The Plight of Women and Children: Advancing South Africa’s Least Privileged

By
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Despite South Africa having ratified several international and regional women’s and children’s rights treaties, and having one of the most admired constitutions in the world, the plight of women and children after 20 years of democracy remains, in many respects, dire—especially in rural communities. South Africa is a deeply conservative and patriarchal society, with high levels of violence in general and gender-based violence in particular. It has failed to create sufficient employment opportunities and to sustainably address intergenerational poverty, the latter of which impacts most severely rural women and children. HIV/AIDS has wreaked its most adverse effects on women and children. This context is exacerbated by breakdowns in the health, education, justice, and security sectors; the relative inaccessibility of services (such as health care, schooling, and housing); and the frequently poor quality of services when they are available.

**Keywords:** women; children; gender-based violence; abuse; patriarchy; poverty; HIV/AIDS

For women and children in South Africa, not much has changed since the first democratic elections in 1994 and the presidency of Nelson Mandela. Progress toward the full realization of the rights of women and children has been unacceptably slow, given the extent of available resources and the commitments the country has made in its own legislation.

The patriarchal and traditional view of women and children as inferior to men prevails, with more men in positions of power and influence than women. Although the Constitution and legislation are clear about the equality of all citizens, I show in this article that the government, the economy, and civil society are run by

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DOI: 10.1177/0002716213512086
men who frequently show scant regard or understanding for the rights of women and children.

Violence against women and children in South Africa is endemic. As is shown below, there are as many as 180 to 265 rapes each hour of every day; four women die every day at the hands of their intimate partners; and more than two children are murdered every day, with the same number being the victims of attempted murder every day.

Women and children have borne the brunt of the HIV pandemic, in a country with the dubious distinction of being at the epidemic’s epicenter; and they are hardest hit by poverty (see below). Women in rural areas remain among the most vulnerable and marginalized in the country.

International, Regional, and Domestic Obligations toward Women and Children

South Africa has made serious commitments to protecting and enhancing the rights of women and children, placing obligations on the country to ensure the realization of these rights. At the international level, the new South Africa moved swiftly to lay the groundwork, and ratified both the Convention to End All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) in 1995, just over a year after the dawn of democracy.

At the regional level, South Africa is one of the nine Southern African Development Community (SADC) countries that has signed and ratified the SADC Protocol on Gender and Development (the SADC Protocol); it has also signed and ratified the African Charter on the Rights and Welfare of the Child (the African Charter), the African Charter on Human and Peoples’ Rights, and the Maputo Declaration on Sexual and Reproductive Health and Rights.

Domestically, the Constitution, passed by Parliament in 1996, contains a comprehensive Bill of Rights in Chapter 2. It is unequivocal that neither the state nor anyone else “may … unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.”¹ The Bill of Rights also contains an entire section on the additional rights of children, in Section 28.

In addition to its Constitution, South Africa has a number of laws that are (mostly) proactive and protective of women and children, in particular the Domestic Violence Act (no. 116 of 1998), the Children’s Act as Amended (no. 38 of 2005), and the Criminal Law (Sexual Offences and Related Matters) Act (no. 32 of 2007).

Despite these positive steps, though, South Africa remains a country in which “to be a child … is to walk a fragile path to adulthood” (UNICEF 2013b) and to be a woman is, for far too many, to be poor, disempowered, and vulnerable to appallingly high levels of sexual violence. The gap between the principles espoused on paper and the reality on the ground is profound.
A Profoundly Patriarchal Society

The patriarchal nature of South African society has an enormous impact on the lives of women and children in South Africa, contributing significantly to perceptions of the roles and rights of women and children, to the high levels of sexual violence, and to the poverty and inequality that characterize their lives.

More than 80 percent of South Africans belong to one of the three major religions: Christianity, Islam, and Judaism (South African Government 2013a). The latter two provide endless and well-documented justification for regarding women and children as the possessions of men. With regard to Christianity, South Africa has a long Calvinist tradition, and widespread adherence to biblical and Calvinist perceptions of the role and status of women as inferior to that of men within families and societies (Landman 2009). This is true also among the non-Calvinist branches of Christianity.

Further evidence of the patriarchal nature of South African society is provided by the preponderance of males in positions of power within government, the business community, and public life in general despite multiple and repeated commitments at all levels for gender parity. Despite the fact that South Africa has one of the highest proportions of female cabinet ministers globally, the current gender breakdown across the Cabinet (ministers and deputy ministers) is 39 percent female and 61 percent male; 43 percent of cabinet ministers are female (Gender Links 2010).

According to the 2011 Businesswomen Association (BWA) South African Women in Leadership Census, women hold only 4.4 percent of CEO/MD positions, 5.3 percent of chairperson positions, and 15.8 percent of all directorships; in the public service, women hold 35 percent of all senior managerial positions (Skillsportal 2012). Colleen Lowe Morna, CEO of Gender Links, reports that research done by her organization indicates that only 5 percent of media decision-makers—producers, managers, and owners—are women, and that women are underrepresented as hosts, guests, and callers to radio talk shows, a popular form of information and entertainment in South Africa (Charles Stuart Mott Foundation 2006).

The patriarchal nature of South Africa is further evidenced by the very traditional nature of large sections of the population. Indeed, the principles of gender equality that are now part of South Africa’s Constitution were won in the face of rigorous opposition from the Congress of Traditional Leaders (Schäfer 2013). The traditional leaders are chiefs who, under the apartheid regime, enjoyed a certain amount of power and authority in the so-called homelands. This power and authority has continued into the new South Africa, and in 2013 a controversial bill to consolidate the National House of Traditional Leaders Act² and the Traditional Leadership and Governance Framework Act³ was on the table giving traditional leadership even greater authority. In addition, a Traditional Courts Bill seeks to introduce a parallel legislative system that reverses women’s rights and gives traditional chiefs significant power over their “subjects” without any democratic checks or balances (Awino 2013). The 2011 census indicated that
women make up 52 percent of the South African population. Almost half (47 percent) live in rural areas, which fall under traditional leadership (Bobo 2011).

The resurgence of traditional leadership, which had been discredited and was weak and ineffectual by 1994, is in part the “fault” of Mandela himself, with his insistence of the inclusion of traditional leadership in the CODESA process and his deference to traditional leadership as president. However, there is increasing evidence that pre-colonial, pre-missionary, and pre–slave trade Africa held views of more equitable roles for women in society (Sesanti 2011) to those reflected in 2013. Perhaps this heritage should be explored further to stem the tide of gender-based violence.

**Perceptions of women and children**

In general, it is fair to say that women and children are regarded as being “owned” by the men in their lives—fathers, husbands, boyfriends, brothers, and even sons (in the absence of anyone else). Women who work in civil society organizations, for example, routinely report that their work is discredited if they are not married or at least in a clear relationship with a male partner. This is true no matter what age they are or the extent of their experience. In rural areas, especially those parts of South Africa that formerly constituted the infamous homelands, it is commonly found that, when a man dies, his house (in which his wife and children may be living) is inherited by his nearest male relative (no matter how distant), and his wife and children lose all their rights to it and to any other property.

This situation is exacerbated by the fact that President Jacob Zuma is a deeply patriarchal man and a polygamist. He has been married six times and currently has four wives, several “girlfriends,” and at least twenty-two children. He was charged with rape (in 2005), although he was acquitted after admitting to “consensual,” unprotected sex with an HIV-positive family friend; subsequently he claimed that he had sought to minimize the risk of HIV infection by showering. At the time, he was the head of the South African National AIDS Council (BBC News 2006).

Similarly, Zuma’s personal views on the role and rights of women stand in stark contrast to his more politically correct official public statements about women’s rights and rape. For example, in August 2012 (coincidentally and Ironically Women’s Month in South Africa), speaking of the marriage of one of his daughters, he stated that marriage was desirable for all women and that “kids are important to a woman because they actually give an extra training to a woman, to be a mother” (Davis 2012).

Of perhaps greater concern was the response of the ANC Women’s League (ANCWL) to Zuma’s pronouncements—they leapt to his defense, claiming that his comments were “taken out of context” (Pillay 2012). The ANCWL also backed Zuma’s bid for reelection as ANC President in December 2012. Gone are the days when the ANCWL was a staunch and outspoken advocate for the protection of the rights of women.
Gender-based violence

The deeply patriarchal nature of South African society is also reflected in the social constructions of masculinity and femininity, which feed directly into high levels of gender-based violence. Femininity is still seen as inextricably linked to motherhood and dependence on a man, while masculinity is defined by sexual activity and conquest.

Research that Community Information, Empowerment and Transparency (CIET) Africa has undertaken has found that young South Africans measured “successful masculinity” in terms of whether one was in at least one sexual relationship, while “successful femininity” was measured in terms of being in a relationship at all (note, not necessarily a sexual relationship) (Andersson et al. 2004). It is in the cross-hairs of a man’s need to be in a sexual relationship and a woman’s need to be in a relationship that innumerable women and girls become vulnerable to rape and domestic violence.

The Medical Research Council (MRC) has found that much of the sexual violence in South African society can be attributed to a sense of male entitlement, not just poverty as some researchers suggest (Jewkes et al. 2011). For example, in a large sample of mostly rural young men, rape was more commonly committed by those who came from relatively better economic backgrounds (Jewkes et al. 2006). This indicates that it is a sense of entitlement arising out of their relative advantage and within a context in which few can realistically attain high levels of material “success” (Jewkes et al. 2006). Based on their findings, Jewkes et al. (2006) concluded that “the most common motivations for all types of rape stemmed from ideas of sexual entitlement, a further measure of which [was] that 45 percent of men indicated that they had felt no guilt about their act of rape” (Jewkes et al. 2011, 9).

According to Jewkes et al. (2006) several scholars have shown how, in general, certain social constructions of masculinity serve to legitimize unequal and violent relationships with women. Research from South Africa, a setting characterized by high levels of gender inequality, indicates that these intractable masculine ideals emphasize heterosexual performance, toughness, and strength, and rely on an ability to “control” women (Jewkes and Morrell 2010).

Perhaps the least subtle expression of patriarchal heterosexist violence is corrective rape, which has become a particular problem in South Africa since 1994. Corrective rape most often involves multiple perpetrators (i.e., gang rape) who rape and sometimes kill black lesbians to “correct” their behavior. Statistics for corrective rape are not collected in South Africa, but a South African nonprofit set up to “fight corrective rape” estimates that more than ten lesbians are raped or gang raped weekly and that at least five hundred lesbians become victims of corrective rape every year (Luleki 2011). The Cape Town-based Triangle Project (LGBTI) organization reported in 2008 that 86 percent of black lesbians in the Western Cape lived in fear of being raped (Di Silvio 2011).
Violence

Violence underlies and informs every aspect of the lives of women and children in South Africa. South Africa has arguably the highest rates of sexual violence in the world. For example, in an article in the *Daily Maverick*, a local daily e-newspaper, eleven incidents of violence against women and children were reported during February 2013, including rape, gang rape, and murder of victims ranging in age from two years to 101 (Davis 2013).

The media seldom draws together in one report all incidents of sexual violence, even if it reports them at all. In reality, violence against women and children occurs at such a high rate that individual cases are often not even particularly newsworthy unless they are especially brutal or involve a high-profile perpetrator. Indeed, the Institute of Race Relations claimed recently that “if data for all violent assaults, rapes, and other sexual assaults against women are taken into account, then approximately 200,000 adult women are reported as being attacked in South Africa every year” (Davis 2013, emphasis added). Sexual violence is so pervasive that it is easy to defend the claim that it has been normalized in South African society.

Rape and sexual assault

Between April 2011 and March 2012, 64,514 rapes were reported to the South African Police Services (SAPS)—in excess of 170 a day (SAPS 2012). There is widespread agreement among those who work with the victims of rape that it is seriously underreported. The MRC estimates that as few as one in twenty-five is reported (genderlinks and Medical Research Council 2013). The police themselves have suggested a rate of only one in thirty-six rapes being reported (SABC 2012).

A more accurate estimate of the actual number of rapes can be made by a simple extrapolation from the estimated reporting rates: between 1,612,850 (at MRC rate) and 2,322,504 (at SAPS rate) women and children were raped in South Africa last year. At the MRC rate, there are more than 4,000 rapes a day, at a rate of roughly 180 an hour. If the police are correct, the figures are even more horrific, with around 265 rapes an hour taking place. Wherever the true number lies, these are statistics that indicate a very serious problem.

Intimate partner violence

Reliable statistics on domestic violence in South Africa are hard to come by. Although the number of reported cases is high, as with rape, many go unreported. The problem is exacerbated by the fact that the police do not keep separate statistics on assault cases perpetrated by intimate partners. However, the World Health Organisation reported in 2012 that around sixty thousand women and children in South Africa were victims of domestic violence every month—the highest reported rate in the world (Hunter-Gault 2013).
In 1997, the Department of Justice estimated that one out of every four South African women was a survivor of domestic violence (Blaser 1998). According to People Opposing Woman Abuse (POWA), a Gauteng-based advocacy and service organization dealing with gender-based violence, one in six women who die in Gauteng Province is killed by an intimate partner (Mathews et al. 2004), and it is estimated that a woman in South Africa is killed by her intimate partner every six hours (Mathews et al. 2004).

**Corporal punishment of children**

Corporal punishment by parents is still legal in South Africa. The link between gender-based violence and parental corporal punishment has become increasingly clear in recent times. While corporal punishment is not obviously a form of discrimination against girls (as both girls and boys are corporally punished), it is directly linked to other forms of gender-based violence, particularly domestic violence, and is used to control and regulate girls’ behavior much as intimate partner violence aims to control women’s behavior (Global Initiative to End All Corporal Punishment of Children 2013). Childhood experience of corporal punishment for girls has been reliably linked to a life of violent victimization by authority figures and family members. There is also a demonstrated relationship between experiencing corporal punishment as a child and an increased likelihood of men perpetrating violence against partners and children as adults (Contreras et al. 2012).

High levels of acceptance of parental corporal punishment contribute to the overall ethos of violence and bolster notions that women and children are inferior. According to the 2011/2012 crime statistics released by SAPS, nearly eight hundred children were murdered in South Africa and a further nearly eight hundred were victims of attempted murder during that period (News 24 2012b). Unfortunately, statistics on the perpetration of these crimes are not disaggregated. Most of these crimes are perpetrated by a parent (biological or otherwise), and, according to Childline South Africa, they are frequently the result of parental corporal punishment “gone wrong.”

**Unemployment, Poverty, and Inequality**

South Africa has high levels of deep intergenerational poverty. Poverty impacts most negatively women and children. In his 2013 State of the Nation Address (SONA) (South African Government 2013b), President Zuma highlighted what he called “the triple challenge” facing South Africa: that of unemployment, poverty, and inequality, “which persists in spite of the progress made. Africans, women, and the youth continue to suffer most from this challenge” (Gumede 2012).

**Unemployment**

Officially, the unemployment rate in South Africa is 25 percent and has hovered around this figure for a number of years (TradingEconomics.com 2013).
The true figure is regularly at least 10 percent higher than that if the unemployed who are not actively seeking work are also taken into account (Posel, Casale, and Vermaak 2013).

Although there is significant emphasis on employment creation in South Africa, efforts have been hampered by the global recession, and the impact on the costs of basic goods and services and the steep increases in fuel and energy costs. South Africa loses more jobs each month than it creates (Hazelhurst 2013). According to the Quarterly Labour Force Survey (QLFS) produced by Statistics South Africa, unemployment increased by 4.3 million during the first quarter of 2010; the formal sector lost 140,000 jobs and the informal sector an estimated 100,000 between the last quarter of 2009 and the first of 2010. The agricultural sector lost 25,000 jobs in the same period (UNDP 2013a).

The unemployment rate for women is higher than the national average (UNDP 2013a). Only four out of ten South African women are employed; for black South African women, the figure is 50 percent; and for young black South African women, it jumps to 70 percent (Education and Training Unit [ETU] 2013). Many women who are employed work the in agricultural and domestic sectors—the most exploitative categories of work (ETU 2013).

These high levels of unemployment also impact children—approximately 38 percent of households are headed by women in South Africa (UNDP 2013a), and almost 40 percent of South Africa’s children live in such households (Hall et al. 2012). This is particularly so in rural communities, where the number of female-headed households is relatively larger than in urban areas. For example, the highest proportion of female-headed households is found in the three most rural of South Africa’s provinces: 49 percent in Limpopo, 45 percent in Eastern Cape, and 44 percent in KwaZulu-Natal. More than 25 percent of female household-heads are older than 60 (UNDP 2013a). Female-headed households are, therefore, by their very nature, more likely to exist as lower-income households and be more vulnerable to hunger.

**Poverty**

Statistics relating to the number of poor women are not disaggregated in South Africa. Mostly, the available information is based on household surveys; they tell us how many households are poor, but not how many women are (Southern Africa Regional Poverty Network [SARPN] 2008). The more detailed information related to children and poverty that is available, however, gives insight into the situation of women also.

Nearly 67 percent of South African children live in poverty, and 35 percent of all children live in households where there is no employed adult (Hall et al. 2012); 43 percent of female-headed households do not include a single employed person (Statistics South Africa 2010). This lack of adequate income compromises the health of children and women and their access to services. It frequently leaves them in situations where their physical safety is threatened (Hall et al. 2012).
Inequality

South Africa has the dubious distinction of being one of the most unequal societies in the world, reflected in its high Gini coefficient of .65 (the measure between 0 and 1 of the degree of inequality, where a coefficient of 1 is equal to total inequality). The 2011 census found that, while the income of black South African households has increased by 169 percent in the last decade, whites still earn on average six times more (Conway-Smith 2012). So, although South Africa has managed to build a much larger black middle class than was the case in 1994, the majority of black people have not found that their lives have improved over the last two decades. Though absolute income poverty has decreased in the 2000s, income inequality has actually increased (Sharma 2012). Indeed, the assertion by then–Deputy President Thabo Mbeki in 1999 that South Africa was “two-nations divided by poverty and inequality” remains largely true in 2013.

For women (and also for their children) the situation is exacerbated by significant gender inequality. For example, researchers from the University of the Witwatersrand stated that “culturally, the patriarchal status quo remains relatively unchanged, and unless the mind-set behind gender discriminatory practices is challenged through debate, media campaigns, education, etc. nothing much is going to change” (Skillsportal 2012).

The Millennium Development Goals (MDGs) provide a useful framework for the assessment of progress toward a more equitable society. These are eight development goals agreed to by all 191 UN member states in 2000, to be achieved by 2015. Goals 1 through 6 are of particular relevance for this article. They are, in order: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; and combat HIV/AIDS, malaria and other diseases. South Africa’s progress toward the 2015 MDGs is uneven, with women and children bearing the consequences of unmet promises (UNICEF 2013b). Nevertheless, some progress has been made.

Goal 1: Eradicate extreme poverty and hunger

South Africa has introduced an impressive social grants system, which research indicates is achieving its aim of reducing hunger and poverty (Studies in Poverty and Inequality Institute 2008). Since 2012, all children (under the age of 18) are eligible for a child support grant (CSG), provided their caregivers pass a means test. Currently, just over 11 million children are in receipt of a means-tested CSG. The uptake of the CSG almost doubled between 2005 and 2012 (Hall et al. 2012).

In addition, in 2012, 572,903 children were in receipt of the foster child grant (available to foster parents who have a child placed in their care by court order), and a further 117,256 were in receipt of the care dependency grant (available to caregivers of children with severe disabilities, or whose chronic illness has become disabling) (Hall et al. 2012).

There is clear and significant evidence that grants facilitate the realization of children’s right to social assistance and improve their access to food, education,
and basic services, including health care (Hall et al. 2012). Nevertheless, in 2010, the Children’s Institute reported that one in five South African children go hungry (Hall 2010).

Goal 2: Achieve universal primary education

South Africa is on track to achieve the MDGs on universal primary education, and access to education for children from previously disadvantaged backgrounds has improved significantly since 1994. As of 2012, 96.9 percent of children aged 7 to 17 were enrolled in an educational institution (Hall et al. 2012). Girls’ education has been prioritized, resulting in almost as many girls being enrolled in primary school as boys. In secondary school, girls outnumber boys (UNICEF 2013b). The poorest children pay no school fees; in 2010, 60 percent of all public schools, (14,567 of 24,532 schools) were no-fee schools (News 24 2012a).

As of this writing, only 16.9 percent of children under the age of five have access to day care, crèches,7 preschools, and early childhood development centers. Government has prioritized early childhood development and substantially increased funding for this sector (UNICEF 2013b). The government is also committed to offering grade R (reception year for children aged 5–6); in 2013, enrollment stood at 50 percent in both public and private schools (UNICEF 2013b).

Despite the high enrollment and significant budgetary investment in education by government, South African scholars consistently score low on international literacy, reading, and numeracy assessments (UNICEF 2013b). The poor quality of education undermines children’s ability and desire to learn. For many children, regular attendance at school is fraught with absent teachers, under-qualified teachers, a lack of books and other resources, teenage pregnancy, and abuse and violence in and around schools; 27 percent of public schools do not have running water, 78 percent have no libraries, and 78 percent do not have computers (UNICEF 2013b). The Legal Resources Centre found one or more of “a lack of basic furniture, intolerably over-crowded classrooms, crumbling buildings, teacher shortages, and filthy or non-existent toilet facilities” at each of the eleven rural schools that they visited recently in the former Transkei (Ganesh 2013).8

Goal 3: Promote gender equality and empower women

As noted earlier in this article, South Africa has a way to go in terms of gender parity in government and the private sector; the number of men outweighs the number of women in every sphere. However, there has been some progress.

• In August 2012, the Women Empowerment and Gender Equality Draft Bill was published for comment in the Government Gazette.9
• The number of girls in school is high; at primary school level, there are slightly more boys enrolled than girls, but at secondary and tertiary levels, the number of girls outweighs the number of boys (UNDP 2013b).
In terms of the representation of women in government at the national level, about a third of the members of parliament are women, and 43 percent of cabinet ministers are women. At the provincial level, five of the nine provincial premiers are women, and three of the six major metros are led by women. In the private sector, though, the figures are much less encouraging (as shown earlier).

Women are not only unequitably represented in the different employment sectors, but women with the same levels of education as their male counterparts earn about 80 percent of what men do (UNDP 2013b).

However, it must be remembered that “gender equality has both public and private aspects” (Skillsportal 2012). While the public aspects (such as legislation promoting gender equality) are relatively easy to measure, what happens in the private sphere is far less clear. It is possible to have good laws and a progressive constitution and not observe an appreciable improvement in gender equity in the private sphere because the gender dynamics operating within society are more difficult to observe and measure directly. Comments made by political role-players often highlight a high degree of dissonance between what is espoused as policy and individuals’ actual views on the issue (for example, the comments that President Zuma made, mentioned above).

Goal 4: Reduce child mortality

Child survival is the gold standard for measuring the likelihood of achieving the MDGs. In South Africa, the under-five mortality rate for children has remained almost the same over the past two decades. One in fifteen children dies from diseases that could be prevented, such as intestinal infection, influenza, pneumonia, and HIV-related illnesses. Twenty-two percent of under-five deaths occur during the first month of life (UNICEF 2013b). The target for this MDG is to reduce child mortality (as measured by the infant and under-five mortality rates) by 2015 by at least two-thirds of the 1990 rate.

The 1990 infant mortality rate (IMR) was 54 deaths per 1,000 live births (UNDP 2013b); the IMR rose to 58.88 deaths per 1,000 live births in 2000, but dropped to 42.67 in 2012 (Index Mundi 2012a) The 1990 under-five mortality rate (U5MR) was 59.8 per 1,000 live births and dropped to 56.6 in 2010 (Index Mundi 2012b). For the IMR, this represents a decrease of approximately one-fifth over a 22-year period; for the U5MR, the decrease over a 20-year period is in the order of 5 percent. It is clear that progress is slow and that the target of reducing child mortality by two-thirds by 2015 will not be reached.

Goal 5: Improve maternal health

This MDG targets a 75 percent reduction in the maternal mortality ratio (MMR) and the achievement of universal access to reproductive health by 2015. Children need healthy mothers for their own optimal health and growth.
Maternal mortality in South Africa is high and on the rise. The latest UN figures estimate that one in 250 women dies during pregnancy or childbirth. AIDS-related diseases account for 23 percent of all maternal deaths, followed by complications of pregnancy-related hypertension (UNICEF 2013b). The UNDP estimates that the MMR per 100,000 live births was 369 in 1994 and had risen to 625 by 2010 (UNICEF 2013b). The MDG target would be 38 per 100,000 live births by 2015; it is clear that this is unlikely to be achieved. Primary health care is free for pregnant women and for children under the age of six in South Africa. Despite high rates of coverage for antenatal care, the fact that 95 percent of women give birth in hospitals and other medical facilities, and 100 percent of women receive prenatal care, pregnant women are still dying (UNICEF 2013b).

HIV and AIDS

MDG 6 relates to combating HIV/AIDS, malaria, and other diseases (including tuberculosis). HIV’s most devastating effects are reserved for the most vulnerable and marginalized groups—in this case, women (especially women living in rural areas) and children.

After a tragic period of AIDS denial under President Thabo Mbeki, the South African government made a historic shift and began to implement treatment and prevention programs. In 2009, it committed to accelerating the national AIDS response and to meeting the targets of the HIV and Infectious Disease Surveillance (IDS) and Sexually Transmitted Infections (STI) Strategic Plan by 2011 (UNICEF 2013b). South Africa now has the largest antiretroviral treatment program in the world, with almost 800,000 adults and 76,000 children under the age of 15 receiving free treatment by mid-2009 (UNICEF 2013a; see also Whiteside, this volume).

Since then, HIV prevalence has been declining among children and teenagers. For example, HIV prevalence among children between 2 and 14 decreased from 5.6 percent in 2002 to 2.5 percent in 2008, likely because of several successful HIV-prevention measures such as prevention of mother-to-child transmission (PMTCT) (UNICEF 2013b).

Although HIV-prevalence rates appear to have, at last, stabilized at 17–18 percent over the 2008–2010 period (Hall et al. 2012), they are still high. Infection rates are higher in rural provinces, which can be attributed in part to inequitable power relationships between men and women and between men and children in those areas (UNICEF 2013b). An apparent increase in relationships that expose young girls to HIV because of gender power inequalities and older male sexual partners are also of concern (UNICEF 2013b).

Around 5.6 million South Africans are living with HIV—this is roughly 11 percent of the population (South African Institute of Race Relations [SAIRR] 2009). Five million (89 percent) are adults aged 20 to 64, and 2.93 million (53 percent) are women between the ages of 15 and 49; youth aged 15 to 24 account for 731,000 (13 percent), while children 14 years and under account for
Women under 25 are between three and four times more likely to be HIV-infected than men in the same age group (Amnesty International 2008). Sex with older men—an important risk factor for HIV infection—has increased substantially, from 18.5 percent of teenage girls in 2005 to 27.6 percent in 2008, and surveys have reported that accurate knowledge about HIV transmission is rare (UNICEF 2013b).

Michel Sidibé, executive director of UNAIDS, stated in 2009 that “this epidemic unfortunately remains an epidemic of women” (UN News Centre 2010). Not only are women infected with HIV at higher rates than men, but HIV also has other negative effects for women. For example, disclosure of HIV status may bring about stigmatization, rejection, domestic violence, abuse, and abandonment (IDASA 2002). Once symptoms begin, women are often in increasingly dependent positions and frequently cannot obtain employment (IDASA 2002).

The impact of the HIV pandemic on South African children, then, has been devastating. Beside children becoming infected (primarily during the birth process because their mothers are infected, and some through breastfeeding), and thus becoming ill or dying, a large number of children are orphaned. According to the 2010 General Household Survey, there were approximately 3.84 million orphans in South Africa, 21 percent of all South African children (defined as a child without a living biological mother, father, or both parents) (Meintjes and Hall 2012). This represented a 28 percent increase since 2002 (Meintjes and Hall 2012). About half of these children have been orphaned by AIDS; it is estimated that 150,000 children are living in child-headed households in South Africa (UNICEF 2013a).

It must be noted, however, that the idea that there is a generation of children raised without parents and overwhelming the country with crime has no foundation. The majority of the children orphaned by HIV are not in fact living in child-headed households, but mostly in extended kinship care. And most children living in child-headed households are not orphans: the 2006 General Household Survey found that only 8 percent of children living in child-headed households were parentless, while 61 percent had two living parents and 80 percent had a living mother (Meintjes et al. 2009).

Access to Services

South Africa has a sound legislative and policy framework for protecting the rights of women and children. However, the gap between policy and practice is huge, more so in some areas than in others. Access to basic services, adequate housing, educational facilities, and health care is often challenging, especially in rural provinces; access to prevention and protection services for vulnerable women and children is patchy, to say the least; and the criminal justice system routinely fails the victims of, in particular, sexual crimes. The problem is aggravated by the fact that service providers frequently do not understand their role and legal obligations nor the laws that they are supposed to be implementing and upholding.
Basic services

Information on women’s access to basic services is not readily available, but the information available on the situation for children is revealing.

Potable water

Access to clean water is vital for human survival; an individual needs 20 liters of fresh water per day for hygiene, drinking, and cooking (Ban 2007). Young children are particularly at risk without adequate access to sufficient clean drinking water, with gastrointestinal infections directly linked to the high infant and under-five mortality rates (Hall et al. 2012). Nearly 7 million children live in households without access to clean drinking water. Nearly 36 percent of South Africa’s children (Hall et al. 2012) cannot easily find clean water. This situation has improved only marginally since 2002, when 40 percent of children were in this lamentable situation (Hall et al. 2012).

Sanitation

Access to adequate sanitation is an important component of disease prevention and health promotion, and its absence is directly linked to cholera, malaria, bilharzia (schistosomiasis), worm infestations, eye infections, and skin disease. Although access to adequate sanitation improved between 2002 and 2010, a third of South African children live in households without basic sanitation (Hall et al. 2012).

Adequate housing

According to the UN Committee on Economic, Social, and Cultural Rights, “adequate housing” includes reasonable access to work opportunities, clinics, police stations, schools, and childcare facilities (UN Office of the High Commissioner of Human Rights [OHCHR] 1991). Thus, services and facilities should be well distributed, even in less populous areas. In South Africa, while access to services and resources in urban areas is relatively good, this is not the case in rural areas. The South African Constitution provides that all South Africans have the right to adequate housing—a right that was upheld in the landmark Grootboom case, in which the Constitutional Court confirmed that the state is obliged to ensure shelter for children in situations where their parents are unable to do so, in fulfillment of section 26 of the Constitution (IDASA 2002). Women’s access (or lack thereof) to adequate housing is complicated by a context of historic, economic, and social inequality.

Historically, the restriction of black urbanization by both the colonial and apartheid regimes disproportionately affected women’s access to housing, and this has spilled into the new South Africa, with nearly half of South African women residing in rural areas. Economically, women earn, on average, far less than men, and fewer of them are employed. In addition, women and girls older than 10 spend an
average of 216 minutes per day on unpaid housework, care work, and community work, compared to an average of only 83 minutes for men (Budlender, Chobokoane, and Mpetsheni 2001). These activities inhibit women’s capacity to find and hold employment and add to their relatively lower incomes. Socially, the fact that patriarchal norms and values underpin gender relations, discriminatory customary and religious laws and practices (such as patrilineal succession under customary law), domestic violence, and HIV/AIDS—all of which disproportionately affect women—constrain women’s access to adequate housing.

In 2010, just over 10 percent of South African children were living in informal housing, mostly in informal settlements around the major cities; nearly 17 percent of children were living in traditional housing in the rural areas of the country; and just over 23 percent of children were living in overcrowded conditions (Hall et al. 2012).

**Educational facilities**

South Africa has a high level of enrollment in educational facilities; however, nearly a quarter of children live more than 30 minutes from their school. As is the case with other services, this situation is worse in rural areas (Hall et al. 2012). And mere attendance at a school is no guarantee that a child will learn. In addition, the closure of a number of rural schools since 2002 has exacerbated the lack of access to educational facilities, especially for rural children (Hall et al. 2012).

**Health care**

Although primary health care has been free for all South Africans since 1996, access to health care facilities is often challenging. In 2002, just over 36.4 percent of children (6.4 million) lived more than 30 minutes away from the nearest health facility; by 2010, this number had risen to 36.7 percent (6.8 million) (Hall et al. 2012). However, in the more rural provinces of Limpopo, KwaZulu-Natal, and Eastern Cape, 40 percent of children remain far from a clinic. Eighty percent of South Africans are dependent on public health care (Taylor 2012). Access to appropriate health care is made more challenging by the fact that the quality of available care is very mixed. For example, in the Eastern Cape, in 2012, it was reported that insufficient doctors and chronic shortages of life-saving medicine were putting patients’ lives at risk (Child 2012). In addition, medical personnel complain about the administrative chaos that bedevils some provincial health departments (Taylor 2012). The impact of these inadequacies on women and children can clearly be seen in the high rates of infant and maternal mortality discussed above.

**Prevention and protection services**

Prevention and protection services are especially critical in light of the high levels of sexual violence to which women and children in South Africa are subjected. Despite the extent to which an enabling legislative environment has been
put in place that addresses violence against women and children, it is of grave concern that many of these legislative and policy-driven interventions have not been put into effective practice, and that implementation has, “at best … been patchy” (Smythe et al. 2007).

The truth is that most prevention services for women and children are provided by nonprofit organizations, most of which live on the edge of precarious funding and most of which are based in the major metropolitan areas. To overturn the deep-seated and entrenched patriarchal ethos found in South Africa will require higher levels of resourcing and commitment from government, including in particular the funding of sustained training and awareness-raising activities concerning gender-based violence.

Of particular issue is the lack of therapeutic and recuperative services for woman and child victims of sexual violence, and this lack is particularly problematic in rural communities. Many of the harmful and lasting psychological impacts of sexual violence may be prevented or minimized with structured interventions and the provision of psychological support post-rape (Sexual Violence Research Intitiative [SVRI] 2011). Again, it is of concern that these services are provided largely by civil society organizations. Post-traumatic stress disorder (PTSD) is a significant threat to mental health, especially that of children. Untreated PTSD may lead to a host of problems in children and youth, including criminal and antisocial behavior, alcohol and drug abuse, future dependence on welfare, psychiatric problems, academic deficits, school dropouts, health problems, relationship problems, sexual acting-out, and sexually transmitted diseases including HIV/AIDS (Freyd et al. 2005).

The cold reality is that the vast majority of woman and child victims of sexual violence never access the therapeutic services that could facilitate their healing, and this has long-term consequences for their health and well-being.

Criminal justice system

The criminal justice system in South Africa is notoriously victim-unfriendly, especially with regard to victims of sexual violence. In the 2000s, it was marred by questionable decision-making, resulting in the closure and then reinstatement of specialist services. The Family Violence, Child Abuse, and Sexual Offences (FCS) units within SAPS were closed in 2006, and in 2013 were being reinstated. Similarly, the specialist Sexual Offences Courts (SOC) were closed; in March 2013, the minister of justice announced the roll-out of fifty-eight SOCs and admitted that “these dedicated courts are necessary. When there are these dedicated courts, the conviction rate goes up, but when we stopped them, the conviction rate went down” (MSN News 2013).

The reporting rate, arrest rate, and the number of reported cases that actually go to court in sexual offence cases are low (Smythe et al. 2007). Less than 7,000 of the 66,196 cases reported in 2010/2011 resulted in court appearances. And the conviction rate is a small percentage of the reported cases; in 2011/2012, only
6.9 percent of reported cases resulted in a conviction. Effectively, in South Africa, rape is a risk-free activity.

Despite vigorous lobbying by civil society organizations when the Sexual Offences Act (SOA) was passed, it included troubling sections. Such sections include the retention of the cautionary rule in the case of child witnesses and the exclusion of the automatic right for child witnesses to give evidence in camera. Nevertheless, provisions in the SOA relating to the widening of the definition of rape to include sexual penetration of the vagina, anus, or mouth with any object or body part (previously rape was defined specifically as involving only peniscal vaginal penetration) were applauded.

Recommendations

It is critical that the challenges to women and children in South Africa be addressed in a comprehensive and coherent way, not in isolation from one another. Doing so will require a far greater degree of cooperation between government departments, and government and civil society, than has hitherto been the case.

Addressing violence against women and children

The government should:

- Prohibit corporal punishment in the Third Amendment to the Children’s Act and commence a countrywide, sustained awareness-raising campaign to promote positive parenting and highlight the dangers of corporal punishment. It should increase support to civil society organizations providing training and support to parents to discipline their children without violence.
- Increase support to civil society organizations providing counseling and therapeutic services to the survivors of sexual violence.
- Provide that rape and gender-based violence no longer be “risk-free” activities.

Addressing patriarchy

The government should:

- Commence a countrywide, sustained, awareness-raising campaign to promote the equality of women and the rejection of notions that women are inferior. It should revoke legislation that gives power and control over women and children to traditional authorities and structures.
- Reexamine the historical antecedents of the subjugation of women in Africa.
Addressing unemployment, poverty, and inequality

The government should:

- Improve access to and the quality of primary health care and education, including quality early childhood development services.
- Continue the social grants system, and place far higher emphasis on the creation of sustainable and adequately remunerated employment opportunities.
- Reconsider the Growth, Employment and Redistribution (GEAR) plan, the basic macroeconomic policy of the South African government. There is growing consensus that GEAR has failed to deliver the promised economic and job growth or significant redistribution of income and socioeconomic opportunities for the poor. The Congress of South African Trade Unions (Cosatu) claims that GEAR, which focuses on stringent monetary and fiscal targets, operates against the goals of the Reconstruction and Development Programme (RDP), where growth is based on sustainable job creation, meeting people’s needs, the reduction of poverty, and the more equitable distribution of wealth (Knight 2001; Puri 2012). Women and children are most affected by these failures.
- The government should create sustainable employment opportunities and prioritize rural women.

Notes

4. Interview with Sipuka, Nokuku, Director, UCABC, 2010.
6. Goals 7 and 8 relate to environmental sustainability and the development of a global partnership for development and are not considered in this article.
7. This is a place where small children are looked after while their parents are working or shopping, for example.
8. Transkei is a former homeland in southeast South Africa.

References


