making it difficult in some cases to identify the causal factors.

DEMOGRAPHICS

This section briefly outlines the demographics characteristics of the participants in the survey.

	All	BK	CH	CO	DP	MP	UM
Sex of caregiver							
Female	61%	85%	72%	51%	48%	53%	60%
Male	39%	15%	28%	49%	52%	47%	40%
<i>N</i>	597	99	98	100	100	99	101
Highest level of education							
No formal schooling	10%	-	-	28%	13%	15%	6%
Primary school	20%	23%	5%	33%	19%	26%	15%
Some high school	39%	49%	35%	26%	50%	29%	43%
Matric	23%	23%	42%	11%	17%	22%	25%
Tertiary studies	7%	5%	18%	1%	1%	7%	12%
<i>N</i>	593	97	97	99	100	99	101
Employment status							
Employed	34%	34%	40%	13%	58%	19%	41%
Unemployed	32%	15%	23%	35%	25%	53%	39%
Informal sector	16%	36%	31%	16%	5%	4%	6%
Casual/seasonal work	3%	2%	-	2%	10%	3%	2%
Pensioner	13%	11%	5%	32%	2%	19%	10%
Other	1%	1%	1%	2%	-	1%	3%
<i>N</i>	594	99	98	98	100	98	101
Marital status							
Married/cohabiting	59%	74%	85%	55%	56%	44%	39%
Single/divorced etc	41%	25%	15%	45%	44%	55%	60%
Other	1%	1%	-	-	-	1%	1%
<i>N</i>	593	96	98	100	100	99	100

Table 3: Demographics of caregivers, by site

The table above summarises the caregiver demographics.

- Although attempts were made to ensure an even split between male and female caregivers, this was not possible in some sites. In the Bo Kaap a large proportion of the households encountered consisted of female caregivers. The gender disparity in Chatsworth is more likely to be the result of data collection difficulties. This gender difference may bias some of the responses and should be borne in mind when interpreting the results from these sites.⁷

⁷ The difference between male and female caregivers in Umlazi is not statistically significant.

- Approximately a third of the caregivers had a matriculation certificate or had studied further. Caregivers with no formal schooling were most common in rural Cofimvaba, Mphahlele and Diepsloot (where many caregivers are likely to come from rural Limpopo).
- Unemployment was highest in rural Mphahlele in Limpopo. Employment in the formal sector was highest in the urban areas of Diepsloot, Umlazi and Chatsworth, while more than a third of caregivers in the Bo Kaap earned a living in the informal sector. Almost a third of caregivers in Cofimvaba were pensioners, suggesting that a large number of children are cared for by grandparents while their parents seek employment in the cities.
- The majority of caregivers are married or living with a partner and therefore have some level of support in raising the children. The exceptions to this were Mphahlele and Umlazi.

	All	BK	CH	CO	DP	MP	UM
Sex of children							
Female	49%	45%	52%	47%	46%	47%	58%
Male	51%	55%	48%	53%	54%	53%	42%
<i>N</i>	603	99	98	99	102	105	100
Average age of children							
8 – 12 years	10.2	10.2	10.2	10.5	10.5	9.8	10.2
13 – 17 years	15.0	15.0	15.1	14.7	14.9	15.1	15.0
<i>N</i>	603	99	98	99	102	105	100
Attending school							
Yes	97%	100%	99%	92%	91%	100%	100%
No	3%	-	1%	8%	9%	-	-
<i>N</i>	602	100	99	97	101	105	100

Table 4: Demographics of children, by site

- An even split between male and female children was achieved.
- The average age of the younger children was 10 years and 15 years for the older children.
- Almost all of the children attend school. The lowest level of attendance was found in Cofimvaba and Diepsloot.

	All	BK	CH	CO	DP	MP	UM
Total usual monthly household income							
No income	4%	1%	3%	1%	2%	7%	9%
R1 - R1500	48%	7%	16%	80%	48%	74%	44%
R1501 - R3500	22%	20%	26%	7%	43%	13%	22%
R3501 - R6000	14%	44%	16%	5%	6%	5%	14%
R6001 - R8000	4%	9%	11%	-	-	-	8%
>R8001	8%	19%	27%	7%	-	-	4%
<i>N</i>	497	75	62	84	99	98	79

Table 5: Average monthly income of household, by site

The average monthly household income was highest in the Bo Kaap and Chatsworth.

	All	BK	CH	CO	DP	MP	UM
Caregiver's relationship to child (caregiver responses)							
Biological mother	44%	61%	58%	25%	41%	36%	45%
Biological father	25%	14%	24%	26%	39%	21%	24%
Grandparent	15%	17%	8%	32%	4%	16%	14%
Other relatives	12%	5%	9%	14%	10%	22%	14%
Other	3%	3%	0%	3%	5%	4%	3%
<i>N</i>	595	99	98	100	99	99	100
Person in household who usually makes the important decisions about the child (caregiver responses)							
Caregiver (respondent)	72%	53%	53%	83%	76%	84%	83%
Both	15%	33%	24%	6%	14%	8%	5%
Caregiver's partner	8%	7%	19%	8%	5%	0%	6%
Other	3%	4%	2%	3%	4%	5%	0%
Adult relative	2%	3%	1%	0%	1%	3%	6%
<i>N</i>	591	98	98	98	98	98	101

Table 6: Relationship to child and decision-making, by site (caregivers)

The table above outlines the relationship between the caregivers and the child interviewed.

- In more than two thirds of the cases the caregiver that was interviewed was the child's biological parent.
- Most of the interviewees felt that they (sometimes together with their parents) were the ones who made the important decisions affecting the child. Joint decisions between the caregiver and his or her partner were most commonly reported in Bo Kaap and Chatsworth.

CHILD PARTICIPATION

The focus of this study is on child participation in the family. This section aims to answer the question: *To what extent do children participate in decision-making in different spheres in the family context?*

INTERACTION AND COMMUNICATION WITHIN THE FAMILY

Before looking specifically at levels of child participation within the family, it is useful to understand the level of interaction and communication that exists within the family. To assess this, respondents were asked a range of questions covering the following areas:

- The topics children and their caregivers are able to discuss
- A set of opinion questions about communication between children and their caregivers
- The availability of male and female caregivers to discuss children's problems

The table below lists a few statements which explore the extent to which parents and children communicate on various topics. It should be noted that younger children (i.e. those between 8 and 12) were not asked about issues around sex.

	All	8 - 12 yrs	13 - 17 yrs	Caregivers
Performance at school				
Yes	88%	91%	76%	92%
<i>N</i>	1205	306	302	597
Fight with friends				
Yes	62%	61%	49%	70%
<i>N</i>	1199	306	302	591
Relationship issues				
Yes	33%	20%	53%	30%
<i>N</i>	1183	306	302	575
Issues around sex				
Yes	27%	-	35%	23%
<i>N</i>	866	-	302	564

Table 7: Topics children and caregivers are able to discuss, by type

The majority of the respondents (88%) agreed that children and caregivers would be able to discuss educational issues with each other. Significantly fewer respondents felt the children and caregivers are able to talk about relationship issues (33%) or sex (27%).

- The older children (76%) were less likely to say that they would discuss educational issues with their caregivers than the other two groups (91% and 92%). They were also less likely to talk to their parents about fights with friends.
- However, the older children (53%) were more likely to say they would discuss relationship issues with their caregivers. Not surprisingly, the younger children (20%) were significantly less likely to say so. The older children (35%) also reported being more comfortable than their caregivers (23%) with talking about matters involving sex.
- The main site differences related to the discussion of relationships and sex. Respondents in Cofimvaba (19%) and Mphahlele (14%) were the least likely to report that relationship issues would be discussed between children and parents. They were also least likely to discuss sex (12% and 7% respectively).

Therefore the more sensitive and personal the topic was, the less likely respondents were to indicate that it would be discussed by children and caregivers.

Caregivers were also asked to indicate if they agreed with certain statements describing their interaction with their caregivers. The following table presents the caregivers' responses.

	All	BK	CH	CO	DP	MP	UM
Children should not question their parents' decisions							
Agree	58%	63%	47%	63%	30%	86%	58%
Neither	5%	5%	6%	4%	3%	0%	12%
Disagree	37%	32%	47%	33%	67%	14%	30%
<i>N</i>	593	98	98	100	98	99	100
Parents should talk to their children to sort out problems							
Agree	93%	97%	96%	90%	92%	89%	95%
Neither	4%	2%	2%	7%	8%	0%	3%
Disagree	3%	1%	2%	3%	0%	11%	2%
<i>N</i>	591	99	95	100	98	99	100
When I was growing up, children had more respect for their elders							
Agree	93%	91%	97%	97%	94%	93%	87%
Neither	2%	1%	3%	2%	1%	1%	2%
Disagree	5%	8%	0%	1%	5%	6%	11%
<i>N</i>	588	99	98	99	95	98	99

Table 8: Interaction between caregivers and children, by site (caregivers)

- More than half (58%) of caregivers felt that children should not question their parents' decisions, suggesting the child participation across the sites is likely to be low. The response was especially significant in Mphahlele where 86% of respondents agreed with this statement. Diepsloot was the only site in which the majority of caregivers (67%) indicated that child should be allowed to question parents' decisions.

- The majority of the caregivers (93%) agreed that parents should talk to their children to sort out their problems and there were no significant differences between the sites.
- Caregivers (93%) across the board also agreed that children used to have more respect for their elders in the past.

In the focus group discussions in rural Cofimvaba, the children agreed that arguing with their parents or questioning their decisions is not allowed in terms of their culture. “If a parent is saying you must not go, you are supposed to sit down and do as you are told.” Several caregivers indicated that they felt that children no longer have respect for their elders and are now “unmanageable”.

It starts from the [19]90's. You see [my children] do not talk back to me even now. But the grandchildren are terrible. (Male caregiver, Cofimvaba)

However, although cultural beliefs still play a role, this is beginning to change.

I can say we are able to argue irrespective of culture because culture is the thing of the past and things have changed now. We have rights now so a person has a choice of who to make friends with and not. (Female 13 – 17 yrs, Cofimvaba)

When asked why adults were likely to make decisions for children, children across the sites indicated that their parents are older, more responsible and know what is in the child’s best interest.

Children were also asked to indicate their caregivers’ availability to talk with their child about his or her problems. The table below provides a breakdown of the responses by age group and site.

	All	BK	CH	CO	DP	MP	UM
Availability of FEMALE caregivers (8 -12 year olds responses)							
Always	64%	73%	74%	50%	59%	63%	63%
Sometimes	24%	20%	23%	17%	30%	28%	22%
Don't always	6%	8%	2%	8%	9%	0%	13%
Never	6%	0%	0%	25%	2%	9%	3%
N	249	40	43	36	44	46	40
(13 – 17 year olds responses)							
Always	65%	64%	82%	28%	74%	73%	63%
Sometimes	21%	29%	18%	28%	13%	20%	23%
Don't always	7%	7%	0%	28%	11%	0%	0%
Never	6%	0%	0%	17%	2%	7%	13%
N	242	42	44	36	46	44	30
Children's responses on MALE caregivers (8 -12 year olds responses)							
Always	42%	48%	62%	14%	43%	21%	50%
Sometimes	27%	36%	29%	17%	36%	21%	22%
Don't always	20%	16%	10%	38%	21%	21%	19%
Never	11%	0%	0%	31%	0%	37%	9%
N	175	25	42	29	28	19	32
(13 – 17 year olds responses)							
Always	34%	26%	62%	19%	22%	25%	33%
Sometimes	41%	52%	33%	15%	59%	38%	52%
Don't always	11%	13%	5%	19%	6%	21%	9%
Never	14%	9%	0%	48%	13%	17%	6%
N	181	23	42	27	32	24	33

Table 9: Caregivers time to talk to children about their problems

Approximately 65% of all children reported that female caregivers always have time to talk to their children about their problems.

- In both age groups children were more likely to report that female caregivers have more time to their children about their problems than males.
- Respondents in Cofimvaba were least likely to feel that their caregivers (male or female) were available to talk to them about their problems. Children in Chatsworth were most likely to report that male caregivers always have the time to talk to their children.
- A quarter of 8 – 12 year old respondents in Cofimvaba (25%) reported that female caregivers never have time to talk about their children's problems.

- Almost 37% of 8 -12 year olds in Mphahlele significantly reported that male caregivers never have time to talk about their children's problems, followed closely by Cofimvaba (31%).

In general it appears that children feel that they are able to talk to their caregivers about issues that concern them, although less so in Cofimvaba.

The focus groups discussions confirmed that children tend to be more likely to talk to their mothers or female relatives about their problems or personal issues than their fathers or male relatives. The children in Cofimvaba reported that they found it difficult to talk to their fathers.

Some fathers are not approachable and always serious. But you will find that they are willing to listen to your problem and solve them, but it is not easy for us to talk to them. (Female 13 – 17 yrs, Cofimvaba)

Mothers are more likely to understand than fathers. Even if you have a problem that needs your father's attention, you talk to your mother and she will make your father to understand as she has done. (Male 13 – 17 yrs, Cofimvaba)

A similar situation was found in Diepsloot, although here there appeared to be a specific cultural norm that fathers do not speak with their children about their problems or concerns.

There are things that a child should talk to the mother about. So I can't sit down with a male relative because they shout at you if you tell them what you did during the day. But your mother will talk to you softly. (Female 8 – 12 yrs, Diepsloot)

Others say if you want to talk to me, talk about school; others say tell me what is needed in the house but don't tell him about yourself. (Female 8 – 12 yrs, Diepsloot)

The boys in Diepsloot had a similar experience. In Chatsworth, the younger children spoke about their fathers busy and sometimes quick to anger.

Mother, sometimes you can calmly ask her to listen but sometimes when I go to talk to my daddy, he listens to you but sometimes he's watching television. (Male 8 – 12 years, Chatsworth)

They also indicated that they are more likely to be comfortable with their mothers because they are there when the children come home from school.

LEVELS OF CHILD PARTICIPATION IN THE FAMILY

Levels of child participation in the family were measured in three key areas, namely:

1. decisions regarding the child's education;
2. decisions regarding the child's social activities; and
3. decisions regarding the child and family's economic activities.

The specific issues addressed in each of these three areas are described in the table below.

Education	Social activities	Economic activities
When homework is done Choosing subjects at school What to do after school Overall influence on education	Visiting a friend nearby Visiting a friend of whom caregiver disapproves Going to a party Viewing of TV programmes Setting a curfew Relationships Religious practices Overall influence in social sphere	Buying clothes Buying food Deciding on supper Spending of allowance Choice of housework/chores

To measure the level of child involvement in these decisions, a question describing a particular decision was asked (e.g. who decides when the child does his/her homework?). For each question the respondent was given the same 5 point scale to describe the child's level of involvement in the decisions. The scale ran from 1 to 5 as follows:

The child decides on his/her own	1
He/she discussed it with me but he/she makes the decision	2
He/she decides jointly with me	3
I/we will discuss it with the child but I will decide	4
I/we decide and there is no need to discuss it with the child	5

An illustrated scale was used for the 8 – 12 year olds and the scale was also presented graphically and explained to those adults that were unable to read.

1	2	3	4	5
Caregiver decides		Joint decision		Child decides

In most cases caregivers had more than one child. Here they were asked to answer the questions referring only to the child who was being interviewed.

The following sections consider each of the three spheres of decision-making outlined above in turn. The individual scales are combined to determine the average score for child participation in each area on a scale from 1 to 5, where 1 indicates the children have no involvement in the decision-making and 5 indicates that the decision is entirely theirs.

Average score	
Areas of decision-making	
Education	3.94
Social activities	2.59
Religious choices	3.36
Economic/household activities	2.91

Table 10: Average score/level of child participation in key areas of decision-making

Across the six sites, children appeared to have the greatest involvement in educational decisions. The lowest level of participation was found in decisions regarding their social activities.

Educational decisions

Educational decisions included when homework is done, how subjects are chosen (older children only), who decides what the child will do after leaving school and general perceptions regarding the influence that the child has in decisions about his or her education. These questions were combined to get an average score for child participation in educational decisions.

The overall score for child participation in educational decisions was 3.94. On a scale from 1 to 5 (where 5 indicates that the child made the decision on his or her own), a score of 3.94 suggests that children have a high level of influence in decisions that affect their education. This is equivalent to a score of 4 on the decision-making scale, where a child makes the decision after some discussion with his or her parents.

	8 - 12 yrs	13 - 17 yrs	Caregivers
Average score for participation in educational decisions			
Bo Kaap	4.50	4.00	3.92
Chatsworth	4.08	4.18	3.79
Cofimvaba	3.94	4.10	4.04
Diepsloot	3.72	3.51	3.27
Mphahlele	3.74	4.00	3.54
Umlazi	4.52	4.42	4.43

Table 11: Average score for participation in educational decisions, by site and age group

The above table summarises the average scores given by the younger and older children and caregivers in each of the sites.

- Respondents in Umlazi consistently reported higher levels of participation in educational decisions than in the other sites.
- Respondents in Diepsloot and Mphahlele tended to report the lowest levels of child participation in educational decisions.
- Caregivers tended to report lower levels of child participation than the children felt they had, with the exception of Cofimvaba and Umlazi where there was no difference in average scores given by the three groups.

Social decisions

The social decisions included in this study related to visiting friends, going to parties, choosing whether to have a relationship (for older children only), viewing of television programmes, setting a curfew and perceptions regarding the child's involvement in social decisions in general.

The overall score for child participation in social decisions was lower than for educational decisions at 2.59 (compared to 3.94). This score falls between point 2 (the caregiver decides after discussion with the child) and point 3 (a joint decision). This suggests that caregivers tend to have more influence in social decisions.

Av. score for social decisions	
8 - 12 yrs	2.50
13 - 17 yrs	2.77
Caregivers	2.54

Table 12: Average score for participation in social decisions, by age group

A clear difference between the three groups was evident in all of the sites. The teenage group (13 – 17 years) tended to report higher levels of participation in social decisions than the other two groups. This is probably because older children are more likely to have more freedom and be able to visit their friends on their own than younger children. The exceptions to this were in Cofimvaba and Umlazi, where there was no significant difference in the average scores given by the three groups.

Av. score for social decisions	
Bo Kaap	2.31
Chatsworth	2.44
Cofimvaba	2.93
Diepsloot	2.44
Mphahlele	2.86
Umlazi	2.53

Table 13: Average score for participation in social decisions, by site

Similarly, a site difference was apparent across all three groups. Respondents in Cofimvaba and Mphahlele consistently reported the highest level of child participation in social decisions affecting them. Both of these areas are rural and children are likely to have more freedom to move around than in more densely populated urban areas where crime is a concern and children rely on their caregivers for transport.

Visiting a friend

Although respondents in Cofimvaba reported higher levels of child participation in social decisions, the discussions indicated that the final decision still lies with the caregiver.

It's the parents' decision. You just tell them that you want to pay a visit to your friend. If they disagree, you just stay at home. (Female 13 – 17 years, Cofimvaba)

While some children would complain or ask for reasons, most (and particularly the younger children) indicated that they would abide by their parents' decision. In Cofimvaba, factors such as whether the child's chores were finished, the caregivers' opinions of the suitability of their friend and concerns for the child's safety at night determined whether a child could visit a friend or not.

As a parent you will have to come to an agreement with the child. Let's say if I am busy with the house chores, I cannot release her to go. But if we are not so busy I can. (Female caregiver, Cofimvaba)

Our parents keep on telling us that it's much better for boys but for girls it's not safe because they can be raped, especially at night. (Female 13 – 17 years, Cofimvaba)

Several children noted that they were free to visit friends as long as their chores were finished, which is likely to make the children feel as if they have some level of control.

The participants in Chatsworth and Diepsloot frequently referred to the caregivers' concerns for the children's safety, either on the way to their friend's house or as a result of the friend's 'bad influence', as a defining factor in reducing the level of child participation in these decisions.

If he knows down the road that guys are out there drinking, I'm not going to send my child there. But if it's a valid reason like I have homework or I've got to pick this up and

then it's fine. But then at the end of the day he has to justify himself to me, he can't just say to me that I want to go here because I just want to go. (Male caregiver, Chatsworth)

Well, looking at drugs...children are so vulnerable; you are scared to let them out. (Female caregiver, Chatsworth)

Because there are lot of tsotsis (thugs) in Diepsloot, that's why they don't let her to go. (Male 13 – 17 yrs, Diepsloot)

In Diepsloot and Chatsworth children also sought permission from their parents, although some of the teenage boys indicated that they would 'just go'. One of the reasons for social decisions being a parental decision after consultation with the children appeared to be concerns for the child's safety. In the informal settlement of Diepsloot, the children said this was their parents' decision because their parents need to know where they are in case they are needed at the house or go 'missing'. The younger children spoke of the danger of getting lost or being kidnapped, while the older children were concerned about something 'bad' happening if they went out without permission, such as being injured or getting lost. A gender difference was noted – while some of the older boys said that they would visit a friend nearby without permission, the girls would not be allowed out late because of safety concerns.

The decisions are not the same. The boys are allowed to go because they won't rape a boy. (Female 13 – 17 yrs, Diepsloot)

They allow the boys to go. A boy he can fight for himself and I can't. (Female 13 – 17 yrs, Diepsloot)

Participants in Chatsworth also noted a difference in the way boys and girls are treated regarding social decisions, but this was more closely linked with culture.

A girl, they won't allow you to hang around roads and friends homes that often, but with the boys more often. (Male 13 – 17 yrs, Chatsworth)

It is just the culture that we have from our upbringing, that girls must not be allowed to go [just] anywhere. They must be kept under good supervision. (Female caregiver, Chatsworth)

The reason for this appeared to be to protect the girl's reputation before she gets married.

Relationships

In rural Cofimvaba, culture and tradition clearly played a role in preventing discussion around relationships. A child described the cultural practices in the following way:

According to our culture, people used to abstain and not tell their parents about their secret admirers up until they are grown up and parents get involved by proposing for the guy. (Female 13 – 17 yrs, Cofimvaba)

The caregivers in Cofimvaba viewed relationships as a child's decision in so far as they would not discuss it with their children; but relationships were strongly frowned upon because of the danger of HIV/AIDS and teenage pregnancy. The taboo around discussing relationships applied particularly to male caregivers.

Some parents are so strict in such a way you can't even approach them, you end up telling your friend. (13 – 17 years, female, Cofimvaba)

A child cannot come up and discuss such a thing with me. We are used to the old tradition where these things were hidden from elders and parents. (Male caregiver, Cofimvaba)

We as men do not talk to boys about relationships. We only get to know and involved when they have made someone pregnant, where we intervene by paying for the damage. We don't take joint decisions in regards to their love affairs. (Male caregiver, Cofimvaba)

In my time of growing up I never discussed such issues with my parents. It's taboo, I don't really see myself getting into such a discussion. (Male caregiver, Cofimvaba)

This is unacceptable because we grew up differently. I don't do this with my children. (Female caregiver, Cofimvaba)

Female caregivers in particular, however, were concerned about providing their children with advice. One spoke of giving her child advice once the "girl comes of age and starts to menstruate, immediately I know a lot is going to follow."

The children in the focus group agreed that they did not discuss relationships with their parents, but did not link the reason for this with cultural practices. Teenage boys and girls both spoke about their parents' view that they are too young for relationships and their concern about HIV and teenage pregnancy. The girls expressed embarrassment at talking to their parents about such issues ("No! I'm not going to say, "Hey, I'm old now, I want boys!") while the boys were afraid that their parents would put an end to their relationships because they are "underage". There was some disagreement about whether cultural prescriptions apply to relationships.

It started when there was this AIDS thing, that there should be a certain age when [relationships] start...there was no culture in the olden days on girlfriends and boyfriends issues. What is happening now is that there are these diseases in our days. (Male 13 – 17 yrs, Cofimvaba)

There is culture even today, because we as black people have a culture of ukhlohlwa (virginity testing) to test whether a child has started to have sex. Now that culture causes us to stop having sex while we are still young. A child is stops doing the virginity test at the age of 20 something. (Male 13 – 17 yrs, Cofimvaba)

In Diepsloot the caregivers were also reluctant to talk to children about relationships and again there were concerns, particularly amongst the female caregivers, that relationships would leave to teenage pregnancies and HIV infection.

With some of us – I do not know if it's because we are Sothos – it is difficult to speak to a child concerning [relationships] or who they go out with. (Female caregiver, Diepsloot)

When she starts having relationships and I find out, I would sit down with her. It has not happened yet but I would sit down with her and tell her that such things are not done in my house. (Female caregiver, Diepsloot)

He can have a girlfriend but he would never tell me about it. They know that I am going to get cross. I can only talk to them if they are getting married. (Male caregiver, Diepsloot)

The teenage girls described talking to their parents about their boyfriends as 'disrespectful', but agreed that their mothers give them advice about relationships and the need to avoid teenage pregnancies.

Caregivers in Chatsworth appeared to be more willing to talk to their children about relationships.

I haven't had the experience for now because my boy is 13 and is not involved yet but the decision that we have made at home is that if my boy is approached by a girl saying he is cute, he must report that to us at home and I hope that as time goes my boy will do that and confront me to say that so that I can help with ever I can help him with. (Female caregiver, Chatsworth)

However, the teenage boys argued that, "Our parents can't tell us which girl to date" and appeared unwilling to discuss specific relationships with their parents. The children noted that their parents would want to know about the other child's background and were concerned about the impact that teenage pregnancy could have on their child's life and the stigma or shame that this would bring to the family.

Religious practices

Only one question was asked about the amount of choice children have in their religious practices. This question was relatively general as we were speaking to Hindu, Muslim and Christian children. Examples specific to the different religions were used when explaining the question to the children.

The overall score for a child's choice in religious practices was 3.36, suggesting that decisions on religious practices tend to be joint decisions.

Av. score for religious choices	
8 - 12 years	2.89
13 - 17 years	3.60
Caregivers	3.48

Table 14: Average score for choice in religious practices, by age group

Across the six sites, the younger children reported significantly lower levels of participation in choices about religious practices than either the teenagers or their parents.

Av. score for religious choices	
Bo Kaap	3.10
Chatsworth	3.53
Cofimvaba	3.36
Diepsloot	3.43
Mphahlele	3.39
Umlazi	3.33

Table 15: Average score for choice in religious practices, by site

The primary difference in the sites was found between Bo Kaap and Chatsworth. Choice in religious practices was found to be lowest in the predominantly Moslem area of Bo Kaap, and highest amongst the Hindu respondents in Chatsworth.

In the focus groups there were differing opinions within the sites about the level of choice children have in their religious practices and in most cases it appeared that children were expected to conform to the family's beliefs. Exceptions included children attending churches in different denominations of Christianity, or observing traditional practices that the family may not observe.

Economic and Household Decisions

This section considers questions such as buying clothes for the child, buying food for the family, deciding on what to eat for supper, how to spend their allowance and the choice of housework or chores that the child do (if any).

The overall score for child participation in economic and household decisions was 2.91, suggesting a fair amount of negotiation but that the caregiver still retains some influence over the final decision.

	8 - 12 yrs	13 - 17 yrs	Caregivers
Average score for participation in economic and household decisions			
Bo Kaap	2.52	3.06	3.51
Chatsworth	2.78	3.35	2.94
Cofimvaba	2.75	3.23	2.70
Diepsloot	2.56	3.23	3.02
Mphahlele	2.48	3.00	2.79
Umlazi	2.54	2.95	2.76

Table 16: Average score for child participation in economic and household decisions

- With the exception of Bo Kaap, the 13 – 17 year olds consistently reported significantly higher levels of participation than 8 – 12 year olds. The caregiver scores tended to fall somewhere in between.
- In the Bo Kaap, the caregivers reported the highest levels of participation, suggesting that their children do not feel as involved in economic and household decisions and their parents feel they are.

In the discussions with caregivers in Diepsloot, it was noted that poverty often reduces the level of child participation in economic and household decisions because the choices available are more limited.

The discussion in the focus groups revolved mainly around household chores. It was generally agreed that children are expected to do chores, but views on the degree of participation differed. In Chatsworth, respondents indicated a level of negotiation.

Sometimes the parents will ask the child what chores they want to do and then the child will tell them what they want to do and they will discuss it and then the child will have those chores to do. (8 – 12 yrs, Chatsworth)

At the end of the day when the child comes from school he has tasks and I would say it is a 50-50 situation, but the mother decides what the child must do. (Male caregiver, Chatsworth)

In Cofimvaba, the young children spoke of chores as a way of training “you to be able to help yourself.” One caregiver explained that children are expected to fulfil certain roles.

In regards to ploughing the fields I have never seen a parent involving children in decision making – as a herder you take your cattle and go to the fields. Our children do not want to involve themselves. You can check now, there they are in the soccer field. My girl who is 20 is loitering in the streets. When you go and check the dishes are left uncleaned. I am telling you we can't handle our children anymore. (Male caregiver, Cofimvaba)

A caregiver in Diepsloot also described how children are expected to contribute to the household through the chores that they perform:

Each child, whether a girl or a boy, when they wake up they have to make sure that they remove blankets from they where sleeping, or if they were sleeping on a bed, they must make the bed...there must always be water available in the house. Dishes must be washed. For me, whether a boy or a girl, those tasks must be done. I do not want a story, those chores must all be done...I have one girl; when she comes back from school she must know that all the chores are hers; she has to sweep and dust furniture, and I would cook...you do it so that when a bad day comes, you know that she would be able to stand for herself. (Female caregiver, Diepsloot)

Despite this, the children indicated that they had some degree of choice. A child (8 – 12 yrs) explained that although she is expected to do chores, she decides on which tasks to do “because in order to do something well you must agree to do it or else you won’t do it with a pure heart.”

Gender differences in the kinds of chores carried out were evident in all three sites.

Some things a girl is more likely to do, some things a boy is more likely to do. Like cleaning a car a boy would do, washing the dishes the girls would do. (Male 13 – 17 yrs, Chatsworth)

Dishes and other thing are the responsibilities of my mother. I deal with things that concerns with kraal. (Male 13 – 17, Cofimvaba)

Boys can just marry a girl and the girl will wash for him and who will marry a lazy woman? (Female 13 – 17, Diepsloot)

FACTORS INFLUENCING LEVELS OF PARTICIPATION

The previous section looks at the level of child participation in different spheres of decision-making in the family, and considered differences between the sites and the younger children, older children and their caregivers. This section aims to answer the question: *What are the key factors that influence the level of child participation in families?* Or more specifically: *To what extent is child participation influenced by cultural practices or traditions?*

Child Participation and Culture

Caregivers were asked directly about whether they felt that their culture encourages children to participate in decision-making within the family.

	All	BK	CH	CO	DP	MP	UM
In my culture, children are encouraged to take part in decisions							
Agree	46%	81%	72%	45%	16%	40%	18%
Neither	11%	6%	12%	18%	11%	2%	16%
Disagree	43%	12%	15%	37%	72%	58%	66%
N	591	97	98	100	98	99	99

Table 17: Child participation and culture, by site (caregivers)

There was an almost even split between caregivers who believed that children are encouraged to participate in their culture (46%) and those who believed that their culture does not encourage this (43%).

- More caregivers in the Bo Kaap (81%) and in Chatsworth (72%) agreed with this statement than in any of the other sites. Only a small proportion in Diepsloot (16%) and Umlazi (18%) agreed that their culture encourages child participation.

This was confirmed by the focus group discussions. In Diepsloot the teenage boys (13 – 17 yrs) argued that Sotho parents do not sit down with their children and ask for their opinions before making a decision. One said, “It is culture. It will never change.” The older children explained that their culture encourages respect for adult decisions rather than child participation.

They want to be the ones making the rules. If you also come with your own law you are going to get [unruly]. (Male 13 – 17 yrs, Diepsloot)

Culture says as long as you are young and live in your parent's house you must follow their rules. (Female 13 – 17 yrs, Diepsloot)

The discussions in Cofimvaba suggested a similar emphasis on respect for adult decisions, but some of the older children argued that they are encouraged to participate in a limited form.

This is how I was raised – I used to do exactly as I was told by my parents. If I go on and do something on my own, I would be reprimanded. (Male caregiver, Cofimvaba)

We do encourage that because if you are involved in decision-making that teaches us to do things right when we are old because our parents have also involved us when we are this young. If you are not involved in decision-making you will not know what to do when your parents are not there because this is your first encounter of that problem. So it is important for us to be involved so that we can know what to do when parents are no longer there. (Male 13 – 17 yrs, Cofimvaba)

In Chatsworth the caregivers agreed that children are encouraged to participate in decisions. The teenagers spoke of their culture being “a very strict and disciplined culture”, but this related primarily to the requirement to fast as a Hindu at certain times of the year.

Factors Associated with Child Participation

To measure the overall level of child participation, all of the questions measuring levels of participation were combined into a single 'overall' participation scale. Separate scales were developed to measure overall participation for the 8 – 12 years, 13 – 17 years and caregivers.

The focus of this study is on whether culture (as represented by site) has an impact on the level of child participation within families. Differences between sites, however, may be the result of differences in location or income rather than culture. In addition, there are a number of other factors that that might influence levels of participation, such as:

- The sex of the caregiver
- The sex of the child
- The age of the child
- The urban or rural location of site
- Socio-economic status (based on reported monthly household income)
- The level of religious engagement by the caregiver
- The existence of a partner for the caregiver
- The caregiver's level of education
- The frequency of disagreement between the child and caregivers (indicator of personal differences)
- The child's views on participation and expressing their views to their caregivers.
- The caregiver's attitudes towards discipline
- The use of corporal punishment or alternative discipline by the caregiver
- The caregiver's experience of participation as a child
- The caregiver's experience of corporal punishment as a child
- The frequency of violent or physical disagreements between adults in the family

All of these factors were tested using a stepwise regression (only those appropriate to children where included in the regression for the younger and older children). The factors that are most likely to predict or be associated with higher levels of child participation for each of the three groups are presented below.

Caregiver Perceptions of Child Participation

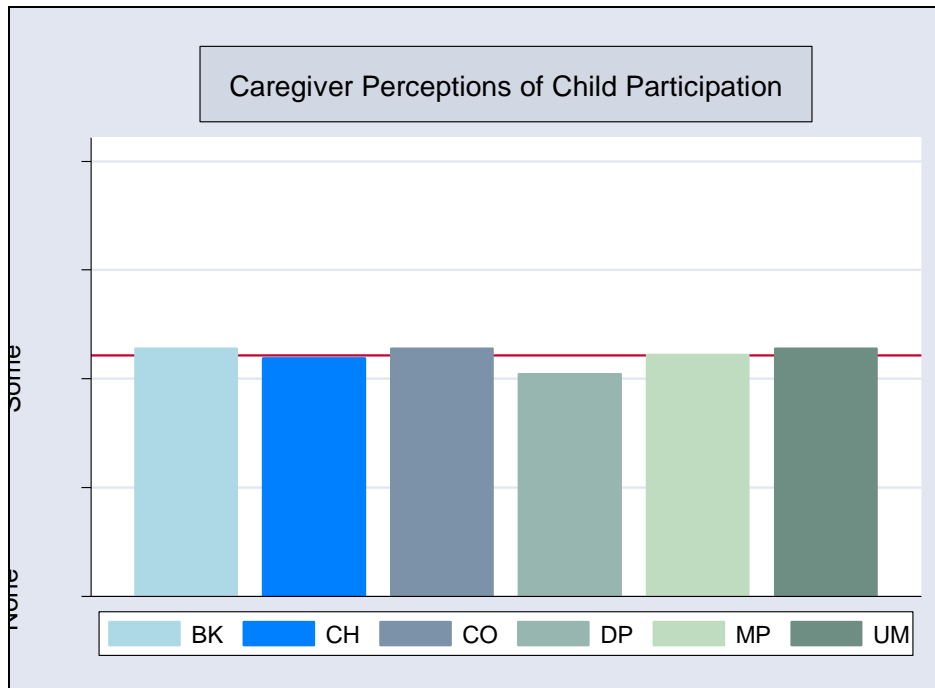


Table 18: Caregivers’ perceptions of the overall level of child participation

Overall, caregivers reported that their children have ‘some’ involvement in decisions affecting them in the family context – the average score on the scale from 1 to 5 was 3.06 (as indicated by the red line on graph above). This is equivalent to the “joint decision” on the participation scale.

The factors that were most likely to be associated with caregiver reports of high levels of child participation are as follows:

- There was a clear link between the age of the child and the level of participation reported by the caregivers – the older the child, the higher the level of participation that was reported ($p=0.001$).
- Male caregivers tended to think that their children had slightly higher levels of participation than female caregivers (3.138 compared to 3.064, $p=0.094$).
- Caregivers with male children reported slightly higher levels of participation than caregivers with female children (3.14 compared to 3.04, $p=0.03$).
- The existence of violent or physical disagreements in the home (between adults) and the caregivers’ experience of corporal punishment as a child were both negatively associated with the levels of participation reported by caregivers. The existence of violence in the home was associated with lower levels of participation ($p=0.007$), as was the experience of corporal punishment in the caregiver’s childhood ($p=0.055$).

	Participation score
How religious are you?	
Very religious	3.05
Quite a bit	3.10
Somewhat	3.12
A little	3.14
Not at all	3.20

Table 19: Link between religious engagement and caregiver perceptions of participation

- The degree to which caregivers identified with their religion had an influence on levels of participation. The more religious a caregiver reported being, the lower the level of child participation they reported ($p=0.03$).
- The reported levels of child participation were also affected by the reports from children about the caregiver’s use of corporal punishment – caregivers who commonly used corporal punishment reported lower levels of participation for their children ($p=0.039$)

	Participation score
Site	
Bo Kaap	3.16
Chatsworth	3.00
Cofimvaba	3.07
Diepsloot	2.97
Mphahlele	3.17
Umlazi	3.17

Table 20: Link between site and caregiver perceptions of participation

Taking all of these other factors into account, it is still possible to identify a difference between the sites.

- The level of participation reported by caregivers in Chatsworth and Diepsloot was lower than in the other sites ($p=0.035$ and $p=0.003$ respectively). This may be due to environmental rather than cultural factors. The focus group discussions suggest that there is a perception of high rates of crime in these two urban areas.

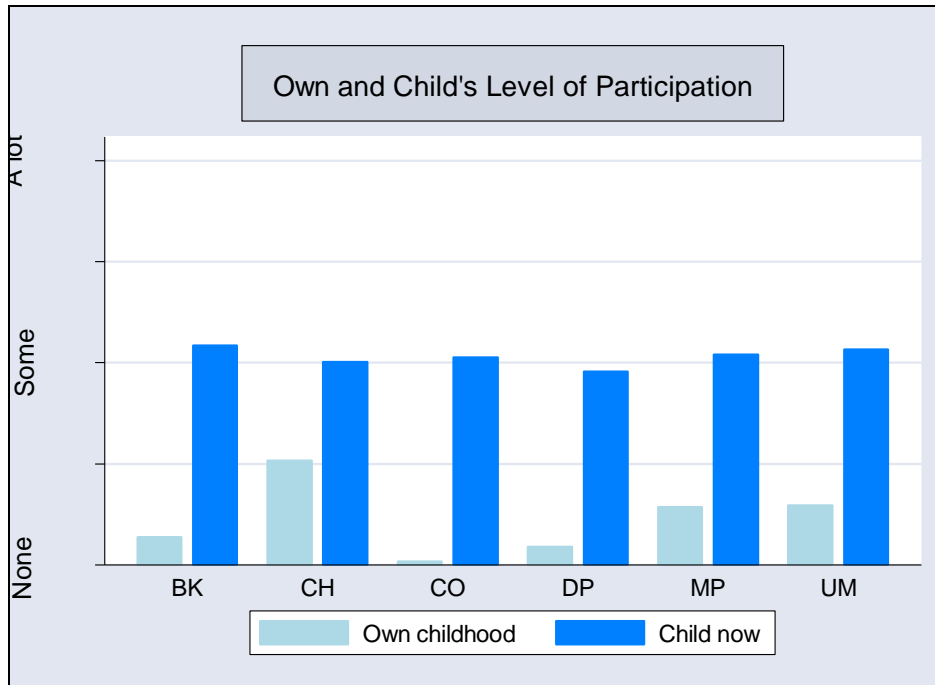


Table 21: Level of participation in own childhood and child’s level of participation now (caregivers)

The clear difference between the levels of participation that caregivers reported having when they were children, compared to the level of participation that they perceive their own children as having today indicates that across the sites there has been a positive shift in levels of child participation over time.

- The average score given by caregivers for the level of participation when they were children was 1.44, on a scale in which a score of one indicates no participation whatsoever.
- The level of participation reported by caregivers in Cofimvaba was lower than in other sites, and higher in Chatsworth than in the other sites.

In the discussions in Chatsworth there were differing opinions about the caregivers’ levels of participation when they were young. A male caregiver argued that, “My mom and dad just told us to do things and we just followed”, while a female caregiver felt that, “I was quite fortunate in my days, I could do what I wanted, I could go wherever I wanted to. But that was the relationship I had with my mom and dad.”

In Cofimvaba there was consensus that they had not participated as children.

During that time you were not interested in argument, you would listen to the parent without answering back. You were given a chance to go and play but remember to come

back and do your chores...we were different from our children who come and listen to the conversations of old people. (Male caregiver, Cofimvaba)

Older Children’s Perceptions of Participation

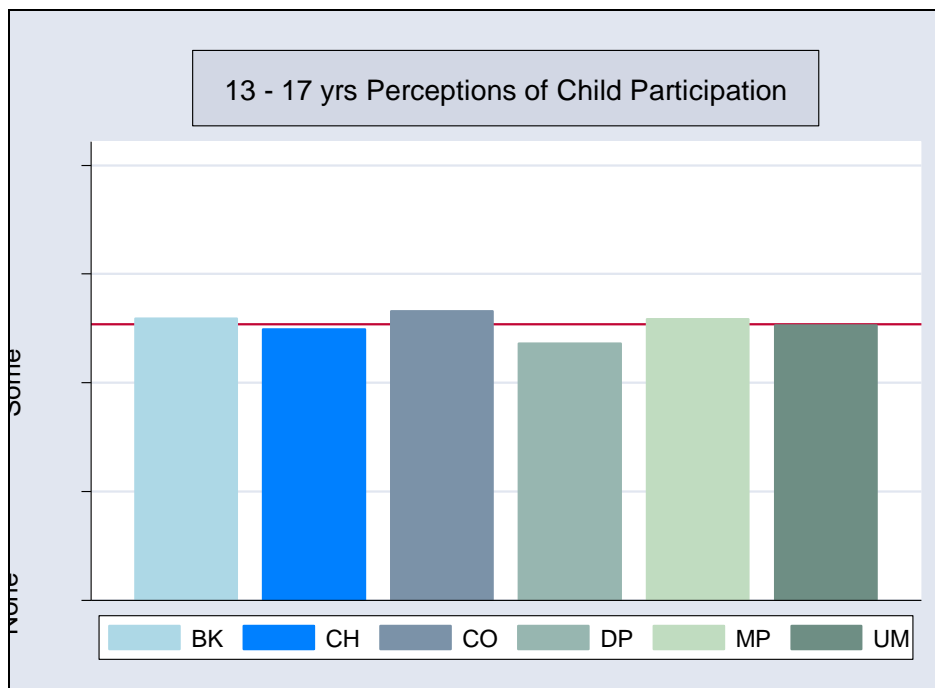


Table 22: 13 – 17 year olds’ perceptions of their overall level of participation

As would be expected, the older children reported higher levels of participation than the younger children. They also reported higher levels of participation than their caregivers did. The average participation score reported for the older children was 3.54, falling between a joint decision at 3 and the child’s decision after discussion with the caregiver at 4 on the participation scale.

Fewer factors appeared to be associated with the levels of participation reported by children than there were for the adults.

- Children’s experience of corporal punishment was negatively associated with the levels of participation reported. Children who were commonly disciplined by means of corporal punishment reported lower levels of participation ($p=0.005$). This was supported by a teenage girl in Cofimvaba who indicated that, “I can say we do have a say in our homes but other children are scared of their parents and I think children of my age should speak to their parents so that the parent can explain other things.”

- The caregiver’s level of engagement in religion also influenced participation. Children with caregivers who are actively religious reported lower levels of participation ($p=0.082$).

Sites	Participation score
Bo Kaap	3.49
Chatsworth	3.49
Cofimvaba	3.66
Diepsloot	3.30
Mphahlele	3.49
Umlazi	3.49

Table 23: Link between site and caregiver perceptions of participation

Taking the other factors into account, it is again possible to identify a difference between the sites.

- There is a difference in the levels of participation teenagers reported in Cofimvaba and Diepsloot – participation was higher in Cofimvaba than in Diepsloot ($p=0.041$ and $p=0.025$ respectively).

Young Children’s Perceptions of Participation

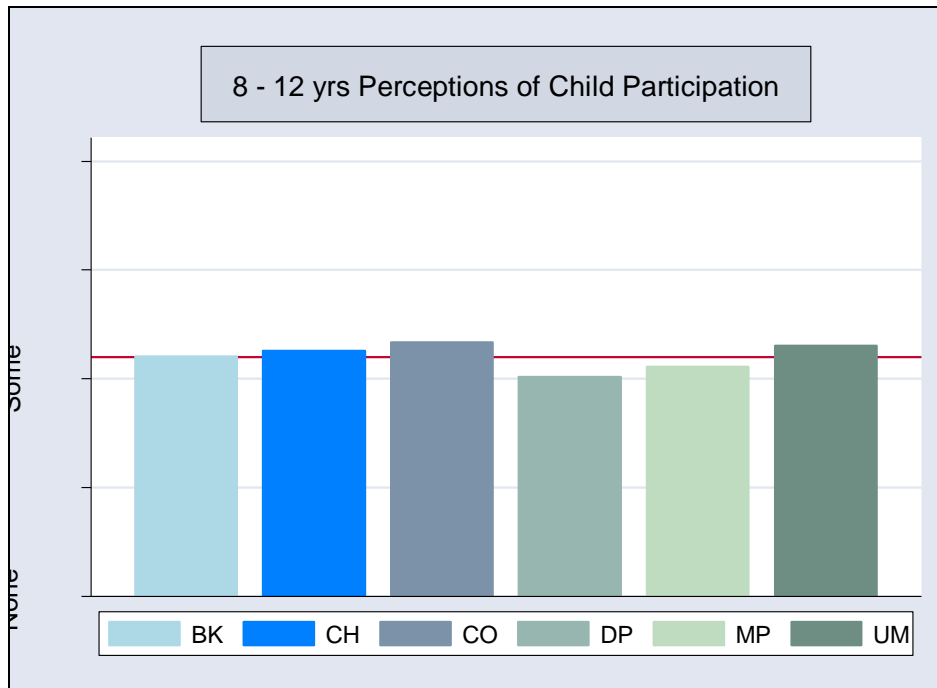


Table 24: 8 – 12 year olds’ perceptions of their overall level of participation

The level of participation that young children reported fell between the levels reported by the older children and the caregivers. The average score was 3.20, close to a joint decision on the participation scale.

- Young children’s views on how problems should be solved between children and caregivers influenced their reported participation. Young children who felt that parents should use dialogue to solve problems with their children were more likely to report higher levels of participation ($p=0.009$).

	Participation score
Bo Kaap	3.22
Chatsworth	3.22
Cofimvaba	3.41
Diepsloot	3.03
Mphahlele	3.22
Umlazi	3.22

Table 25: Link between site and caregiver perceptions of participation

The primary difference between the levels of participation in the sites was found between Cofimvaba and Diepsloot – participation was higher in Cofimvaba than in Diepsloot.

DISCIPLINE

The previous section considered the level of child participation in the family. This section is concerned with questions relating to the types of discipline used within the family:

- What types of discipline are used by families in different cultural settings?
- What factors influence the types of discipline used?

BALANCE BETWEEN COMMUNICATION AND PUNISHMENT

The children were asked to describe the balance between punishment and communication in their family, for each of their male and female caregivers. In general, about one-third of children indicated that their male or female caregiver always punishes them (when they've done something wrong) without talking to them.

	ALL	BK	CH	CO	DP	MP	UM
Discussion and punishment by FEMALE caregivers							
Never punish, mostly talk	21%	15%	20%	22%	22%	34%	8%
Hardly ever punish, usually talk	28%	31%	37%	35%	23%	13%	35%
Usually punish, rarely talk	22%	20%	15%	14%	26%	40%	14%
Always punish, never talk	29%	35%	28%	29%	29%	12%	43%
<i>N</i>	495	81	89	72	91	90	72
Discussion and punishment by MALE caregivers							
Never punish, mostly talk	19%	11%	16%	23%	34%	30%	9%
Hardly ever punish, usually talk	30%	42%	34%	26%	20%	26%	29%
Usually punish, rarely talk	18%	11%	14%	23%	20%	14%	23%
Always punish, never talk	33%	36%	36%	28%	26%	30%	39%
<i>N</i>	344	45	83	57	50	43	66

Table 26: Balance between communication and punishment (children)

- Amongst the female caregivers, caregivers in Mphahlele (34%) were most likely to talk to their children instead of punishing them.
- Amongst the male caregivers, caregivers in Umlazi were most likely to use punishment (39%) instead of talking to their children.
- When examining the responses by age, almost 25% of all 8 – 12 year olds reported that female caregivers always punish their children without talking to them. In the Umlazi area this was as high as 56% of 8 – 12 year olds.
- Amongst 13 – 17 year olds, discussion as an alternative to punishment amongst female caregivers was mostly commonly reported in Mphahlele. Punishing the young

person without talking to them first was most commonly reported in the Bo–Kaap (52%) and Chatsworth (47%).

- Regarding male caregivers, a quarter of 8 – 12 year olds reported that their male caregiver always punishes them without talking. No significant differences across sites were found in this group.
- More than 40% of the 13 – 17 year olds reported that male caregivers always punish their children without talking to them. A significant difference was found between the responses in Chatsworth (59%) and Cofimvaba (27%).

TYPES OF DISCIPLINE USED

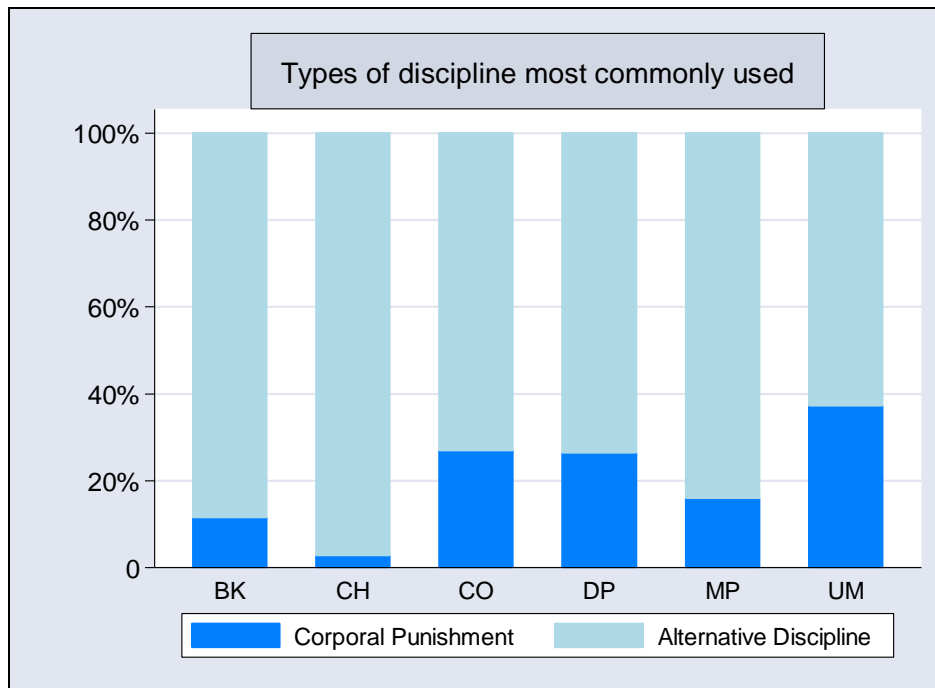


Table 27: Types of discipline most commonly used, by site (13 – 17 years and caregivers)

Caregivers and teenagers (13 – 17 yrs) were asked to identify the kind of discipline the caregiver most commonly used for the child, and these responses were classified either corporal punishment or alternative forms of discipline.

- Corporal punishment was defined strictly as physical punishment and included smacking, pinching, hitting and beating with an object like a towel, belt or cane.
- Alternative discipline covered all other forms of discipline such as scolding or reprimanding a child; grounding and withdrawing; withholding privileges such as the child’s allowance or watching television or discussing the problem.

On average, 22% of the caregivers in this study reported using corporal punishment as the most common method of disciplining their children. There were no significant differences between the responses given by the caregivers and the teenagers (18%), or between the responses given by caregivers of older children (13 – 17 years) and younger children (8- 12 years).

Scenarios Involving the Use of Discipline

Respondents were presented with three hypothetical scenarios in which the caregiver may be required to use some form of discipline. Children and caregivers were asked to describe how they thought the caregiver would react in each situation.

1. Imagine your caregiver(s) asks you to clean the kitchen, but you forget to do it. When he/she discovers you haven't done it, what will he/she do?
2. Now imagine that your caregiver(s) has told you not to visit a friend / go to a party, but you decide to go anyway. What will they do when they find out?
3. Lastly, suppose that your caregiver(s) told you not to smoke but you disobey the decision. What will they do when they find out?

For the 8 – 12 year olds, this last question was changed to refer to taking something that was not theirs, as it was felt that there reference to smoking would not be appropriate for younger children. The behaviour in each scenario increased in 'seriousness'. The aim of this was to determine the kinds of discipline caregivers use and how this varied according to the context.

	All	BK	CH	CO	DP	MP	UM
Child forgets to clean the kitchen when asked							
Alternative discipline	74%	78%	89%	69%	81%	77%	52%
Corporal punishment	17%	7%	5%	28%	17%	19%	27%
Vague	8%	15%	6%	3%	3%	4%	20%
<i>N</i>	1139	189	186	181	193	199	191
Child goes to party without permission							
Alternative discipline	66%	70%	82%	65%	62%	76%	40%
Corporal punishment	26%	17%	13%	34%	32%	23%	36%
Vague	8%	14%	5%	1%	5%	1%	24%
<i>N</i>	1100	184	176	172	189	186	193
Child starts smoking (13 - 17 yr)/takes something (8 - 12 yr)							
Alternative discipline	56%	70%	76%	44%	51%	54%	40%
Corporal punishment	35%	18%	17%	51%	40%	43%	38%
Vague	10%	12%	7%	5%	9%	3%	22%
<i>N</i>	1075	182	160	167	189	188	189

Table 28: Types of disciplines used in different contexts

There was a clear increase in the proportion of children and caregivers who reported the use of corporal punishment as the disputes described became more 'serious'. In several cases children said they would be 'disciplined' or the caregiver would 'discipline' the child. This implies that some form of corporal punishment is used, but as this was not specified explicitly these responses have been classified separately.

- In the first scenario, respondents in Chatsworth reported the highest use of alternative forms of discipline (89%). Respondents in Umlazi reported lower levels of alternative discipline than any of the other sites.
- In scenario two, the respondents in Umlazi again reported a lower level of use of alternative discipline than any of the other sites. Respondents in Chatsworth reported a higher level of use than all of the other sites except Mphahlele.
- In the last scenario, respondents in the Bo Kaap and Chatsworth reported higher levels of alternative discipline than any of the other sites.
- In terms of age, a higher proportion of younger children appeared to expect the use of corporal punishment in the first two scenarios than the other two groups. In the third scenario both groups of children had a higher expectation of the use of corporal punishment than the caregivers reported.
- There were no significant differences by sex for the caregivers or the children.

	N	%
Child forgets to clean the kitchen when asked		
Scold, shout, reprimand	430	35%
Talk, discussion	194	16%
Beat (with object)	131	11%
General (e.g. discipline him)	100	8%
Nothing	93	8%
Withhold privileges	91	7%
<i>N</i>	1189	
Child goes to party without permission		
Scold, shout, reprimand	343	28%
Talk, discussion	150	12%
Beat (with object)	144	12%
Smack, pinch, hit	142	12%
General (e.g. discipline her)	94	8%
Withhold privileges	91	7%
<i>N</i>	1184	
Child starts smoking (13 - 17 yr)/takes something (8 - 12 yr)		
Beat (with object)	218	18%
Talk, discussion	191	16%
Scold, shout, reprimand	186	15%
Smack, pinch, hit	154	13%
General (e.g. discipline him)	108	9%
Withhold privileges	67	6%
<i>N</i>	1161	

Table 29: Types of discipline used in each scenario

The above table shows the top six types of discipline specified for each scenario. While scolding or reprimanding a child was the most common reaction given for scenarios one and two, beating a child was given as the most common reaction to the third, most serious scenario.

If you have stolen money, even though you were being verbally warned all the time for other mistakes, you have to get beaten the very first time you do. This is because you do not love a child if you do not beat him for stealing money. I can say that you do not love that child. He is used to stealing your money and you do not beat him, but he then steals someone else's money...but when you warn him he would never steal money because he knows that when you touch money that does not belong to you, you will get beaten. (Male caregiver, Diepsloot)

Use of Alternative Forms of Discipline

In the focus groups children and caregivers were asked to list some of the ways in which they encourage children to behave (other than corporal punishment). The responses are listed in the table below.

Chatsworth	Cofimvaba	Diepsloot
Talking to the child; grounding; taking away privileges such as pocket money, cell phones or sporting gear; increasing chores	Discussing advantages and disadvantages of an action; Sitting a child down and talking/asking for reasons: Not allowed to go and play; Being reprimanded; Having to fetch water many times; Having to do washing or extra chores in the household; Being told “you are not going to eat”	Talking to the child; shouting; warning a child; withholding lunch money and supper; washing the dishes; cleaning a toilet or the yard; fetching water from far; not buying the children the clothes they want; making children eat from the dirty dish they did not wash; cleaning the yard or threaten them with (stout) rehabilitation school.

In Cofimvaba, some teenage boys suggested calling a family meeting and “calling the child so that he or she can be [spoken to] by members of the family; explaining the situation so they understand the actions taken by parents.” One boy felt that being warned would be sufficient:

If my parents have told me not to do something, even I see other children doing that I can remember that my parents have told me against that. (Male 13 – 17 yrs, Cofimvaba)

Several examples of alternative forms of discipline were provided in Chatsworth:

If he has a tantrum there are certain things that I will [do]: you’re grounded; you can’t watch television; you can’t eat supper etc. (Female caregiver, Chatsworth)

When I was growing up, I was allowed to play football and volleyball and if I did something wrong, my dad said, “Take the boots away”. You squeal and that, but at the end of the day he said sort yourself out and you get it back. (Male caregiver, Chatsworth)

My father had a punishment called up and down. If we were wrong in any way we were made to go up and down, up and down until our legs couldn’t stand anymore, that’s the punishment we got. And it really helped. (Female caregiver, Chatsworth)

In Diepsloot, some of the children suggested that as punishment for misbehaviour parents should “not give you lunch money and you must not get supper.” But another argued that, “You can get used to being beaten up but going hungry, you can’t get used to that.”

In addition to punitive actions, some caregivers described ways in which they promote or reward discipline and responsibility in their children.

For him to get used to [doing chores], you have to start when he is still very young. You work with him, you do not just say, “Do this”. On weekends when I am not at work I have to work with him so that he is able to do it willingly. He must enjoy it. When you do it with him he would do it willingly. And then you are sure that even when you are not home he would do it when you tell him to do it. (Male caregiver, Diepsloot)

Communication. Very important, communication. We must be able to communicate with our children. Trust is also a very important thing. Trust in the sense that the child as he’s growing older must be able to tell you where they going, not lie to you. (Female caregiver, Chatsworth)

We must also participate with them, whatever they do...I support my child all the way. When it comes to sport, I’m there every Saturday at the grounds. (Male caregiver, Chatsworth)

FACTORS INFLUENCING THE USE OF ALTERNATIVE DISCIPLINE

The family is one of the last places in which corporal punishment of children is not illegal in South Africa. It is therefore important to promote the use of alternative forms of discipline within the family and to identify those factors that are associated with more frequent use of alternative discipline.

- Male caregivers were more likely to report using alternative means of discipline on a regular basis than female caregivers (females = 73%, males = 83%, $p=0.001$).
- Socio-economic status was also associated with the use of alternative discipline – respondents with a higher monthly household income were more likely to report using alternative discipline (high income level = 85%, low income = 70%, $p=0.004$).
- Not surprisingly, caregivers’ attitudes to corporal punishment were strongly associated with whether they commonly used alternative discipline or not ($p=0.000$).

	% Alternative discipline
Bo Kaap	84%
Chatsworth	95%
Cofimvaba	74%
Diepsloot	66%
Mphahlele	84%
Umlazi	64%

Table 30: Link between site and use of alternative discipline by caregivers

- The sites were divided into two groups regarding the use of alternative discipline – alternative discipline is more likely to be regularly used in Bo Kaap, Chatsworth and Mphahlele than in Cofimvaba ($p=0.074$), Diepsloot ($p=0.001$) and Umlazi ($p=0.001$).

EXPERIENCE AND ATTITUDES REGARDING CORPORAL PUNISHMENT

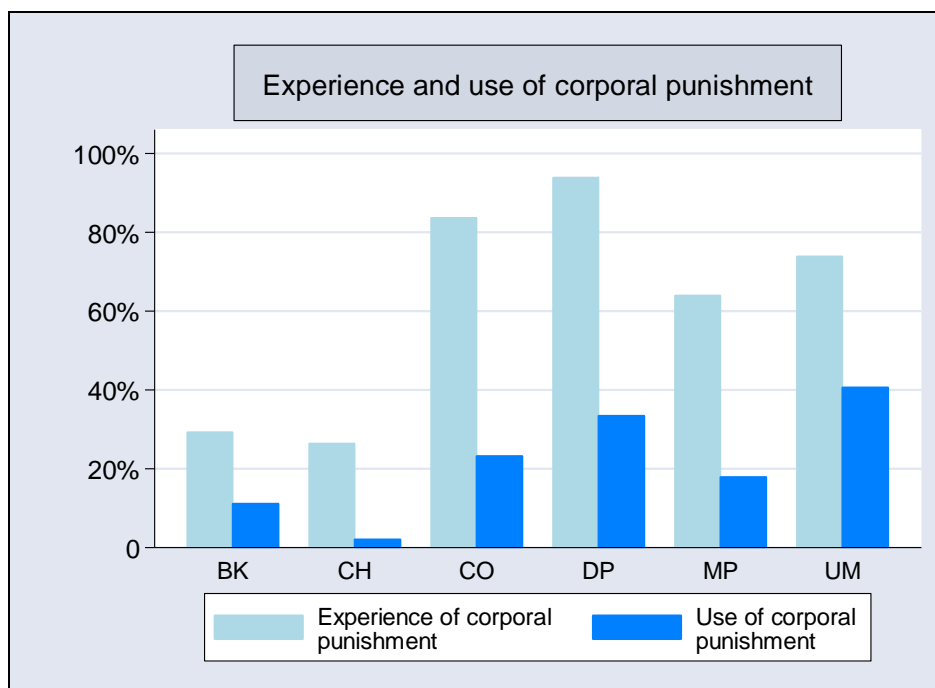


Table 31: Caregiver's experience of and use of corporal punishment

Caregivers who had regularly experienced corporal punishment growing up were more likely to use commonly use corporal punishment as a means of disciplining their children. However, the above graph indicates that methods of discipline appear to have changed over time – in each site, a smaller proportion of caregivers reported using corporal punishment as their most common method of disciplining their children than those who reported experiencing corporal punishment regularly.

One explanation for this may be that the caregivers are downplaying their use of corporal punishment. There was, however, general agreement between the responses given by the caregivers and the responses given by children aged 13 – 17 years regarding the most common forms of discipline they experience.

In the discussions in Diepsloot the caregivers agreed that, “These days we are no longer smacking them a lot. We just shout at them when we see something wrong.”

I think it's because times are changing, and the kind of life we are living is not the same as the previous one. So I think it's the modern times that have an influence. (Female caregiver, Diepsloot)

Attitudes

In addition to asking about the use of different types of discipline, caregivers were asked directly about their attitudes towards corporal punishment.

	All	BK	CH	CO	DP	MP	UM
Do you think that hitting a child is an appropriate form of discipline?							
Child should never be hit	47%	58%	58%	68%	31%	54%	18%
No, but necessary at times	40%	39%	32%	17%	54%	37%	61%
Yes	12%	3%	10%	16%	15%	9%	21%
<i>N</i>	590	99	97	96	100	99	99

Table 32: Attitudes to corporal punishment (caregivers)

Almost half of caregivers indicated that they did not approve of the use of corporal punishment (47%). Two out of five argued that although they did not approve in principle, they find it necessary to resort to corporal punishment at times.

- Male and female caregivers did not differ significantly in their opinions of corporal punishment.

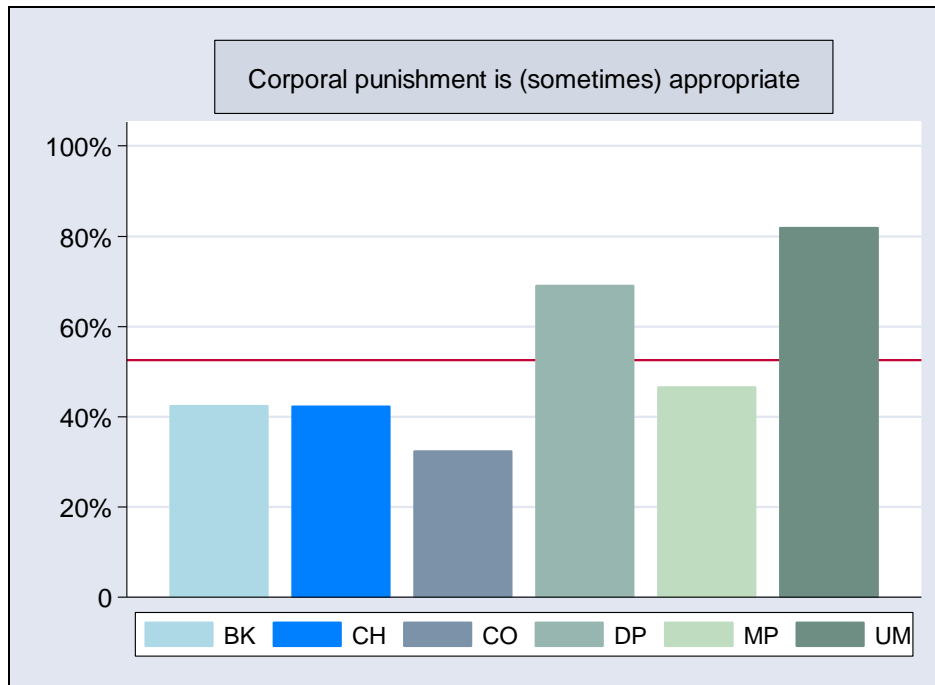


Table 33: Caregivers' attitudes to corporal punishment

- Caregivers in Diepsloot (69%) and Umlazi (82%) were significantly more likely to approve of corporal punishment or feel that it is sometimes necessary than caregivers in other sites.

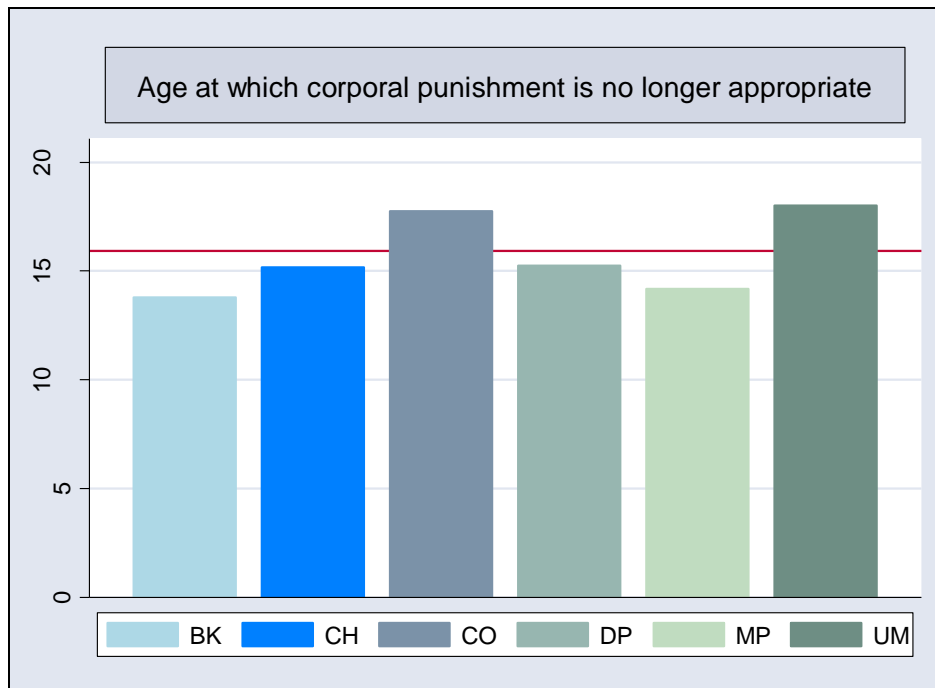


Table 34: Age at which corporal punishment is no longer appropriate (caregivers)

Asked at what age corporal punishment is no longer appropriate for a child, caregivers gave an average age of 16 years for both boys and girls.

- The average given by caregivers in Cofimvaba and Umlazi (18 years in both) was significantly higher than caregivers in the other sites.
- In general, female caregivers felt that corporal punishment became inappropriate at a younger age than male caregivers – at 15 years compared to 17 years.

In the focus group discussions both children and caregivers were asked for their opinions on the use of corporal punishment. In all three of the sites opinions were mixed, with some agreeing with the need for parental authority and physical discipline, and others arguing that it is not effective.

In Cofimvaba, the 8 – 12 year olds were asked for their understanding of discipline. They explained that “it is when a child is beaten” (although they discussed experiencing other forms of punishment as well). The younger children’s responses often reflected their parents’ attitudes – they reported that by hitting a child, a parent ‘corrects you’ and ‘you must have respect’. Some felt that children should only be hit in certain circumstances such as when a child is naughty or does not listen; a child should not be beaten “just for fun”. They differed in

their views of the effectiveness of corporal punishment – some felt that hitting children made them ‘stubborn’, while others felt it made them respect others.

There were mixed opinions amongst the other groups as well, although almost all of the teenage boys (13 – 17 years) did not agree with the use of corporal punishment.

I think it is right because when a parent beats a child, she is trying to correct something so that a child can know what is right and wrong. (Female 13 – 17 yrs, Cofimvaba)

I don't think there is any other way because if you talk to them they don't listen. But if you beat them they do. (Caregiver, Cofimvaba)

When you beat a child you are not encouraging that person to stop whatever that person is doing, you are just making things worse. So my advice is that when the parents want to stop you from doing something wrong, they must call you and sit down and talk to you. Because sometimes when they are beating you, you end up doing something wrong because they are beating you. (Male 13 – 17, Diepsloot)

I think it is wrong to beat a child, it is better to sit down and talk with the child because you will beat child now and she will still do it again and ends up being naughty. Some children end up not feeling the pain of being beaten so a parent is better off explaining to the child than beating a child. (Female 13 – 17, Diepsloot)

There is something dangerous, sometimes you beat a child thinking that you are disciplining them and you overdo it. So you need to be careful and do it with love. (Caregiver, Cofimvaba)

There was a strong feeling amongst the caregivers in Cofimvaba that they no longer have control over their children. According to one caregiver, “We have given up; we don’t have anything we can say. Our children are beyond control.” Much of this was attributed to the introduction of children’s rights and changes regarding the use of corporal punishment which allow children to report their parents to the police.

Caregivers explained that, “Here in Xhosaland we grew up being beaten up by both parents.” Several caregivers argued that they felt the use of corporal punishment should be continued because their children will not listen to them when they try to talk to them but they are afraid of being arrested. There is also a clear lack of understanding of children’s rights.

We grew up being beaten up and we still agree [with corporal punishment], but the problem is the X's that we cast (voting in 1994); because now we are afraid of the magistrates. So our hands are tied. (Female caregiver, Cofimvaba)

We were once children, where do all these rights come from? (Male caregiver, Cofimvaba)

Another male caregiver felt that he could no longer reprimand or question his children because “if you question them they tell you upright, please leave me alone, I have rights.”

A similar mix of opinions about corporal punishment was found in Diepsloot. Some of the younger boys felt that, “It is right for her to hit me because I have done something wrong, she is not supposed to just leave me like that.” Others felt that some children simply become more naughty or stubborn when they are hit.

Some of the younger children were concerned that caregivers may beat children more than is “necessary”. One young girl argued that, “Some parents hit the children because of stress. They hit the child for no apparent reason.” A younger boy was concerned that his father “might hurt me because he has big hands.”

The teenage boys gave a similar mix of opinions. Some felt that “you have to get smacked so that you can be right” while others felt that they should rather be told what they have done wrong.

I just want to be reprimanded verbally because I listen when I am reprimanded. I used to steal money, about R150. [How did you stop?] One lady said that they must stop beating me and that they must talk to me. (Male, 13 – 17 yrs, Diepsloot)

They can beat me with a belt, but I do not like it when my father beats me with fists as if he is fighting with a man his age. (Male 13 – 17 yrs, Diepsloot)

A teenage boy argued that he does “not want to be smacked because I hear people say that the law does not allow it.” Asked why such a law may have been put in place, the boys answered that beatings may lead to injury, children may be beaten for acts they didn’t commit, and adults may not know about other problems that may be causing a child to act in a particular way.

The teenage girls held similar opinions, but some seemed to view corporal punishment as a sign of love on the part of the parents.

It’s right to be punished because it shows you the way. They will teach ‘don’t steal’, because if you steal you end up in jail and in jail your parents are not there. (Female, 13 – 17 yrs, Diepsloot)

When they beat you up it shows that they love you. Once they stop that means they’ve given up on you. (Female, 13 – 17 yrs, Diepsloot)

Maybe your mother comes back from work and beats you up everyday and for small mistakes. That’s not love. (Female, 13 – 17 yrs, Diepsloot)

The caregivers themselves indicated different ways in which they discipline their children.

If he goes and does something we did not agree on, I deny him something I know he likes very much. Or I do not give him lunch money. Or if I promised to buy him clothes I just kiss my money and put it away. (Female caregiver, Diepsloot)

I beat my child. I do not want to lie. If my child didn't listen to me, I beat him. I cannot punish a child by denying him food. I [would be] teaching him to go and ask for food at the neighbours...he asks the money from the neighbour and the neighbour feels that my neighbour's child does not have lunch money, let me give him. So there must be some smacking in the house. (Male caregiver, Diepsloot)

A child is a child; he must know that my father and my mother do not like this or that thing. In order to make them happy we have to do this. (Female caregiver, Diepsloot)

The female caregivers noted that they can “spank a girl. But you cannot stand in front of a boy when he is older. Even when the girl is grown up, you cannot do anything.” Male caregivers disagreed, saying that their children must obey them in their house.

Several caregivers noted that while they felt that corporal punishment is necessary, it should be used sparingly after verbal warnings, and only for serious offences.

Spanking is like medicine. After beating him you tell him that I do not like it when I beat you. It's the things that you do that make me beat you. And then he starts understanding that it does not mean that my father hates me, it's just that he does not like what I am doing. (Male caregiver, Diepsloot)

As in Cofimvaba, the caregivers appeared defeated by the children's assertions that they have rights. They felt that “in our yards it is not working.”

Because these rights are too many – the very people who give them rights are only concerned with abuse when you reprimand a child from doing a bad thing. But they are not looking at these children's future as to what would become of them in future. (Female caregiver, Diepsloot)

The caregivers did not have an understanding of children's rights or sufficient information about alternative forms of discipline and felt that their parental authority was threatened. Despite this approval of the use of corporal punishment amongst many of the caregivers, some gave example of ways in which they promoted responsibility in their children in a positive way (e.g. doing the chores with the children).

In the Chatsworth site, the children said that children should only be hit for a particular reason: “Like if you are on drugs or something, then maybe you need a hiding.”

Again there was no shared viewpoint amongst the parents. Some felt that hitting a child would make the child into ‘more of a rebel’ while another argued that if a child does not listen when spoken to, he or she will not respond to corporal punishment either. Others felt that physical

punishment is necessary on certain occasions to ensure that children do not repeat behaviours, and still others felt moderate physical punishment such as ‘a slight spanking’ or ‘maybe a pinch or two’ was acceptable.

	All	BK	CH	CO	DP	MP	UM
In my culture, smacking a child is an accepted form of discipline							
Agree	46%	24%	27%	34%	76%	46%	69%
Neither	10%	8%	20%	8%	10%	5%	9%
Disagree	44%	68%	53%	58%	14%	48%	22%
N	592	99	98	98	98	99	100

Almost half of the caregivers (46%) indicated that smacking a child is an acceptable form of discipline in their culture.

- The majority of caregivers in Diepsloot (76%) and Umlazi (69%) agreed that this is the case in their cultures, while caregivers in the Bo Kaap (68%), Cofimvaba (58%), Chatsworth (53%) and Mphahlele (48%) tended to argue that smacking a child is not an accepted form of discipline in their cultures.

In the focus group discussions most caregivers agreed that smacking is an acceptable form of discipline in their culture, although they many not use it themselves. The acceptance of corporal punishment amongst caregivers in Diepsloot is indicated in the following quote:

When I find a parent beating a child I just pass by because I know that a parent cannot just beat a child for nothing, there is something that that child did. (Female caregiver, Diepsloot)

In Cofimvaba the teenage girls agreed that, “It is culture to smack a child as a disciplinary form but these days most parents do not smack their children.” According to the teenage boys:

It was allowed in the olden days. A child did not have rights in those days and it is not allowed now because we have rights. There is no such thing that a parent should beat a child. (Male 13 – 17, Cofimvaba)

In Chatsworth, ‘moderate corporal’ punishment was viewed as acceptable. Two caregivers noted that although they had experienced corporal punishment, they would not use the same methods for their children.

My father did it to me, but I can’t do it to my kids. (Male caregiver, Chatsworth)

I got a lot of hidings when I was small .I was a rascal! At the end of the day it made me a little bit stubborn, because I knew if I did it I was going to get a hiding, so I took the

hiding. I'm thinking about it now, I wouldn't want to hit my child, no. (Male caregiver, Chatsworth)

INTERACTION BETWEEN PARTICIPATION AND DISCIPLINE USED

The final question to be answered is: *Is there a link between the use of different types of discipline and the levels of child participation in the family setting?*

In this study the use of corporal punishment as a common method of disciplining children was found to influence the levels of child participation reported by the caregivers and the teenage children (but was not important in predicting the levels of child participation amongst 8 – 12 year olds). Caregivers who commonly used corporal punishment reported lower levels of participation for their children ($p=0.039$), while teenagers who were commonly disciplined by means of corporal punishment also reported lower levels of participation ($p=0.005$).

On the other hand, levels of participation reported by caregivers and children did not appear to influence the type of discipline most commonly used by caregivers for their children.

In the table below, respondents were asked if they agreed or disagreed with the statement that “children are more likely to obey rules if they have had some say in making them”.

	All	BK	CH	CO	DP	MP	UM
8 – 12 years							
Agree	55%	64%	67%	49%	45%	50%	56%
Neither	16%	17%	2%	20%	25%	10%	20%
Disagree	29%	19%	31%	31%	29%	40%	24%
<i>N</i>	296	47	51	49	51	48	50
13 – 17 years							
Agree	61%	61%	81%	44%	52%	58%	68%
Neither	26%	37%	8%	46%	24%	18%	24%
Disagree	13%	2%	10%	10%	24%	24%	8%
<i>N</i>	304	51	48	50	50	55	50
Caregiver							
Agree	69%	85%	84%	65%	51%	77%	52%
Neither	14%	7%	7%	19%	17%	4%	32%
Disagree	17%	8%	9%	16%	32%	19%	16%
<i>N</i>	587	99	98	99	96	99	96

Table 35: Children are more likely to obey the rules if they have helped set them

Overall, caregivers (69%) were significantly more likely to agree with the statement that children will obey the rules if they have had some say in making them than younger children (55%) or older children (61%). This difference was particularly evident in the Bo-Kaap and Mphahlele.

There were some strong arguments for increased participation and a 'platform to talk' increasing a sense of responsibility amongst children.

If you are being involved in things you will see yourself as a person, you feel recognized in the family and as a result you will stop whatever that you were doing that was wrong. (Male 13 – 17 yrs, Cofimvaba)

When your parents are too strict they make you disobedient because you always feel left out and end up doing wrong things. You try to negotiate with your dad but he doesn't listen then you jump the fence (do something naughty). (Female 13 – 17 yrs, Diepsloot)

CONCLUSIONS

This section summarises the findings according to the questions outlined in the methodology, and provides some recommendations for the way forward in promoting participation in the family in the South African context.

1. To what extent do children participate in decision-making in within the family?

The findings from the study show that the level of interaction between children and caregivers is dependent on the context or issues at hand. Sensitive topics such as relationships and sex were less likely to be topics of conversation across the sites than performance at school. This was most noticeable in the traditional, rural areas of Cofimvaba and Mphalele where these topics are viewed as 'culturally taboo' by caregivers. Across the sites, children tended to engage in discussion with their female caregivers more easily than their male caregivers. Children in Cofimvaba were less likely to feel that their caregivers (male or female) were available to talk to them about what was happening in their lives. There also appeared to be cultural norms in Diepsloot which discourage children from talking to their male caregivers about themselves.

Caregiver attitudes also provide an indication of the potential for child participation. More than half of caregivers across the sites felt that children should not question their parents' decisions, suggesting that an authoritarian approach to child rearing is relatively common. In addition, almost all of the caregivers agreed that children had more respect for their elders in the past. In areas such as Cofimvaba, this change has led caregivers to feel that they are losing control of their children and they are ill-equipped to relate to their children in other ways. Despite this, the majority of the caregivers agreed that parents should talk to their children to sort out their problems. This forms a useful starting point for promoting increased participation.

Overall, the scores for the level of child involvement in decision-making in the family tended to hover around mid-point of a scale from 1 to 5, where 1 is 'no child participation' and 5 is 'solely the child's decision'. Not unexpectedly, child participation increased with age and was highest in decisions that were not affected by environmental factors, such as educational decisions.

Participants across the sites felt that children would make educational decisions after consulting their parents, although children felt that they had more choice than their caregivers reported.

The area with the next highest level of participation was choice around religious practices, with the average score falling close to joint decision. The focus group discussions, however, suggested that children are expected to follow the family's lead. Child participation in religious choices was lowest amongst younger children and in the predominantly Moslem area of the Bo Kaap. Participation was highest in Chatsworth where the respondents were Hindu.

The child participation scores for economic and household activities also suggest that these are joint decisions. This appeared to be the case in the focus group discussions, where children are expected to do chores but there is room for negotiation about which chores they will do. However, clearly defined gender roles also play a part in decisions on economic and household activities.

Social decisions were the most likely to tend toward being an adult's decision after consultation with the child. This was influenced both by cultural norms about discussing relations in traditional African sites such as Cofimvaba and Diepsloot, and concern for the child's safety in urban areas such as Diepsloot and Chatsworth. There was also clear gender differences in the way boys and girls were able to participate in social decisions, with boys having more freedom and choice than girls.

2. What key factors influence the level of child participation in families?

One of the objectives of this study is to determine the extent to which child participation is influenced by cultural practices or traditions. When asked directly, caregivers were split relatively evenly between those who felt that their culture encourages participation and those that felt it does not. The majority of caregivers in the predominantly Moslem area of Bo Kaap and Hindu respondents in Chatsworth (both established urban areas) indicated that participation is encouraged in their cultures. Only a small proportion of Sotho respondents in Diepsloot (16%) and Zulu respondents in Umlazi (18%) agreed that their culture encourages child participation. These cultures have traditionally encouraged respect for elders and adult decisions rather than child participation.

In addition to asking directly, culture (or site) was included in a list of other factors that may impact on participation, and the factors that are most closely associated with the levels of participation reported for each age group were identified.

Caregivers perceived their children's level of participation as being slightly lower than their children did, reporting that on average their children have 'some' involvement in decisions affecting them in the family context (3.06). Higher levels of child participation as reported by the caregivers were associated with older children; male caregivers and male children. Child participation was likely to be lower in families that commonly use corporal punishment as a form of discipline; where adults have physical disagreements or fights and where caregivers report being particularly religious. Taking these other factors into account, caregiver reports of child participation were still significantly lower in Chatsworth and Diepsloot. This may be due to environmental factors such as perceptions of crime and other dangers in the urban setting, rather than common cultural factors.

Across the sites caregivers indicated that levels of child participation have increased since the caregivers were younger. This was not always viewed in a positive light, and some felt that children have been 'spoilt' by democracy.

As expected, older children reported the highest levels of participation, indicating that they have more say in decisions than younger children. They also reported higher levels of participation than their caregivers. Children who were commonly disciplined by means of corporal punishment reported lower levels of participation, as did children whose caregivers reported being particularly religious. Again, after taking into account the other possible explanatory factors, older children's perceptions of their level of participation in decision-making in the family was lowest in Diepsloot and highest in Cofimvaba. The low levels of reported participation in Diepsloot may link to the cultural norms described in the focus groups discouraging discussion of personal issues with caregivers, and the environmental factors such as concerns for the child's safety in the densely populated informal settlement.

Younger children perceived themselves as having higher levels of participation than their caregivers did but less than the older children. Young children who felt that parents should use dialogue to solve problems with their children were more likely to report higher levels of participation. Again, after taking into account the other possible explanatory factors, younger children's perceptions of their level of participation was lowest in Diepsloot and highest in Cofimvaba.

3. What types of discipline are used by families in different cultural settings?

Approximately one third of children indicated that their male or female caregiver usually punishes them without talking to them. While the majority of both children and caregivers indicated that some form of non-physical punishment (such as reprimanding, talking, grounding or withholding of privileges) is most commonly used to discipline the child, 2 out of every 5 caregivers in this study reported using corporal punishment as the most common method of disciplining their children. Their children gave similar responses and the use of corporal punishment did not differ with the age of the children. There was a clear sense that the use of corporal punishment increases as the situation or disputes became more 'serious'.

While respondents in Chatsworth often reported low levels of participation, they reported the highest use of non-physical or alternative forms of discipline. Respondents in Umlazi reported lower levels of alternative discipline than any of the other sites.

4. What factors influence the types of discipline used?

Male caregivers and households with higher monthly incomes were most likely to be associated with the use of alternative discipline. This is likely to be because female caregivers tend to have more responsibility for children on a daily basis, and caregivers in poorer

households experience stresses and frustrations that in turn are expressed in the use of corporal punishment. Not surprisingly, caregivers' attitudes to corporal punishment were strongly associated with whether they commonly used alternative discipline or not. The area also appeared to play a role - alternative discipline was more likely to be regularly used in Bo Kaap, Chatsworth and Mphahlele than in Cofimvaba, Diepsloot and Umlazi.

As indicated, caregivers' attitudes toward corporal punishment clearly play a role in the types of discipline they use, but across the board caregivers reported being less likely to use corporal punishment for their children (or less frequently) than their own parents were. It is encouraging that almost half of the caregivers indicated that they did not approve of the use of corporal punishment (47%); another fifth did not approve in principle, but found it necessary to resort to corporal punishment at times. Caregivers in Diepsloot and Umlazi, two urban African sites, were significantly more likely to approve of corporal punishment or feel that it is sometimes necessary than caregivers in other sites. They were also the most likely to agree that smacking is an acceptable form of discipline in their culture. The focus group discussions showed that conflicting opinions exist on the use of corporal punishment within each of the sites.

5. Is there a link between the use of different types of discipline and the levels of child participation in the family setting?

As indicated above, the study found that the use of corporal punishment as a common method of disciplining children had a negative influence on the levels of child participation reported by the caregivers and the teenage children (but was not important in predicting the levels of child participation amongst 8 – 12 year olds).

Recommendations

Based on these findings, the following recommendations can be made to promote child participation in the family context in South Africa.

- There are misconceptions about children's rights and the practice of child participation which leads caregivers to feel powerless and therefore resist the participation of children in decision-making. To promote participation, educational interventions should be devised to assist caregivers in understanding the children's rights and responsibilities and the importance of participation – at present many caregivers simply see this as a threat to their traditional parental authority. Particularly if South Africa is to conform to its obligations in terms of the Convention on the Rights of the Child and ban corporal punishment in the home as well as at schools and in the justice system, it is important to conduct educational interventions that present alternatives to authoritarian parenting styles and the use of corporal punishment.

- Education interventions with children and parents on rights and responsibilities so that the rights of all generations are respected
- Cultural norms around child-parent interactions and gender stereotypes will need to be addressed to promote participation.
- The range of factors associated with increased levels of participation indicate that interventions that focus on changing individual attitudes and behaviour are unlikely to succeed - socio-economic status as well as cultural and local norms around discipline and interaction between parents and children and discipline all impact on participation. Interventions should therefore take place at a number of levels, including the school, community or and possibly legislative processes.
- It is important that interventions draw on existing cultural norms that can be viewed as supporting participation (such as children taking on roles of responsibility in the household) when addressing this issue. Interventions that are perceived as being based on “far off trends” are likely to meet with limited success.