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Responding to Multi-Dimensional Poverty: Exploring the Impacts of Government, Community, and the Individual Resilience of HIV-positive Unemployed Mothers in Khayelitsha

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Abstract

Millions of women and children are living in poverty in South Africa. Many interventions have been implemented in an attempt to alleviate their poverty, from government assistance grants to community-based organizations. However, mothers also employ their own coping mechanisms to mitigate the impacts of poverty in their households. Following a model of multi-dimensional poverty that incorporates material, emotional, spiritual, and social elements of poverty, this paper explores the various ways that government, community, and individuals are making an impact on the experience of poverty among impoverished families with young children. Through participant observation and in-depth, qualitative interviews with HIV-positive, unemployed mothers belonging to Philani Nutrition Center's Outreach program, this study came to several key conclusions. One, government social assistance grants alleviate only minor forms of material deprivation among poor families and, due to their limited scope, fail to sufficiently address the poverty of unemployed households. Two, social networks and community resources provide a significant source of emotional support for unemployed mothers, especially those with HIV. Philani Nutrition Center's peer-based outreach model addresses many of the gaps left by government programs in achieving greater overall quality of life in the lives of impoverished women and children. Three, individual resiliency among mothers contributes to their family's wellbeing as well, as the women employ their own strengths and identify creative solutions to mitigate the effects of poverty. This paper concludes that it is important to analyze the specific impacts of various poverty alleviation interventions to ensure that all aspects of a family's wellbeing are sufficiently addressed. Looking at the strategies employed by mothers living in poverty offers valuable insight into the capabilities of the poor, as well as highlighting areas where further support is needed.

Introduction

In a report published by the Presidency in 2008, 41% of South Africans live under a poverty line of R367 per month[1] (The Presidency, 2008:26). Of these, the average poor person falls 19% below this poverty line (The Presidency, 2008:27). Decades of racially discriminatory policies in South Africa have produced widespread unemployment, a lack of infrastructure, and low quality education in the country's many black townships. The result is that while 10% of the population earns more than 50% of the household income in the country, the poorest 20% earn less than 1.5% of the country's overall income (Statistics South Africa, 2008). Furthermore, HIV is infecting people in these communities at an alarming rate. The people most vulnerable to these crises are young women and children. Black women are not only suffering from poverty and HIV/AIDS at a greater rate than men, but they also must struggle against the marginalization caused by systems of capitalist development and a patriarchal culture. Their lack of opportunities for education and personal development is compounded by the presence of poverty and HIV/AIDS (UNAIDS 2006; Statistics South Africa 2007; Jacobs, Shung-King, & Smith 2005). In earlier work, I considered the multiple ways in which poverty is experienced among a group of impoverished and HIV-positive women caring for children in Khayelitsha (cf Kane, 2008). This paper extends this analysis to explore the strategic responses of the mothers in mitigating their poverty and ensuring aspects of wellbeing in their households in the context of a society experiencing high levels of unemployment, gender inequality, and HIV infections.

A number of interventions have been launched to reduce the levels of poverty in the country and mitigate its effects on individual families. Government's primary interventions have been the monthly social assistance grants distributed by the Department of Social Development. Community-based organizations have also introduced programs to address the needs of people in their area. Philani Nutrition Center, a well-known organization in Khayelitsha, is highlighted in this paper[2]. Other community and social resources also play an active role in the fight against poverty. Friends, neighbors, and family members often share food, clothing, and other items, while also providing each other with emotional

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[1] Poverty line defined by the All Media Products Survey (AMPS) and accepted by the Presidency as one of the various poverty measures for the country.

[2] This paper is a companion to Kane, D. 2008. Multi-Dimensional Forms of Poverty Experienced by Unemployed HIV-positive Mothers Living in Khayelitsha *CSSR Working Paper No.243*. Cape Town: AIDS and Society Research Unit, Centre for Social Science Research, University of Cape Town. For full background on Khayelitsha, Philani Nutrition Center, and the mothers participating in the study, please see previous paper.

support and even physical care when needed. Furthermore, the individual efforts of mothers are also an important response to the poverty their households experience. Through their personal resilience, faith, and the strategic use of household resources, mothers often play a critical role in ensuring that aspects of wellbeing are maintained despite poverty.

This paper details critical poverty alleviation strategies at government, community and individual level, while also considering how the policy environment affects the scope and impact of existing interventions. My previous paper established that a broad lens of poverty is necessary to capture the fullness of the mothers' experience, understanding their burdens in not only material terms, but as having emotional and social components as well. This paper continues to utilize this concept of multi-dimensional poverty and analyzes the impact that poverty-alleviation strategies have on various aspects of the mothers' lives. The mothers' unique capabilities and coping strategies are the main focus of this paper due to the significant role they play in ensuring that the support they receive translates into positive outcomes in their households. The mothers' experience of poverty also serves to highlight gaps in service delivery, signaling areas of their lives where they are in need of further support. Their stories inspire a number of recommendations for how to create an enabling and empowering environment that will foster poverty reduction. An analysis of the various roles that government, community, and individual resources play in a mother's everyday experience of poverty, as well as recommendations for the way forward, will be discussed at the end of this paper.

Policies & Interventions to Reduce Poverty

This paper understands poverty as multi-dimensional, grounded in Amartya Sen's capability framework (1985). Moving beyond economic measures of poverty, the model argues that poverty is more than just a lack of income or a state of material deprivation. Poverty is characterized by a lack of personal freedom to live the way one chooses (Sen 1985). Viewing poverty in this way challenges us to consider a person's level of overall wellbeing, including physical, mental, emotional, and social aspects. Poverty-alleviation is therefore about more than just increasing the income levels of a person, but also ensuring that their other needs are met as well.[3]

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[3] For a full theoretical discussion on the multi-dimensional poverty and its structural causes, see Kane, D. 2008. Multi-Dimensional Forms of Poverty Experienced by Unemployed HIV-

The Presidency of South Africa attributes the trend in rising overall living standards in South Africa not only to economic growth, but also to government's poverty alleviation initiatives (The Presidency 2008, 24). Some theorists agree that poverty and inequality can be substantially curbed within the capitalist framework as the result of a well-targeted pro-poor agenda of governing bodies (Sachs 2001; Wright 1995). "Pro-poor" policies are those in which economic growth provides substantial and effective results in poverty reduction, increased income in poor households, longer and healthier lives, access to information and technology, increased capacity for meaningful engagement in society as citizens and parents, and safety from crime and violence. Also, an environment that encourages entrepreneurship and industry in informal sectors can specifically target the poverty of a marginalized underclass who may not have the skills or experience to benefit from formal job creations programs (May 2006:146). Alternately, policies that degrade the environment, increase costs of basic goods and services, and increase imports thereby undermining locally manufactured goods, do not have the effect of reducing levels of poverty in a society. In actuality, some of these policies can actually *produce* poverty through setting up industries that depend upon cheap, often migrant, labor that also serve to undermine local community and household structures (May 2006).

In South Africa post-apartheid poverty-reduction policies have had ambitious goals but have not adopted an effective pro-poor strategy. The first year of democracy in 1994 saw the creation of the Reconstruction and Development Programme (RDP), which held goals of holistic human wellbeing, including increased work opportunities, improved housing and access to health care, "and all those aspects that promote the physical, social, and emotional wellbeing of all people in our country" (ANC 1994: 52). However, the RDP was effectively replaced by the Growth, Employment and Redistribution strategy (GEAR) in 1996 which focused on reducing budget deficits, liberalizing trade, and promoting investment in South Africa, yet ultimately failed to stimulate large-scale job creation (Lewis 2001: 3-5; Seekings & Nattrass 2006: 349). While these policies may have improved the conditions of skilled workers in South Africa, they "did little to improve the economy's capacity to create jobs. In the post-apartheid distributional regime, the unemployed were the biggest losers" (Seekings & Nattrass 2006: 251).

In addition to job creation as a means by which to address poverty, sound redistributive and social protection policies are also crucial in tackling inequality

positive Mothers Living in Khayelitsha *CSSR Working Paper No.243*. Cape Town: AIDS and Society Research Unit, Centre for Social Science Research, University of Cape Town.

and reducing poverty. "Given the inadequacies of the market and the limited capacity of poor households to sustain themselves through livelihood shocks and stressors by drawing on their own resources, there is a strong case for public intervention" (Nkurunziza & Rakodi 2005: 24). However, a government's approach must be two-fold, offering both social security as a safety net and social protection as a springboard out of poverty - a combination of both short-term and long-term support. Social "safety nets" alone are inadequate in that they "seek to ameliorate the difficulties of those who cannot get paid work because of ill health, disability, or other factors not related to structural conditions… [yet,] growing unemployment and casualisation of work, deepening and widening poverty, macroeconomic shocks and financial volatility, the HIV/AIDS crisis and other disasters require more than a social safety net" (Taylor 2007: 12-13). An approach grounded on the principles of "social protection" moves beyond poverty alleviation and rather, seeks solutions to foster poverty eradication. Interventions in social protection focus on building the assets and capitals of the poor, with an understanding that people need not only a springboard out of poverty but sustained support to safeguard them against market shocks and the inequality endemic in South African society.

The Department of Social Development is the primary actor in South Africa's state anti-poverty campaign, with social assistance grants absorbing 99% of their three-year projected budget (Department of Social Development 2006: 140). However, rather than offering comprehensive social protection, as described above, these grants serve as social safety nets and are intended to support those who are particularly vulnerable as a result of age or ability. There are over 11 million beneficiaries of social assistance grants in South Africa, and the five most accessed grants are: Child Support Grants available to children under the age of 14; Old Age Pensions available to men over the age of 63 and women over the age of 60; Disability Grants available to those temporarily or permanently unable to work as a result of sickness, disability, or injury[4]; Foster Care Grants available to caregivers of non-biological children in need of care and protection; and Care Dependency Grants for caregivers of children with serious disabilities requiring full-time care.

All grants are means-tested according to a family's income, with the Child Support Grant specially intended for very poor families earning less than R1100

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[4] With specific reference to HIV infection, an individual's CD4 count, measuring the number of immune cells left in the body, must be below 200 in order to qualify for the disability grant. This is a quantitative, medically determined standard and does not measure the *experience* of illness of a patient.

per month[5]. Take-up rates for all grants have been steadily increasing, as has the Department of Social Development's allocated budget for such programs (Poggenpoel 2004:7).

Table 1: Monthly cash transfer amounts for selected social assistance grants[6]

Grant	*Amount per month*
Care Dependency Grant	R870
Child Support Grant	R200
Disability Grant	R870
Foster Care Grant	R590
Old Age Pension	R870

The historical legacies of apartheid welfare policies are illuminated when analyzed in conjunction with the welfare spending discussed here. Even in light of current statistics of pervasive and chronic unemployment, current welfare policies in South Africa assume full employment in society and only provide for those who are "unable" to work; these systems "serve to reinforce such relative privilege rather than provide for the very poor, and such a system… displays clear continuities from the apartheid distributional regime" (Seekings & Nattrass 2006: 47). The current labor market policies and growth agenda in South Africa therefore represent only an adjustment from apartheid policies rather than a profound pro-poor transformation. As discussed in my previous work, apartheid entrenched the capitalist system and set the stage for the massive unemployment currently experienced. Similar policies are still operating today, though in a de-racialized manner. The current situation of mass chronic unemployment requires a structural intervention that effectively enhances the capabilities of the poor to engage in the economy and provide for the myriad of deprivations experienced by the poor. The constraints of the current system are examined in this paper through its effect on the South African women who participated in this study, highlighting the need for a comprehensive system of social protection.

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[5] Income threshold was recently raised from R1100/month to R2200/month. This was announced in an article published on 03 June 2008 on www.sagoodnews.co.za

[6] Amounts at time research was conducted in September 2007. For current monthly cash grant amounts, see: www.services.gov.za/en-za/socialservices.htm

Local Insights into Coping Strategies

In order to understand the impact that structural constraints such as unemployment and poor infrastructure have at household level, a number of "livelihood frameworks" are utilized in this paper. These frameworks illustrate the linkages between macro policies and micro coping strategies and livelihood outcomes, placing people and households at the center of development. A livelihoods framework enables us to "identify (and value) what people are already doing to cope with risk and uncertainty; make the connections between factors that constrain or enhance their livelihoods on the one hand, and policies and institutions in the wider environment; and identify measures that can strengthen assets, enhance capabilities and reduce vulnerabilities" (de Satge′ et al. 2002: 4). [7] These frameworks are used to identify how the capabilities (also commonly referred to in other frameworks as *human capital*, or skills, health, knowledge) of the poor are used to transform both social and material assets (also known as *social, natural, physical, and financial capital*) into activities that produce desirable livelihood outcomes, be it increased income, wellbeing, or sustainability (de Satge′ et al. 2002:98). Most livelihood frameworks agree, "analyzing vulnerability ought to go beyond identifying the risks and threats to examine households' resilience in resisting and recovering from the negative effects of a changing environment or their ability to exploit opportunities." (Nkurunziza & Rakodi 2005:12).

The external economic, institutional/political, social, and natural/built environment, from household to global level, serves to enable or constrain the livelihood strategies of the poor. The external environment constitutes the *vulnerability context* of the household and includes HIV/AIDS, large-scale inequalities and unemployment, and capital-intensive growth (de Satge′ et al. 2002: 127). The ability of households to navigate within their vulnerability context is affected by laws, policies, culture, and institutions as discussed above. HIV and AIDS, gender inequality, unemployment, and the lack of pro-poor policies in South Africa all contribute to an especially high vulnerability context for the women in the study. The mothers' capabilities are therefore both *affected by* the vulnerability context as well as actively *affect* and mitigate the household experience of vulnerability. Utilizing this framework helps to describe each woman's experience of poverty and her ability to navigate within her vulnerability context.

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[7] For an extensive overview of various livelihood frameworks, see de Satge′ et al (2002). Another helpful framework is Moser (1998).

A high vulnerability context in South Africa reduces the assets available to households as well as the ability of households to utilize resources to mitigate poverty. Empirical evidence from South Africa on the ways in which impoverished communities cope with AIDS illness suggests that households first reduce spending on clothing, electricity, and other services while nearly a third of their income is now directed towards meeting health care-associated costs (Steinberg et al. 2002). Women often take time away from income-generating activities or school to address the need for increased care in the home and in order to cope with reduced care to dependent ratios, children are often sent to live with extended family members (Gillespie et al 2005; Steinberg et al. 2002). The care of children in resource-poor or AIDS-affected settings often involves the support of neighbors and extended family (Bray & Brandt 2007). However, some research has shown that the presence of HIV infection greatly reduces the availability of this support. For example, Swartz reports that HIV-positive women receive less social support than people in other difficult situations. "HIV positive women have also been found to experience significantly less socio-economic, spiritual, and family support than HIV negative women. Many infected mothers are either reluctant to, or desist altogether, from seeking assistance" (Swartz 2005: 21). This is a prime example of how the vulnerability context, in this case related to the social effects of HIV and AIDS, impacts upon an individual's capabilities, access to social and material assets, and overall wellbeing.

This paper looks at the impact that various poverty-alleviation strategies have on household wellbeing as well as the unique strategies that women employ in their households. In the context of both structural and personal vulnerability, the coping strategies of mothers are often what make the difference in a household's experience of poverty. The livelihood framework established in this section will serve as a tool to draw linkages between the structural context and a household's ability to mitigate poverty as we explore the efforts of mothers in ensuring aspects of wellbeing for their children. The challenges they face in accessing government and community resources, as well as the effects these interventions have in their lives will inform the recommendations at the end of the paper. Lessons from stories of personal resilience will also be unpacked in order to uncover ways of fostering such strength in others as well as creating an enabling environment to maximize upon the strategies of these women.

Methodology

In order to explore the interventions targeted at households experiencing poverty, as well as women's personal responses to poverty, a case study was undertaken during the period of July to September 2007 on five women who all meet the following criteria:

- Female residents of Khayelitsha township, site B
- Participants in Philani Nutrition Center's Outreach program
- Not engaged in any formal employment
- Over the age of 18 and under the age of 60 (therefore eligible for state grants targeting the very young and very old)
- The primary caregiver for at least one child (though not necessarily a biological child) under the age of 18
- HIV-positive and comfortable speaking about this

In-depth interviews were carried out with these five women in their homes. Their Philani outreach workers participated in the interviews as well, offering stories of other mothers in similar situations, confirming the validity of information about these five mothers, and providing translation in some cases as well. Furthermore, two years of participant observation and home visits with Philani outreach workers significantly contributed to the discussion and conclusions reached in this study. Numerous interviews, both formal and informal, with Philani social workers and outreach workers also produced empirical material to add additional perspective and depth to the mothers' stories[8]. Table 2 below highlights key information about the participants of the study at the time they were interviewed[9].

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[8] For a full discussion of the methodology used in conducting this study, as well as in-depth information about the mothers' personal contexts, please refer to Kane, D. 2008. Multi-Dimensional Forms of Poverty Experienced by Unemployed HIV-positive Mothers Living in Khayelitsha *CSSR Working Paper No.243*. Cape Town: AIDS and Society Research Unit, Centre for Social Science Research, University of Cape Town.

[9] Additionally, all names have been changed to maintain the privacy of the women, their children, and their outreach workers. For the reader's ease in distinguishing between mother and outreach worker, all mothers have been designated a name beginning with "N" while outreach workers' names all begin with "P." Philani's social worker has chosen to keep her own name, as she is a representative of the organization.

Table 2: Summary of research respondents' demographic and household information

Mother	Philani Outreach Worker	Total # people in house-hold	# total children in house-hold	# children HIV-positive	Married?	Household Income[10]	Health Status	Type of Housing	Last Work Experience	Translator for Interview
Nonkululeko	Pelisa	6	2 biological + 2 non-biological	1	Yes	R200 CSG + husband's income (R355/wk)	HIV+; Some illness, not on ARVs	Three-room shack; average condition	Cleaner in cape town	None
Naledi	Patience	4	1 biological + 1 non-biological	1	No	R200 CSG (x2)	HIV+; Healthy; not on ARVs	One-room shack; poor conditions	Unknown	None
Nothemba	Phumla	3	1 biological	1	No	R870 DIS	HIV+; AIDS illness/on ARVs; passed away	Shack; poor conditions	Unknown	Yes; Themba
Noluvuyo	Pinky	3	2 biological	1	No	R870 DIS + R200 CSG (x2) + R300 DT	HIV+; Healthy; On ARVs	One-room Bungalow; good condition	Never worked	Yes; Pinky
Nokuthula	Pelokazi	4	2 biological	0	Yes	R200CSG + husband's income(+/-R500/pm)	HIV+; Healthy; not on ARVs	Two-room shack; good condition	Domestic worker in cape town	Yes; Pelokazi

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[10] CSG=Child Support Grant; DIS=Disability grant; DT=Desmond Tutu grant (Philani); amounts listed were accurate at the time of the study.

Empirical Findings - Responding to Poverty

The interviews conducted with these five mothers explore the various ways they alleviate their poverty and strive for greater wellbeing. A combination of government and community support is instrumental in alleviating the family's poverty, though the mother's capabilities also affect which forms of support she is able to access. These strategic responses – government, community and individual – inform the extent to which wellbeing can be achieved in the context of these mothers' lives. This section discusses the specific forms of poverty that are addressed by these various interventions, highlighting the remaining barriers and gaps to achieving social, economic and physical wellbeing.

Government Social Assistance Grants

South Africa's social welfare program is primarily comprised of social assistance safety nets in the form of cash grants. As briefly outlined above, the state offers a number of monthly grants to address the income poverty experienced by the young, the old, and the disabled. The types of poverty alleviated by grants were discussed by the mothers in the study, along with barriers to access and gaps in coverage. This section does not aim to offer a comprehensive analysis of available government services; rather, it considers the services that are directly relevant to, and accessed by, the women interviewed in this study. Below, the mothers' stories highlight a clear gap in coverage for unemployed, able-bodied people of working age. This lack of comprehensive social protection is shown to have serious consequences on the poverty experienced by the women in the study.

All of the Philani mothers interviewed were receiving a Child Support Grant for their children, with the exception of Nothemba.[11] This is the most widely accessed grant in South Africa, with take-up rates continuing to rise, proving that most caregivers are managing to access the grant (Booysen 2003:7). In the absence of an unemployment grant, some of the mothers depended almost entirely on the Child Support grants they receive on behalf of their children. Therefore, that which is supposed to be a safety net for children, intended to improve children's wellbeing within low-income families, actually becomes the sole source of income for the household.

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[11] Though Nothemba qualified for a Child Support Grant, she reports being too physically sick to travel to the necessary offices to apply for the grant.

> 'Naledi: So I'm staying here and [Mampho] has a grant for [for her child], and I have a grant for [my child]. So it's 200 and 200. So we are living with that. She's not working, she's looking for a job.'

This grant is inadequate for Naledi to look after all the needs of her child while she is unemployed. Nokuthula also stated that she depends on the Child Support grant as her only source of consistent income. She reports spending the grant solely on food, though she later said that she prioritized crèche for her child and also paid those fees out of the grant money.

While the Child Support Grant is accessible for those with very young children, the Disability grant is only available to those with severe cases of illness. Noluvuyo and Nothemba are the only two women in the study whose stage of AIDS illness makes them eligible for the Disability grant. Since they have now been deemed unable to work, the government is providing them with monthly income support. Noluvuyo reports that her receipt of the Disability grant in early 2007 has enabled her to provide for her children without the usual stress of having to live off the two Child Support grants alone. This is a sign that the Disability grant is meeting its stated purpose of providing families relief during illness and strengthening Noluvuyo's capabilities.

> 'D[12]: How has receiving the grant changed things in the house? What are some things that she is now able to buy with the grant that she was not able to buy before?
> P: She managed to buy clothing for her and her children, blankets, the bed, and also the cupboards.
> D: So before the grant they didn't have…
> P: No, they had nothing. I used to borrow her money, I also… (asks Noluvuyo).. Oh! I have forgotten about that! I also offered her a place to stay because they didn't have the shelter… and food, and even…
> D: Now with the grant, does she have most of the things she needs or are there still things that she struggles with?
> P: For the time being, she says it's ok.'

Unemployed mothers who are not eligible for any of the social assistance grants are left in a difficult situation and represent a large gap in welfare provision. This includes people who are healthy but unemployed, as well as those experiencing increasing sickness but who are not yet eligible for a Disability

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[12] This abbreviation refers to "Dianna," the interviewer. Thereafter the first letter of the respondent's name is listed in the dialogue.

grant. Nonkululeko discusses being forced to resign from her job due to her increasingly poor health as a result of her HIV infection. However, her health is still well above the mark that qualifies for a Disability grant.[13] She is therefore in a difficult 'in-between' stage where she is unable to work and unable to collect any assistance from the State.

> 'D: Do you get a Disability grant?
> Nonkululeko: No, my doctor last month said I'm right.
> D: Do you feel like you're well enough to work?
> N: No… Even now, I don't know what's happening. I lose weight,
> I've got the arthritis. I am sick most of the time.'

The Care Dependency grant presents another dichotomy in grant eligibility. This grant only targets children with serious and permanent physical disabilities, often to the exclusion of HIV-positive children with frequent opportunistic infections. However, all sick children require great care, yet most mothers are unable to access this grant. Because Nonkululeko's HIV-positive child also has physical and mental disabilities, she will soon receive the Care Dependency grant, providing her with a monthly income so that she can look after her child's special needs on a full-time basis. Of the many sick children in this study, Nonkululeko's child is the only child that qualifies for the care dependency grant. All of the other women caring for their sick children full-time will only receive the Child Support grant. Therefore, these mothers cannot access state resources as a means of responding to the poverty of their family.

Naledi's story is a case in point for the "in-between" stage, referred to above, as she is receiving the least amount of assistance of all the women in the study. She is unable to work due to the care required by her child, yet her daughter is not eligible for a care dependency grant. Naledi's current CD4 count also does not qualify her for a disability grant, making her "eligible" for work, according to government policy, yet she has been unable to find employment. Though she receives a Child Support grant, Naledi has stated that this not enough to support her and her child. Naledi illustrates the difficult circumstance resulting from both mother and child falling into the category of "in-between":

> 'Naledi: Yah, I want to take care of [my child], but just if I could get
> something for staying with her without working.'

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[13] As explained earlier, stage of HIV illness is measured by CD4 count, which must be below 200 to be eligible for the disability grant.

Applying for grants require a collection of documents and doctor's notes, items that many poor families spend a great deal of time struggling to obtain. Worse is the confusion around how to successfully navigate the application process. Obtaining and organizing the documents for this application is an exhausting process for Nonkululeko, caring for her disabled child. Not only are some mothers too weak to submit an application for the grant, the bureaucratic process is very difficult. There are also significant costs associated with the application process, related to obtaining documents and traveling to Home Affairs. The health, mobility, and income of the mother were significant when applying for any kind of grant.

Nothemba was unable to process applications for the Disability grant and Child Support grant due to her illness and inability to leave the house. She is arguably a candidate who needs social assistance the most, and yet she was also most unable to access it.

> 'Themba: [Nothemba] is saying that she's not getting a grant now. She is about to get a Disability grant for herself, but for her child, she's not getting anything. She's trying, but she's weak.
> D: Because she isn't able to get to social services?
> T: Yes, because she hasn't had a chance because she was sick at home.'

All of the mothers interviewed are benefiting from the social welfare system by receiving at least one grant payment each month, though as clearly demonstrated in their stories, this is insufficient in meeting the needs of their families. There also exist enormous discrepancies in grant receipt as a result of well intentioned but poorly designed eligibility requirements.

Community Resources

Government interventions are not the only forms of support available to the women in the study. Community-based organizations, faith groups, and personal social networks all contribute to the wellbeing of the women interviewed. This section explores the role that community resources play in enabling these mothers in mitigating poverty, as well as the more nuanced forms of poverty addressed by this kind of assistance. However, just as with the government grants, there are also barriers to access and limitations of support in the community. As is discussed in this section, these challenges are greatly a result

of a fear of HIV stigma from friends and neighbors that inhibit the women from reaching out for help.

Philani Nutrition Center

There are thousands of community-based organizations (CBO) operating in South Africa. This section focuses on the work of one CBO in particular, the Philani Nutrition Center, due to its significant role in the lives of the women in the study. Philani's intervention is targeted at mitigating child malnutrition based on a model of peer-based support. The mothers of malnourished children are paired with an outreach worker in their community who offers them education and advice on childcare practices and feeding. However, the mothers are also encouraged to identify and utilize their own assets and strengths in producing sustainable healthy outcomes for their children. Therefore, the mothers have to take ownership of the support offered to them for it to make an impact in their lives.

Pelokazi, working as an outreach worker for several years, elaborates on the intervention she does with the mothers in the outreach program:

> 'Pelokazi: We educate about how to feed, feeding practice and hygiene, and also the way of taking care of a baby… like vegetables are cheaper. It's nutritious food, yes. We also stress about it… [Most of the mothers], they don't know how to feed or how to take care of the baby during the younger age. We promote exclusive breastfeeding from 0-6 or exclusive formula feeding [for HIV-positive mothers]. So most of them like to mix-feed the children and it's dangerous for babies, so we stress to educate.'

As previously mentioned, the nutrition-based educational interventional is the main focus of the Philani program, yet the organization provides a number of other services to address the poverty that contributes to malnutrition in the households.

At the time of the study, Noluvuyo was receiving the Desmond Tutu award grant from Philani. Nokwanele Mbewu, the social worker at Philani explains that this grant is meant to be a reward for exceptional mothers' and their commitment to caring for their families in the midst of severe poverty. Especially in the absence of government unemployment assistance, the

Desmond Tutu grant gives Noluvuyo with the additional money needed to care for herself and her two children while she is out of work.

Noluvuyo also benefited from another Philani initiative to provide housing to destitute families. Last year, Noluvuyo had nowhere to go with her two children and they were in danger of sleeping on the street. Pinky, her outreach worker, brought the situation to Philani's attention and a shelter was built for her shortly after. Here, Pinky translates for Noluvuyo, who speaks of the peace of mind this has given her:

> 'Pinky: The house from Philani has changed her life and her children's life because they had no place to stay. Even her family didn't want them… To her, the house brought happiness… [because now] her children are free and have shelter and food and she knows what her children need because before they didn't have a place to stay until I [lent] the shack of mine until Philani came.'

Though Philani offers valuable educational and material resources, the women identified the most significant support they receive comes from their relationship with their outreach workers. One mother reported that her outreach worker offered to take the child to an appointment at Red Cross when the mother was feeling ill. Another outreach worker offered a family a place to stay when they were without shelter. Most importantly of all, the mothers described in great detail the emotional support they received from the outreach workers. Especially in the context of a stigmatized HIV/AIDS epidemic that cuts many people off from other support networks, a Philani outreach worker often takes on a significant role in the mother's life. Nokwanele comments on the other services offered by the outreach program:

> 'Nokwanele: We say we are offering counseling, because through the outreach program it encompasses the building of the relationship, the main entry is the child, but when you get into the house, you do the intervention that is, sort of helping the whole family. So it's a holistic approach that is only entered through the child.'

Naledi views her outreach worker, Patience, as a reliable and educated source of advice and information as well as a trusted friend. Naledi recounted her extreme anxieties relating to her HIV infection, but she states that Patience is the person she trusts to discuss these feelings. In this next quote, she says God brought Patience's into her life.

6

'Naledi: Sometimes stress can come, but after a time you say, ok let me ask God. By that time God tells me you must go to Patience and after I talk to Patience I feel better. And it's God that made that plan. So Patience says, hi how are you? And I say I am stressed too much. Maybe sometimes I don't go to her, she just comes to me in that time of stress. She says why today you so cross, what's wrong? I say, I'm stressed, I'm worried, my baby is very sick now. "You must take her to Philani, you must do this, you must do that, I will bring you some Disprin, just to give you Panado." Sometimes the stress can just control. But not all the time. You don't have to let it happen all the time.'

This powerful quote displays the significance of emotional support in the wellbeing of the HIV-positive mothers, especially in a community that does not openly speak of the virus to one another. This form of poverty has nothing to do with the income in a household and rather speaks to the psychosocial wellbeing resulting from social inclusion and supportive friendships. Other mothers also mentioned similar emotional support from their outreach workers:

'D: Where do they [the women] get that strength from?
Pelokazi: Maybe the counseling from the clinics and the counseling from us.
Nonkululeko also speaks of her close relationship with her outreach worker, Pelisa:
Nonkululeko: I give Pelisa my child even now, she is going to take my forms to do the grant. Pelisa just take two jerseys for my child. She is doing my problems.'

Aside from emotional support, the outreach workers have also been active in the lives of the mothers when they have been physically ill, many times to make up for the gaps left by government in these areas.

'Nokwanele: Our main target is children 0-6 years. And then we, also now, have diverted and targeted HIV-positive women, bedridden. Actually, it's not women only. Women and men HIV-positive bedridden people, for bridging the gaps in other areas. By that we mean that whatever the government is not able to provide we will provide. For example, to a few we provide food, groceries, or transport to the health institutions.'

Translated by Themba, Nothemba describes the physical help she's received from Phumla, her Philani outreach worker, when she was too sick to care for herself and her child.

> 'Themba: Phumla was going to help her out with the child when she is sick, she will wash the child and do things for the child, help clean up the house.'

Philani seems to be filling many of the gaps left by government services, offering both grants and physical support to some families. In addition to addressing poverty related to material deprivation, housing, lack of information, health care, and illness, Philani is also playing a vital role in the emotional wellbeing of the mothers. These lessons taught by Philani, when internalized and carried out by the mothers in the program, is a major response to poverty, especially in its subtler forms of emotional anxiety and hopelessness.

Social Networks

The section above highlights the valuable role that CBOs, like Philani, play in the lives of impoverished women. However, support also comes from family, friends, and neighbors. As a result of a culture of migrant labor, shared caregiving, and the close ties with extended family members, some of the women depend on friends and relatives living far away to mitigate certain forms of poverty. For example, Naledi has three children currently living with her mother's friend in the Eastern Cape. This is not uncommon in South Africa, as the cost of raising children in the rural areas is cheaper and also allows parents in Cape Town to work. Naledi shares her experience of having her children raised by another woman and the gratitude and indebtedness that she feels towards this woman, prompting her decision to leave the youngest child with her even after he began receiving a Child Support grant:

> 'Naledi: I went home and I've talked to that lady, that mommy, she said if you want you can take him, but I thought, if I am taking this one, then maybe this grant I am going to take. It's been a long time they've been living with her, so now I want to take this grant and eat it and she has grown my baby up there so I don't want to take him because she don't have children, so she's not staying with much… So I thought, I want him to be with me but… I'm thinking of her.'

8

Naledi expresses an obligation to keep her child in the Eastern Cape so this woman can continue receiving a small income through the Child Support Grant. After many years of this woman helping to raise her children with no government grant, Naledi sees this grant as her way "thanking" this woman for caring for her children. This again highlights the dependence of households on the Child Support Grant as a significant source of household income, rather than a supplement for the cost of the child's care. This story also highlights the subtle complexity of mitigating poverty amongst extended family arrangements. Should Naledi ever wish to raise her son herself, she may feel like she would be doing a disservice to this friend who is now depending on the child's grant.

Members of the local community have also been a source of support to the women in times of need, with other mothers being the most supportive. This may signal a connection between mothers due to their common experiences and understanding of certain burdens, often as a result of a lack of support from family. In some cases, church members were also referred to as supportive and willing to offer help and support.[14]

Nothemba and Naledi have previously been discussed as two of the most destitute women in the study. Support from the community is especially important to these women.

> 'Themba: There are three ladies that [Nothemba] can go to borrow something. There is one who just comes with a plate of food or medicine when the child is sick or when she needs help with the child.'

Naledi also mentions a few women who she can go to for help:

> 'Naledi: There is a lady who helps me, next door. There are two. They help me with the children, like when my baby is sick I go to this one and tell her I don't have money, I don't have food in the house. She gives me money and tells me you must buy this for the child, and do all these things for the child. Those two ladies, yes.'

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[14] The role of churches will not be explored here, but their role in offering support to HIV-positive, unemployed mothers, emotionally, spiritually, and possibly even with material assistance, is an area that deserves further exploration.

Even though each of the women said there were people in their community who were willing to help them, they could only name a few, and they named them quite specifically. This is a particularly important point when discussing "community" because support is often received from a small group of people and is not necessarily indicative of an overall supportive community.

The extra care required by a child with health needs impacts upon a mother's capability to create positive outcomes of wellbeing for her family. Here, Naledi discusses the role of her community in helping her ensure that her daughter's health as well as the way she reciprocates and helps others:

> 'D: Does the child need to take food with the ARVs?
> Naledi: You must give food, she must eat.
> D: Is there always food?
> N: There is always food for her, because if I have no food in the house, I will try to go to these other houses so they help me, they give me something to eat. for me, I can sleep without food, I don't mind, but this one she must eat.'

Even though some of the women report being able to rely on neighbors and friends for support, these helpful people were often discussed as the exception to the rule. Nonkululeko does not feel like she can count on her community for assistance, with the exception of one or two people. She also mentions that is difficult having her family far from her.

> 'D: And the neighbors? Is the community helpful? If you ever needed to borrow money for a taxi?
> Nonkululeko & Pelisa: (laughing) No!
> D: What about for food?
> N: I've got one neighbor, sometimes she helps me. so now the dad is not working…so nobody's working. She's not my family.. but the mother is close to me so if I've got a problem, I'm going to sleep there.
> D: So the community is not friendly?
> P: No.
> N: And my family is far from me in Site C. so I don't have a close family.'

Nonkululeko and Pelisa spoke of the community's behavior towards people living with HIV and Nonkululeko expressed that she often feels alone and unable to form close friendships as a result.

'Pelisa: So, Dianna, not everyone is supportive. They gossip around about your problems. So it's not so easy to talk to anyone.
Nonkululeko: If you say, I've got a problem, then they tell everyone. But I'm not scared now because Jesus knows what's happening with me.
N: We are having a lot of people who are having the problem, but nobody can talk.
P: You see, many people are not supportive. These people gossip around and they call it "this thing."
N: ...And then, you can't eat with this plate and so my child is eating with separate plate. These people is wrong. I tell myself everyday it's better; I know I'm sick, but it's difficult because they may say you have this thing and you are going to be dead now, but me, maybe I'm still I have time, I have a long time.'

Nothemba relates a similar experience of not being able to ask neighbors for help due to the stigma attached to her HIV infection, with the exception of one woman.

'Themba: [Nothemba] says the people they do not talk about their problems…one lady has been supportive to her, especially the one that brings food, but she was scared of the others that they would think they could catch it or would gossip about her.'

The outreach workers reflected on their community's view of AIDS and the silence that surrounds it:

'Ntombentsha: It's because people think that HIV belongs to someone although HIV is for US. Do you understand that? HIV is for US. Not for someone. They always said, look at her, or look at him, she is ill. She is positive… So they laugh at each other. That is why most people keep it a secret.'

Pinky also explains her opinion of the root cause of AIDS-related stigma.

'Pinky: It's difficult to share because of the way it was introduced first, when it was discovered that it was this virus that is incurable. That is why people don't accept and don't share. [They think that] once you get infected you will die or maybe they think you have slept with many guys or sell yourself…it's changing a bit now that there's treatment. The way the people were told is not right. They should be

11

told that it's like any other chronic illness. She [Noluvuyo] can't hide that she is ill although she never talk about it except that friend, who also is HIV-positive and asked her to go with her to the clinic.'

During the interviews with all of the women, none seemed to perceive HIV as a death sentence, nor as a source of shame. However, regardless of their reported level of personal confidence regarding their status, none of the women have publicly disclosed their status, and some have not even told their families. The perception that they are avoiding the inevitable gossip of the neighbors by keeping their status a secret is a common experience among the women. This perceived need for secrecy also inhibits the women from building networks of support for themselves. Many depend solely on their outreach worker for emotional support and counseling. The neighbors' decisions to support each other through poverty seems to be governed by mutual trust, which often breaks down when one of them is suspected of being HIV-positive.

Personal Strength & Resilience

The previous two sections have discussed capabilities in the context of access to government and community resources and, in turn, the impacts these services have on the mother's experience of poverty. This section explores how mothers utilize their personal strengths to produce positive outcomes for their households' wellbeing. The mothers' physical, mental, and emotional capabilities determine how well they are able to navigate within their vulnerability context. Their capabilities depend both on the resources they access, as well as personal characteristics such as family history, education, health, skills, and faith.

Of great significance to the women's capabilities is the chronic state of economic poverty and unemployment that they have experienced for most of their lives. Many of the women interviewed grew up in households of financial instability, lack of resources, and poor quality education. Despite this experience, or perhaps as a result of it, many women creatively engage with their environment to achieve some level of wellbeing for their families. The outreach workers are a prime example of women who have demonstrated an ability to cope with poverty and raise healthy children nonetheless. Now, the outreach workers transfer this knowledge to the mothers in the outreach program, with the intention of developing capabilities and coping strategies among them.

Nokuthula is a clear example of a mother who is able to skillfully utilize what is available to her to the greatest potential. While her family's household income is

unsteady and is relatively low compared to other women in the study, Nokuthula's two children are at a healthy weight for age. Pelokazi speaks about Nokuthula:

> 'D: Does Philani give milk or any other of those things to her?
> P: No, Philani deals with the underweight for age children. So this is mother-to-be. And this, her baby is great, you see. The weight is right for his age, so there is nothing we can do, only education… the difficulty is with the food, but she knows how to take care of them.
> D: How?
> P: She knows, if the grant comes next Friday, she knows maybe buy enough vegetables and if the father is doing business, he will buy some. She knows how to (searching for the right word)…
> D: Budget?
> P: Yes.'

Nokuthula has achieved the ultimate goal of the Philani intervention. She faces a host of structural constraints as well as financial instability and HIV infection, yet she works within these constraints to find a healthy balance that works for her family. Nokuthula's life could still be drastically improved through significant structural changes, but in the meantime, she manages in her very difficult circumstances.

Several of the women strategize household composition in order to cope with poverty. Naledi stays with her brother's daughter in order to pool their grant money and share household responsibilities. Having a trusted adult in the household also provides Naledi with some peace of mind when it comes to managing illness.

> 'Naledi: I told Mampho [that my baby and I are HIV-positive] because maybe I will be sick so who will help give the baby treatment so she can help, you know.'

Though Nonkululeko does not always speak very highly of her husband, here she comments on the help he provides when she is feeling ill, perhaps one of her reasons for staying with him.

> 'Nonkululeko: You see in the morning the father puts the kettle on for the children so they can wash themselves. Sometimes if I feel sick, my husband gets the children ready.'

The mothers also describe how much they depend on the older children, usually girls, to assist with household chores. Especially in the case of a mother's HIV illness, or the illness of an infant, the older children were increasingly relied upon for running errands and caring for the younger children.

'Nonkululeko: The children do everything, even with the [baby]. Almost everything… if I need something there from the shop, if I want some milk for the child, the children go.
Pelisa: [The older child] knows that mommy is sick but she doesn't know with what. But she knows her sister must take medicine at 8o'clock.
D: She knows how to take care of the baby?
N: Yah, but she doesn't know why, what's happening.'

Pinky describes how Noluvuyo sticks to a daily routine in order to balance the needs of her healthy school-age child with the illness of herself and her youngest child. Thanks to the grants she receives, the house Philani built for her, and the treatment she takes, Noluvuyo's personal capabilities are becoming increasingly resilient.

'Pinky: She gets up very early around 7 and prepares for the older child to go to school, then they walk her to school. Then they come back home and drink their medicine and she and her youngest child go back to sleep until about 12. Then they get up and eat and clean and prepare dinner for the oldest child who gets home around 2.'

Nonkululeko speaks of the domestic tasks she performs during the day to ensure that her children have a clean house and clothes:

'Nonkululeko: I wash the clothes, the shirts for school. I am supposed to clean everything in the kitchen.'

Personal faith in God and an intense desire to care for their children were also recurring themes in this discussion on capabilities. Naledi speaks of her ability to stay positive despite the struggles in her life:

'D: What gives you hope?
Naledi: God.
D: What are some things that [your daughter] does that make you happy?

14

N: When she is singing, I feel happy. Like when she is eating food nice, I am happy. When she is gaining weight, she is coming up right, I am happy. She's coming right again. She is taking the medicine, she don't refuse the medicine.'

Nonkululeko also expresses her faith and the effect it has on her capabilities to care for her children:

'D: So what keeps you with a big smile on your face? What are the things that make you so happy?
Nonkululeko: (laughing) I promise you, God. No one can help me but him… So when [my husband] is doing the wrong thing, when he is not coming with me to check the baby, I don't mind... I care about my child because it is my life… Two months back he said maybe he will find a girlfriend because he said I don't know what's happening with you. And I said if you want. I don't have a life with you. But I want you to look after my child, so that is difficult.'

Though the accounts of several women clearly show that HIV and AIDS significantly increases levels of anxiety, Nonkululeko speaks of personally coming to terms with her HIV status and allowing herself to focus on taking care of her children.

'Nonkululeko: At that time that I found out, I was so worried, but now I have come alright. I have accepted for now. I know there are other people dealing with these problems. For now, I am right with myself. I know that it is not only me [who has HIV]. I just want to take care of my child. So when the time I was sad but now I don't think I like that. I want to have a chance to talk to my [9-year old] child. I don't want my child to know [about my HIV] from someone else.'

When asked if she thought HIV infection makes it more difficult to be a mother, Pelokazi answered, 'No, [the women] are coping. They are strong.'

The coping mechanisms presented here involve both learned strategies and inner strength. Nokuthula's knack for household budgeting is a useful and transferable skill. Nonkululeko and Naledi's faith in God and belief in their own abilities is less easily taught, but can be encouraged through peer-based programs like Philani. Involving children and family members in the household's poverty alleviation strategies is also a common practice among the women. These strengths can protect against depression and anxiety while also making a

meaningful impact on the children's wellbeing despite the absence of financial stability or material assets.[15]

Discussion

Many different responses to poverty were raised in the conversations with the mothers. These ranged from accessing government grants to alleviate some of the family's material deprivations, to utilizing the care and emotional support offered by a Philani outreach worker, to maintaining faith in God to stay spiritually strong. However, the mothers also identified gaps in the current systems of support and highlighted several barriers to accessing grants. This section will consider the mothers' stories in light of the previous discussion on pro-poor interventions and also explore the factors that enable or constrain their ability to navigate within their environments.

As established in Kane (2008), all of the mothers interviewed are members of a disadvantaged underclass, denied quality education as youths and marginalized from the formal labor market as adults. In a society governed by a capitalist economic system and a patriarchal social system, women are often double victims of oppression and exploitation. The intersection of patriarchy and capitalism means that mothers often accept the full responsibility of childcare, limiting their ability to work outside the home, while also feeling pressured to bring in an income for survival. In a livelihood framework, these experiences constitute mothers' vulnerability context. The description of the mothers' experience of poverty within South African society in Kane (2008) speaks to the absence of a "pro-poor" policy environment as defined by May (2006) in a previous section. It is within this context that the mothers must navigate in order to mitigate poverty in their households. As stated above and seen in the stories, many factors can affect a mother's ability to do so, whether positively or negatively. Policies, community programs, illness, and the presence of a supportive network of family and friends are all some of the factors raised in their stories that affected a mother's capability to maintain levels of wellbeing in her household. This discussion explores the dynamics occurring within the mothers' vulnerability contexts as a result of their capabilities and the resources available to them. The ultimate goal of such an exploration is the identify the factors, that serve to enable the mothers to successfully mitigate poverty and

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[15] This presentation of the resilience of some women is not an argument for withholding relief grants and other forms of social support. Rather, it is a discussion of the ways that mothers are in fact surviving through difficult situations.

then make recommendations to encourage an environment that fosters these positive characteristics in other impoverished, HIV-positive mothers. Similarly, identifying the factors that seem to most greatly inhibit mothers from achieving certain aspects of wellbeing should be highlighted and prioritized as areas in need of attention.

The receipt of government grants is a common experience among poor South Africans, as was also the case with the mothers' interviewed, and stimulated much discussion around their scope and impact. With the exception of Nothemba, all of the mothers in the study access some government grants in order to alleviate their poverty. As argued above, poverty can be curbed within a capitalist system by the presence of a proper social assistance scheme (Sachs 2001; Wright 1995). The mothers' stories clearly demonstrated the significance of receiving the small grant amounts every month, which for some of the mothers was their only source of income. This resource was shown to minimize the mothers' experience of material poverty within their vulnerability context. Nothemba is an example of a mother who did not have the capability of accessing this resource. Her severe illness impacted upon her health to such an extent that she did not have the physical capability to apply for the grant. Outreach workers claim that she also lacked the motivation to do so even on days when she was feeling healthy. Regardless of the source of her inability, it still stands that Nothemba was less capable of navigating within the vulnerability context characterized by the underclass than some other mothers. As a result, she experienced a greater level of material poverty.

However, for the rest of the mothers, accessing government grants was often only played a minor role in their poverty mitigation strategies. The mothers all agreed that the amounts they received did not significantly improve the quality of life of their child. Due to a lack of government support for other members of the family, namely unemployed adults, the Child Support Grant served as a lifeline for the whole family, reducing its efficacy in alleviating the intended child's poverty. Their stories support the argument that Child Support grants, in order to be an effective response to poverty, must be accompanied by long-term livelihood support for the other members of the household (Ewing 2006: 92). A lack of such support also means that Naledi feels obliged to leave her youngest child in the Eastern Cape because his caregiver depends on the grant. Therefore, the child may be kept in the household most in need of the grant rather than the place best suited for him. Naledi's circumstances are a prime example of the serious need for comprehensive social provisions based on a "pro-poor" framework that would support families rather than individuals.

Ineligibility for grants, as seen in the stories regarding the Care Dependency Grant and the Disability Grant, also contributes to a mother's vulnerability context. The policy environment in which she exists has not identified her as vulnerable and has not allocated resources for her poverty. This gap therefore needs to be addressed at a policy level. Mothers and children in the "in-between," as described above, have less government resources available to them, while not necessarily having better health or job opportunities, as is assumed. In these cases, the limitations of social service programs may increase the mothers' vulnerability and slowly reduce some aspects of their capabilities as a result. Mothers like Nonkululeko complain of not being well enough to work and bring in an income to provide for her children, yet also not qualifying for a disability grant. This lack of income in her household inhibits her ability to respond to her own illness, thereby allowing it to worsen and reducing her physical capabilities further.

The mothers' stories supported claims in the literature review that community support plays a vital role in their ability to respond to poverty. However, when discussing the support the women requested and received from their community, an interesting finding is that they almost always did so in order to meet the needs of their children. This may signal a priority placed on the child's needs or a greater willingness of the community to help care for the child. The mothers often discussed anxiety surrounding their HIV status and their reluctance to ask for help, should someone find out that they were HIV-positive. However, when it comes to the needs of the child, Naledi states: There is always food for her, because if I have no food in the house, I will try to go to these other houses so they help me, they give me something to eat. for me, I can sleep without food, I don't mind, but this one she must eat. Women with HIV are less likely to reach out to friends and neighbors for support, yet it seems that the mothers do not hesitate to call on friends and neighbors when it comes to their children (Swartz 2005).

Even so, each woman could only name one or two friends and neighbors to whom she could go to for help. The women spoke extensively how the fear of gossip in their community kept them from disclosing their HIV status and reaching out to neighbors for friendship and support. This confirms Swartz's (2005) finding and establishes HIV stigma as part of the women's vulnerability context. That the women are HIV-positive and fear stigma reduces their ability to navigate within this context. Therefore, while HIV infection serves to make these women more vulnerable to poverty due to the effects it has on household resources and physical capabilities, it also limits their use of social networks for

support. This not only contributed to increased material deprivation among the women but also amounted to a significant source of loneliness.

Philani was discussed in depth due to the extensive, and sometimes profound, impact it had on the mother's lives. Philani is also the organization around which the study was organized. I have worked in conjunction with Philani for three years and have always been amazed at the enthusiasm and commitment of the outreach workers and the positive outcomes in the families they visited. This study was initiated to further explore the Philani intervention and the other factors in the mothers' lives that contributed to their resilience and success in mitigating poverty. A benefit of this approach is in the depth of the empirical material regarding Philani, but it is worth noting that no other community programs were researched in-depth. However, the outreach program's aim of targeting malnourished children through developing the capabilities of their mothers was discussed by the mothers as an effective intervention. Philani outreach workers are essentially teaching coping mechanisms to the mothers, most likely developed through personal experience. Philani's philosophy that material poverty does not mean that other forms of poverty cannot be mitigated. Seen within a livelihood framework, Philani teaches mothers how to use their capabilities and available resources to bring about positive outcomes in their households. The mothers in the study have proven to improve their child's health and nutritional status as a result of the Philani intervention, successfully mitigating this manifestation of poverty in their lives. Therefore, while the vulnerability context remains the same and the structures in society are still predisposed to disadvantage this group of women, Philani has given the mothers tools and strategies for how to work within this environment, fostering a "resilience in resisting and recovering from the negative effects," Nkurunziza and Rakodi (2005) and reducing a household's vulnerability despite suffering from a consistent level of income poverty.

Though the aim of the Philani intervention is to target childhood nutrition, the more nuanced effects of this program stimulated the most discussion. The significance attached to the emotional support the mothers receive from Philani outreach workers signaled a major form of previously unaddressed poverty. Especially in reference to the mother's HIV infection and their accounts of a lack of support by family and friends, either as a result of real or imagined stigma, implies that they receive little other emotional support. Anxiety, loneliness, and depression all constitute a form of deprivation and emotional poverty. However, up until the mention of Philani, no other poverty alleviation strategies had any impact upon the emotional wellbeing of the mothers. Philani outreach workers are filling an important gap in this respect and the mothers spoke of them with a

19

greater sense of appreciation than the Child Support Grants they receive. As seen from the stories, supporting the emotional health of a mother actually enables her to more successfully navigate within her vulnerability context. Many of the mothers attributed their positive outlook and ability to maintain hope for the future to their relationship with their outreach worker. These mothers expressed a greater sense of inner peace and the ability to transfer this aspect of wellbeing to their children.

The mothers with a stronger sense of emotional health deployed a number of strategies to cope with poverty in their households, minimizing their vulnerability within their environment. One response by mothers was to involve their school-aged children in domestic tasks and care. In support of this strategy, Bray & Brandt argue that caregiving must be seen as a two-way relationship that acknowledges the "potentially positive impact that children's input to these relationships has on adult wellbeing, and hence on adult abilities to continue caring and fulfilling other roles in the home and family" (Bray & Brandt 2007: 11). Acknowledging a child's significant role in a family is of great importance when making policies or decisions that affect them. "Children are not passive victims of the deadly triangle of poverty, unemployment, and HIV/AIDS, but are active in household coping strategies" (Ewing 2006: 93). Children should therefore be active participants in decisions regarding their care and wellbeing. These mothers are also teaching their children how to navigate within a context of poverty and disadvantage so they will be equipped to handle such situations when they grow up.

The women's mitigation of poverty would not be possible without the many forms of assistance discussed, yet it is the combination of such support with the mother's own strengths that result in the most meaningful outcomes. Evident throughout this paper is how different each mother's "package" of services is, with some receiving more government support and others having stronger social networks, while others relying mostly on individual skills to mitigate poverty. Nokuthula is a prime example of a woman mitigating her family's poverty by successfully navigating *within* a context of extreme vulnerability. She demonstrates that her wellbeing is not determined by income level alone, but is rather a function of multiple factors including the grants she accesses, the presence of a supportive husband, and her own capabilities as a result of good health, budgeting skills, and a positive attitude. Unfortunately, there are some women who have low levels of each of these, and whose poverty is the least mitigated. Recommendations will be made in the conclusion for targeting these women specifically while supporting the efforts of all mothers.

Conclusion

This paper has explored the different ways that mothers cope with poverty on a daily basis. In Kane (2008), the mothers' vulnerability context was established as members of an oppressive and exploitive capitalist and patriarchal society. Decades of disadvantage and marginalization from educational and employment opportunities has created an underclass of unemployed individuals that experience many forms of poverty. The poor infrastructure in their areas does not provide them with the health care, work opportunities, or education that is needed to better their lives. As shown in this paper, the mothers access a number of resources provided by the government and community organizations in order to cope with various forms of poverty. They also employ their social networks and utilize personal strategies when trying to ensure the wellbeing of their children. The women demonstrate that their unique capabilities help them to access resources, strategize within their households, and remain motivated.

In this paper, a "pro-poor" theory of development was utilized to analyze some common poverty alleviation interventions at government and community level. The mothers' stories were also seen in the context of a livelihood framework to better understand how they use utilize their capabilities to create their own solutions within their vulnerability context. This paper highlighted several factors that inhibit a mother's ability to successfully mitigate poverty in her household. Gaps in the welfare system, illness, and personal circumstances all serve to reduce a mother's capabilities. Also seen was how the presence of a supportive outreach worker empowered mothers to remain positive and creatively respond to poverty. The ultimate goal of this paper is to highlight lessons learned from these mothers so that policy makers and community organizers can support mothers' capabilities while also creating a more enabling external environment.

One important conclusion is that the current scheme of government grants does not sufficiently meet the needs of the women in this study. While still an important source of income for the mothers, the grants minimally improve the material wellbeing of the family. And, as seen in the mothers' stories, material deprivation is only one element of the experience of poverty. This is a major criticism of social assistance grants, arguing that they are primarily concerned with alleviating "…'poverty proper' (i.e. resource adequacy) and not with the physiological, sociological, or political dimensions of poverty" (Case et al. 2004:5). The women have demonstrated this to be true, with their grants being directed at alleviating basic material deprivations. The government's system of grants should therefore be joined by support that addresses the more nuanced

forms of poverty resulting from stigma, depression, and anxiety. Community-based organizations like Philani are currently attending to some of these issues. The government's increased support for organizations or initiatives like Philani would make a significant impact on the quality of life for mothers and children coping with these multi-dimensional forms of poverty.

Additionally, gaps in the welfare system do not offer unemployed mothers the resources they need to adequately care for their family's needs, especially in households coping with illness. The mothers' stories have highlighted the need for an extension of government support to encompass all members of the household suffering from poverty and not only the young, the old, and the sick. Furthermore, grants need to be accompanied by structural changes in society relating to the way that capitalism and patriarchy marginalizes these women, limiting their opportunities. All of the mothers in this study expressed a desire to work and earn an income. They do not want to be dependent on social assistance but without access to the job market or marketable skills, they have few other options. Broadening educational and work opportunities to members of the underclass would not only contribute to a more productive society, but would allow these mothers to be independent while also relieving the burden on the social assistance system.

Community organizations were also shown to play a significant role in alleviating a different kind of poverty in the mothers' lives. Philani Nutrition Center transfers knowledge of child health and nutrition to mothers, empowering them to utilize their available resources to achieve the positive outcomes for their child. Philani's peer-based intervention strengthens a mother's capabilities to more successfully navigate within her vulnerability context. Philani's philosophy is reflected by Bray and Brandt (2007), stating, "material provision alone does not determine care ideals or the nature of care practices in this resource-poor community… emotional and practical aspects [are] clearly interwoven" (Bray & Brandt 2007: 13). The supportive and neighborly approach of this intervention has proven to significantly improve a mother's emotional health. In so many of the stories, the mothers speak of their outreach workers as a trusted friend who has raised their spirits and given them hope. In communities where HIV-positive women fear being stigmatized, this intervention makes a very real difference in alleviating aspects of emotional poverty and HIV-related stigma and stress that other interventions and community structures have not addressed. More peer-based interventions like this can make a difference in mitigating the poverty within households in a way that complements state welfare payments.

As clearly shown, poverty alleviation must also be approached through a livelihoods frameworks that draw links between the cause and effects of poverty and evaluates a household's vulnerability context. The mothers' stories of their dynamic responses to poverty have provided useful insight into the effectiveness of poverty-alleviation interventions. Their experiences have also highlighted areas where structural change is needed to provide wider access to resources and reduced overall vulnerability. The lessons learned from these mothers contain useful advice to other mothers coping in resource-poor circumstances and a difficult structural context. The potential in sharing these strategies and skills has already been demonstrated by the work of Philani outreach workers. In order to effectively improve the wellbeing of mothers and children, changes at various levels of society must occur. Proven throughout this paper is the argument that "while there is no substitute for sound macro-economic policies and economic growth to achieve poverty reduction, policies that address contributory factors (e.g. low health status, and low levels of education), mitigate short-term shocks (e.g. retrenchment, illness, drought) and tackle chronic poverty are also needed (Nkurunziza & Rakodi 2005: 4). Altering the structural environment and the mothers' vulnerability contexts will reduce the marginalization and oppression this group faces and promote "pro-poor" policies that foster inclusive, people-centered development. Additionally, interventions and programs that strengthen the capabilities of households will enable mothers to better respond to poverty within an oppressive vulnerability context. Programs that foster resilience, provide emotional support, and improve the health of mothers and children protect a household against the effects of poverty.

These suggestions involve a profound re-conceptualization of the potential that members of the underclass hold. Creating a society in which the underclass can contribute and engage will instigate further motivation to get well and encourage individuals to pursue their goals. Put differently, society must *enable* mothers to transform their lives and the future for their children. Provided with an enabling environment, the mothers have demonstrated that they are both willing and capable of ensuring wellbeing for their families.

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