

THE CHILD SUPPORT GRANT, YOUTH PREGNANCY AND IMPLICATIONS FOR HIV INFECTION:

**A Case Study of Mafikeng Local Municipality,
In Ngaka Modiri Molema District,
North-West Province, South Africa**

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**Dissertation submitted in fulfilment of the requirements for the degree of
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At the (Mafikeng Campus) of the
North-West University**

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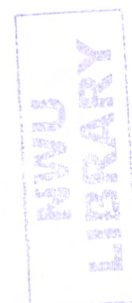


DECLARATION

I, Namakau Nalumango do declare, that this dissertation, which I hereby submit to the Department of Social Work of the Mafikeng Campus of the North-West University as fulfilment for the degree of Master in Social Work, has not been previously submitted by me for any purpose, at this university or any other academic institution. I also proclaim that this dissertation is my own work, while any other information sourced from various documents, utilised and contained in this work, is duly acknowledged within the text, and by means of a bibliography.

Signed: 

Date: 10 September, 2010



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Even if I knew it, I felt and accepted, in a new light, the invaluable love and unyielding, patient, encouraging and winning spirit of my children **Tlami** and **Lulu**; and my partner **Gerry Quaid**. My grandson **Bumpy-Korylenko**, greatly inspired me.

Lulu *mwanaka*, how will I ever thank you for seeing me through this!

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**Above all, I acknowledge witnessing the amazing love and power of the
Almighty God, throughout my study period!**

_____ **NAMAKAU NALUMANGO**, North-West University

DEDICATION

I dedicate this dissertation to my first grandchild **Korylenko Olorato Nalumango**, who was born into a busy studious family. Although his demanding existence appeared while his mother, father and grandmother were all very busy studying in universities, Bumpy got his fully deserved attention, even as his birth fuelled the family resolve to improve our lot through an education.

May he follow suit.

This work is also dedicated to **my late mother, bo Ma-Mundia Inonge Simasiku**. Despite her encouraging winning spirit, she would not live to taste the joy of my success.

Mama, I finally made it.

ABSTRACT

This case study of Mafikeng Local Municipality in urban Extension 39 and rural Tsetse Village resulted from a public debate suggesting that the Child Support Grant (CSG) may be promoting youth pregnancy in South Africa. Against South Africa's high HIV infection burden, the reality of such allegations would call for intervention. The study therefore endeavoured to find out if there is such a relationship between the CSG and youth pregnancy, and the implications of the relationship for HIV infection. It assessed the HIV&AIDS knowledge, attitudes and practices of recipients while determining HIV&AIDS programmes available to them.

The unprecedented exploratory descriptive study sought deep insight into the phenomenon by engaging triangulation through questionnaire and focus group discussion investigations. It used two sets of stratified purposive samples of twenty for each investigation scenario. Each sample was sub-divided into two samples of ten.

Even if the subjects personally denied the trend, they hugely affirmed it for 'other' youth mothers on the CSG. Ironically, the public outlook on the pathological nature of the trend was shared by the subjects. Because of such consistent affirmation, the study establishes a concrete relationship between the Child Support Grant and youth pregnancy. The subjects reported that the readily available grant-money entices young women in the midst of poverty and unemployment. Meanwhile, such attraction inadvertently exposes recipients to HIV infection as conception of a baby takes place under unprotected sex. Besides grant-induced childbearing however, commercial sex to offset dire poverty is rampant. Additionally, many young women succumb to men's demands for pregnancy as fertility proof before they can be considered for marriage. These practices may equally promote youth pregnancy and even HIV infection.

The study subjects performed poorly on HIV&AIDS knowledge, exhibiting confusion, fragmentation and errors. Negative HIV&AIDS attitudes and risky practices were common, alongside personal denial of the consequences of the HIV&AIDS pandemic. Equally, despite the knowledge of the role of condom-use in HIV prevention, condoms were unpopular, mostly due to poverty dictated choices. Ultimately, the disadvantaged and risky socio-economic environment in which the subjects live does not go well to

defend the subjects against HIV infection. This is worsened by the non-availability of specific HIV&AIDS programmes for this high-risk group.

While monitoring the use of the grant to ensure efficient use of public funds and to allay the incessant negative criticism of recipients is necessary, addressing the subjects' socio-economic environment appears cardinal. This should entail teaching such youths more about HIV&AIDS alongside economic empowerment initiatives. Without such combined focus, HIV&AIDS prevention efforts may continue to fail. Although HIV&AIDS rehabilitative strategies are essential, a lot more needs to be invested in prevention. Meanwhile, individuals and society should take more personal and communal responsibility towards HIV&AIDS in order to support government desire and efforts to curb the pandemic.

Several issues are suggested for further research on the Child Support Grant and on HIV&AIDS. Lastly, the subjects' unique projection of their negative views onto the 'others' throughout the study prompted the researcher to coin the term '**Mirage-Acknowledgement**' for the phenomenon.

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ACRONYMS USED IN THE STUDY

ITEM NUMBER	ACRONYM	WHAT THE LETTERS STAND FOR
1.	CSG	Child Support Grant
2.	CRC	Convention on the Rights of the Child
3.	IRIN	Integrated Regional Information Networks
4.	NWP	North-West Province
5.	SASSA	South African Social Security Agency
6.	SMG	State Maintenance Grant

KEY WORDS

Child Support Grant

Youth Pregnancy

HIV Infection

HIV&AIDS Knowledge, Attitudes and Practices

Poverty and HIV&AIDS

CHAPTER ONE

1. GENERAL ORIENTATION

1.1. INTRODUCTION

Despite its status as a middle-income developing country, South Africa is not spared the consequences of poverty characterized by extremes of wealth and inequalities in the distribution of its resources. Although the Report of the Lund Committee (1996:1) observed this scenario way back in 1996, it still remains a fact, more than a decade later, that a small number of South African people are extremely wealthy while the vast majority live in poverty. With the element of lingering poverty, huge investments in other areas in any society could be reduced to almost nothing. Tladi (2006:371) observes that when people are deprived of the necessities of life like food and shelter, such deprivation causes them to respond in different ways to ensure that they get what they need even if such initiatives may be harmful. To such end, poverty, and not mere delinquency, could well be behind many acts of burglary, vandalism, pilfering, petty corruption, and even commercial sex, etc, which appear as unwelcome or criminal acts, and with grave consequences. Notably, poverty is at the centre of debates about development, with dominant international institutions such as the World Bank and the United Nations dedicating programmes to poverty reduction (Case, Hosegood & Lund, 2003:1).

UNICEF South Africa Online (Aug. 31 2007) observes that the youngest members of the family make the prime victims when poverty strikes. In such instance, children have to do without the basic necessities of life which make life more bearable. In some cases such debilitating scenarios translate into poverty cycles, as poor children who become poor adults ultimately pass the poverty onto their children and so on. Considering the different categories of children who are perceived as particularly vulnerable and marginalised, many children in South Africa may well be marginalised. In its 2000-2002 Report to Parliament, the South African Human Rights Commission identified the following groups of children as particularly vulnerable and marginalized: 'all children, regardless of their age, and specifically children infected with HIV/AIDS; child-headed households; children living on streets; and children living with extended family relatives, due to HIV/AIDS-related deaths' (Van Rensburg & Horsten, 2004:53).

Because poverty is associated with weak endowments of human and financial nature, such as low levels of education accompanied by low levels of literacy and few money-making skills, generally poor health status and low labour output (Cohen, 1998: Online), the debilitating vicious cycle is enhanced. With such widespread implications, poverty effectively touches on all spheres of human development, human dignity, self-esteem, and self worth. Unlocking such a fiery situation can only be addressed through an all-encompassing plan, such as the National Agenda for Action stipulates (White Paper for Social Welfare, 1997:7).

Against such background, both in South Africa and internationally, constitutional and humanitarian mandates have developed support agendas for children. As a democracy and a signatory to the United Nations Convention on the Rights of the Child (CRC), The African Charter on the Rights of the Child, the Social Summit on poverty eradication (1995), etc. South Africa has a moral and ethical obligation to all poor children (Triegaardt, 205:254). South Africa has both a constitutional and international obligation to comply with the standards set out in those documents, with regard to the social assistance rights of children. In fact the Constitution of the Republic of South Africa (27 [1] (c), 108 of 1996) provides that everyone has the right to have access to social security, including, if they are unable to support themselves and their dependants, as well as to appropriate social assistance.

One of the principles of the National Developmental Social Welfare Strategy advocates a welfare system that should raise the quality of life of all people, especially the disadvantaged; those who are vulnerable and those with special needs, through the equitable distribution of resources and services (White Paper for Social Welfare, 1997:6). Consequently, South Africa's social welfare services are based on respect for human rights and fundamental freedoms. Besides the obligatory international protocols and constitutional decrees, other government legal instruments such as the Children's Act No 38 of 2005 and Social Assistance Act, No. 13 of 2004, form the basis for policy frameworks and programmes on the fight against child poverty.

The South African social benefit entitled Child Support Grant (CSG) is the poverty-alleviation strategy targeted at children. It is a means-tested benefit that comprises a cash grant to the value of R240 per month per child, as of April 2009 (Budget Speech,

Feb. 11, 2009). The CSG was set up as a strategy for child poverty alleviation in April 1998, to contribute in a modest way, as one source of household income that would meet the basic needs of poor children between the ages of 0 and 6 years; most of whom were located in the poorest of South Africa's nine provinces (Triegaardt, 2005:249). While the grant was initially given to the child's primary caregiver, or the person responsible for managing the daily basic needs of a child who was younger than 6 years, the maximum age eligibility has been constantly raised, standing at 17 years as of October 2009.

Meanwhile, the numerical take-up of the Child Support Grant has dramatically increased over the years, to the tune of over 7.4 million beneficiaries, by July 2006 (Children's Institute, Online, May 15, 2007). Some studies on the ability of the CSG to fight poverty point out significant successes: Biyase (2005:1); Goldblatt (2005:251,253, 255) and Samson *et al.* (2004:3).

1.2. PROBLEM STATEMENT

Within just a decade of operation, and 'despite its major impact on child poverty' (Biyase, 2005:1), the Child Support Grant is facing incessant scrutiny that seems to echo its introduction 'amid a great deal of controversy and fanfare' (Triegaardt, 2005:249). The storm that greeted the introduction of the Child Support Grant is equally acknowledged by Goldblatt (2005:240), who records that various organizations felt that in comparison to some aspects of the State Maintenance Grant (SMG), which was replaced by the Child Support Grant, the drop in the age eligibility and the amount of the grant were huge blows to poor families. Meanwhile, the losses incurred by the main beneficiaries of the State Maintenance Grant generated interesting racial political debates. To such end, controversy and child and family care agendas have existed side by side for a long time in South Africa.

Currently, a school of thought has developed in South Africa, purporting that this social benefit "has some perverse incentives, one of which is to encourage women, especially teenagers, to have more children" (Makiwane & Udjo, 2006:5). Consequently a debate is going on regarding the truth of a connection between the 'Child Support Grant' and 'increased fertility among youths in South Africa'. These suggestions have drawn contradictory comments from the mass media, academia, and government officials alike.

While catchy headlines continue to make interesting reading in the ongoing controversy, the high-level discourse surrounding the issue may be indicative of both the importance of the subject at hand, and a high likelihood that things may not be really well with this policy. Even if study reports such as Makiwane and Udjo, (2006) and Biyase (2005) present reassuring findings to the effect that there is no evidence suggesting a link between teenage pregnancy and the introduction of the Child Support Grant in South Africa, the disquiet that has continued eventually propelled the then Minister of Social Development, Dr. Zola Skweyiya, to concede that a high pregnancy rate was linked to the grant, (Monare, Independent Online, May 09 2007).

Even if empirical research has had limited success in unravelling the alleged relationship between teenage pregnancy and Child Support Grant (Biyase, 2005:1) the claims made, still raise alarm. The subjects in focus are 'young people' who are likely to have more children. Additionally, in order to meet the eligibility criteria to access the Child Support Grant, the person who claims it for the child must be means-tested to prove poverty. The means-testing for social grants implies that the South African Social Security Agency (SASSA) evaluates the income and assets of the person applying for social assistance in order to determine whether the person's means are below a stipulated amount (Social Grants- SASSA pamphlet, 2008). Ideally, youth mothers on Child Support Grant fall within the relevant poor economic bracket of the South African community. The situation of youth mothers on Child Support Grant, which combines the characteristics of youth, fertility, and poverty, therefore raises a cause for concern, considering the complex relationship between poverty and HIV&AIDS (UNDP-Online, August 21, 2007). Additionally, according to media briefs by the Human Sciences Research Council, the suggestion that poverty plays a significant role in increasing vulnerability to HIV infection holds true in South Africa. Reportedly, people living in urban informal settlements have by far the highest incidence rates (5.1%), followed by those living in rural informal areas (1.6 %,) rural formal areas (1.4%) and urban formal areas (0.8%) (Human Sciences Research Council HSRC Media Brief Release-315, 2007).

According to News 24, as reported by Etv (September 2, 2007), concerns about rampant pregnancy among youths are heightened by reports of surging figures of teenage pregnancy in a climate of equally high levels of HIV infected individuals. South Africa's

HIV country case-load burden estimated at 5.4 million is rated only second to India. According to the Integrated Regional Information Networks (IRIN-SA. Online, March 6, 2007), figures from the latest (at the time) national survey into HIV prevalence by the South African Medical Research Council (MRC) showed that 16% of pregnant women under the age of 20 tested HIV positive. SABC News Online (March 09, 2007) reported that upon the launch of an HIV&AIDS programme for tertiary students, the South African Union of Students put the HIV infection rate among students in South Africa's tertiary institutions at a frightful 60%. In this regard, fears about the threat of HIV&AIDS for sexually active teenage girls appear to be real. This is especially so, as women are generally more susceptible to HIV and infected in higher numbers. According to the Human Sciences Research Council Media Brief Release 315, 2007, of all new HIV infections recently analysed, 34% occurred in young people in the 15-24 age-group, while in the same category, women accounted for 90% of all infections. In fact, based on its sample of 33,033 women attending 1,415 antenatal clinics across all nine provinces, the South African Department of Health 2006 AIDS Study estimated that 29.1% of pregnant women were living with HIV in that year. KwaZulu-Natal, Mpumalanga and the Free State recorded the highest HIV rates, respectively.

Regardless of the eventual findings about the true nature of the relationship between the Child Support Grant and youth pregnancy in Mafikeng, and even as the debate continues, many teenagers are reportedly having babies. According to SABC News Online (March 4, 2007), the number of pregnant schoolgirls jumped from 1,169 in 2005 to 2,336 in 2006 in Gauteng. Shuttleworth Education Trends (2007:2) records a similar trend. Meanwhile, in the North-West Province, teenage pregnancy had increased from 11% in 2001 to 18.4% in 2003 (NWDoH, 2004, as used by Versteeg & Murray, 2008:84). With such revelations, possibilities about sexually active youths would be hard to deny, while the motivation for such a trend calls for investigation. In the Western Cape, relevant authorities were motivated to develop a clear policy framework on how to deal with teenage pregnancies in schools (SABC News Online, Feb. 12, 2007). Essentially the 'Education Sector Policy for Learner Pregnancy 2008' eventually came into being.

The current allegations worsen the image that was suggested earlier, in a *LoveLife* survey, which was conducted by the Reproductive Health Research Unit in 2003. That survey showed that the rate of teenage pregnancies in South Africa had not diminished

despite initiatives to improve reproductive health counselling and related services. These included, among other issues: sexuality education in the life skills curriculum in schools; access to contraception and termination of pregnancy without parental consent; access to condoms through HIV prevention efforts; and national campaigns to challenge men's coercive sex domination of women, etc. (Richter, Norris & Ginsburg, 2006:2).

With the current state of affairs, and in the event that it turns out to be true that the Child Support Grant works out as an incentive for childbearing among youth mothers, it could then be safely said that such individuals place themselves, their partners and their children at high risk of getting infected with HIV. Such opinion would be supported by the fact that under normal circumstances, people do not have protected sex such as the use of condoms when trying to have babies; leaving themselves open to HIV infection.

To such end, it might be interesting to find out if youth mothers indeed have babies in order to access the Child Support Grant. Additionally, how do youth mothers view the implications for HIV infection in the process of unprotected sex? How knowledgeable would such youth mothers be, on the basics of HIV&AIDS? Do such individuals consider financial incentives to be more important than the need for a healthy life? It is such concerns that prompted the researcher to conduct this case study. Despite the positive major impact of the Child Support Grant on child poverty, it would be worthwhile to weigh the successes of the Child Support Grant policy against the odds for the possibility of compromised health in the said youth mothers, their partners, and/or their children. This case study intends to make a small start to shed light onto the worrisome trend.

1.3. AIM OF THE STUDY

This case study aims to examine a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection. While the goal of an instrumental case study, among other things, is to gain a better understanding of a social issue, using the case study paradigm in this instance serves as a small starting point in gaining such familiarity (Fouché, in de Vos *et al.* 2005:272).

1.4. OBJECTIVES OF THE STUDY

De Vos (1998:7) defines the objectives of a research exercise as the steps that are realistically taken, one at a time, within a certain time span, to attain the dream set out for achievement through that exercise. In fact, the objectives of a study set the direction of the activities to be undertaken to realise a research dream.

The objectives of this case study are therefore:

- 1.4.1. To investigate the relationship between the Child Support Grant and youth pregnancy.
- 1.4.2. To assess the HIV&AIDS knowledge of youth mothers on Child Support Grant.
- 1.4.3. To evaluate the HIV&AIDS attitudes and practices of youth mothers on Child Support Grant.
- 1.4.4. To determine whether programmes are available for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies.
- 1.4.5. To explore the implications, if any, of the relationship between the Child Support Grant and youth pregnancy for HIV infection among recipient youth mothers.

1.5. RESEARCH QUESTIONS

The study is guided by the following research questions:

- 1.5.1. Does the Child Support Grant promote youth pregnancy?
- 1.5.2. How knowledgeable about HIV&AIDS are youth mothers on Child Support Grant?
- 1.5.3. What are the HIV&AIDS attitudes and practices of youth mothers on Child Support Grant?
- 1.5.4. What programmes are available for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge and coping strategies?
- 1.5.5. What are the implications, if any, of the relationship between the Child Support Grant and youth pregnancy for HIV infection among recipient youth mothers?

1.6. RATIONALE FOR EMBARKING ON THE STUDY

The study rationale explains both how researchers get interested in a particular topic and why they consider such a topic worthy of researching (Maree & Van der Westhuizen, 2009:14). Accordingly, the motivation for undertaking this study comes out of concerns following allegations about widespread pregnancy in order to access social grants such as the Child Support Grant, among South African young women.

Youths who fall prey to pregnancy early in their lives sometimes drop out of school as they take on the demanding roles of parenting. This raises the stakes for dire socio-economic consequences for themselves and their children, as they are likely to live in poverty. Since getting pregnant usually takes place in an environment of unprotected sex, such youths put themselves at risk to contract the dreaded HIV, which may lead to developing AIDS. This may compromise the health of the mother, father, and even the child born out of such a situation.

The possibility that South African youths may be deliberately falling pregnant in order to access the Child Support Grant in the era of HIV&AIDS is reportedly, baffling, raising the need to seek insight into the alleged trend.

Even if studies have been conducted to examine the relationship between the Child Support Grant and high levels of teenage pregnancy in South Africa, none of the available reviewed reports explore the trend among youths 18-30 years, who legally qualify to apply for the CSG. No study is equally on record to have examined grant-induced youth pregnancy for the implications of HIV infection among the recipients.

1.7. SIGNIFICANCE OF THE STUDY

With reference to Mark (1996), Fouché, in de Vos *et al.* (2005:116), arguments for 'study significance' should show how the results of a proposed study will be relevant for people in other settings, as well as how the study will directly help people by changing a problematic situation. An examination of the relationship between the Child Support Grant and youth pregnancy and the implications of such a relationship for HIV infection makes a unique and beneficial study for the follows reasons:

- 1.7.1. Policy makers and the society in general should benefit from the findings of this study, as it would add to knowledge about the alleged relationship between the Child Support Grant and youth pregnancy and improve the understanding of the phenomenon in South Africa. Such insight would contribute to the search for answers to prevent the phenomenon as policy makers would have a foundation upon which to modify or introduce programmes to prevent it. In this way, social work practice would be enhanced too.
- 1.7.2. Exploring HIV&AIDS knowledge, attitudes and practices of youth mothers on CSG should help to raise awareness among the subjects. This might contribute towards curbing the HIV&AIDS pandemic as reflections on HIV&AIDS could trigger attitudinal and practice changes among the study subjects. With the likelihood that the subjects would share their research experiences, the attitudinal and behavioural changes may result into a ripple effect. Ultimately, such investigation, which leads to introspection among the subjects, might finally serve as a change strategy, and not just a data gathering exercise.
- 1.7.3. Considering that "research is about creating new social realities, not just about studying old ones" (Terre Blanche & Durrheim, 1999: 9), this study should make a significant input in the academia, as there are no studies that examine the implications of the relationship between the Child Support Grant and youth pregnancy for the risk of HIV infection among the subjects. Additionally, while studies that have addressed the impact of the grant upon recipients have targeted teenagers, this study specifically targets youth mothers 18-30 years old, whose age rightly entitles them to receive the grant.
- 1.7.4. Ultimately, this study has the potential to show how programmes designed to achieve one objective might cause concern about unintended effects of the programme on recipients, eventually impacting on other policies. In this regard, if the Child Support Grant, which is a poverty alleviation strategy is found to impact negatively upon the health of recipients, such findings could help to modify that aspect of economic policy to enhance health policy and vice versa.
- 1.7.5. The accomplishment of this exercise should equally reward the researcher through a sense of satisfaction that comes with the fulfilment of the quest for professional knowledge, skills acquisition and practice excellence; contributing to the volume and quality of the reputable practice of the social work profession.

1.8. DEFINITIONS OF TERMS AS USED IN THE STUDY

To ensure clear-cut and uniform understanding of the key issues addressed in this study, the following definitions of concepts and terms are applied:

- 1.8.1. Child Support Grant:** The Report of the Lund Committee (1996:4) states that the Child Support Grant is a flat-rate child support benefit, paid via the primary caregiver, to all children who qualify in terms of a test of the caregiver's means; aimed at protecting the poorest children in their most vulnerable years. This grant amounted to R240.00 per month, as of April 2009. Van Rensburg and Horsten (2004:61) note that there is no limit on the number of biological children a person can apply for, but if the children are not the person's own, they may only apply for six grants.
- 1.8.2. Youth Mothers:** The White Paper for Social Development (Notice 1108 Of 1997:47) acknowledges the difficulty, which the South African legal system has faced in defining 'children' and 'youth'. The paper finally settled for a definition of 'youth' as aged 16-30 years. In this study, the age range for the term 'youth mothers' will be less broad, at 18-30 years. This is because caregivers who are under 18 years of age would not qualify to apply for the Child Support Grant, under the current stipulations (Childline SA Online, March 9, 2007).
- 1.8.3. Widespread youth pregnancy:** In this study 'widespread youth pregnancy' means the 'frequent occurrence of pregnancy among youths'. This is a working definition, specially developed for this study. It is based on both the familiar sentiment that teenage pregnancy is rampant in South Africa, following the introduction of the Child Support Grant and the reported evidence of 'out of control' teenage pregnancy in schools.
- 1.8.4. HIV:** HIV is an abbreviation for 'Human Immuno-deficiency Virus' (Bezuidenhout, 2004:207). It is the virus whose presence in the human body is known to be responsible for the destruction of the body's immune system, or the body's natural ability to fight infections; a condition which may progress to AIDS and eventual death.

- 1.8.5. AIDS:** The letters A-I-D-S stand for 'Acquired Immune Deficiency Syndrome', which is a condition that represents 'the challenging higher stage of HIV-induced illness', or 'the difficult condition whereby a number of incurable diseases attack a person, all at the same time; as a result of the body's failure to fight infection on its own, and even with the help of drugs... because of HIV' (Nalumango, 2006:7).
- 1.8.6. Implications for HIV Infection:** In the absence of studies that examine 'implication for HIV infection' in a similar manner, this aspect of the study lacks academic reference for definitional purposes. In this light 'implications for HIV infection' is explained from a working definition. To such end, this definition entails 'the repercussions of, or what lies in store for youth mothers on Child Support Grant, in relation to the use of unprotected sex to become pregnant, in the pursuit of the Child Support Grant, thereby being rendered vulnerable to HIV infection'. This specially developed working definition is largely determined by the knowledge, attitudes and practices of the participants, regarding HIV&AIDS.
- 1.8.7. Sound HIV&AIDS Knowledge:** In this study, 'sound HIV&AIDS knowledge' means 'the ability to discuss the basics of HIV&AIDS such as in defining and telling the difference between HIV and AIDS, explaining how someone can know that they have HIV, and determining the risk of HIV infection in the process of getting pregnant'. This is a working definition, especially developed for this study.
- 1.8.8. Poor HIV&AIDS Knowledge:** This study defines 'poor HIV&AIDS knowledge' as 'the inability to discuss the basics of HIV&AIDS such as in defining and telling the difference between HIV and AIDS, explaining how someone can know that they have HIV, and determining the risk of HIV infection in the process of getting pregnant; all of which amount to inadequate and erroneous knowledge, or myths. It is a working definition, specifically coined for this study.
- 1.8.9. Positive HIV&AIDS Attitudes:** This study recognises 'positive HIV&AIDS attitudes' as 'stances that recognise and uphold established HIV&AIDS teachings and strategies such as condom-use, which promote the protection against HIV infection among sexually active individuals'. This is a working definition, particularly constructed for this study.

1.8.10. Negative HIV&AIDS Attitudes: In this study, 'negative HIV&AIDS attitudes' refers to 'stances that disregard established HIV&AIDS teachings and strategies such as condom-use, which promote the protection against HIV infection among sexually active individuals, even if such mindsets are acknowledged as being useful'. Such definition equally covers 'the justification for oneself or for others, for the exposure to unprotected sex for economic gain, for the purposes of pregnancy-seeking to access the Child Support Grant, or for any other commercial sex activities'. This is a working definition developed for this study.

1.8.11. Positive HIV&AIDS Practices: This study sees 'positive HIV&AIDS practices' as 'the recognition and adoption of established HIV&AIDS behaviours and strategies such as condom-use, as strategies of protection against HIV infection among sexually active individuals'. The working definition is purposely created for this study.

1.8.12. Negative HIV&AIDS Practices: In this study, 'negative HIV&AIDS practices' entails, 'the disregard for established HIV&AIDS behaviours and strategies such as condom-use as means of protection against HIV infection among sexually active individuals, even if such mindsets are acknowledged as being useful'. Such definition equally covers the pursuit of self exposure, or that of others, to unprotected sex for economic gain, for the purposes of pregnancy-seeking to access the Child Support Grant, or for any other commercial sex activities'. It is a working definition, expressly put together for this study.

1.8.13. HIV&AIDS Programmes Available For Youth Mothers on Child Support Grant to Enhance Their HIV&AIDS Awareness, Knowledge, Attitudes and Coping Strategies: This study regards such programming to constitute: 'HIV&AIDS programmes that cater exclusively for the needs of youth mothers on Child Support Grant, and which are provided alongside the dispensing of the grant, or separately, in an effort to cushion recipients against any negative impact of the CSG policy'. The definition is expressly made up for this study.

1.8.14. Social Welfare: Social welfare refers to an integrated and comprehensive system of social services, facilities, programmes and social security to promote social development, social justice and the social functioning of people (White Paper for Social Development, Notice 1108 Of 1997:5).

1.8.15. Social Security: Social security covers a wide variety of public and private measures that provide cash, or in-kind benefits or both, first in the event that an individual's earning power permanently ceases, becomes interrupted, is never developed, or is exercised only at unacceptable social cost; and such person is unable to avoid poverty; secondly, in order to be able to maintain children (White Paper for Social Development, Notice 1108 Of 1997:31).

1.8.16. Social Assistance: "Social Assistance" means a social grant including social relief of distress (Social Assistance Act, No. 13 of 2004).

1.9. DELIMITATION OF THE STUDY AREA

The case study was conducted in the Mafikeng Municipality of Ngaka Modiri Molema District in the North-West Province (NWP). Mafikeng is one of the five local municipalities that make up the Ngaka Modiri Molema District. Formerly known as the Central district, Ngaka Modiri Molema constitutes one of four districts that constitute the North-West Province.

The North-West Province (NWP) is one of South Africa's nine provinces. According to Statistics South Africa Online (September 6, 2007), the NWP covers an area of 116 183 square kilometres, which represents 9.7 percent of the total surface area of the entire country; making it the fifth largest province. The North-West Province is located in the North-western part of the country. Four provinces border it: the Northern Cape in the southwest, the Free State on the southeast, Gauteng on the east, and Limpopo on the northeast. It shares an international border with Botswana on the northwest also. The North-West Province is demarcated into four districts, namely: Bojanala, Dr. Kenneth Kaunda, Dr. Ruth Segomotsi Momphati, and Ngaka Modiri Molema District, which houses the provincial capital at Mafikeng.

As a predominantly rural province, the North-West Province is characterized by high rates of illiteracy, unemployment, and poverty, along with the social ills that go hand-in-hand with such conditions (Statistics South Africa- Censuses 1996 and 2001). Like all other provinces, the North-West Province carries a share of the HIV&AIDS national burden. A 2006 survey conducted by the Department of Health on HIV prevalence estimates among antenatal clinic attendees, by province, places the North-West Province as the fifth highest at 29.0% after Gauteng (30.8%); Free State (31.1%); Mpumalanga (32.1%); and the leading KwaZulu-Natal (39.1%).

The North-West Province has a relatively young population, with 1 882 428 out of 3 730 152 (50.4%) aged 0-29 years. 574 664 (30.5%) of this young-age population are youths aged 20-29 years. This youthful group takes up 15.4% of the total provincial population, even as 5 141 of this youthful population scattered across the province, are recorded as recipients of the Child Support Grant (Statistics South Africa, Online: September 17, 2008).

1.10. LIMITATIONS OF THE STUDY

The execution of this study was not without challenges. Below is a list of limitations, which were both encountered and prevailed over, during the execution of this study:

1.10.1. Lack of precedence for reference purposes: As an exploratory attempt into a novel area of interest, this study lacks precedence. For this reason the investigation faced a huge challenge with regard to relevant literature for reference purposes, in terms of a theoretical framework. However, a careful review of established social science theories paved the way for the identification of applicable perspectives.

As it lacks precedence, this study may not only generate more interest in the field of cash benefit initiatives and the promotion of youth pregnancy, but it has laid a foundation for more research into the field of the implications of such a relationship for HIV infection among recipients.

1.10.2. Inadequacy in respect of making population-worth conclusions: As an exploratory case study into a rather sensitive area, and whose population is not fully listed, the study could only make use of non-probability sampling procedures. This aspect ultimately makes it difficult for important conclusions to be drawn from the study. This weakness is further worsened by its small-size nature as a case study. Drawing the study sample of forty from just two small localities of the Mafikeng Municipality of Ngaka Modiri Molema District in the North-West Province rendered the study size and geographical area insignificant for generalisations on the general population of youth mothers on the CSG. It is therefore difficult to draw population-worth conclusions from the study.

Although the methods of investigation used, such as non-probability, stratified, purposive sampling, practically negate the application of the case study findings with regard to making decisions about the general population, the compelling evidence that comes out of the small geographical area covered, should generate interest towards the execution of wider-scale studies.

1.10.3. Skewed sampling: Another weakness of this study emerged during data collection and analysis. It became evident that the sample of youth mothers who turned up for the interviews appeared to be skewed in a particular direction. Unfortunately, at that stage of the research process, there was neither the time nor the resources to rectify the emerging reality.

Some comments made by those who turned up for the discussions implied that there were two types of youth mothers on Child Support Grant. Type-1 appeared to be more responsible youth mothers who were present, and who seemed to take good care of their children and sent them to crèches. Type-2 was described by Type-1 as being apparently selfish and irresponsible, comprising those who used the grant money for themselves at the expense of their children. Although an invitation was extended to any 18-30 year old youth mothers on the CSG, only Type-1 came forward. Some turned down the invitation apparently because they owed fees to a day care centre where a meeting was held. One youth mother in particular, simply declined because her beliefs and behaviours reportedly hugely conflicted with the standard expectations of recipients of such grants.

In a sensitive study of this nature, refusal or withdrawal could be expected. With regard to the selection method, the literature suggests accessing 'hard to reach' respondents through the people who work with them. In this regard, the best way to meet those young people was identifying them through their children, as well as their own friends. The day care centres that looked after some of the children who get this grant, therefore proved to make suitable focal points. Unfortunately, the decision to use the learning centres may have been interpreted as both discriminatory against those who did not send their children to crèches and intrinsically judgmental of such behaviour. Only type-1 youth mothers were therefore directly identified with the crèches. Be that as it may, such skewing of the sample does not invalidate the findings of the study because of invaluable insights provided by those who took part in the study.

This study is presented with two anomalies. Firstly, the Child Support Grant is open to any adult who cares for the stipulated children, and therefore entitled to both married and unmarried youth mothers. By virtue of the concerns that prompted this investigation, the study would have been more appropriate only for unmarried youth mothers. Yet, the study sampling was not restricted to unmarried youth mothers. Ultimately, one married youth mother turned up in the questionnaire group. Because she is married and therefore 'allowed' to have children, some of the questions may have been irrelevant to her, even if she answered them all. The other weakness surrounded Question 29. In this instance, the study asked all the respondents what they thought was the reason why people do not want to take the HIV test. Then those who had not taken the test were asked why. While the answers solicited provide a picture about 'other people', and those of a minority in the group, the study would have done better to establish the views of all the respondents regarding themselves, or both.

1.10.4. Inadequate resources: The explorative descriptive nature of the study would have gone very well with the use of certain methodologies and instruments that promote more flexible interaction and data depth, such as semi-structured individual interviews and interview schedules. Such possibility was curtailed by limited funding; as such type of interviews would be too extensive and expensive.

Nevertheless, the gripping evidence uncovered by the study within the limited resources at its disposal should point to the value of the exercise and advocate for better funding of projects into this field of investigation.

Few worthy causes pass without difficulty and yet many prevail on account of the manner in which the execution process handles such challenges. Ultimately, even if the listed limitations had the potential to deter the study from achieving its goal, the chosen investigation methods designed for studies of this nature were suitably applied, while prudence was exercised with respect to all the necessary resources within the limited means that were available. The unexpected skewed sampling sheds light on the need for caution when making decisions about how to invite participants, as well in choosing neutral venues for holding such meetings. In spite of such limitations, the contribution of this case study to the knowledge in the field of its focus is undeniably invaluable.

1.11. PRESENTATION OF THE DISSERTATION

1.11.1. INTRODUCTION

This section of the dissertation aims at laying down a blue print that guides the researcher with regard to the dissertation scope in terms of the number of chapters and their content. It ideally unfolds the flow of ideas for discussion from the beginning to the end of the investigation. The study comprises seven chapters. Except for the introductory one, each chapter begins with an introduction and ends with a concluding summary. The use of an introduction under each chapter is intended to orientate the reader to the nature of the problem under review, from whatever chapter they wish to read the dissertation.

Even if the report begins with general preliminaries such as acknowledgements, abstract, table of contents and lists of tables or figures, etc. and ends with supportive documents that constitute appendices; such sections are not listed under the chapter division because they technically do not form part of the content of the dissertation. A chapter division is outlined below:

1.11.2. CHAPTER DIVISION

- 1.11.2.1. Chapter One** bears the introduction or orientation to the study. A discussion of how the Child Support Grant was conceived to fight child poverty under the principles of social security is presented. In spite of the successes of the CSG, the problem statement shows how the policy has attracted negative criticism to the effect that it promotes youth pregnancy. The chapter states the aim of the study to examine a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection. The objectives and research questions of the study are given alongside the rationale for embarking on the study, while the significance of study is equally advocated. The definitions of terms as used in the study are presented; a delimitation and profile of the study area is given, and then a statement of the study's limitations concludes the chapter.
- 1.11.2.2. In Chapter Two**, the dissertation explores scholarly writings to trace a foundation and insight into the relationship between the Child Support Grant and youth pregnancy and the implications of such a relationship for HIV infection among recipients, thereby aligning the study with relevant academic standing. The foundation of the policy under review is visited, tracing how the CSG has worked to alleviate child poverty in South Africa, while uncovering how grant-induced youth pregnancy may unleash chances for HIV infection among recipients. Attitudes towards recipients of welfare benefits such as the CSG are examined and theoretical perspectives on the pathological nature of the suspected link between the CSG and youth pregnancy are examined. Likely social work intervention into the alleged problem is also explored.
- 1.11.2.3. Chapter Three** gives the research methods used in the empirical study with regard to the reasons for the use of the mixed-methods exploratory research design. The significance of particularly using the population of 18-30 year old youth mothers on the CSG is discussed alongside the reasoning for the use of a stratified purposive sample of 40. The chapter explains how such sample was selected, and how the data was collected and analysed. It ends with a discussion of the researcher's commitment to research ethical issues.

- 1.11.2.4. Under Chapter Four**, data derived from the empirical study through focus group interviews is presented and analysed in tabular form. A thorough introduction orientates the reader to the basis for such presentation format, while various aspects that constitute the contents of the tables are stated and clarified. Analyses on the meaning of the findings so presented are also made, ranging from a single paragraph to a page or more. Meanwhile, the reader is informed that **Chapter Four** poses only 16 questions while **Chapter Five** uses 37. The disparities in the number and type of questions which are used in these chapters are clearly explained.
- 1.11.2.5.** Like in Chapter Four, **Chapter Five** presents and analyses data derived from the empirical study in tabular form, but in this case, through the questionnaire investigation. The basis for such presentation format is clearly given. While such data is immediately scrutinised for meaning, from a single paragraph to a page or more, it is later combined with the findings from the focus group interview discussions in Chapter Four. This is in line with the triangulation method, which is aimed at verifying and consolidating the research findings, as data derived from the different sources is compared. Meanwhile, in-depth analysis is augmented with relevant issues from the literature.
- 1.11.2.6. Chapter Six** sets out to present and review the main findings of the empirical investigation to establish the meeting of the objectives. The findings are scrutinised alongside the assumptions drawn from the review of literature, which initially served to direct the type of issues that constituted the questions used in the interview schedule and the questionnaire. Issues pertaining to theoretical assumptions and the significance of the study are scrutinised in line with the study's conclusions. The study's findings are equally compared to those of relevant studies that previously investigated the relationship between the Child Support Grant and teenage pregnancy.
- 1.11.2.7. Chapter Seven** winds up the study, making area-specific recommendations.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. INTRODUCTION

This study investigates the relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection. In doing so, the study inspects possibilities for the promotion of youth pregnancy by the grant and assesses the HIV&AIDS knowledge, attitudes and practices of youth mothers on Child Support Grant. The chances for grant-induced youth pregnancy to render recipients vulnerable to HIV infection are explored and the availability of programmes to enhance HIV&AIDS awareness, knowledge, attitudes and practices among youth mothers on Child Support Grant is scrutinised.

The **Review of Literature** is an essential component of any research exercise. Terre Blanche *et al.* (2006:19) point out how literature or information review puts one's research project into context by showing how it fits into a particular field. The review of literature in this exercise facilitated the identification of scholarly writings to establish a foundation for the relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection among recipients. This equally served to align the research with other studies.

In this study review of literature is utilized for the following specific purposes:

- 2.1.1. To give an overview of the development of the Child Support Grant, how it has fared as a child poverty alleviation strategy and how such success might inadvertently entice recipients, especially the youth, to fall pregnant, and render them vulnerable to HIV infection.
- 2.1.2. To explain the concerns expressed against youth pregnancy by describing its various negative effects, while locating such perception and interpretation under a relevant theoretical framework.
- 2.1.3. To explore the different choices in intervention approaches, which have been used elsewhere to deal with problems of a similar nature, and which may

contribute to the effective use of social work intervention in curbing grant-induced youth pregnancy and the promotion of protection against HIV&AIDS.

- 2.1.4. To look out for thematic issues based on the key research questions. The identification of such issues eventually determines the content of the research instrument.

2.2. WHAT IS SOUTH AFRICA'S CHILD SUPPORT GRANT?

The Child Support Grant (CSG) Policy came into being in 1998 as a strategy to fight child poverty. It took over the role of 'child and family care' from the State Maintenance Grant (SMG). The State Maintenance Grant was perceived to have biases and inconsistencies. Even if the SMG was developed by the apartheid government to provide a child and parent allowance in poor households, it mainly benefited Coloured, Indian and White families; with Africans largely falling outside of its reach (Goldblatt, 2005:240). Unlike the State Maintenance Grant, however, the Child Support Grant was to have a lower monetary value, while the allowance would be targeted at children only as direct beneficiaries, leaving out the parents. Even against such odds, the Child Support Grant would target a wider group of beneficiaries to address the unfair racial biases that existed in the old State Maintenance Grant system (Rosa & Mpokotho, 2004: 6).

The Child Support Grant as a strategy for child poverty alleviation resulted from the findings and recommendations of the Report of the Lund Committee (1996). It was proposed with the idea of making a modest contribution to household income aimed at protecting the poorest children in their most vulnerable years, 0-6 years (Report of the Lund Committee Executive Summary: 6 and 4). It would be promoted in a manner that would link it to the health and nutritional status of the child (Report of the Lund Committee Executive Summary: 6). The Child Support Grant constitutes a flat-rate child support benefit, which is paid through the primary caregiver to all children who qualify, in terms of a test of the caregiver's means. As of April 2009 the grant amounted to R240.00 per month (Budget Speech, Feb. 11, 2009) with no limit on the number of biological children a person can apply for. However, caregivers of non-biological children may only apply for six grants (Childline SA, Online, March 9, 2007).

2.3. THE ROLE OF THE CHILD SUPPORT GRANT IN ALLEVIATING POVERTY AMONG SOUTH AFRICA'S CHILDREN

Although South Africa's democracy is just over ten years old and the Child Support Grant policy has just been in existence for a decade, South Africa is rated as one of the most extensive welfare systems of any developing country in the world (Goldblatt, 2005:239). The Child Support Grant is reportedly used to support whole households on things like paying school and crèche fees and for school uniforms; electricity and water, as well as transport to government offices, pay points and on job-search trips or when taking children to a doctor (Goldblatt, 2005:253). The Children's Institute (Online: 2007) notes that the CSG is currently classed as the single biggest programme for alleviating child poverty in South Africa. UNICEF SA (Online: 2004) agrees with the assumption that the Child Support Grant is one of the country's major contributions to reducing child poverty. In similar appraisal, Samson *et al.* (2004:2) highlight the critical role played by social grants in reducing poverty and promoting social development in South Africa; regardless of which methodology is used to quantify the impact measure or identify the poverty line.

The positive impact of the Child Support Grant in terms of its reach is acknowledged by the Department of Social Development, which attests to significant increase in the number of social grant beneficiaries (Department of Social Development, 2006:2). Ultimately, appreciation for the Child Support Grant among recipients has earned it some interesting nicknames like: 'Mandela's grant' or 'Mbeki's grant'; opinions which seem to suggest that the ANC government is helping the poor (Goldblatt, 2005:255,251).

It is thus fitting that at the time of the investigations and the ensuing recommendations for the establishment of this visionary child poverty alleviation strategy, the Lund Committee firmly believed that the Child Support Grant would be a more reliable form of support than the other alternatives considered. As elucidated earlier, the benefits of the CSG have not gone unnoticed because government programmes have an uncanny ability to attract simultaneous public interest, right from inception. However, no matter how well envisioned and intended such programmes are set out to be, scrutiny and debate shortly follow as problems begin to appear in their implementation, the actual meeting of stated objectives, or due to some unforeseen complications. It is not

uncommon that such scenarios culminate in various public opinions of ordinary citizenry, civil society groups, and the mass media. It is equally fitting that the academia joins the debate, searching for answers.

The Child Support Grant as a strategy for child poverty alleviation has not escaped such analysis. It is fast attracting the attention of both scholars and government officials who share concerns about the likely luring effects of the success of the well intended policy upon South African youths. And this does not come as a surprise. Children are held preciously in society and concerns about their welfare become evident when little ones are taken advantage of or harmed through abuse or neglect. From the discussions of ordinary people to debates by civil society groups and the watchdog comments of the mass media, it is clear that there is goodwill towards the welfare of South African children and their families, even on this matter.

The major criticisms of the Child Support Grant from its inception have been the smallness of its monetary value, as well as the eligibility age limit. The ineligibility of 14 year-olds was particularly considered unfair as one could argue that at 14 years of age the children who are still school going would be negatively affected by the loss of their source of income just when they begin to appreciate the real value of money. At that time not only do teenagers need cash to deal with the demands of peer-pressure, but also the girl-child is just learning to grapple with her new and financially demanding experience of menstruation.

Fortunately these two disapprovals have been progressively addressed. At present the grant monetary value has been increased from the initial paltry R100.00 per month to R240.00 as of April 2009 (South Africa. Notice Information Gazette Number: 31987). Revelations about the efficacy of the grant in fighting child poverty prompted the then minister of finance Mr. Trevor Manuel to propose an increase of the maximum age eligibility from 14 to 18 years, subject to affordability (Budget Speech, Feb. 11, 2009). It has since been raised to 17 years as of October 2009. Other improvements include the significant increase in the number of social grant beneficiaries, promotion of the right of access to social assistance through successful awareness campaigns and proactive registration initiatives (Department of Social Development, 2006:2). With such positive

developments it could safely be said that the Child Support Grant is addressing more problems in more households in a better way for more value.

However, just when glowing praise should replace any criticism of the grant, new scrutiny is taking hold. Many young mothers have come under attack, being accused of deliberately becoming pregnant in order to access the Child Support Grant. Some are accused of abusing the payments for their own indulgence, while neglecting their children's basic needs (Goldblatt, 2005:251). In fact, negative claims are rife that the grant is increasing teenage fertility in South Africa. While the allegations are modestly cited in scholarly works (Makiwane & Udjo, 2006; Biyase, 2005; and Goldblatt 2005), bluntly put, South African teenagers are accused of having babies as 'a cash crop' to access grants, (Independent Online, May 09 2007).

Such serious accusations would not go unchallenged and in January 2007, a study was released, whose findings disputed the widespread belief, which suggested that teenagers were having children specifically to access the grant. Based on the data analysed for the study, the conclusion was reached that there were no grounds to believe that young South African girls were deliberately having children in order to access welfare benefits; even if the issue could only be settled conclusively by a specially designed study (Makiwane & Udjo, 2006:15).

The stated findings brought relief in some quarters, even if for only a while. The study advice for the importance of conducting further conclusive research on the matter was promptly heeded. Counter research into the matter soon presented new findings, which propelled relevant authorities to act (Monare, M, Independent Online, May 09 2007). By May, 2007, the then Minister of Social Development Dr. Zola Skweyiya stated that a decision had been reached to investigate the issue further when new research showed a concerning trend- conceding that a high pregnancy rate was linked to the grant (Independent Online, May 09 2007).

2.4. YOUTH PREGNANCY AND IMPLICATIONS FOR HIV INFECTION: UNINTENDED CONSEQUENCES OF THE CHILD SUPPORT GRANT POLICY

In this discussion so far, the efficacy of the intervention of child benefits such as the Child Support Grant in fighting child poverty has been established, even if marred by criticisms. Similar intervention initiatives have been acknowledged internationally, with equally thought-provoking debates about the likely enticement of such cash-transfer strategies (Makiwane & Udjo, 2006:3). In line with this position the assertion that the success of the Child Support Grant may entice poor youths to get pregnant calls for investigation. Would the CSG turn out to work as a relatively rewarding economic activity for the poor in that the more children one has, the more money there is to be gained from the grant? While such a scenario may work out well in the fight against poverty, it may inversely raise health concerns in terms of implications for HIV infection.

The Child Support Grant is geared to serve the poorest among the poor. To qualify to apply for the grant, the primary caregiver's financial income standing should meet a Means Test below a certain level; in terms of particular residence characteristics, and income earning ability. The means testing for social grants implies that the South African Social Security Agency (SASSA) evaluates the income and assets of the person applying for social assistance in order to determine whether the person's means are below a stipulated amount (SASSA pamphlet, 2008). It is worth noting that SASSA came into being in 2006 as "an agent for the administration and payment of social assistance; to provide for the prospective administration and payment of social security by the Agency and the provision of services related thereto; and to provide for matters connected therewith" (South Africa, Act No. 9, 2004).

The poverty-stricken and complicated situation of the youth mothers and caring mothers in general is highlighted by Goldblatt (2005:239, 242), in the observation that "currently in South Africa, there is no financial support for parents themselves or any recognition of, or compensation for their caring work... In order to help their children, caregivers have to be poor and unemployed, and then expected, without any means, to feed themselves, meet any of their other needs and provide child care services for the society, in exchange for nothing".

Even if the monetary gauge of the means-test may seem quite low at R1 100 per month or R13 200 per annum, the truth could be that many youth mothers who receive the Child Support Grant may not even earn that much per month or annually. Besides the R240.00 monthly state benefit currently given out per child, some youth mothers may not earn a steady R100.00 per month. The foregoing observations present compelling scenarios of need in eligible recipients of the grant. Such financially depressed youth mothers may therefore see hope in multiplying the grant over and over, through the birth of an added child. In fact, Deane (2004) in Biyase (2005:8), reports of a woman in Transkei as saying: "My life has gotten better since I get R170 [each] for the three children". This matter could thus be affecting youth mothers whose economic hardships may be beyond the comprehension of those engaged in the scholastic conjecture of their plight or indulgence.

According to Cohen (1998: Online), there exists a complex relationship between poverty and HIV&AIDS. Poverty is identified as one of the biggest factors that cause the spread of HIV&AIDS as it places people more at risk to contract the disease, and HIV&AIDS in turn intensifies poverty. Women are reportedly particularly impacted by poverty as they are often forced to engage in commercial sex activities in order to provide for their families. In fact, Ganyaza-Twalo and Seager (2005:6) quote Dixon-Fyle and Mulanga (2004) as referring to such vulnerability in the trend of young women selling their bodies to help their families. If it turns out to be true that South African youths are having babies in order to access the Child Support Grant, one could then safely reason that they are in a similarly risky situation to contract HIV.

The gravity of such circumstances is heightened by the realisation that the average youth would rather be more concerned about avoiding pregnancy as opposed to being vigilant about HIV&AIDS. When school-going sexually active teenagers were carefully interviewed about alarming pregnancy figures in South Africa, barriers to contraception among teenagers came out as the prime hindrance to the curbing of pregnancy. Ironically, the risk of HIV&AIDS did not enter the picture. According to the IRIN-SA Weekly Round-up 324 for 3 - 9 March 2007, a recent Medical Research Council (MRC) study- 'Blood Blockages and Scolding Nurses: Barriers to Adolescent Contraceptive Use in South Africa', nurses' attitudes were highlighted as a major barrier to teenagers getting hold of contraception. The nurses were reportedly uncomfortable about providing

teenagers with contraception as they felt that teenagers should not be having sex. Such responses from nurses were deemed highly judgmental and unhelpful, and in line with their rights, the girls described the attitudes as 'harassment'. This case in point may indicate that such teenagers, while worried about falling pregnant were not concerned about the implications of their activities for HIV&AIDS.

Ironically, fears about the luring outcome of the Child Support Grant to increase fertility among youths are not new. When the policy was being drafted in 1996, such concerns were not ignored. In its discussion of 'Incentives: the Relationship between Support Programmes and Behaviour' The Report of Lund the Committee (1996:31-32) observed that programmes designed to achieve one objective might cause concern about unintended effects of the programme. The current scenario about allegations of the good intentions of the Child Support Grant Policy inadvertently enticing young women to have babies in South Africa seem to acknowledge this observation. Yet despite concerns about such a possibility, the report, in its discussion of 'Fertility Patterns'; went on to dispel fears about such a strategy fuelling youth pregnancy. It noted that even if there was a deeply held popular belief [world-wide], that providing cash support to women would have an effect on fertility rates, the persistence of such beliefs in South Africa was surprising, given that what evidence there was, pointed in the other direction. This position, while intriguing, is in line with the findings of Makiwane and Udjo (2006:4) who state that in accordance with other social welfare issues, "the line between scientific knowledge on teenage pregnancy and personal values is often blurred, making scientific knowledge, and its impact on policy inconclusive at best".

Meanwhile, although fears about the connection of HIV&AIDS to youth pregnancy and the Child Support Grant are coming to the fore just now, as this study suggests, the Report of the Lund Committee (1996:18, 93) was aware of both the concerns about the consequences of HIV&AIDS, as well as other health concerns for both the child and the caregiver. The report cited denial about the presence of the HIV&AIDS epidemic and about its present and future effects on family life and on the economy, while believing in the proposed child support benefit's potential to develop synergy between social security, social welfare and health, as an integral part of basic primary health care and primary welfare care.

The report further suggested that the child support benefit could be made conditional on the caregiver's participation in one or two critically important health-related behaviours. At face value it could be construed that there may have been conditions put in place to monitor or influence the behaviour of recipients of the Child Support Grant. In the true sense however, according to Lund *et al.* (2008:16), the CSG "was designed as an unconditional benefit, with the exception of minimal qualifications to enable efficient administration, and one or two relatively minor requirements needed to create synergies with other departments, or minimise corruption". Such apparent lapse in the policy design is currently justifiable as Lund *et al.* (2006:13-15) make it clear that subjecting the CSG to monitoring conditions such as school attendance or proper housing at its meagre monetary value, which would not meet the cost of the set conditions would be futile. Additionally, although the impact of HIV&AIDS on social welfare is also recognised in the White Paper for Social Welfare (1997:33), consideration appears to be more in favour of rehabilitative mitigation than a preventive one.

Would it be possible for the purposes of curbing both the incidence of youth pregnancy and the risk of HIV infection, to make HIV&AIDS programming for such youth mothers an integral part of the CSG package as such youth mothers pursue other services?

The focus of this research shares the concerns of prominent personnel in both the Departments of Health and Social Development. Upon learning that there may be some truth to the allegations of deliberate youth pregnancy for the purposes of accessing social grants; and while conceding that a high pregnancy rate was linked to the grant, the then Social Development Minister, Dr. Zola Skweyiya announced that the Department intended to investigate the concerning trend further, (Independent Online: 2007). More importantly, when the alarming school teen-pregnancy figures in Gauteng and the soaring situation of HIV incidence among tertiary students came to light, the then Deputy Health Minister Mrs. Nosizwe Madlala-Routledge voiced her distress about the risky sexual behaviour among schoolgirls because it rendered them vulnerable to the HIV&AIDS pandemic (SABC News: March 09, 2007). Even if the latter concern did not tie such alarm to the Child Support Grant; the Deputy Health Minister had come very close to making a connection between the alleged behaviours and the motivation surrounding the Child Support Grant with implications for HIV infection.

2.5. THEORETICAL PERSPECTIVES ON THE ASSUMED PATHOLOGICAL RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY

Terre Blanche *et al.* (2006:20, 100) laud the identification of theoretical framework as essential in refining the research problem, serving as an orientation for the collection of facts, because, among other things, the theoretical framework directs the focus of where and what to look out for, in the quest for answers. The interrelated nature of the elements or variables in established theoretical thinking guides researchers in the quest for answers to phenomena. How the data is collected, how it is ordered and what is extracted from it are precisely the product of the lens through which the researcher looks at the world, and consequently the angle from which the data collection is approached. A theoretical framework is also vital because of the practical nature of the intended use of the results of this study to influence behaviour change and probably, also, on policy matters. Turner (1979:1) highlights the need for high-level connectivity between theory and practice. To such end, various established perspectives guided this study, regarding the pathological character of youth pregnancy and the motivation to fall pregnant among youth mothers on Child Support Grant; as well as the reasoning behind the HIV&AIDS risk-taking behaviour.

It is important to explore theoretical perspectives that explain why youth pregnancy is seen as pathological. The term pathology bears different meanings, depending on the premise or foundation chosen to direct the thinking, in line with how the problem at hand presents itself. The theoretical framework used for the grant-induced youth pregnancy aspect of the study is directed by a careful study of different social science frameworks, alongside insight conceived from the way the problem is presented in the public eye. To such end, in this study, the pathological nature of youth pregnancy is viewed from the premise of **social pathology** (Rubington & Weinberg, 1995:19). Meanwhile, even if the HIV risk-taking aspect of the study draws from **drive theory** as used by Tladi (2006:371), social pathology remains the core lens through which the relationship between the Child Support Grant, youth pregnancy and implications for HIV infection is viewed. The pathological aspect cannot be divorced from such behaviour as elucidated below.

The choice for the application of the social pathology perspective is persuaded by the manner in which the phenomenon of youth pregnancy is handled in the public eye. Newspaper stories about the Child Support Grant in connection with youth pregnancy are rarely in the affirmative, usually running opinions of surprise and disgust. The frequency of negative statements directed against youth pregnancy clearly indicates the undesirable nature of the phenomenon and that many people's feelings are so affected by it that change is desirable. Rubington and Weinberg (1995:19), describe social pathology in the sense that desirable social conditions and arrangements are seen as healthy, while persons or situations that divert from moral expectations are regarded as 'sick', and therefore 'bad'. From such social pathology perspective, therefore, a social problem is a violation of moral expectations. On the other hand, questions might arise about the validity of such judgemental attitude, and about what is right or wrong. Regarding this, Rubington and Weinberg (1995:46-49) acknowledge the difficulty of establishing norms to determine what is normal in a constantly changing society. They however point out that popular recognition of any social condition or process as bad, followed by an attempt to eliminate or cure it, serves as justification for classification of the condition or process as pathological, a social ill or social problem. Even if no society has ever been absolutely normal, the requirement remains as an ideal from which deviations referred to as social ills or pathology can be measured. They reiterate that social problems are nothing more or less than those conditions or aspects of society, which considerable numbers of people are trying to change.

In the era of HIV&AIDS expectations are that children will grow up to appreciate the consequences of behaviours that would render them vulnerable to the health compromising condition. Young people who would deliberately turn to unprotected sex and have babies in order to access a social grant would thus be deemed as both ignorant of, and deviant from some very important facts about the moral and health expectations about HIV&AIDS. The social pathology premise suggests that the ultimate cause of social problems is failure in socialization (Rubington & Weinberg, 1995:19). In the case of this study, such apparent lack of socialisation might be reflected in the exhibition of poor HIV&AIDS knowledge and/or negative attitudes and practices of subjects. To such end, youth mothers on Child Support Grant who would be found to engage in widespread pregnancy in order to access the grant would be viewed to be in need of re-socialisation in facts and expectations about HIV&AIDS, and that society

owes such responsibility to them. Against such background, theories that support socialization towards change would be recommended for engagement to pursue such socialisation. **Empowerment** and **family systems** approaches are explored and discussed in detail for this purpose, towards the end of this section.

Meanwhile, even if youths who deliberately turn to unprotected sex and have babies in order to get a social grant are regarded as deviant, and exhibiting ignorance about the moral and health expectations about HIV&AIDS, the **drive theory** perspective would acknowledge the circumstances that promote such risky behaviour. This discussion has ably illustrated the difficult conditions that many such youths live in, and how the Child Support Grant has made a difference in their lives. According to the drive theory, deprivation of the necessities of life such as food and shelter causes people to respond in ways that although harmful, will ensure that they obtain such necessities (Tladi, 2006:371). In this particular case issues like paying school and crèche fees; electricity and water bills as well as transport to government offices etc, point to situations where recipients of the Child Support Grant may experience such economic void. Resorting to the use of the CSG to offset such economic needs could serve as a good example of responding in ways that although harmful, will ensure that they obtain such necessities.

2.5.1. ATTITUDES TOWARDS RECIPIENTS OF CASH TRANSFER WELFARE BENEFITS

The use of welfare benefits such as the Child Support Grant to reinforce child and family care is not a strange or new idea. Misgivings about such support and even stigma towards welfare benefit recipients are also commonplace. In some parts of South Africa this welfare benefit has earned derogatory terms like the 'waist grant' or the 'thigh grant' implying that girls use their bodies to seduce men, become pregnant, and get the grant (Goldblatt, 2005:251). According to Makiwane and Udjo (2006:3), withdrawal of such benefits as punitive measures has been considered elsewhere. Goldblatt (2005:252, 242), also states that perceptions and stereotypes of such nature are found in other countries with similar grants, while equally unfounded beliefs suggest that single mothers are a devious and irresponsible unwelcome drain on state resources. It is further argued that such responses in other regions of the world are part of a common worrying trend of anti-women and anti-poor ideological attacks.

While allegations of grant-induced widespread pregnancy levelled against South African youth mothers may be unfounded, Makiwane and Udjo (2006) presume from Bullen and Kenway (2000), Burt *et al.* (1984), Rodriguez and Moore (1995), that there is higher teenage fertility in societies that offer welfare benefits for children, while in many social democratic countries an increase in teenage fertility has been found to be associated with an elaborate welfare system. They point out that in the United States for example, 50% of teen-mothers go on welfare within the first year of bearing their child, and 77% within five years.

2.5.2. THE BASIS FOR MISGIVINGS DIRECTED TOWARDS RECIPIENTS OF WELFARE BENEFITS SUCH AS THE CHILD SUPPORT GRANT

2.5.2.1. MORAL ISSUES

From the normalcy point of view, society has certain beliefs and expectations about how babies should be born and raised. Morally, the out-of-wed-lock nature of youth pregnancy places it in negative light in the average public eye. Despite huge strides that have taken place to shift both the thinking and practice of the modern youth in respect of personal rights and freedoms that promote individual actualisation, the average South African community remains largely conservative. The free spirit of modern youth towards sex, marriage and pregnancy are thus often pitted against the traditional and conformist values that dominate the communities in which such youths live.

2.5.2.2. HEALTH CONCERNS

Youth pregnancy is seen as hazardous to health. Having a child as an adolescent has serious effects on the health of young parents, even as the children of adolescents have a high risk of being born premature, with prospects for ill-health. Pregnant teens are also said to be at greater risk of health problems such as anaemia, hypertension, renal disease, eclampsia and depressive disorders (Child Welfare League of America Online, 2007). Additionally, teenagers who engage in unprotected sex face the risk of contracting sexually transmitted infections (Dryburgh Online, 2007). In this particular study, the health concern is even more serious on account of the present-day incurable HIV&AIDS pandemic.

2.5.2.3. SOCIAL AND ECONOMIC BARRIERS

Youth pregnancy is perceived to promote barriers to future social and economic prosperity for the young mothers and their offspring. This is so because young mothers are unlikely to complete high school or college. Furthermore, teenagers who give birth once, are at much greater risk to give birth again while still teenagers, with the prospect of living in poverty (Child Welfare League of America Online, 2007). Childbearing may also curtail education; thereby reduce a young woman's employment prospects in a job market that requires ever-higher levels of training. Additionally, teenagers who give birth particularly at ages 15 to 17 are likely to remain single, lacking a partner to contribute to the household income (Dryburgh Online, 2007). This view is echoed by Richter *et al.* (2006:122) who point out that recent concerns about teen pregnancies have centred on the disruption that childbearing causes to the educational and occupational prospects of young women, thus maintaining and exacerbating poverty.

2.5.3. THEORETICAL PERSPECTIVES ON THE CHILD SUPPORT GRANT AS A POVERTY-ALLEVIATION STRATEGY AND THE LIKELY SOCIAL WORK INTERVENTION INTO THE PATHOLOGY OF YOUTH PREGNANCY

The characteristics of youth mothers who become beneficiaries of child welfare benefits are interestingly similar, cross-culturally. Such average teenager comes from a background fraught with disadvantage. According to the Child Welfare League of America (Child Welfare League of America Online, 2007), many young people who become parents before age 20 come from disadvantaged backgrounds or have been physically or sexually abused. With the added stresses of pregnancy, childbirth, and parenting, these youths, ultimately, need large amounts of support, comprehensive services, and solid adult role models to help [their] transition into adulthood, raise healthy children, and support themselves and their families.

In the event that it is proved that South African youths deliberately get pregnant for the sake of accessing the Child Support Grant despite the consequences involved, and the mitigating factors for such behaviour established, preventative social work intervention would be engaged to help such subjects to re-evaluate their self-worth, priorities and coping strategies; as well as identifying programmes that would promote such intentions.

According to Walker and Shinn (Online, 2007) **social work prevention** operates at three levels. Interventions designed to keep problems from emerging constitute primary prevention goals and outcomes while those that address the reversal or stoppage of harm or exposure to known risk factors address secondary prevention goals and outcomes. Thirdly, intervention approaches that reduce, rather than reverse harm among the most severely involved individuals are known as tertiary prevention. For this study, what aspect of prevention to be engaged shall be determined by the need to be established by the findings and the following theoretical perspectives may be recommended to direct the intervention:

2.5.3.1. FAMILY SYSTEMS APPROACH

In this study Family Systems Approach could provide insight into the alleged phenomenon of deliberate youth pregnancy by explaining reasons for youths putting themselves at risk of getting pregnant. Romig and Graham (1988:133) propose that youth pregnancy may indicate that something has gone wrong within the family setup and validate the role of making such choices as a function of family processes, with particular emphasis on the functional role that pregnancy can serve in the family context. One of the findings that dispel the role of Child Support Grant as a causative factor for youth pregnancy states that the girls felt they would only be accepted as women once they had proved their fertility; while many mothers wanted their teenage daughters to become pregnant so they could have a baby at home again (IRIN-SA Weekly Round-up 324 for 3 - 9 March 2007).

Against this theoretical insight the stage is set for investigating the motivation for youth pregnancy within the family setup, while suggestions for intervention could be extended to forums for young people such as schools, clinics and community settings. Although many HIV&AIDS efforts to change attitudes and behaviours have a tendency for failure, Kirby *et al.* (2007:206) give hope on this matter. They point out that programmes in different parts of the world, where Sex and HIV/STD education programmes that were based on a written curriculum and implemented among groups of youth in school, clinic, or community settings have proved to be a type of intervention that reduces adolescent sexual risk behaviours.

2.5.3.2. EMPOWERMENT APPROACH

Solomon (1976), in Lee (1994:21) envisions empowerment as those efforts which are directed at helping stigmatised clients facing a particular kind of block to solving problems that are imposed upon them by external society, because of their collective identity. Even if empowerment practice per se applies to creating community with vulnerable, hurt, or oppressed persons in the midst of an affluent and powerful society, the concept fits the intervention for youth mothers on Child Support Grant whose situation is stigmatised, vulnerable and hurtful. Robbins *et al.* (1998: 91) define empowerment as “a process by which individuals and groups gain power, access to resources and control over their own lives. In doing so, they gain the ability to achieve their highest personal and collective aspirations and goals”.

Processes and skills, which the empowerment approach engages in working with individuals and families, would equally fit the intervention into youth pregnancy and implications for HIV infection. Empowerment approach is also relevant to the vision of the 1997 White Paper, which links social assistance to economic development and empowering of the poor, of which recipients of the Child Support Grant make a fitting example. Similarly, the grant that came into being to put things right in precisely the black community, which was largely marginalized and impoverished by the apartheid system, echoes the tenets of empowerment theory.

The CSG gives primary caregivers the means to develop within themselves and gain power to determine their own actions as they discharge care. In line with the components of the empowerment process which includes attitudes, values and beliefs; validation through collective experience; knowledge and skills for critical thinking and action; as well as action (Glenmaye, in Parsons *et al.* 1998: 4-5), the Child Support Grant has the potential to help recipients towards personal consciousness, self-efficacy and the assuming of personal responsibility, thereby enabling the caregiver to attain independence and the means to manage the welfare of their children. The liberty fostered upon caregiver-mothers by the CSG is applauded by Goldblatt (2005:249). Accordingly, the grant saves them the trouble of perpetuating contact with the fathers of their children, with whom they may no longer wish to communicate, and whose whereabouts they sometimes do not know, as they may be afraid of them.

This theoretical understanding justifies the engagement of empowerment strategies to allay sole dependency on the Child Support Grant through youth pregnancy, while promoting healthy lifestyles against the HIV&AIDS pandemic.

2.6. IDENTIFICATION OF LOOPHOLES AND VACUUMS IN THE CHILD SUPPORT GRANT POLICY

This last but not least aspect of the review of the literature has done more than inform the researcher. A critical analysis of the content has brought insight into loopholes and vacuums. Loopholes in this regard constitute issues in the Child Support Grant policy, which might render it vulnerable to abuse by recipients. Vacuums comprise structural gaps or issues in the policy, as well as in some reported situations in the natural environment where youth mothers live, which might leave recipients of the grant, open to the risk of HIV infection. Such established reasoning is elucidated below.

2.6.1. LOOPHOLES

2.6.1.1. CURRENT SITUATIONS THAT MIGHT RENDER THE POLICY VULNERABLE TO ABUSE BY RECIPIENTS, AND AGAINST WHICH NO INTERVENTION EMERGES IN THE LITERATURE

Goldblatt (2005:239) records a gripping account of parenting in the middle of poverty. South African women currently have no personal financial support as parents, while their caring work is neither recognised nor compensated. In fact, such parents reportedly find themselves in situations whereby in order to help their children, caregivers have to be poor to the effect that unemployed, impoverished as they are, some women and girls are expected, without any means to feed themselves, meet any of their other needs and provide child care services for the society, in exchange for nothing (Goldblatt, 2005:242). Would such situations leave room for the making of decisions by caregivers to help themselves to the money they receive on behalf of their charges?

Like many other issues in a democracy, the Child Support Grant policy has been subjected to civic, academic and legal challenges (Lund *et al.* 2008:13-15). As a result, changes in the regulation and administrative aspects of the policy ultimately make it difficult for both poorly informed management officers and the general public to understand its criteria. While such complexities might hinder prospective clients from

applying for the grant, or from being awarded the grant, it could equally make leeway for its abuse, as discretion by administration officers becomes the order of the day. In fact, examples of officials exercising discretion in favour of individual clients, or challenging punitive aspects of the regulations themselves are not uncommon (Lund *et. al* 2008:13). Ideally, even if the Child Support Grant was originally intended for South African citizens only, the grant was extended to permanent residents in South Africa after a court challenge (Leatt, 2006:5). Although initially it was required that only adults [18 years and above] could apply for, and collect, the grant (Barrientos & DeJong, 2006:545), minors are currently receiving the grant. For example, 14 744 girls under the age of 18 years were registered for the CSG nationally in 2006 (Daily News, 6 November, 2006). Whether this is right or wrong is beyond the realm of this study.

Could such permissiveness in the exercised regulations create loopholes that promote abuse of the grant?

2.6.2. VACUUMS

2.6.2.1. THE ANTICIPATION OF THE LURING OUTCOME OF THE CHILD SUPPORT GRANT TO INCREASE FERTILITY AMONG YOUTHS, FOR WHICH NO INTERVENTION EMERGES IN THE LITERATURE

Fears about the luring outcome of the Child Support Grant to increase fertility among youths are not new. The Report of Lund the Committee (1996:31-32) observed that programmes designed to achieve one objective might cause concern about unintended effects of the programme. Yet despite concerns about such a possibility, the report, in its discussion of 'Fertility Patterns'; went on to dispel fears about the possibility of such a strategy to fuel youth pregnancy. The report noted that even if there was a deeply held popular belief [world-wide], that providing cash support to women would have an effect on fertility rates, the persistence of such beliefs in South Africa was surprising, given that what evidence there was, pointed in the other direction. Despite this vital observation of the Report of the Lund Committee, the sentiment has persisted, to-date. Meanwhile, the policy makes no provision for the acknowledgement of the concern or intervention in respect of the expressed fears.

2.6.2.2. THE ANTICIPATION OF THE HIV&AIDS EPIDEMIC AND OF ITS PRESENT AND FUTURE EFFECTS ON FAMILY LIFE AND ON THE ECONOMY FOR WHICH NO INTERVENTION EMERGES IN THE LITERATURE

Although the Report of the Lund Committee (1996:18) was aware of both the concerns about the consequences of HIV&AIDS, as well as other health concerns for both the child and the caregiver, nothing was considered, at the time, to influence any behaviour that would provide safeguards against HIV&AIDS, in the event that the new policy might entice recipients and promote childbearing.

This revelation and analysis makes yet another vital observation for a vacuum that seems to have no direct intervention for recipients.

2.7. HOW THE ACCOMPLISHED LITERATURE REVIEW DIRECTS THE EXECUTION OF THE STUDY

Against the realisations stated above, the stage was set to proceed with the primary mandate of the study to engage an empirical investigation on youth mothers on Child Support Grant. The findings and analyses established through the literature review provided a compass that shaped the ensuing investigation, highlighting issues that ultimately form part of the content for the research instruments that were used on the participants and respondents of the research.

2.8. CONCLUDING SUMMARY

The **review of literature** makes an important component of any scientific study in order to place the study into context by showing how it fits into a particular field of investigation. Such location has facilitated the exploration of scholarly writings to establish a possible foundation for this study, building insight into the relationship between the Child Support Grant and youth pregnancy and the implications of such a relationship for HIV infection among recipients.

The objectives of the reviewing of literature for the study have been successfully met: A clear overview of the development of the Child Support Grant, how it has fared as a child poverty alleviation strategy and how such success might, inadvertently entice recipients, especially the youth, to fall pregnant, and render them vulnerable to HIV infection has been established.

The efficacy of this strategy to alleviate child poverty is lauded through scholarly investigations such as Goldblatt (2005:253); Samson *et al.* (2004:2) etc. Following marked successes in both its administration and reach, the CSG currently stands as the single biggest programme for alleviating child poverty in South Africa (Children's Institute, Online: 2007). Inadvertently, such success has attracted concerns that South African young women are deliberately getting pregnant to access the social grant.

Concerns expressed against youth pregnancy have been cited and explained. The various pathological effects of youth pregnancy on health and the socio-economic prospects on recipients and their offspring have been described. The value of a theoretical framework for any scholastic study has been discussed and decided upon.

On account of lack of precedent studies on the grant-induced youth pregnancy aspect of the study, the theoretical framework used is directed by a careful examination of different social science frameworks, alongside insight conceived from the way the problem unfolds in the public debate, a decision was made to use **social pathology** as the relevant theoretical framework of choice. Meanwhile, because of its recognition of conditions that promote the pathological and risky behaviours of youth mothers who may deliberately turn to unprotected sex to seek babies in order to get a social grant, the **drive theory** perspective is used to seek understanding into the HIV&AIDS risk-taking aspect of the study.

Suggestions have been earmarked for social work intervention if need be. Different choices in intervention approaches, which have been used elsewhere to deal with problems of a similar nature, have been explored. **Family systems** and **empowerment approaches** have been identified as best suited for the purpose.

The literature review exercise went further, sifting through the data, searching for, and identifying loopholes and vacuums in the Child Support Grant policy that might promote opportunities, which might, in turn, render it vulnerable to abuse by recipients, as well rendering recipients open to the risk of HIV infection. Such shortcomings of the Child Support Grant policy, coupled with the financial hardships of the recipients combine to expose likely vulnerability to HIV infection among the recipients.

Ultimately, this review of the literature has uncovered issues, as stated above, which have determined aspects to include in the search for answers in terms of the content of the research instruments. The issues pointed out here, eventually play a major role in making decisions about the recommendations to come out of the study.

Notwithstanding the achievements which the review of literature has contributed to the execution of this study, **a lot more has been achieved without using any relevant literature**. This follows that as an exploratory field of investigation, this study had no relevant literature to draw from. Rather, with reference to Patton (2002), Ivankova *et al.* in Maree (2007:260), state that the researcher has, through the use of mixed methods approach, constructed knowledge about real-world issues, based on pragmatism. In fact, with reference to Patton (2002), Ivankova *et al.* further suggest that in mixed methods research, the researcher constructs knowledge about real-world issues based on pragmatism, which places more emphasis on finding answers than on the method used.

In such regard, the qualitative researcher practically changes the role and place of reviewing the literature.



CHAPTER THREE

3. METHODOLOGY

3.1. INTRODUCTION

This study which aims to examine a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection finds its category orientation from the case study type of research. In line with the doctrine of instrumental case studies, this investigation aims to gain a better understanding of this social issue, while in this particular instance, the use of the case study scenario fulfils the purpose of facilitating the gaining of knowledge about the social issue under investigation (Fouché, in de Vos *et al.* 2005:272). The social issue at the centre of this study is the assertion that some South African young women deliberately fall pregnant so that they can access the Child Support Grant, despite the consequences of the likelihood of getting infected with HIV in the process.

For any undertaking to be conducted effectively, well formulated procedures and techniques need to be followed. The research process is subject to such requirements. According to Terre Blanche *et al.* (2006:7), methodology denotes how, in practical terms, researchers may go about studying or finding answers to whatever they believe can be known. Fouché, in de Vos *et al.* (2005:118) sees methodology as information about how the population is defined, what sampling methods are involved and the detailed description of the techniques to be employed. It involves determining the measuring instruments to be used and the specific series of activities to be carried out in making the measurements. These and the analysis of data to be derived, as well as discussions about any ethical considerations, all come together to constitute methodology.

From the above discussion, four issues stand out as major aspects of research methodology. These comprise the type of conditions under which the research is to be conducted, how the data is to be collected, how such data is to be analysed; as well as the interests and welfare of the people who discuss issues or answer questions in the process of data collection. A thorough discussion of these components of research methodology follows under the headings: Research Design, Methods of Data Collection, Data Analysis and Ethical Issues.

3.2. RESEARCH DESIGN

According to Mouton (1996:107), a research design constitutes "a set of guidelines and instructions to be followed in addressing the research problem", in which instance, the research design enables the researcher to "anticipate what the appropriate research decisions should be, so as to maximise the validity of the eventual results". Alternatively, Fouché and de Vos, in de Vos *et al.* (2005:133) suggest that among other qualities, a research design entails the act of planning the study in its broadest sense- dealing with decisions about the overall type or plan to be used, as well as about sampling; resources and procedures for data collection; measurement issues and data analysis techniques.

Because of the absence of studies of a similar nature which combine an examination of a relationship between grant-induced youth pregnancy and implications for HIV infection, this study lacks precedence. This study which seeks to gain a better understanding of a novel phenomenon, therefore meets the exploratory and descriptive nature of case studies. It thus fits an in-depth investigation that engages more than one data collection method (Fouché, in de Vos *et al.* (2005:272); Maree & Van der Westhuizen, 2009:27).

Among other issues, this study seeks to establish the opinions and attitudes of youth mothers towards youth pregnancy and HIV&AIDS. With reference to Holloway and Wheeler (1996), Nieuwenhuis, in de Vos *et al.* (2007:51), sees this aspect of the study, as effectively in line with qualitative research. They explain qualitative research as typically studying people or systems by interacting with, and observing the participants in their natural environment while focusing on their meanings and interpretations. The assertion continues that the emphasis of such research is on the quality and depth of information and not on the scope or breadth of information provided as in quantitative research. However, to complement the intensity of such opinions or the lack of intensity thereof, some aspects of this study are subjected to the quantification of the individuals who share opinions. This feature of the investigation renders it quantitative in nature.

In view of the features discussed above, this study takes on a **qualitative-quantitative mixed methods approach**. In accordance with Creswell (2005), Ivankova *et al* in Maree (2007:260), define mixed methods research as 'a procedure for collecting, analysing and "mixing" both quantitative and qualitative data at some stage of the research process

within a single study, to understand a research problem more completely. To such end, as in this study, the approach allows for collecting qualitative data such as through in-depth focus group interviews to establish opinions and attitudes of participants towards a topic. This is then followed by individual interviews through questionnaires, to learn about individual perspectives on the topic. In such instance, this study is neither purely qualitative nor quantitative but a mixed methods research (Ivankova *et al.* in Maree 2007:260). The mixed methods approach renders the data analysis and interpretation methods flexible. In fact, with reference to Patton (2002), Ivankova *et al.* suggest, as stated earlier, that in mixed methods research the researcher constructs knowledge about real-world issues based on pragmatism, which places more emphasis on finding answers to research questions than on the method used.

With reference to Creswell (2003), Ivankova *et al.* in Maree (2007:261), suggest that combining quantitative and qualitative methods within one study could serve one or all of four purposes. In this study, such combination helps **to elaborate** on quantitative results with subsequent qualitative data. It is also used **to compare** quantitative and qualitative data sets to produce well-validated conclusions. The study took an exploratory-descriptive design while using **mixed qualitative-quantitative methodology** for the procedures of collecting and analysing data. This design fulfils the exploratory principle of examining relatively unstudied areas of new interest (Terre Blanche *et al.* 2006:44). By its nature, the exploratory design helps towards gaining familiarity and insight into the alleged phenomenon that young South African women deliberately fall pregnant in order to access the Child Support Grant despite the possibility of contracting HIV in the process. As an exploratory-descriptive study, the choice for this design is in agreement with de Vos *et al.* (2002: 109), who advance the value of exploratory research in gaining insight into situations, phenomena, communities or individuals.

The assumption that young South African women deliberately fall pregnant in order to access the Child Support Grant during the perilous times of HIV&AIDS has, reportedly, baffled many people. It is therefore necessary to **explore and describe** the HIV&AIDS awareness and knowledge of the subjects and the reasoning behind such risky behaviour. To such end, this study sought to establish the perspectives of youth mothers on Child Support Grant on the phenomenon.

The exploratory-descriptive design benefits this study with its strengths. These include the studying of people in terms of their own definitions of the world; focusing on the subjective experiences of individuals, and its sensitivity to the contexts in which people interact with each other (Mouton, 2001: 194-195). This design allows for the use of procedures such as focus group interviews, which would allow respondents to speak freely, for example, about their motivation for engaging in unprotected sex that results in pregnancies, despite the imminent dangers of HIV&AIDS. The researcher gets a chance for recording the findings of the discussion, while taking note of emotional intensities. Such subtle observations, which cannot be solicited through quantitative means, make up additional benefits for the use of the qualitative model in this case study. The qualitative exploratory design is equally justifiable in the absence of a complete listing of the population of youth mothers on Child Support Grant as there are no statistics that list beneficiaries of the grant both by age and sex. The use of mixed qualitative-quantitative methodology benefits this study in terms of flexibility. Processes that fit into the exploratory design, be they qualitative or quantitative, are utilised to determine decisions for the various aspects of the study such as sample selection, the type of questions to be used, as well as the analysis of data sourced through such investigation.

3.2.1. THE POPULATION

According to Mouton (2001:134), a population refers to "a collection of objects, events or individuals having some common characteristic that the researcher is interested in studying". In this study the collection of individuals of interest comprises youth mothers aged 18-30. This age group is preferred for the study because such individuals being in their prime reproductive state stand to be at greater risk of HIV infection. The characteristic common to the group of youth mothers used in the study, which the researcher is interested in exploring is 'the Child Support Grant'.

It was therefore decided that such subjects be drawn from a pool of 18-30 year-old youth mothers on Child Support Grant in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province. While teenagers below the age of 18 are equally at risk of HIV infection in view of alleged rampant teenage pregnancy, such minors are not covered in this study. The exclusion of such minors is determined by the fact that teenagers under the age of 18 do not legally qualify to apply for the Child Support Grant.

The complete listing of the population of youth mothers on Child Support Grant in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province is not available because of the way such data is captured by the major data-enumerator organisations in the country- Statistics South Africa and the South African Social Security Agency (SASSA). In both instances, while data exists about the recipients of the grant, with statements about figures for the various categories, the data does not give details about the identity of such recipients or their exact locations. In essence therefore, the complete listing of such population cannot be determined.

However, even if such a list were available, admitting the total population of youth mothers on Child Support Grant into the study would be a mammoth task. The research process however, makes provision for the use of only a sample of the population. Mouton (2001:135) refers to the sample as the selection of only some of the subjects [of a population] with the intention of finding out something about the total population from which they are taken.

3.2.2. SAMPLING METHOD

3.2.2.1. SAMPLE SIZE

The study used a sample of forty (40), which was divided into four separate sample units of ten (10) each. This was in line with the data collection procedures deemed suitable for the research design of choice.

3.2.2.2. SAMPLE TYPE

All four sample units were non-probability, stratified, purposive samples. Strydom, in de Vos *et al.* (2005:201), states that non-probability sampling does not engage randomisation in the selection of subjects into a study because both the members of the population and the size of such a population are unknown to the researcher. This means that the probability of each candidate to be selected into the study remains unknown and unutilised. While studies that apply non-probability sampling methods use unrepresentative samples of the population, they facilitate the investigation of situations whereby unit identification lacks complete listing. Without such, analysis of phenomena of this nature, such as youth mothers on Child Support Grant, would be unattainable.

The stratified nature of a sample means the dividing of a heterogeneous universe into strata or sub-groups according to in-group similarities and exclusiveness from other groups (Strydom, in de Vos *et al.* 2005:200). This applies to youth mothers on Child Support Grant as opposed to all other youths, mothers or youth mothers. Consistent with Singleton *et al.* as recorded by Strydom, in de Vos *et al.* (2005: 2002), purposive sampling ideally entails the purely judgmental selection of subjects into a study by a researcher, based on the units' observed possession of typical attributes that define the desired population such as youth mothers on Child Support Grant.

3.2.2.3. SAMPLE SELECTION PROCEDURES

Subjects for all four sample units were selected using the non-probability stratified-purposive sampling method. The non-probability sampling nature was preferred because of the non-availability of the complete listing of the population of youth mothers on Child Support Grant in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province. The non-probability character of this type of sampling partially qualifies it for mixed methods, without necessarily being subjected to random selection techniques.

According to a report on HIV incidence rates, people living in urban informal settlements have by far the highest incidence rates [5.1%], followed by those living in rural informal areas [1.6%], rural formal areas [1.4%] and urban formal areas [0.8%] (HSRC Media Brief Release-315, 2007). Respectively youth mothers on Child Support Grant fit well into such categories on account of a means-testing qualification. The Child Support Grant means-test qualifies people who live in rural-areas with income less than R1 100 per month, or R13 200 per year, in urban area informal houses or shacks, with income less than R1 100 per month or R13 200 per year; or in urban area houses or flats, on an income less than R800 a month, or R9 600 a year.

Even if vulnerability to HIV infection is noted in four major settlement types, as stated above, this study drew respondents from two (2) settlement types only, namely 'urban areas' and 'rural-areas'. Such decision was influenced by two factors. Firstly, it was difficult to determine settlement types by the more specific 'urban informal settlements', 'rural informal areas' 'rural formal areas' and 'urban formal areas' in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province. The municipality does not use such definitions to determination settlement-types. The

identification of settlements into the two types decided upon was dictated and assisted by a map, supplied by the municipality, which clearly demarcates the municipality into just 'rural' or 'urban' areas. Secondly, it was considered that dividing the relatively small sample of 40 respondents into just two strata would work well in concentrating the number of respondents, and the strength of responses per strata. Meanwhile, the sample size was determined by both the time and financial resources that were available for the purpose and the duration of the study period.

The sample was selected using stratified purposive sampling procedure within the categorized strata; in view of the specific purpose of the study. The study sought to talk to 18-30 old youth mothers on Child Support Grant, and who were located in settlements noted for high HIV incidence, about youth pregnancy, as well as HIV&AIDS awareness, knowledge, attitude and practices. This was in line with the characteristic of stratified purposive sampling, which entails that participants are selected on the basis of pre-determined criteria relevant to a particular research question as well as by the settings (Nieuwenhuis, in de Vos *et al.* 2007:79).

The purposive or judgmental sampling method has some unique advantages, which make it ideal in the study of youth mothers on Child Support Grant, whose complete listing is not available. According to Neuman (2003:198), this sampling method paves the way for a researcher to "select unique cases that are especially informative" about the particular topic under discussion. It is appropriate in the selection of "members of a difficult-to-reach specialised population", whose complete listing does not exist and therefore, randomising from such listing made impossible. In such instance, Neuman suggests that researchers use subjective information drawn from locations frequented by such populations, as well as from social groups that they interact with, or the experts who work with them.

However, just like other non-probability procedures, purposive sampling lacks the value of being representative as it does not make use of random selection of samples from population elements. This aspect makes it difficult for important conclusions that would be generalised to broader populations to be drawn from studies that use this sampling method. Likewise, it is hard to draw population-worthy conclusions from this case study.

This study is important in spite of its methodological limitations. In fact the existence of such sampling procedures facilitates and justifies investigations into situations for which they were designed. Without such methodologies, phenomena and situations such as this case study would be beyond investigation. To such end, the employment of methodologies like the purposive or judgmental sampling go a long way in making a valuable contribution to knowledge, in spite of their weaknesses.

Even if the listing of youth mothers on Child Support Grant was not available in the specified settlements it was possible to conveniently identify and access prospective respondents within their communities. This was facilitated by the help of significant community personalities and with the authority of the South African Social Security Agency (SASSA) head office in the North-West Province. Such significant people comprised local-area political figures, the clergy, and entrepreneurs of day care centres that provided subject identification and as data collection meeting points for the study.

Ultimately, in line with the mixed method approach, two samples of 20 respondents and 20 participants for the questionnaires and focus group interviews, respectively, were drawn from just two of the strata of the settlement types that make up typical poor residential areas for recipients of the Child Support Grant. These comprised urban-area Extension 39 near Mmabatho, and rural-area Tse-tse village just outside Mafikeng city.

3.3. DATA COLLECTION

Social research seeks to establish understanding of phenomena about human beings. In order to achieve this, Terre Blanche *et al.* (2006:85) advise that special activities such as observation, self-reporting or archival/document reviews have to be conducted so that relevant facts, information or figures about the object of study are uncovered. It is such facts, information or figures about the object of study that constitute 'data' in the research process.

The research process pays particular attention to how data is collected. The data-collection section of the research involves the outlining of a detailed account of how the data is collected; stating what procedures and instruments are used (Terre Blanche *et al.* 2006:85).

3.3.1. METHODS OF DATA COLLECTION

This section of the study brings out the scenarios under which efforts were made to gather information that would supply answers to the research questions. Before any attempt is made to meet any respondents for answers, or to decide what instruments are used to facilitate the communication, it is important to look around to see what has been said about the phenomenon under investigation and how the investigation of such trend was conducted by carrying out a review of literature. Kaniki, in Terre Blanche and Durrheim (1999:18), points out how literature or information review puts one's research project into context by showing how it fits into a particular field. Literature review paves the way for clearer insight into the nature and meaning of the problem that one intends to study (Fouché & Delport, in de Vos *et al.* 2005:123). Mouton (2001:87) on the other hand considers literature review to assist in directing the researcher to existing scholarship or the existing body of knowledge, comprising the range of research products produced by other scholars.

While an in-depth scrutiny of all relevant sources for such orientation information is vital, it is crucial that researchers exercise caution in the selection of such sources, using only credible sources, which provide information about the research problem and/or the research question. Such sources may include, among others: scientific books; articles in professional journals; standard reference materials; research reports, dissertations and monographs; specialised index publications; workshop/conference presentation papers; the internet; radio and TV broadcast items; articles from newspapers, magazines and periodicals (Fouché & Delport, in de Vos *et al.* 2005:127-129).

Mouton (1996:66) perceives research instruments to constitute the construction and use of scales, questionnaires, and interview schedules, which serve to measure or bring out the incidence of phenomena. In line with this understanding, as well as the relevant research design, an interview schedule and a questionnaire constituted the instruments used to establish the relationship between the Child Support Grant and youth pregnancy and the implications for HIV infection in such a relationship. While the interview schedule guided the focus group interviews, semi-structured questionnaires were individually administered to respondents by the researcher.

Accordingly, the following methods of data collection were employed:

3.3.1.1. INDIVIDUALLY ADMINISTERED SEMI-STRUCTURED QUESTIONNAIRES

According to the New Dictionary of Social Work (1995:51) a questionnaire constitutes “a set of questions on a form, which is completed by the respondent in respect of a research project”. The critical purpose of a questionnaire, according to Delport in de Vos *et al.* (2005:166), is “to obtain facts and opinions about a phenomenon from people who are informed on the particular issue”. In this study semi-structured questionnaires were served to subjects. The instrument is aptly listed and appended to the report.

Twenty youth mothers were individually asked to supply answers to a mixture of open-ended, close-ended and semi-open-ended type of queries, depending on the type of information targeted. They were asked to give answers anonymously but truthfully.

In line with the likelihood that respondents might be unable to read the questionnaire, leading to the need for their assistance, the administered semi-structured questionnaires were preceded by inquiries to such effect, in readiness to accommodate the need. Prior knowledge of how long the questionnaire sessions would last assisted with the decision to invite only five subjects at time. This meant that the respondents did not have to wait long to take their turns to answer the questionnaires. After group briefings, the respondents were all met individually, while the rest waited in another room. This ensured both privacy and the avoidance of any influence on the answers given.

Besides providing respondents with an opportunity to examine the issues under review from a personal point of view, the formatting of the questionnaire determined how the data so generated would be analysed.

3.3.1.2. FOCUS GROUP INTERVIEWS

Greeff, in de Vos *et al.* (2005: 287) suggests that interviewing constitutes the predominant means of information collection in qualitative research scenarios such as focus group interviews. This study intended to bring together participant youth mothers to meet one another and hold an open and truthful discussion of the problem under review, as an issue of common interest in line with the focus group interview model. Receiving the CSG and sharing in the criticism that is targeted at youth recipients of the grant gave these youth mothers a common interest which they were deemed to know well.

According to Patton (1987:135), the focus group interview constitutes an interview of a small, relatively homogeneous group of people who are asked to reflect on the questions asked by the interviewer. With reference to Krueger and Casey (2000), as well as to Barbour and Kitzinger (1999), Greeff, in de Vos *et al.* (2005:299-300), explains that the focus group interview provides better understanding of how people feel or think about an issue of common interest. In such case, the interview should allow for a tolerant atmosphere, during which participants are encouraged to share their perceptions, points of view, experiences, wishes and concerns without the necessity to vote or reach consensus.

Patton (1987:135) states that focus group interviews should comprise small groups of five to six members. In this case two (2) groups, comprising five (5) youth mothers each were drawn from each of two settlements in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province. Arrangements were made to meet two sets of five youth mothers on Child Support Grant within each of the two (2) stated stratified settlements, for focus group interviews, one group at a time. Twenty youth mothers were approached in advance, to volunteer to take part in the focus group interview discussions. Letters requesting their participation in the study were sent to them through the day care centres where they sent their children. The researcher then went out to those localities by appointment and conducted data collection meetings.

To get deeper insight into personal attitudes and practices with regard to pregnancy among youths; incidence of the use of the Child Support Grant for pregnancy purposes, as well as HIV&AIDS awareness, knowledge, attitudes and practices; a different set of 20 youth mothers were given an opportunity to discuss some aspects of these issues under focus group discussions. The discussion was guided by a qualitative interview schedule, which is rightly listed and appended to the report. The proceedings of the focus group interview were tape recorded using a device that made provision for the data to be stored on the computer for play-back using Windows Media Player, while hand-written notes were generated by the researcher during the discussions, to keep track of the key points stated, as well as noting the intensities of non-verbal communication exhibited.

The decision to use different subjects for the focus group interviews and different sets of subjects for the questionnaires was persuaded by the possibility that using the same people under both scenarios might influence responses the second time around. Using different individuals also ensured that the participants were not overworked and fatigued.

Delpont, in de Vos *et al.* (2005:170) advises researchers to be clear and precise about the nature of information that the study should be made up of, and for inclusion in the research instruments such as questionnaires or interview schedules. The content of the instruments for this study was therefore guided by the key research questions. The themes of research questions on the other hand resulted from the study objectives. The content of the study instruments constituted the following:

- a) Does the Child Support Grant promote youth pregnancy?
- b) How knowledgeable about HIV&AIDS are youth mothers on CSG?
- c) What are the HIV&AIDS attitudes and practices of youth mothers on Child Support Grant?
- d) What programmes are available for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge and coping strategies?
- e) What are the implications, if any, of the relationship between the Child Support Grant and youth pregnancy for HIV infection among recipient youth mothers?

In addition to these thematic issues, the questionnaires also made provision for the recording of the respondents' biographical details, which paved the way for insight into some key group attributes.

In all these activities, the researcher was assisted by an interpreter whenever necessary. Even if most of the subjects were able to speak English, the interpreter played an instant major role during the questionnaire sessions, ensuring that the communication flowed effectively, as there would be no chance to clarify issues later. The one to one situation also made it easier for the interpreter to facilitate the flow of information. The interpreter was very handy during the playback and transcription of the focus group interviews.

3.4. DATA ANALYSIS

This section of the investigation deals with issues related to what researchers intend to do with the data once it has been collected, or how the data is processed so that it brings out meaningful answers to the research questions. The data analysis process helps to bring out order, structure and meaning to masses of collected data. It entails a huge, but fascinating procedure in the search for general statements about relationships among categories of responses in the collected data (De Vos, in de Vos *et al.* 2005:333-334). Durrheim, in Terre Blanche and Durrheim (1999: 47), urges researchers to make a careful consideration of data analysis issues when designing a study. This is because data analysis aims to convert [gathered] information into answers to the original research questions. In such regard, a logical research design should strive to ultimately match the analysis to a particular type of data. This study used mixed methods of data analysis.

The decision to use both the questionnaire and focus group interview techniques of data collection and analysis was expected to verify and consolidate the research findings, as data derived from the two investigations would be compared. This is in line with the critical strength of triangulation in facilitating interpretive validity and establishing data trustworthiness through a comparison of conclusions based on different sources and subjects (Farmer *et al.* 2006: 377). Padgett (1998: 32), states that triangulation in qualitative research makes for the convergence of multiple perspectives that can provide greater confidence that what is being targeted is accurately captured. This assumption is consistent with Patton's suggestion (2002:306), that different procedures of data

collection have both strengths and weaknesses, which can be balanced out by the use of triangulation.

The purpose for using both the questionnaires and focus group interview procedures on different subjects, and comparing the findings through triangulation is firstly influenced by the need to find out if what subjects state about their opinions in the privacy of the questionnaire environment would be the same, or significantly different from what is said in the open group discussion of the focus group interview. According to Creswell (1994), in de Vos (2005: 361), biases which are integral components of one data source or method, stand to be neutralised when applied alongside other data sources or methods.

De Vos, in de Vos *et al.* (2005:362), refers to data-triangulation as the use of more than one data source. The use of triangulation in such respect, for this study, is influenced by Padgett (1998:32), who recognises that triangulation in qualitative research has the ability to converge multiple perspectives for the provision of greater confidence so that what is being targeted is more accurately captured. Using triangulation in this manner benefits the study both in getting deeper insight and gauging the sensitivity of the issues, should it occur that subjects hold back information in the presence of other participants or vice-versa. Triangulation thus ensures data validity when independent measures of the same phenomena agree (Swanson & Holton, 1997: 105). By virtue of relying on information collected from a diverse range of individuals, teams and settings, using a variety of methods, triangulation reduces the risk of chance associations and systematic biases (Maxwell, 1996: 93). Secondly, triangulation allows for the researcher to make quick analysis about information omission or withholding and probing for the right information. The study thus benefits from the flexible nature of triangulation.

Against the anticipation of a large volume of data, the use of a questionnaire instrument makes a practical and ideal choice for data analysis purposes. While close-ended questions are already assigned easy-to-handle numerical values, the answers given to open-ended and semi open-ended type of questions eventually get coded into additional categories and subsequently assigned with easy-to-handle numerical values for analysis purposes. Ultimately such data is arranged into variables, which take on numerical values with prospects for exposure to arithmetic manipulation towards making simple decisions about descriptive statistics through frequency tables. This follows the

usefulness of statistics in crunching large amounts of information into usable numbers, as well as in assisting the human memory to cope with large volumes of various data (Fitz-Gibbon & Morris, 1987:9). This later aspect of data analysis is credited to the use of the mixed methods approach.

Even if such descriptive data analyses techniques were employed, it is worth noting that the data manipulations did not engage inferential statistics calculations and decisions. This is because statements derived from the data of this study cannot be subjected to valid degrees of confidence or hold status for making inferences on the total population due to the non-probability nature of the sampling methods and the eventual non-representative character of the sample. A complete listing of all youth mothers on CSG in the area of interest would have facilitated randomising the sample of respondents, leading to the use of electronic data analysis techniques such as the computer-based Special Package for the Social Sciences (SPSS). In this particular case simple decisions about descriptive statistics were arrived at by the mere use of frequency tables.

Interpretive analysis was engaged to scrutinize data emanating from the focus group interview aspect of the study. This choice of methodology follows the understanding that interpretive analysis seeks to provide thick description, making thorough description of the characteristics, processes, transactions and contexts that make up the phenomenon being studied, implied in language which is familiar to the phenomenon, as well as an account of the researcher's role in constructing the description (Terre Blanche *et al.* 2006:321). According to these authors interpretive data analysis equally tries to establish how participants make meaning of a specific phenomenon by analysing the perceptions, attitudes, understanding, knowledge, values, feelings and experiences of participants, in an attempt to approximate their construction of the phenomenon.

By virtue of the flexibility of the qualitative method, data thus collected may not be conclusive, making allowance for probing, as well as re-visiting respondents to clarify issues that may have been missed or glossed over during the initial encounter or interview. This effectively results in circular, rather than linear processes. Because of the interactive character of the data collection process, the analysis of such data also takes on an instant and ongoing nature.

3.4.1. COMPONENTS OF THE INTERPRETIVE ANALYSIS METHOD

The steps of interpretive analysis that was employed in this study were largely adapted from Terre Blanche, Durrheim and Painter (2006:322-326). Any additional explanations borrowed from other sources are acknowledged.

3.4.1.1. FAMILIARISATION AND IMMERSION

Interpretive research demands that the researcher be consciously active, right from the onset of the project proposal preparation; developing ideas and theories about the phenomenon being studied, moving towards a preliminary understanding of the meaning of the data intended for collection. It thus follows that after data collection, the stage is set for the analysis to be done.

Once the data is collected the researcher goes through the different kinds of material that contain the data, such as the interview schedule transcripts and notes, and engrosses in them, reading them many times over and making notes. This assists the researcher with familiarisation as to the categorisation of issues and their location in the mass of data; as well as in developing ideas about their likely meaning and relevance to the research questions.

3.4.1.2. INDUCING THEMES

With reference to Terre Blanche *et al.* (2006:99) theme-induction involves making inferences about the general rules or classes from specific instances to create themes or categories of the data, labelling them, making summaries and ultimately breaking down the themes into sub-themes. In other words a process of inductive analysis of qualitative data ideally sets the stage for the research findings to emerge from the frequent, dominant or significant themes inherent in the raw data.

3.4.1.3. CODING

The process of coding involves breaking down the mass of text-data into labelled, meaningful pieces, with a view to later clustering the bits of coded material together under the code-headings and further analysing them, both as a cluster and in relation to other clusters. In this case, coding begun at the stage of theme-induction through the research questions as the data had to

be identified and marked while it was being categorised. Coding involved assignment of status to the different sections of the data as being instances of, or relevant to one or more of the developed themes. The coding exercise was guided by the recognition that items for coding might comprise a whole paragraph, a phrase, a line, or a sentence uttered during the interview, and which might contain materials that pertain to the themes under consideration. At the stage when coding took place during the reading of hard-copy-text of data materials, the items for coding were highlighted in different colours for each theme. The themes themselves were numbered for identification and linking purposes. Once the data was transcribed into the electronic version using Microsoft Word, similar items were grouped together or shifted around using the 'cut-and-paste' function of the word-processor.

3.4.1.4. ELABORATION

The examination and re-examination of data at the theme-induction and coding stages made way for events or statements which were initially isolated or placed far apart during speech to 'get related' and get placed together under one theme in tabular form.

At the elaboration stage data material within themes was explored further, subjected to more scrutiny for comparison, to find out if there were any discrepancies within the categories. This helped the researcher to capture the finer nuances of meaning not initially captured by the crude coding system.

3.4.1.5. INTERPRETATION AND CHECKING

This constitutes the last stage of the interpretive data analysis process. It comprises a written account of the phenomenon just studied; using the thematic categories developed and established in the previous analysis stages as subheadings. This calls for critical examination of work so far done to identify and fix weak points in the form of contradictions, over-interpretations or researcher prejudice; ultimately reflecting on the likely consequences brought on by the role played by the researcher in data collection and the creation of its interpretation.

For example while respondents suggested that the Child Support Grant may be their only source of income, the interpretation and checking stage noted this as a discrepancy with the emergence that they all, without exception, had additional income through external support or personal business initiatives.

The categorical data was arranged in tabular format for purposes of comparison of the answers given under either the urban or the rural setting. Such analytical record eventually formed the basis for the development of a transcription of the findings into a narrative report. For triangulation purposes, such data from the focus group interviews was comparatively placed against the interpretive statements of the findings of the questionnaire investigation.

In line with the mixed methods approach, the data that was sourced through the questionnaires was analysed as descriptive statistics, using frequency tables in terms of percentages of the tallies of the given responses.

3.5. ETHICAL ISSUES

The ethics of science refer to what is wrong and what is right. Ethical issues arise in the course of human interaction, especially where there is potential for conflict of interests (Mouton, 2001:238-239). The process of data collection may encroach on the privacy of respondents. The researcher is thus obliged to guarantee the avoidance of harm on the respondents or subjects; that they have informed consent and they are not deceived, while ensuring their privacy, anonymity and confidentiality (Strydom, in de Vos *et al.* 2005: 58-63). While the importance of social research is indisputable, even as researchers have the right to look for truth, such pursuit for insight should not be done at the expense of the rights of other individuals in society (Mouton, 2001:239).

3.5.1. THE RESEARCHER'S RESPONSIBILITIES TOWARDS THE SUBJECTS

As this study is both sensitive and exploratory, the researcher needed to establish an atmosphere of ease and trust, and yet determination, to solicit answers. This was facilitated through personal contact with the respondents, and the assurance of

confidentiality to their persons and that the information supplied would not be ascribed to their identities.

Subjects were requested to participate in the study out of their own free will. They were informed of the importance of their participation to facilitate understanding of the trend under investigation. However, no pledge was made to the effect that the exercise would bring definite or immediate changes to their personal situations; or that the researcher would bring back a report to them. This aspect fulfilled the ethics ensuring rights on issues of relationship to the subjects of science such as privacy, the right to refuse to participate in the research, anonymity and confidentiality (Mouton, 2001:239).

Subjects were informed that they were free to withdraw from the study, if they so wished, even if the study was in progress. While informing respondents of such rights is likely to throw the proceedings into disarray due to the withdrawals, it would be unrealistic to expect such cooperation all the time, so measures have to be put in place to deal with such eventuality. To guard against such ill feelings and the potential for withdrawal, the respondents were treated with respect in view of their dignity and the importance that they were to bring to the study. Nevertheless during the last individual questionnaire session, one potential respondent who had been briefed and even gave her consent, decided to leave while she awaited her turn to be interviewed. She had realised that the waiting infringed on her ability to attend to another appointment. A new candidate had to be sourced for an interview afterwards.

At the beginning of each session of the focus group interview, respondents were asked for permission to have the discussions tape-recorded. While stressing the maintenance of confidentiality and anonymity of the respondents, the researcher explained the need for the recording of proceedings to facilitate easy recall of the points made during the discussion. This was granted and all procedures were captured on a voice recording device with functions that allow for the data to be copied into a computer for play-back using Windows Media Player.

3.5.2. THE RESEARCHER'S RESPONSIBILITIES TOWARDS THE COMMUNITIES IN WHICH THE SUBJECTS LIVE

In addition to ensuring the ethical needs of the respondents, the researcher was expected to seek permission, and foster a favourable working relationship with the managers or 'gate-keepers' of the programme under review, to facilitate data collection. The involvement of gatekeepers from the onset of a research activity is very important. As people who have vested interest either in the issue at stake or in the well-being of potential respondents, gate-keepers have a say in the giving or denial of permission for a researcher to gain entry to a group or setting (Terre Blanche *et al.* 2006:312, 559). In fact such gesture is likely to give credence to the researcher's mission in the target community, boosting the researcher's confidence and promoting respondents' participation level.

In this study gatekeepers were drawn from two sources. The first group comprised the head office of the South African Social Security Agency (SASSA). The second cluster included local area significant people such as political figures, the clergy, and day care centre entrepreneurs. While the councillor for Extension 39 permitted it verbally, the head office of the South African Social Security Agency (SASSA) facilitated the study through a letter of authority to conduct the study. The researcher used this influence to earn the trust of both community figures and the respondents.

Even if the Child Support Grant is a Social Assistance initiative under the Department of Social Development portfolio, the searcher was unable to enlist any support for this study from the Department in terms of permission to conduct the interviews. The Department had nothing to do with any issues on the abuse of the grant as the Child Support Grant was managed by the South African Social Security Agency (SASSA). Even if the SASSA mandate just entails giving the right grants to the right people at the right time, the agency authorised the study to go ahead.

3.5.3. THE RESEARCHER'S RESPONSIBILITIES TOWARDS THE HANDLING OF THE RESPONSES SOLICITED

With reference to McMillan and Schumacher (2001) Symington (2007:21), recognises the need for researchers to strive to avoid the over-interpretation of information supplied by research subjects. In this regard, the researcher has tried to avoid speculative interpretation of the sourced data, largely basing the interpretive analyses on established theoretical thinking or practice-based evidence, such as the findings and observations of other scholars. With adherence to Kirby *et al.* (2007:14), the report reflects both positive and negative findings, so that the result is not deliberately biased.

3.5.4. CONSENT OF THE RESEARCHER'S INSTITUTION

Essentially, the gate-keepers recognised the research project because it was endorsed by the Mafikeng Campus of the North-West University through introduction letters from the Department of Social Work in the Faculty of Human and Social Sciences where the researcher is a registered social work student.

3.6. CONCLUDING SUMMARY

The assumption that young South African women deliberately fall pregnant in order to access the Child Support Grant during the perilous times of HIV&AIDS created a new area of concern that needed an exploration and description of the new phenomenon.

The requirement of using well-formulated procedures and techniques in scientific study methodology guided the planning and execution of this study. The exploratory and descriptive study which applied the mixed methods approach used the benefits of triangulation in both data collection and its analysis. The study used a non-probability stratified-purposive sample of 40 youth mothers aged 18-30 years, drawn from the Mafikeng Municipality of Ngaka Modiri Molema District. Twenty participated in focus group discussions while the other twenty took part in individually administered semi-structured questionnaires.

The decision to use both the questionnaire and focus group interview techniques of data collection and analysis was based on the expectation that the use of triangulation would verify and consolidate the research findings, as data derived from the two investigations would be compared. The content of both the interview schedule and the questionnaires was determined by themes taken from the objectives of the study. The tape-recorded information from the focus group discussions of the study was transcribed into Microsoft Word format. The data was then subjected to interpretive analysis, and later presented in thematic tabular format to facilitate the comparison of response from the urban and rural settings. Information derived through the semi-structured questionnaires was processed into simple descriptive statistics using frequency tables.

The research exercise strove to safeguard the confidentiality of respondents according to the ethical code of scientific investigation. Gate-keepers of the communities that facilitated the study, at institutional, municipality and community levels were consulted and solicited for permission to enter into their territories. Their cooperation and support towards a positive working relationship was similarly targeted and received. The Social Work Department of the Mafikeng Campus of the North-West played a major role in promoting the exercise by endorsing it with the gate-keepers.

CHAPTER FOUR

4. TABULAR PRESENTATION AND INTERPRETATION OF DATA FROM THE FOCUS GROUP INTERVIEWS

4.1. INTRODUCTION

In this discussion 'data presentation' refers to how the final product of the data is arranged, precisely, in tabular form. To interpret [data] is to explain and to find meaning (Kruger *et al.* in de Vos *et al.* (2005: 218). The 'interpretation' aspect of the data in this chapter is thus treated as **the researcher's understanding and/or explanation of what the stated findings of the interviews may mean in this study.**

The presentation and interpretation of data in this chapter seeks to **establish how participants of focus group interviews made meaning of the allegation that South African youths deliberately get pregnant, in order to access the Child Support Grant; despite the risk they might face to contract HIV&AIDS.** The exercise sought to analyse their perceptions, attitudes, understanding, knowledge, values, feelings and experiences; in an attempt to approximate their construction of the alleged phenomenon (Terre Blanche *et al.* 2006: 99). The data presented was initially transcribed from the recorded discussions by participants, into a written version. Some exact terms of the spoken version could not all be captured as sometimes more than one person, spoke all at the same time. This made the recording inaudible. However, in some incidences of such nature, the notes which were taken alongside the recording, as the research assistant gave interpretations became handy during the transcription.

In line with interpretive analysis, the participants were given a chance to provide thorough descriptions of the characteristics, processes, transactions and contexts that constitute the situations, which may give rise to the allegation about the promotion of youth pregnancy by the Child Support Grant; despite the dangers of the HIV&AIDS pandemic. The interviews, which were guided by an interview schedule, were conducted in the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province. They were executed in rural-area Tsetse Village and urban-area Extension 39, during the periods- 27 to 28 March 2009, and 31 March to 1 April, respectively.

Unlike in the questionnaire scenario where 37 questions were used, the focus group interview schedule had only 16 queries. The disparity in the number of questions given under the two investigation scenarios was dictated by two factors. Firstly the innate difference between the two approaches of investigation presented a need for variation in the execution of the interviews, such as the avoidance of potentially sensitive questions under an open forum. Inadequate resources to execute equally intensive probes also presented a challenge. Exposing four groups of five participants each, to 37 questions for discussion, and translating some of such colossal information from Setswana to English, would have been beyond the scope of the funds that were available for the exercise. However, the participants' use of a mixture of Setswana and English, just like in most situations in Mafikeng, is recognised as a huge benefit in such regard.

The data analysis exercise went through various processes. Once the data was collected the researcher went through the different kinds of material that contained the data, that is, the interview transcripts and notes; and engrossed in them, reading them many times over, brain-storming and making notes. This assisted the researcher with familiarisation as to the categorisation of issues and their location in the mass of data, as well as in developing ideas about their likely meaning and relevance to the research questions. Even if the interview schedule provided some direction on the course of the discussion, the conversations often veered off into other areas, producing somewhat incoherent information. On account of this, the lengthy process of interpretive analysis could not be avoided, taking the researcher through the various stages of familiarisation and immersion, theme induction, coding, elaboration, interpretation and checking.

In particular, coding involved assigning of status to the different sections of the data as being instances of, or relevant to one or more of the developed themes. The coding exercise was guided by the recognition that items for coding might comprise a whole paragraph, a phrase, a line, or a sentence uttered during the interview, and which might contain materials that pertain to the themes under consideration. At the stage when coding took place during the reading of the Microsoft Word text of data materials, the items for coding were highlighted in different colours for each theme. The themes were numbered for identification and linking purposes. Similar items were grouped together or shifted around using the 'cut-and-paste' function of the word processor.

Ultimately, therefore, **while the statements ascribed to the participants under the tables are precisely theirs, the thinking that fluently brings them together in the discussion under relevant themes is the work of the researcher.** Be that as it may, the researcher's interpretation is influenced by the consistency of the statements given.

Below is a presentation of the edited data generated from the focus group interviews. It is arranged in tabular format to facilitate a side-by-side placement of responses from either urban or rural settings, with the possibility of making comparisons, if need be. The guiding thematic questions are also reflected in the tables. Under each table that presents the answers given in point form, a narrative interpretive account of the findings is made. Such discussion shows the researcher's perception of what the participants were saying, what such statements may mean with regard to the theme and the study, as well as a brief account of the context under which the discussions were held. Because this mixed methods study engages triangulation, the analysis is not exhaustive at this stage, reserving such insight for the chapter that incorporates both scenarios.

The reader is informed that the data is presented in tabular form, to enable the reader to locate and grasp specific findings at a glance, and be able to refer to specific statements with ease. The grouped response items under each column of the tables are assigned different numbering formats, equally, to make easy referencing. In the discussion of the findings, the use of direct quotes is sparingly used because some of the response statements that were given lost verbatim quality. In some cases, the given statements only constituted partial concepts, rather than complete ideas. This is lucidly explained in paragraph six of this chapter introduction. Additionally, the reader is alerted to the fact that **the tabular content is not exhaustive of all the information that was generated from the discussions, using only information that is relevant to the key thematic concepts.**

Parts of the discussion are based on notes which were taken by the researcher during the interviews. In such instance, those views are not reflected in the tables. To point out such observations, in this chapter, those statements are written in separate paragraphs in a different font, as used here.

It is worth noting that although five research questions were formulated for the study, as stated in **Chapter One**, only four themes will direct the discussion of the findings in this chapter. This is because by definition, 'implications for HIV infection' is determined by a combination of the sexual practices of recipients, surrounding the Child Support Grant, and their HIV&AIDS knowledge, attitudes and practices. 'Implications for HIV infection' entails 'the repercussions of, or what lies in store for youth mothers on Child Support Grant, in relation to the use of unprotected sex to become pregnant, in the pursuit of the Child Support Grant; thereby being rendered vulnerable to HIV infection'. In such respect, 'exploring the implications of the relationship between the Child Support Grant and youth pregnancy for HIV infection' cannot be pursued by itself, but rather contextually, through all the other themes. To such end, no direct questions were posed on that theme, which would be reflected in any tables for analysis. Instead, the analysis of such contextual deductions as a theme will be reserved for the conclusions which will be handled in **Chapter Six**.

Biographical data on the research subjects could be used to shed light on a number of issues. However, the focus group participants were not asked many questions of this nature. This is because such information could not be counter-checked for individual analysis, as might be the case for questionnaire respondents. The total number of children of the 20 focus group participants was 33, at an average of 1.75 children per youth mother. The urban area group had 17 children (51%), while the rural-area participants had 16 children or 49 percent of the total number of the subjects' offspring.

4.2. DATA PRESENTATION AND INTERPRETATION

4.2.1. THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY, AND IMPLICATIONS FOR HIV INFECTION

TABLE I

PARTICIPANTS' VIEWS ON THE ASSERTION THAT YOUNG WOMEN ARE HAVING CHILDREN IN ORDER TO GET THE CHILD-SUPPORT-GRANT

QUESTION 1.	There is a lot of talk that young women are having children in order to get the Child-Support-Grant. As young women with children, and who are getting the Child-Support-Grant, what are your views on such statements?	
	Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a.	They do not know the truth. They are not speaking rightly: [<i>Ga ba boa settle</i>]. We are happy to have time to say something.	i) Women have been having children for a long time.
b.	Our reputation is at stake. The Child Support Grant may be taken away. It will threaten our livelihood.	ii) Our parents had more children than us; and there was no grant to entice them.
c.	If they take it away it will punish everybody. Some young mothers abuse the Child Support Grant. Most of us including us in this room use it well to benefit the children.	

The discussions in urban-area Extension 39 were upbeat right from the start. But in rural-area Tsetse Village, the first meeting started off on a shaky note as participants were apprehensive that the researcher was probably sent by SASSA (South African Social Security Agency) to find out how the Child Support Grant was applied. In fact some youth mothers who were invited to the discussion did not show up as they owed fees to the day care centre where the meetings were held. But the atmosphere eased as

the discussions progressed and they became more revealing, especially towards the end of the meetings.

It is clear from the discussions that the allegation of the promotion of youth pregnancy by the Child Support Grant is a thriving debate. Participants recognised its existence and they were happy to have a say in it. It is also clear that the debate is upsetting to the recipients as the following statements show: "They are not speaking rightly", and "Our reputation is at stake".

Initially, participants categorically denied using childbearing in order to get the Child Support Grant, declaring that "women have been having children for a long time" while their parents in fact had more children; and yet "...there was no Child Support Grant to entice them". However, such dismissal was short-lived as participants unwittingly acknowledged the allegation in the argument that: while some young mothers may abuse the Child Support Grant, the majority of mothers including them, "...use it well to benefit the children".

The importance of the CSG in the lives of the participants is evident as their statements suggested that their livelihood was threatened as rumours abounded that the Child Support Grant might be discontinued because of certain misconceptions about it. They pleaded that it would not be fair to punish everybody by withdrawing the grant. This may indicate that even the participants could not do without its benefits.

The concern about the likely withdrawal of the grant was so intense that participants suggested that the South African Social Security Agency (SASSA) devise a monitoring system to ensure that a portion of the grant is sent to a day care centre to ensure that the children of irresponsible youth mothers attend school and get at least two decent meals a day, [while at school].

While such suggestion may point to recipients' ignorance of the mandate of SASSA, it could also indicate their desperation with a policy that is devoid of any monitoring mechanism, and whose shortcomings nobody is in a position to correct. Participants indicated that they had no idea where such abuse might be effectively reported. Even if the Department of Social Development handles cases of child abuse or neglect,

participants indicated that Child Support Grant matters should be referred to SASSA. Meanwhile, the SASSA mandate simply entails paying grants to the right recipients at the right time, without the use of any social workers to monitor how the grants are used.

At this point of the debate it is clear that, while the motivation of the Child Support Grant on youth pregnancy is denied by the participants, the same individuals agree that other youth mothers on Child Support Grant who did not take part in the study are guilty of the 'offence'. Could this disparity in their opinion point to an act of partially covering up the reality of the problem because participants are personally ashamed of acknowledging something which they view as inappropriate, even if they find it useful and worth pursuing? In fact, a veiled defensive attitude shines through their statements

The implication that participants view deliberate childbearing to access the CSG and the other types of abusing the grant as inappropriate, is influenced by the statement that while some young mothers may abuse the Child Support Grant, the majority of mothers **including themselves** [the participants], use it wisely to benefit the children.

TABLE II

REASONS YOUTH MOTHERS ON CHILD SUPPORT GRANT IN THE STUDY HAD, FOR HAVING THEIR CHILDREN

QUESTION 2.	What would you say were your reasons for having a child?	
	Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
	a. We are all adults. Some do it because it is time to have children and there is no way anybody can stop them. b. We initially get into relationships due to peer pressure and being deceived by men who are usually older and more knowledgeable than the girl. c. Unplanned teenage pregnancies result out of initially meeting men in ignorance, almost immediately. d. Some have children to get the grant. Some young mothers have used it in irresponsible ways.	i) There is the deceit by the men. They insist that a girl should show them that she can have a baby. Then they can marry her. But after that they do not keep their word and move on to do this with different women. They have no shame. They do this sometimes even after both families have spoken and agreed that you will get married. Then they usually come back when the child is older, with more lies; and you end up with a chain of children. ii) In the end all children who are born out of different kinds of situations get the grant.

Although participants had no kind words for other youth mothers to whom they ascribed Child Support Grant induced youth pregnancy, they rationalised their own reasoning for having children. They explained that the laws of nature dictate that adults get into relationships and have babies: "Some do it because it is time to have children and there is no way anybody can stop them". Of prime importance were the observations about their own situations, such as getting into relationships due to peer pressure and ignorance, or being deceived by men who are usually older and more knowledgeable than the girl. Unplanned teenage pregnancies are explained away as resulting out of initial ignorant encounters with men, almost immediately. But after making such convincing clarification, participants turned around, yet again, and affirmed the supposed shady Child Support Grant motivation for others, as opposed to their own unfortunate

situations. They pointed out that thereafter the Child Support Grant motivation follows and some young mothers have, undeniably applied it in irresponsible ways.

After that, a whole new explanation was revealed as participants spoke of deceitful men who insist that a girl proves her ability to have children before they will marry her. They reported that afterwards, such men do not keep their word but move on to do this with different women.

Even if the participants give conflicting reasoning for youth pregnancy between themselves and 'the others', the declaration of the cheating partners' demand that young women prove fertility by conceiving a child before they could be considered for marriage unveils a worrisome cultural trend of male dominance of females, as well as irresponsible behaviour, which may be glossed over. The irresponsibility inferred to the male partner here, is precisely stated by participants in the allegation of deceit whereby "they do this sometimes even after both families have spoken and agreed that you will get married. Then they usually come back when the child is older, with more lies; and you end up with a chain of children". While such male attitude is not condoned, it is worth noting here that this latter statement on the women's submissiveness to such deceit may point to weakness on their part, tantamount to naïveté.

Ultimately participants make a rather valid point in the argument that even if the public debate on youth childbearing is largely attributed to the Child Support Grant motivation, "children who are born out of different kinds of situations do get the grant".

TABLE III**PARTICIPANTS' OPINIONS ON WHY OTHER YOUNG WOMEN IN THEIR AREAS HAVE CHILDREN**

QUESTION 3.	What is the main reason, young women in this area have children?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. We do not have children in order to access the Child Support Grant. b. Some are having children because they need this money because there is no work. But if you have a child then you can have a grant. c. Some young people tell themselves that if I get that 230 maybe it will help at home. Elders are not working. If I have more children... it can come to 800 and that will be something.	i) We do not have children in order to get the Child Support Grant. ii) There are other people in this village who do it. iii) They may not say so but you can see it happening. People go on making babies and applying for the grant.

It is interesting that the participants refer to themselves, in denial terms, even at a point when they are asked about the 'others': "we do not have children..." While the participants deny having children to access the Child Support Grant, all focus group interview sessions showed that other youth mothers become pregnant for the purpose of getting the CSG. They suggested that young women do it because "...there is no work. But if you have a child then you can have a grant". Some reason that "...if I get that [R]230 maybe it will help at home. Elders are not working. If I have more children... it can come to [R]800 and that will be something". This statement, however, seems to be largely based on observation rather than on its admission by the alleged culprits. The discussion revealed that such abusers of the grant "...may not say so but you can see it happening. People go on making babies and applying for the grant".

By virtue of the explanations given for general childbearing, which seem to justify the abuse, one could safely argue that the participants' analysis may well indicate a

projection of their own needs and views, unless they are better off than the 'others', which they are not.

Unlike in rural Tsetse Village, the atmosphere in urban Extension 39 was upbeat right from the start. Respondents were willing to talk right from the onset after one woman admitted to having her child in order to access the Child Support Grant.

It took only one woman to change the course of the discussion, when the young woman admitted to having her only child in order to access the Child Support Grant. Her owning up to the allegation surfaced at a time when the group was in fact assessing the childbearing reasoning of other women in their area. When probed further, if any among them shared the reasoning of the 'others', the young woman admitted that she had her only child for the same reasons, and this secured her an income.

This was in contrast to the general atmosphere. As participants spoke about themselves, the assertion of the Child Support Grant motivation for youth pregnancy was denied. But in all cases the allegation was confirmed for 'others'. In this regard, it appears that a phenomenon is slowly emerging of the denial of doing something that is potentially frowned upon, while admitting it in others.

TABLE IV

PARTICIPANTS' KNOWLEDGE OF ANY YOUNG WOMEN WHO HAD CHILDREN IN ORDER TO GET THE CHILD SUPPORT GRANT

QUESTION 4.	Do you know of any young women in this area who had children in order to get the Child Support Grant?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. There are young women who are doing this. They just keep having babies so that they get more money by the month. b. There are some, here and in Mafikeng, who have children to get the grant, to put money in the pocket. It puts food on the table. c. Although few women will say so, anyone can see why. SASSA is working very well now. People know this and they are going to register for the grant even three days after birth.	i) Many irresponsible young women do so. But they misuse the grant. They drink the money with their friends. ii) They don't dress their children well. They do not send their children to crèches as we do.

Although participants previously denied having children in order to access the Child Support Grant all focus group interview sessions reported that other youth mothers deliberately had children in order to access the grant. They admitted knowing young women who "...just keep having babies so that they get more money by the month". They referred to such as "irresponsible young women", who misuse the grant as "they drink the money with their friends", while their children are shabbily dressed and are not sent to crèches. Participants reasoned that even if only a few women would admit to it, anyone could easily conclude the motivation for having babies these days. According to them, it has become common practice for people to go and register for the CSG even as early as just three days after giving birth. Once again it appears that the participants' way of thinking was based on observation, rather than the admission of such practice.

However this point of view is balanced by an empirical example of a 23-year old mother of four children who was reportedly invited to attend the interview but had declined. She had purportedly said that no one should dare dissuade her from having children. She equally, allegedly, promised her friend who took part in the interview that she should 'watch this space' as she would make more babies as time allows.

While such revelations may appear judgmental, they may make for defining distinction between the participants and 'the others'. Nonetheless, while the denial-acknowledgement shift in opinions continues to manifest, so does the negative judgmental attitude grow. It is clear that while the participants see themselves as 'upright', they view some youth mothers as indulging in 'wrong-doing', describing their actions as somehow greedy and irresponsible. Incidentally, the phenomenon earlier pointed out, of the denial of doing something that is potentially frowned upon, while admitting it in others, seems to be taking root, [See Table III, question 3b, c & iii, and the last discussion paragraph].

At the same time, what may sound like apparent negative judgmental attitude of participants towards other youth mothers could be genuine differences in both attitude and behaviour between the emerging two sets of youth mothers.

The young women who took part in the study could in fact be described as the more responsible type of youth mothers on Child Support Grant. After all, they sent their children to the day care centres, which assisted the researcher in identifying them for the study.

It is worth noting that the appearance of just one type of youth mothers at the interviews was not designed to be that way. While day care centres were used to invite the participants through their children, the invitation was extended to other youth mothers through their friends. The 23-year old who declined to attend was a case in point.

TABLE V

PARTICIPANTS' ASSUMPTIONS ABOUT SOME YOUNG WOMEN'S REASONING FOR WANTING TO HAVE CHILDREN IN ORDER TO GET THE CHILD SUPPORT GRANT

QUESTION 5.	Why do some young women want to use the Child Support Grant in this manner?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. The grant is very helpful. Imagine a situation where you live with old parents who are not working and you are not working. The grant helps to put food on the table. It comes every month. We all depend on it only.	i) When you have a man who is a cheat and who abandons you and the children, the grant is a great help for fatherless children.
b. There are no jobs for us.	ii) We are not afraid of having children. If the father leaves, the grant is always there for the child.
c. The Child Support Grant is there for every child.	iii) In the family when no one is working the grant is helpful. When it is used well, the grant does not just take care of the child but other people in the family. It puts food on the table. Like this, other youths want to have children.

Despite their condemnation of those who abuse the Child Support Grant through childbearing, participants gave some very compelling reasoning for such abuse of the grant as elucidated in this statement: "Imagine a situation where you live with old parents who are not working and you are not working. The grant helps to put food on the table. It comes every month. We all depend on it only". While there are no jobs for the young women, the Child Support Grant is there for every child in poor households. Additionally, in the event that a cheating partner abandons the young woman with a child, the grant guarantees the welfare of such fatherless children.

The statements made in the above table make some revelations about the dire economic needs of not only the alleged abusers of the Child Support Grant but the

'upright' participants, as well as their families: "When it is used well, the grant does not just take care of the child but other people in the family", "it puts food on the table". While admitting that "like this, other youths want to have children", the participants earlier expressed their own fears regarding any possibility for the withdrawal of the grant: "The Child Support Grant may be taken away. It will threaten our livelihood", [see Table 1, question 1b].

At the time of the interviews, only two young women out of the ten who took part in the urban-area Extension 39 interviews were working. One was painting someone's building, while the other one was a child minder at a day care centre. In rural-area Tsetse Village, only one young woman out of the ten had a non-paying volunteer job with the home-care programme for sick people. The rest were not working

Due to such social security encouragement and economic dependence on the grant, participants declare: "In fact we are not afraid of having children because even if the father will flee; the Child Support Grant will always be there for the child". As a consequence of such enabling environment to beat economic woes, the way appears to be paved for the exposure of such youths to engage in activities which might result in widespread youth pregnancy. Consequently, the assumption that the Child Support Grant promotes youth pregnancy is affirmed.

By virtue of their eloquent elaboration of the mitigating factors for grant-induced pregnancy, one could safely say that even if they condemn the trend, the participants' denial of involvement in it, while acknowledging the 'wrongdoing' for 'the others', may mean that they could easily indulge in it themselves. In fact, the form of speech used to answer this question has tell-tale marks: as they say "...no jobs for **us**" and "**we** are not afraid" instead of '**them**' or '**they**'! [See Table V, question 5b & ii].

To such end, the phenomenon pointed out earlier, of the denial of doing something that is potentially frowned upon, while admitting it in others, seems to be getting firmly established. [See Table III, question 3b & c, and first paragraph of the discussion; then Table IV, question 4, second paragraph].

TABLE VI

PARTICIPANTS' KNOWLEDGE ABOUT WHAT THE MAJORITY OF YOUNG WOMEN IN THEIR AREAS DO TO EARN MONEY, BESIDES THE CHILD SUPPORT GRANT

QUESTION 6.	Besides the Child Support Grant, what do the majority of young women in this area do to earn money?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. There are no jobs in most families, only the Child Support Grant. In a situation where you live with old parents who are not working and you are not working, it is logical for you as a young person to go out and look for money. b. Some young women sometimes get support from their parents or other relatives who are working somewhere. c. Some young women also get piece-jobs in people's homes. d. Some find help from boyfriends and usually, one boyfriend is not enough. While the young women go out to sell their bodies like that, old parents who are not working will know what you are doing; but they will not stop you. It is about survival. e. We all want to work ... but jobs are hard to find in Mafikeng, if you do not know anyone. Some get piece-jobs and contract jobs, but you cannot depend on this entirely.	i) When we are not working our parents help. The fathers of these children do not want to take responsibility. So we get help from our parents and the Child Support Grant. ii) Sometimes we do piece-jobs in people's homes where it is not easy with low pay. It is not permanent.

Owing to its objective nature in addressing issues from a general point of view, this question received great response, especially in urban-area Extension 39. In overall terms, besides the Child Support Grant, the economic survival of participants was

ascribed to their families. "The fathers of these children do not want to take responsibility. So we get help from our parents and the Child Support Grant".

Even if in all focus group interview sessions participants initially claimed that they solely depended on the grant, when pressed to explain how they survived on such a small amount of money, they indicated various survival strategies. They explained that some get occasional support from their parents or other relatives while some do different kinds of odd jobs. Others are helped by multiple boyfriends. In the face of such 'occasional' support or employment, the value of the Child Support Grant as the only steady source of income in the participants' lives is notable.

From this conversation, it emerges that while the alleged wanton behaviour of childbearing is largely ascribed to the Child Support Grant, dire economic needs play a huge role in getting youths to engage in potentially dangerous activities that might result in rampant youth pregnancy or expose such youths to HIV infection, with or without the Child Support Grant in place. The subjects narrated how some youth mothers were supported by multiple boyfriends because one was not enough, as the cost of living is always going up. They reported that while some young women go out to sell their bodies; cash-strapped elderly parents apparently turn a blind eye to such activities, in favour of financial gain. While youths seem to stand at the centre of a heated debate imbued with a scornful attitude, this revelation uncovers an aspect of the matter that is never mentioned: that in fact, some parents or guardians condone the wayward sex-for-cash behaviours of such youths.

Essentially, therefore, while the promotion of youth pregnancy by the Child Support Grant cannot be denied as seen earlier in the discussion, the trend equally appears to be a function of the conditions of poverty that obtain in the subjects' lives.

Ultimately, on account of its mission as a poverty alleviation strategy, but which in turn inadvertently causes youths to seek childbearing, it could be safely deduced that the Child Support Grant has the potential to promote the exposure of such recipients to HIV infection as they seek after pregnancy through unprotected sex. This basically confirms the assumption that the CSG poses implications for HIV infection among recipients.

While these young women are accused of deliberately making 'cash-crop babies' through the Child Support Grant, they evidently show how they desire to stand on their own feet and lead decent lives. Although they all want to work, they have found that "jobs are hard to find in Mafikeng, if you do not know anyone". Just a little way down in the discussion, they state in despair: "any job is a job, but there are not enough jobs for people with our qualifications", [See Table VII, question 7ii],

TABLE VII

PARTICIPANTS' VIEWS ABOUT WHAT YOUNG WOMEN IN THEIR AREAS SHOULD DO TO EARN MONEY

QUESTION 7.	What do you think young women in this area should do to earn money?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. Parents die and boyfriends leave. b. Would like to do business of tuck-shops or garden project. People like vegetables. If you plant in the yard, it is small. Goats eat the vegetables cos there is no fence. c. If there is a project you can market to big companies to buy the vegetables. d. But we cannot do these things for many reasons: • Small plots in the yard. Not fenced from goats. Project would get bigger space and a fence. • You cannot start a project without money. This lack of money is a big problem to get started. • We do not have skills to run businesses and when it is not showing results it will collapse and you can be discouraged. • The government should give help. Training us in business skills and providing the initial funding for projects.	i) Some of us want to get back to school but there is no money to do so. ii) We can take any kind of job. Any job is a job but there are not enough jobs for people with our qualifications. iii) We can start our own business such as tuck-shops. Doing crafts like bead-work, making earrings or a hair salon. There are many things out there. iv) Many of us like to do projects like making a garden. My people like vegetables. v) we cannot do it for different reasons: • We have no money to start a business. • No skills in project management. • People get discouraged when plans do not work out. Time is just wasted. • We need government intervention.

By virtue of their residence in poor neighbourhoods and boasting virtually no income, the average well-to-do person might not expect the kind of analysis the participants made of their situation. Still, while they appeared to be quite 'sharp', their passion and agitation

may well be connected to a heightened consciousness mostly characteristic at the threshold of a national election, as was the case in March/April 2009, when the interviews were conducted. Participants exhibited enthusiasm to get involved in income-generation activities. In urban-area Extension 39 they recognised the need to earn a living, as “parents die and boyfriends leave”. Their dreams and interests cut across a variety of activities like: “to do business of tuck-shops or garden project. People like vegetables”. Some liked “doing crafts like bead-work, making earrings; or running a hair salon”, etc. Others even considered getting back to school.

The huge challenges which participants cited as hindrances to such self-actualisation also sounded compelling. They included, among others: “You cannot start a project without money. This lack of money is a big problem to get started”, “We do not have skills to run businesses and when it is not showing results it will collapse and you can be discouraged”, etc. Rightly, participants suggested: “It is important for the government to come to our help, training us in business skills and providing the initial funding...”

At the time of the interview in urban-area Extension 39, only one young woman out of the ten had a thriving tuck-shop business, selling common household groceries such as paraffin, candles, tea-leaves etc. In rural-area Tsetse Village, two young women out of the ten were trying out business ideas. One was making bracelets with beads, while the other one was making plastic shoes. Neither had sold anything yet.

Such passionate expressions and self-help efforts once again indicate that some of the young women who stand accused of deliberately making ‘cash-crop babies’ through the Child Support Grant desire to be self reliant and lead respectable lives. However, they are unable to do so because of the reasons they cited.

Even if participants acknowledge the government’s poverty-alleviation effort through the Child Support Grant, they still plead that the government comes to their aid in exploring other poverty-alleviation strategies. They want government assistance with skills-training and initial funding for projects and business ventures, etc. Such outcry may indicate that while the government’s current efforts are appreciated; the Child Support Grant strategy could be as inadequate and fruitless as using aspirin as a panacea for a brain tumour.

TABLE VIII

PARTICIPANTS' VIEWPOINTS ON THE MISGIVING ABOUT YOUNG WOMEN HAVING BABIES BEFORE THEY GET MARRIED

QUESTION 8.	Some people are not happy that young women are having babies before they get married. As young women with children, what is your opinion about this?	
Responses from urban-area, Extension 39		Responses from rural-area, Tsetse Village
a. These people are not speaking rightly: [<i>Ga ba boa settle</i>]! Women were having babies long before the Child Support Grant came into play.		i) Sometimes we wonder at the statements we hear being said about us. These people do they really live in this society?
b. What if you do not get married all your life; should we die without having children? Some of us have waited to get married, in vain.		ii) They should know that most men want girls to prove that they can have babies before they marry them.
c. Some of these men can also be crooks. They tell you that they will only marry you if you are able to have children. The only way to prove that is to give such a man a child. But after the child is born he flees from you and the child; and then they have the nerve to say such things about us!		iii) Girls usually agree because they want to get married.

The misgiving registered here appears to be real. The participants are aware of the negative sentiments made about their situation. Weary of such comments, they ask and state: "These people do they really live in this society? They should know that most men want girls to prove that they can have babies before they marry them. The girls usually oblige because they want to get married". Besides the disillusionment over the behaviour of some men who "...can also be crooks" as they do not always keep their word, there seems to be a deep-seated fear among the young women, of dying childless in the event

that one never gets married and they indignantly ask: "What if you do not get married all your life; should we die without having children?"

This discussion lends another pointer to the possibility that youth pregnancy may not solely be engineered by the Child Support Grant or attempts to beat economic woes. If it is actually true that some South African men want proof of fertility before they can commit to marrying a young woman, then one might safely ask, and wish to probe further, whether this kind of behaviour is culturally influenced and accepted. Should that be the case another query of interest might be: why this aspect of the scourge is glossed over in the public debate, especially in newspaper articles. Could it be that the society in which these young women live would rather not acknowledge a cultural aspect that has great potential to be frowned upon? With all due respect, it is worth noting here that the reference to the condemnation of such 'cultural aspect' is deduced from the way the youth mothers on Child Support Grant are criticized over the same situation.

Such control of women and irresponsible behaviour attributed to some South African men, if true, would account for serious implications for HIV infection, not just among youth mothers on Child Support Grant, but even in the greater society as young women try to prove themselves worthy of marriage. Earlier in the discussion, participants reported that "unplanned teenage pregnancies result out of initially meeting men in ignorance, almost immediately". In addition, participants state that it is not uncommon to "get into relationships due to peer pressure and being deceived by men who are usually older and more knowledgeable than the girl", [see Table II, question 2c & i],

4.2.2. THE HIV&AIDS KNOWLEDGE OF YOUTH MOTHERS ON CHILD SUPPORT GRANT, AND IMPLICATIONS FOR HIV INFECTION

TABLE IX

PARTICIPANTS' OPINIONS REGARDING THE POSSIBILITY OF GETTING INFECTED WITH HIV IN THE PROCESS OF GETTING PREGNANT

QUESTION 9.	It is natural for people to get into intimate relationships, make love and actually enjoy it, and want to continue making love. It is also natural to have babies as we like. However, there is the danger of contracting HIV these days. Do young women ever consider the possibility of getting infected while doing whatever they are doing that leads to a pregnancy?	
	Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
	a. HIV&AIDS is always there but life must go on. b. When you deal with matters of survival for food and other things, thoughts of HIV&AIDS rarely interfere.	i) To tell you the truth, HIV is always spoken about and we all know about it. ii) Many young people do not want to hear about it. It is an irritating subject. iii) When a meeting is called, people come. But when they hear that it is about HIV&AIDS they leave quietly... one by one. iv) They do not want to be reminded that they live risky lives and they may die from it. v) They don't want to be told about such serious stuff when they have to deal with matters of bread and butter.

The statements above may indicate a lack of hope for success in the fight against HIV&AIDS. Even if HIV&AIDS is an ever present reality, life must go on; thoughts of HIV&AIDS rarely interfere when some young women grapple with matters of survival. In

fact “many young people do not want to hear about it. It is an irritating subject”. Apparently, many youths reportedly find constant HIV&AIDS reminders as both fear-provoking and frustrating.

What do such revelations mean for the fight against HIV&AIDS? The fight against HIV&AIDS is not new. While acknowledging the existence of HIV&AIDS and its potentially deadly effects, participants pointed to one function whose address may hold a vital solution to turning down the tide and inspire hope. According to these participants' sentiments, poverty and HIV&AIDS apparently seem to go hand in hand. As long as these young people have to contend with unemployment and poverty, chances are: HIV&AIDS will hang around too.

4.2.3. THE HIV&AIDS ATTITUDES AND PRACTICES OF YOUTH MOTHERS ON CHILD SUPPORT GRANT

TABLE X

PARTICIPANTS' OPINIONS ABOUT THE TYPE OF FAMILIES WHERE HIV&AIDS IS LIKELY TO OCCUR AND WHY

QUESTION 10	In what type of families, such as rich or poor, is HIV&AIDS likely to occur, and why?	
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village	
a. Mostly in poor families because it is very common for poor women to sell their bodies to get money to survive. In the process one can get AIDS.	i)	Of course in poor families because of risky lifestyle.
b. It can get very easily into rich families. They are the ones who have money to buy sex from any kind of women	ii)	But it will also catch up with rich people because they have money to buy sex from the poor.

At a glance, the answers given here may indicate the acceptance that HIV&AIDS resides precisely in the participants' poor neighbourhoods. They reason that poor families are mostly at risk to contract HIV because poor women usually sell their bodies to get money to survive. However, the participants' hopelessness is extended to rich families because "they have the money to buy sex from the poor".

From this added insight and conclusion of the subjects, it appears that the subjects felt that no one seems to be safe from HIV&AIDS: **unless one keeps outside the trading of the potentially risky commodities of sex for cash.** While this indicates hope, as an alternative to staying safe, the aspiration may be very challenging for youth mothers on Child Support Grant who may keep having children in order to "get more money by the month".

TABLE XI

PARTICIPANTS' ESTIMATIONS OF WHETHER MANY WOMEN IN THEIR AREAS ARE AT RISK TO CONTRACT HIV

QUESTION 11	Do you think many women in this area are at risk to contract HIV?	
	Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
	a. Many poor women run the risk of getting HIV because they get into relationships to get money. b. Even this practice of having babies to get the grant can expose them to HIV.	i) Definitely yes, because of risky lifestyles.

The risk of HIV infection is acknowledged for many poor women due to "...risky lifestyles, getting into relationships to get money". "Even this practice of having babies to get the Child Support Grant can expose them to HIV infection".

In this particular latter declaration, the concern expressed in the statement of the problem of this study and in the terminology of its title, is unequivocally shared and acknowledged by the participants, [refer to the table at question 11b]. It therefore, appears that 'examining a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection' is not without foundation. Incidentally, as a consequence of the Child Support Grant's enabling environment to engage in unprotected sex through the pursuit of grant-induced pregnancy to beat economic woes, the way is paved for the exposure of such youths to the risk of HIV infection.

TABLE XII

PARTICIPANTS' OPINIONS ON WHY SOME PEOPLE DO NOT WANT TO TAKE THE HIV TEST

QUESTION 12	What is the reason, some people do not want to test for HIV?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. The fear of knowing you are HIV positive can be very stressful. For some people it is better not to know. b. Having HIV can lead to serious stigma in the family or the community.	i) Knowing about the HIV status causes too much stress due to stigma.

The emphasis placed on stigma and stress makes a very comprehensible point about how HIV&AIDS is deeply feared and denied in the communities where the subjects resided. This may clarify the state of fear that previously reigned, as participants described the general attitudes towards the existence of HIV&AIDS when discussing the risk of HIV infection in the process of getting pregnant [See Table IX, question 9, both paragraphs].

In this regard one could safely say that the participants' opinion regarding testing for HIV in the general public could well reflect their own feelings. While expectant mothers undergo mandatory HIV testing to safeguard their unborn children against contracting the virus, would such women take the HIV test out of their own volition? Unfortunately, such probing was not pursued as it was considered likely to infringe on the participants' privacy under the public forum in which they were interviewed. Additionally, treading on such sensitive ground might have compromised the rapport that the occasion enjoyed.

TABLE XIII

PARTICIPANTS' PERCEPTIONS ABOUT THE ATTITUDES OF MOST YOUNG WOMEN IN THEIR AREA, TOWARDS THE USE OF CONDOMS

QUESTION 13	What is the attitude of most young women in your area towards the use of condoms?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a. We all know about this matter and many people are getting used to using condoms. b. To say the truth condoms are not very popular. Some men do not want to use them. They say condoms interfere with sexual pleasure. c. Young women who go out to drink will lose their judgment to use condoms when they are very drunk. d. If a young woman's drinking is paid for by men, the young woman loses the power to negotiate how to do the act because the men have paid for it, so they will set the condition to use condoms or not. e. If you have a steady boyfriend who supports you and he wants '<i>nama mo nameng</i>' (flesh into flesh) you cannot let him leave you.	ii) Condoms are unpopular not just among men but even with women. They think condoms interfere with sexual pleasure so they want to do it directly- '<i>nama mo nameng</i>'. iii) Many young women in this village consume alcohol which they cannot afford, the men who buy it can demand '<i>nama mo nameng</i>' and you cannot stop them. iv) Some young women will lose their judgment to use condoms or use them properly when they are very drunk.

The focus group discussions gave a number of interesting reasons why condom-use is unpopular. Some young women reportedly do not use condoms because they are likely to lose their judgment to choose using condoms or apply them properly, when they are very drunk. Other young women simply become powerless in that "if a young woman's

drinking is paid for by men, the young woman loses the power to negotiate how to do the act". And yet others just let things be: "If you have a steady boyfriend who supports you and he insists on having '*nama mo nameng*' you cannot just let him leave you". Yet none of these explanations comes close to the intriguing matter uncovered in this study. While men are usually blamed for most irresponsible behaviours pertaining to HIV&AIDS, in this instance, the use of condoms is reportedly "unpopular not just among men but even with women".

Once again the poverty factor emerges, as individuals find themselves choosing between bread and butter, or taking the risk of HIV infection in the trading of sex for economic gain. Since the question on condom-use was not directed at the participants' own behaviour, but rather on their opinion of what goes on in society, it was difficult to determine what promoted their own risky lifestyle.

During the discussion, the subjects reported that some men make a mockery of the whole thing: when demanding '*nama mo nameng*' they jokingly ask to be shown the rain, if they are to be expected to wear a rain coat.

The acknowledgement of the role of impaired judgment on account of alcohol abuse adds to the problematic factors in the fight against HIV&AIDS as it equally involves decisions based on informed choices. This highlights the negative effect of alcohol on the fight against HIV&AIDS. While the participants' observation is nothing new, as such warnings are everywhere, the merit of its mention here, proves that the participants are well informed in this regard; and yet such knowledge is reportedly ignored.

4.2.4. PROGRAMMES AVAILABLE FOR YOUTH MOTHERS ON CHILD SUPPORT GRANT TO ENHANCE THEIR HIV&AIDS AWARENESS, KNOWLEDGE, ATTITUDES AND COPING STRATEGIES- IMPLICATIONS FOR HIV INFECTION

TABLE XIV

PARTICIPANTS' SOURCES OF KNOWLEDGE ABOUT HIV&AIDS

QUESTION 14	You seem to be a very smart group; knowing quite a bit about HIV&AIDS. How do you get all this information about HIV&AIDS?
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
a) The government is doing a lot to teach people about HIV&AIDS. We are told about HIV&AIDS when we go to clinics for different things. While waiting to see the doctor, members of staff come out to address patients on HIV&AIDS. b) We read about HIV&AIDS in newspapers, pamphlets and other literature c) We watch TV and listen to programmes on the radio. d) Different organizations conduct meetings for youths.	i) HIV&AIDS is addressed when people wait to see the doctor or other health personnel at clinics. ii) We read about HIV&AIDS from magazines and pamphlets. iii) There are interesting programmes on radio and TV, even on soopies. iv) Sometimes attend meetings conducted by different organizations for youths. v) These days even the churches talk about HIV&AIDS. vi) No, people will not perish because they do not know; the government and other organizations are doing a lot to teach people about HIV&AIDS.

The search for programmes that cater exclusively for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies in the studied areas yielded nothing. However, efforts by the government and civic organisations to stem the HIV&AIDS pandemic in the general public are both recognised and appreciated by participants.

It is interesting and gratifying that the information sources mentioned by participants largely involve the deliberate engagement by the learner. The reading of literature, listening to, or watching the electronic media and attendance of awareness meetings for youths, all involve making deliberate choices to learn. This shows that there is a lot of curiosity and proactive initiative among these young people, to find out more about HIV&AIDS.

Conversely, the sense of responsibility and interest in HIV&AIDS awareness that is depicted here is in striking contrast to the trepidation and hopelessness that came to the fore when participants discussed the risk of HIV infection in the process of getting pregnant, at which point they also gave an analysis of the general youth attitude towards HIV&AIDS, [See Table IX, question 9, both paragraphs]. Could this be a reflection of viewing oneself as better behaved than 'the others', vis-à-vis the noted denial-acknowledgement trend? [See Table III, question 3, last paragraph, and Table IV, question 4, 2nd paragraph].

The final observation at question 14vi adds unique insight to the apparent quest for HIV&AIDS knowledge. Participants acknowledge that "people will not perish because they do not know; the government and other organizations are doing a lot to teach people about HIV&AIDS". On the contrary, in spite of all the teaching, information and knowledge, people still engage in different kinds of life-threatening behaviours such as deliberate unprotected sex or drinking themselves beyond the ability to make proper judgments, [see the entire discussion under question 12].

TABLE XV

PARTICIPANTS' OPINION ON THE NEED TO LEARN MORE ABOUT HIV&AIDS

QUESTION 15	Do you feel any need to learn more about HIV&AIDS?	
	Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village
	a) We need to know more about this disease. The truth about HIV&AIDS is still very scanty and authorities are working around the clock to find answers. People are dying.	i) The truth of the matter is that even if some people are afraid to face HIV&AIDS we are all waiting to hear about the arrival of a cure to this disease.
	b) It is important for everyone to be alert and know the findings so that we can escape.	ii) We want to learn more about it.

In spite of the references to some unwillingness in some quarters to face up to the realities of the HIV&AIDS pandemic, the attitude reflected in the responses given at this stage illustrates a hunger and receptive atmosphere for the promotion of the HIV&AIDS awareness campaign.

The big question, however, is: would the acquiring of more knowledge make any significant difference in the lives of recipients? As earlier pointed out, the crux of the matter may not be the need for more information, but rather, the change of attitudes and behaviour. In this study, participants have cited and bemoaned apparent negative cultural tendencies, the panacea for which may only be found in precisely focusing more on attitudinal and behavioural changes.

TABLE XVI

PARTICIPANTS' OPINION ON THE BEST WAY TO TEACH YOUNG MOTHERS ABOUT HIV&AIDS

QUESTION 16	In your opinion what is the best way to teach young mothers about HIV&AIDS?	
Responses from urban-area, Extension 39	Responses from rural-area, Tsetse Village	
a) Distributing reading materials because reading is very powerful. HIV&AIDS is a very personal matter so discussing it openly is not easy. We usually find it easy to talk about boyfriends but not about HIV.	i) Distributing reading materials. HIV is a very personal so discussing it openly is not easy. Reading in private really talks to you.	
b) Organize meetings for young people such as the <i>Love-Life</i> , with very interesting speakers.	ii) Organizing meetings for young people and not using speakers from your hometown but total strangers.	
c) Conducting interesting meetings for youths in small groups so that they can ask questions.	iii) Listening to the radio and watching TV programmes.	
d) Listening to the radio and watching TV.		

While the desire and need to learn more about HIV&AIDS was unanimous, participants expressed diverse choices for their ideal teaching strategies. Some wanted more private approaches such as ‘distributing reading materials’. One such reason was: “because reading is very powerful... reading in private really talks to you”. Participants intimated that HIV&AIDS was a very personal matter which was not easy to discuss openly. In fact, they revealed that they usually found it much easier to talk about boyfriends than about HIV&AIDS.

Others preferred more public and interactive programmes such as organizing meetings for young people with very interesting speakers, like those conducted by the *Love-Life*. Fascinatingly, while some advocated for “interesting meetings for youths in small groups so that they can ask questions”, one opinion was clearly opposed to such openness,

suggesting “not using speakers from your hometown but total strangers”. This latter ‘guarded’ strategy underscores the fear and probable denial which came to light when examining the unpopularity of testing for HIV, [see Table 13, question 13, 1st paragraph]. And yet others opted for “Listening to the radio and watching TV programmes”, a model which has great potential to cater for the needs of people, both as individuals and in groups across societal class barriers. Even if the church and health facilities were identified as active learning sources, they were not chosen as ideal teaching strategies.

Despite the teaching, information and knowledge recognized here, and even against the enthusiasm for learning shown, there may be need to exercise caution in the hope for significant changes in behaviour. This observation is persuaded by the negative elements of cultural attitudes and subsequent HIV&AIDS practices which participants attested to. Responses to questions 5, 8, 9, 10 and 12 confirm such viewpoint.

4.3. CONCLUDING SUMMARY

Without any doubt, the Child Support Grant serves as a popular steady income earner, which recipients cannot do without, even if the participants chide those who reportedly have children in order to access the grant. Because of the social security option it offers, some youth mothers are not afraid to have children, as the Child Support Grant will ensure the welfare of their children, especially when some irresponsible partners desert them and the children. On account of its mission as a poverty alleviation strategy, but which in turn inadvertently causes youths to seek childbearing in an environment of unprotected sex, it could be safely deduced that the Child Support Grant has the potential to promote the exposure of such recipients to HIV infection.

This study has also established that while the current debate on rampant youth pregnancy hugely ascribes this phenomenon to the Child Support Grant, conditions of abject poverty in which the average youth mother survives, create an environment which promotes the dangerous practice of trading sex for cash. This function by itself has the potential to facilitate both widespread youth pregnancy, while simultaneously exposing such youths to HIV infection, without the enticement of the Child Support Grant.

Be that as it may, this study has established a totally unrelated aspect of youth pregnancy and the HIV&AIDS complex situation. Widespread youth pregnancy may not solely be engineered by the Child Support Grant or attempts to beat economic woes. The participants alleged that some South African men want proof of fertility before they can commit to marrying a young woman. If such control of women and irresponsible behaviour attributed to some men turns out to be true, it would account for serious implications for HIV infection, not just among youth mothers on Child Support Grant, but even in the greater society as more women try to prove themselves worthy of marriage.

The search for programmes that cater exclusively for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies in the studied areas yielded none. However, participants have acknowledged the existence and use of other HIV&AIDS programmes which are designed for the general public. In particular, there are outreach programmes conducted by the Department of Health through talks given at health facilities. Then there are those given by *The LoveLife*, as well as by different churches. Since participants base their HIV&AIDS awareness, knowledge, attitudes and coping strategies on these said general public programmes, the issue of programme improvement according to this particular research question, does not arise at this stage. However, relevant authorities in the identified organisations that give programmes to the general public may need to be alerted about the aspects of HIV&AIDS awareness, knowledge, and attitudes, in which the participants have exhibited dismal performance.

Even if the church and health facilities were identified as active learning sources, they were not chosen as ideal teaching strategies. The reason for this unpopularity remains unclear. Relevant authorities need to be alerted. Rather than contemplate on it, this issue could be taken up for further research.

Conclusively, it appears that 'examining a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection' is not without foundation.

CHAPTER FIVE

5. TABULAR PRESENTATION AND INTERPRETATION OF DATA FROM THE QUESTIONNAIRES, AUGMENTED WITH FINDINGS FROM FOCUS GROUP DISCUSSIONS AND THE LITERATURE

5.1. INTRODUCTION

This study sought to investigate the relationship between the Child Support Grant (CSG) and youth pregnancy, and the implications of such a relationship for HIV infection. It was motivated by an ongoing debate influenced by a school of thought in South Africa, which purports that this social benefit has some perverse incentives, one of which is to encourage women, especially teenagers, to have more children (Makiwane & Udjo, 2006:5). The study scrutinised the potential that the grant might promote youth pregnancy. It assessed the HIV&AIDS knowledge, attitudes and practices of youth mothers on Child Support Grant. Chances for grant-induced youth pregnancy that might render recipients vulnerable to HIV infection were explored and an attempt was made to establish the availability of programmes that might enhance HIV&AIDS awareness, knowledge, attitudes, practices and coping strategies among youth mothers on the CSG.

In this chapter, the quantitative aspect of this mixed methods study emerges. Data derived from the empirical study through semi-structured questionnaires is presented and analysed in tabular form, and also compared with the findings of the focus group interviews and the literature. The reader is informed that the information that makes up the data used in the tables was given in response to three types of questions. There were 'open-ended' questions to which respondents supplied their own answers. During data processing, the researcher created different categories for such responses to facilitate coding. The second format of questions was the 'close-ended' type, which served respondents with a list of answers to choose from. The third category of queries comprised 'semi-close-ended' questions. In this case respondents were supplied with a choice of answers but in addition to that, they were left with a decision to use their own answers under the option 'any other: please explain'. Such last option whenever utilised, paved the way for the creation of new category items. The researcher fulfilled this categorisation by adding such grouped items to the responses list during the data

processing and coding exercise. To augment this important clarification, every question in each table is given such description as 'open-ended', 'close-ended' or 'semi-open-ended'. The reader is advised to refer back to these explanations, if any **question description** used in any table is not clearly understood.

The tabular responses are itemised and assigned a code for each response given. The itemised answers are tallied to show the number of people who chose or gave a particular answer. It is important to take note that with reference to the number of responses given per item in the data analysis statements, the study makes use of both the **figures 1 to 20 and their equivalent percentages**, in brackets. The percentages are incorporated to facilitate easier comparison with other studies that might engage different-size sample studies because of the universality of the percentage format. This decision is in line with the quantitative aspect of this mixed methods study.

Below each table, a narrative interpretive account of the findings is made. Such discussion shows not just the researcher's perception of the overall picture of the given responses, but also how the data collection method that afforded privacy in seclusion or under a public forum might have implications upon the nature of the responses given. The data collection exercise was planned to be quick and short, as group members were expected to quietly give their answers by filling in a questionnaire. But all respondents requested assistance when they became aware that such option was available.

The purpose of this chapter is twofold. Initially, data from the questionnaire setting is presented in tabular form to facilitate easier location and grasping of, and reference to specific findings at a glance. While such data is immediately scrutinised for meaning, it is later augmented with data from the focus group interview discussions in **Chapter Four**, for in-depth analysis, using the triangulation method. To point out where the discussion of the questionnaire findings ends, and the augmented analysis begins, an asterisk line ********* is inserted to separate the two analyses.

The interpretation is largely influenced by the consistency and/or the frequency of the statements given. While scholarly findings are merely referred to, at this stage, their specific and detailed use is reserved for the discussion of the findings in **Chapter Six**.

Discussing the findings in this manner is expected to verify and consolidate the research findings, as data derived from the different sources is compared. This decision is in line with the mixed methods paradigm and the critical strength of triangulation in facilitating interpretive validity and establishing data trustworthiness through a comparison of conclusions based on different sources and subjects. Such assumption is consistent with Patton's suggestion (2002:306) that different procedures of data collection have both strengths and weaknesses, which the use of triangulation can compensate.

Essentially, despite the merits and disadvantages that the two methods of investigation may have over each other, triangulation is expected to consolidate consistency in the findings on issues analysed. This entails that even with the likelihood that the respondents to the questionnaire, for example, might be confined to the options given as answers while the focus group participants would have leeway to expand on their thoughts, the basic assumptions on issues so analysed across the two scenarios should confirm each other, unless otherwise. In such case, the major difference in the opinion would be in the depth of the data obtained, which would be an advantage, rather than a weakness. In other words, independent measures of the same phenomena should agree (Swanson & Holton, 1997:105). In this particular case, while the value of the data from the questionnaire scenarios is reflected in quantity through figures and percentages, the focus group input adds depth to the pictures given, through expressive statements.

Despite the benefit which triangulation brings to the debate, such augmented analysis is done only in some instances because some of the questions that were posed under the questionnaire scenario were not given to focus group interviewees. The disparity in the number of questions given under the two investigation set-ups was dictated by two factors. Firstly the innate difference between the two approaches of investigation dictated a need for variation in the execution of the interviews, such as the avoidance of potentially sensitive questions under an open forum. Secondly, as stated in **Chapter Four**, inadequate resources to conduct intensive probes would have been challenging.

Like in the previous chapter, this tabular discussion of the findings is directed by just four themes of the study as the fifth theme does not have any tabular responses that could be addressed at this stage. This follows the fact that by definition, 'implications for HIV infection' is determined by a combination of the sexual practices of recipients,

surrounding the Child Support Grant, and their HIV&AIDS knowledge, attitudes and practices. In such respect, exploring the implications of the relationship between the Child Support Grant and youth pregnancy for HIV infection cannot be pursued by itself, but rather contextually, through all the other themes.

Because the data from both settings will be used alongside each other in the discussion, the reader is informed here, that whenever the term 'participants' is used, the scenario depicted in that respect is the focus group interview. Conversely, every instance that the term 'respondents' is applied will entail the questionnaire scenario. Nonetheless, reference to the two the scenarios, 'focus group interview' and 'questionnaire' will still be used from time to time. Meanwhile, when referring to both participants and respondents, at the same time, the discussion will sometimes simply refer to them as study 'subjects'.

The answers to the research questions under the four themes are provided in this order:

- 5.1.1. The relationship between the child support grant and youth pregnancy, and implications for HIV infection
- 5.1.2. The HIV&AIDS knowledge of youth mothers on child support grant, and implications for HIV infection
- 5.1.3. The HIV&AIDS attitudes and practices of youth mothers on child support grant and implications for HIV infection
- 5.1.4. Programmes available for youth mothers on child support grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies-implications for HIV infection

5.2. TABULAR DATA PRESENTATION AND INTERPRETATION

5.2.1. RESPONDENTS' BIOGRAPHICAL DATA

Even if biographical data on the research subjects may appear to have no direct bearing on the examination of a relationship between the Child Support Grant and youth pregnancy and the implications of such a relationship for HIV infection, such insight may shed light on issues like the freedoms which these young people enjoy, which may

create opportunities for carefree sexual attitudes and practices. Such data may also provide clues on the respondents' income-generation activities with regard to their responsibilities within their living arrangements as they are sheltered under various relationships, or as they fend for themselves, living on their own and caring for their children.

This chapter covered more questions on **biographical** data because of the individual nature of its design, which allows for counter-checking of answers given.

TABLE 1
SETTLEMENT AREA TYPE

QUESTION 1	SETTLEMENT AREA TYPE		
Responses Given To The Close-Ended Query	Item	Tally	%
Urban Area	1	10	50 %
Rural-area	2	10	50 %
TOTALS:		20	100%

The research used two questionnaire samples of 10 respondents each from urban Extension 39 in Mmabatho, and rural Tsetse Village just outside Mafikeng city.

TABLE 2
RESPONDENTS' AGE

QUESTION 2	AGE		
Responses Given To The Close-Ended Query	Item	Tally	%
18-19 years	1	1	5 %
20-25 years	2	8	40 %
26-30 years	3	11	55 %
TOTALS:		20	100%

Even if teenagers would be more vulnerable to the consequences that prompted this study because they are younger and probably more likely to be gullible, the respondents' age ranged from 18 to 30 years. The study specifically targeted this older age-group

because any persons who are below the age of 18 years, whether they be biological parents or guardians of any number of children, would not be eligible to apply for the Child Support Grant. While the children born to such underage teenage mothers would still qualify for the Child Support Grant, the grant would be entitled to the parents or guardians who would have custody of such children and probably even that of their underage teenage mothers. To such end, a study that would probe the consequences of the Child Support Grant on such teenage mothers would have no legal binding on the Child Support Grant policy.

The statistics tabled above clearly reveal that this particular study captured only 1(5%) teenager aged 18-19 years, while the majority of youth mothers in the study were older. Eight (40%) were 20-25 years old, and 11(55%) fell in the 26-30 years age-group.

TABLE 3
RESPONDENTS' MARITAL STATUS

QUESTION 3	MARITAL STATUS		
Responses Given To The Close-Ended Query	Item	Tally	%
Single	1	14	70 %
Living Together	2	5	25 %
Married	3	1	5 %
Divorced	4	0	0 %
Widowed	5	0	0 %
TOTALS:		20	100%

The majority of the respondents were single at 14(70%), whilst 5(25%) cohabited with their partners. Only one young woman was married. None were divorced or widowed.

It is worth noting that although the Child Support Grant is open to any adult who cares for the stipulated children, and therefore entitled to both married and unmarried youth mothers, by virtue of the concerns that prompted this investigation, the inclusion of the married respondent was erroneous. Because she is married and therefore 'allowed' to have children, some of the questions may have been irrelevant to her, even if she answered them all.

Although this type of question was not posed under the focus group investigation, the data gathered from **Chapter Four** indicates that these youths have to struggle and give a lot in order to get a marriage proposal. From that scenario, participants painted a picture which depicts some South African men as being in no hurry to get married, expecting a woman to prove her fertility by giving them a child, before considering her for marriage. They stated: “most men want girls to prove that they can have babies before they marry them”.

TABLE 4
RESPONDENTS' EDUCATIONAL LEVEL

QUESTION 4	EDUCATIONAL LEVEL		
Responses Given To The Close-Ended Query	Item	Tally	%
Under Grade 5	1	2	10 %
Grades 5-7	2	1	5 %
Grades 8-9	3	11	55 %
Matriculation	4	3	15 %
Tertiary	5	3	15 %
TOTALS:		20	100%

While 3(15%) respondents had matriculated, another 3(15%) had some tertiary education. The lowest educational qualification at under Grade 5 accounted for just 2(10%), even as only 1(5%) went up to Grades 5-7. Fifty percent (10) had done between Grades 6 and 9. Even with the engagement of an interpreter, this aspect of the subjects' educational characteristics simplified the interviewing process, as Sestwana and English were interchangeably used.

¹ To point out where the discussion of the questionnaire findings ends, and the augmented analysis begins, an asterisk line ***** is inserted to separate the two analyses.

TABLE 5**WHO THE RESPONDENTS LIVE WITH**

QUESTION 5	Who do you live with?		
Responses Given To The Close-Ended Query	Item	Tally	%
I live on my own	1	2	10 %
I live with my parents/relatives	2	13	65 %
I live with the father of my child/children	3	4	20 %
I live with my husband	4	1	5 %
I live with my partner, who is not the father of my child/children	5	0	0 %
TOTALS:		20	100%

Two young women (10%), aged 20-25yrs lived on their own. The fact that only 4(20%) lived with the father of their children places at least 20% of children on Child Support Grant in this study under the care of both their mother and father.

All the respondents were young adults aged 18 to 30. However, 13(65%) lived with their parents or guardians. This indicates the important role that the families of youth mothers on Child Support Grant play in their lives.

It is important to note that the insight regarding the age of the 2(10%) respondents aged 20-25yrs who lived on their own while taking care of their children is not readily available from glancing at the tables. Taking a special interest in this aspect, which reflects a huge responsibility, the researcher took the trouble to track down this information, by getting back to the specific questionnaires, comparing questions 2 and 5 to bring out this fact.

5.2.2. THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY, AND IMPLICATIONS FOR HIV INFECTION

This investigation of the relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection among recipients began with establishing the participants' views on the assertion that young women are having children in order to get the child support grant. The study confirmed that the debate surrounding youth pregnancy supposedly engineered by the Child Support Grant is real. The focus group discussions established that the allegation of the promotion of youth pregnancy by the Child Support Grant is a thriving debate which was in fact upsetting to the recipients, as the following statements show: "They are not speaking rightly", and "our reputation is at stake". Even if the questionnaire respondents were not formally asked for their views on the assertion of grant-induced youth pregnancy, they all individually expressed disappointment and even anger at the assertion, as they gave their final consent to take part in the study.

Participants were indignant at the rumours that the grant might be withdrawn on account of certain misconceptions that surround its abuse. So intense was the concern, that they wished the South African Social Security Agency (SASSA) would devise a monitoring system to ensure that a portion of the grant is sent to day care centres to ensure that the children of irresponsible youth mothers attend school and get at least two decent meals a day, [while at school]. While such suggestion may point to the recipients' ignorance of the mandate of SASSA, it could also indicate their desperation with a policy that is devoid of any monitoring mechanism, and whose shortcomings nobody is in a position to correct. Participants indicated that they had no idea where the alleged abuse of the grant might be effectively reported. This unsolicited for, and yet enriching revelation about the abuse of the grant and the frustrations that recipients grapple with, is credited to the mixed quantitative-qualitative methods paradigm, which facilitated the use of triangulation. While the questionnaires restricted answers to the queries that were asked, the focus group scenario allowed for veering a little, and making detailed analyses.

TABLE 6
THE NUMBER OF CHILDREN PER YOUTH MOTHER ON CHILD SUPPORT GRANT IN THE STUDY

QUESTION 6	How many children do you have?		
Responses Given To The Close-Ended Query	Item	Tally	%
1	1	8	40 %
2	2	10	50 %
3	3	1	5 %
4	4	1	5 %
5	5	0	0 %
6	6	0	0 %
TOTALS:		20	100%

To verify the grant-induced youth pregnancy allegation, it was vital to establish the number of children per youth mother on child support grant [in the study]. The 20 youth mothers who answered the questionnaire had a total of 35 children, which amounted to **1.75 children per youth mother**. Interestingly, the focus group subjects had the same average number of children. At this rate there is no sign of any out-of-control fertility in this group of youth mothers on the Child Support Grant, which would suggest the promotion of youth pregnancy by the grant.

This revelation is consistent with the findings of Makiwane and Udjo (2006), whose study reported ‘no evidence to suggest a link between teenage pregnancy and the introduction of the Child Support Grant in South Africa’. Reassuring as those findings sounded then, the disquiet connecting rampant youth pregnancy to the Child Support Grant in South Africa persisted. Ultimately the then Minister of Social Development, Dr. Zola Skweyiya, conceded that a high pregnancy rate was linked to the grant (Monare, Independent Online; May 09 2007).

TABLE 7**THE NUMBER OF YOUTH MOTHERS WHOSE CHILDREN LIVE WITH THEM**

QUESTION 7	Do your children live with you?		
Responses Given To The Close-Ended Query	Item	Tally	%
YES	1	20	100 %
NO	2	0	0 %
TOTALS:		20	100%

All the young women who took part in this study took the responsibility of taking care of their children whether they lived on their own [2(10%)], with their parents [13(65%)], with the fathers of their children [4(20%)], or with a husband [1(5%)]. While this may point to a great sense of responsibility among these young people, the conditions of getting the Child Support Grant stipulate that the person who claims the grant for the child has to take direct responsibility for the child's daily welfare. Any indication of not abiding with this stipulation might therefore disqualify such a recipient.

TABLE 8**REASONS YOUTH MOTHERS ON CHILD SUPPORT GRANT IN THE STUDY HAD, FOR HAVING THEIR CHILDREN**

QUESTION 8	What would you say were your reasons for having a child?		
Responses Given To The Close-Ended Query	Item	Tally	%
I wanted a child	1	4	20%
My partner wanted a child	2	1	5%
I got the child from an unplanned pregnancy	3	15	75%
My parents wanted a grandchild	4	0	0 %
I wanted a child to get the Child Support Grant	5	0	0 %
TOTALS:		20	100%

According to the answers given in this table, respondents had no grant motivation for having children as 15(75%) of them initially had babies that resulted from unplanned pregnancies. While 4(20%) in fact desired to have children, only 1(5%) succumbed to demands for a child by a partner. None indicated that they were pressured for

grandchildren by their parents or that accessing the Child Support Grant was their motivation. This revelation viewed alongside the number of children per youth mother, at Table 6 above, may clearly dispel the allegation that youths deliberately get pregnant in order to access the CSG. However, the reader should take caution in making such hasty conclusions as this is only the beginning of this investigation.

When the responses given above are compared with those from the focus group interviews, it emerges that the participants and respondents agree perfectly well on this matter. In fact the participants gave very convincing reasons to categorically deny using childbearing in order to get the CSG. They rationalised their own reasons for having children, stating that women had been having children for a long time and that their parents in fact had more children even if there had been no Child Support Grant to entice them. They equally cited getting into relationships due to peer pressure and ignorance, or being deceived by men who are usually older and more knowledgeable than the girl. Unplanned teenage pregnancies were also revealed as a huge factor.

Then suddenly, on account of the nature of the discussion, even if participants had done a fairly good job of denying grant-induced youth pregnancy, in their freer and deeper analysis, the participants unwittingly acknowledged that “although some youth mothers may abuse the Child Support Grant”, the majority of mothers including them, used it well to benefit the children.

The value of triangulation came to the fore yet again, when the focus group investigation threw in another angle to the reasons for similarly alleged rampant out-of-wedlock pregnancy among youths in South Africa. Participants spoke of deceitful men who insist that a girl proves her ability to have children before they will marry her. Even if the participants gave conflicting reasoning for youth pregnancy between themselves and ‘the others’, the declaration of the cheating partners’ demand that young women prove fertility by conceiving a child before they could be considered for marriage unveils a worrisome cultural trend of selfish male dominance of females, as well as irresponsible behaviour, which may be glossed over in the ongoing debate.

TABLE 9
RESPONDENTS' OPINIONS REGARDING REASONS WHY OTHER YOUNG WOMEN IN THEIR AREAS HAVE CHILDREN

QUESTION 9	What is the main reason, young women in this area have children?		
Responses Given To The Semi-Close-Ended Query	Item	Tally	%
They want children.	1	1	5%
They want children in order to get the Child Support Grant	2	11	55%
Don't know why they want children.	3	2	10%
Unplanned pregnancies due to peer-pressure	4	1	5%
Many reasons account for this.	5	4	20%
Many reasons: including sexual abuse in families	6	1	5%
TOTALS:		20	100%

The dismissal of the assertion of grant-induced youth pregnancy lasted only until respondents gave their opinions regarding reasons why other young women in their areas have children. At this stage 11(55%) respondents affirmed grant-induced youth pregnancy for the other young women in their areas. The shift from unplanned pregnancies from 15(75%) and 0% Child Support Grant motivation while talking about themselves, to just 1(5%) and 11(55%), respectively, while talking about other young women in their position is remarkable. [See Table 8 Question 8, items 3 and 5]. For all its notoriety and secrecy, sexual abuse in families was accounted for by only 1(5%) of the respondents.

While talking about other young women in their position, both participants and respondents agreed perfectly well in their affirmation of grant-induced youth pregnancy. Once again due to the focus group chatting advantage, participants eloquently admitted how other youth mothers get pregnant for the purpose of accessing the CSG. They suggested that young women do it because "...there is no work. But if you have a child then you can have a grant". The discussion revealed that such abusers of the grant may not say so but one can see it happening as people go on making babies and applying for the grant. It is important to note, however, that this affirmation of the trend is largely based on observation rather than on its admission by the alleged culprits. By virtue of

the explanations given for general childbearing, which seem to justify the abuse, one could safely argue that the participants' analysis may well indicate a projection of their own needs and views, unless they are financially better off than the 'others', which they are not.

Could this disparity in the opinions of participants and respondents regarding theirs' and the others' childbearing motivations, indicate an uneasy predisposition in the study subjects to personally admitting doing something that is potentially frowned upon, while finding it easy to admit the trend in others?

TABLE 10
KNOWLEDGE OF ANY YOUNG WOMEN WHO HAD CHILDREN IN ORDER TO GET THE CHILD SUPPORT GRANT

QUESTION 10		Do you know of any young women who had children in order to get the Child Support Grant?		
Responses Given To The Close-Ended Query		Item	Tally	%
Yes, I know of a young women who had children in order to get the Child Support Grant		1	13	65%
No, I do not know of a young woman who had a child in order to get the Child Support Grant		2	7	35%
TOTALS:			20	100%

Even if none of the respondents personally admitted to having a child in order to access the CSG [see Table 8, Question 8 above], their ability to see this matter clearly came alive as they scanned their memories for anyone who might be making babies to get the grant in their communities. Ultimately, 13(65%) respondents knew of at least one young woman who had a child in order to get the Child Support Grant.

The situation was similar in the focus group interview sessions as participants eventually admitted knowing young women who had children in order to get the CSG. While the questionnaire respondents merely affirmed this, the focus group interview participants

proceeded to describe such culprits, as young women “who just keep having babies” in order to get more money each month, or as irresponsible young women who misuse the grant, spending the money on alcohol with their friends, at the expense of their own children. Similar views are reported by Goldblatt (2005:251): “many young mothers are being accused of deliberately becoming pregnant in order to access the grant and of abusing the payments for their own indulgence, while neglecting their children’s basic needs”. The participants indicated that even if only a few women would admit to it, anyone could easily conclude the motivation for having babies nowadays as it has become common practice for people to go and register for the Child Support Grant even as early as just three days after giving birth. While the respondents lacked such expressive power on account of the limited nature of the questionnaire, their views find strength in the quantification of their responses as 13(65%) admitted knowledge of at least one such young woman.

Incidentally, the phenomenon earlier pointed out, of the denial of doing something that is potentially frowned upon, while admitting it in others, seems to be taking root under both scenarios of the investigation, i.e. the focus group interview and the questionnaires.

TABLE 11

RESPONDENTS’ EVALUATION OF THE ASSERTION THAT YOUNG WOMEN IN THEIR AREAS HAVE CHILDREN IN ORDER TO GET THE CHILD SUPPORT GRANT

QUESTION 11	Some people feel that young women are having babies so that they can get the Child Support Grant. Do you agree with this view?		
Responses Given To The Close-Ended Query	Item	Tally	%
I strongly agree.	1	7	35%
I agree.	2	9	45%
I disagree.	3	4	20%
I strongly disagree.	4	0	0 %
I do not have an opinion on this matter	5	0	0 %
TOTALS:		20	100%

The respondents' objectivity was tested yet again while evaluating the assertion that young women are having babies so that they can get the Child Support Grant. Not only did everybody have a definite opinion on the matter, but a whopping 16(80%) agreed with it. If it was their reputation the respondents were concerned about, they had none at all, about that of the 'others', as an air of defensiveness effectively takes it all away.

TABLE 12

RESPONDENTS' ASSUMPTIONS ABOUT SOME YOUNG WOMEN'S REASONING FOR WANTING TO HAVE CHILDREN IN ORDER TO GET THE CHILD SUPPORT GRANT

QUESTION 12	Why do some young women want to use the CSG in this way?		
Responses Given To The Open-Ended Query	Item	Tally	%
It is seen as an income earner in poor households where it provides for the whole family	1	11	55%
There are no jobs for everyone out there but the Child Support Grant is available for every child	2	8	40%
Even if the boyfriend abandons you and the child, the CSG will always be there to help take care of the child	3	1	5%
TOTALS:		20	100%

Even if the respondents pleaded innocence to abusing the Child Support Grant for economic gain, their assumptions about why other youth mothers use childbearing to get the grant were 100% economically based. All respondents rationalised the other youth mothers' initiatives to secure an income earner in poor households where it provides for the whole family, in a climate where there are no jobs for everyone out there, while the Child Support Grant is available for every child. They suggested that it ensured secure welfare for their children in the event that a boyfriend abandons them and the children. While there are no jobs for the young women, the Child Support Grant is there for every child in poor households. Additionally, in the event that a cheating partner abandons the young woman with a child, the grant guarantees the welfare of such fatherless children. Effectively therefore, respondents rationalised the motive, while in fact ascribing the 'abandonment by boyfriends', to themselves.

The focus group discussions brought great insight to the debate. It was interesting that the participants referred to themselves, in denial terms, even at a point when they were asked about the 'others': "we do not have children..." While they denied having children to access the Child Support Grant, they all admitted that other youth mothers get pregnant for the purpose of getting the CSG. Citing financial reasons, they implied that young women do it because "...there is no work. But if you have a child then you can have a grant", etc. These observations are in harmony with Deane (2004), as stated in Biyase (2005:8). It appears therefore, that unless the subjects were financially better off than those they accused of the 'wrong-doing' they could easily follow suit.

The revelations that the participants make regarding their reasoning about why some youth mothers resort to 'abusing' the grant, in fact, say something about the efficacy of the Child Support Grant in poor households. Meanwhile, reports of the grant's successes in fighting poverty are given by, among others: UNICEF SA (Online: 2004), Goldblatt (2005:253), the Children's Institute (Online: 2007), and Samson *et al.* (2004:2).

Yet again, it is worth noting that both the participants' and respondents' way of thinking regarding this matter was based on observation, rather than the admission of such practice. Throughout the investigations thus far, only one young woman in a focus group interview admitted to having her only child so that she could at least have the grant, since she was not working. Once more, could this paradoxical view of the assertion that youths deliberately get pregnant to access the grant indicate an uneasy tendency in the participants and respondents to personally admitting doing something that has potential to attract censure, while finding it easy to admit it in others? This appears to confirm the emergence of a phenomenon of the denial of doing something that is likely to attract reproach, while admitting it in others.

By virtue of the explanations given for general childbearing, which seem to justify the abuse, one could safely argue that the participants' and responders' analysis may well indicate a projection of their own needs and views, unless they are financially better off than the 'others'. At the same time, what may sound like an apparent negative judgmental attitude of subjects towards other youth mothers could be genuine differences in both attitude and behaviour between the two sets of youth mothers.

The young women who took part in the study could in fact be described as the more responsible type of youth mothers on Child Support Grant. After all, they sent their children to the day care centres, which assisted the researcher in identifying them for the study. Nevertheless, even if there may be some differences in the level of responsibility associated with each type of youth mothers, and not withstanding the projective indication of need for the Child Support Grant among the participants, there appears to be substance in the subjects' opinion of the use of the grant. A hundred percent economic reasoning justification which has so far been cited appears to be a seemingly core factor that links the Child Support Grant to youth pregnancy.

TABLE 13

OTHER MEANS OF GETTING MONEY, APART FROM THE MONEY RESPONDENTS GET FROM THE CHILD SUPPORT GRANT

QUESTION 13		Do you have any other means of getting money, apart from the money you get from the Child Support Grant?		
Responses Given To The Close-Ended Query		Item	Tally	%
Yes, I am supported by someone		1	9	45%
Yes, I earn my own money		2	9	45%
Yes, I receive another grant		3	1	5%
Yes, I earn my own money and also receive another grant		4	1	5%
TOTALS:			20	100%

At the time that the data was collected for this study (March-April 2009), the Child Support Grant stood at R230.00 per month. It would be very difficult for anyone to survive solely on it. Since only 9(45%) respondents declared earning their own money, while 2(10%) reported receiving another grant, it is no wonder that the other 9(45%) of the respondents admitted to being supported financially.

TABLE 14**SPECIFIC EXPLANATION OF THE ADDITIONAL SOURCES OF INCOME FOR THE YOUTH MOTHERS ON CHILD SUPPORT GRANT IN THE STUDY**

QUESTION 14	What is your other source of income? Please explain.		
Responses Given To The Open-Ended Query	Item	Tally	%
I am supported by my partner	1	4	20%
I am supported by my husband	2	1	5%
I am supported by my parents	3	5	25%
I am supported by boyfriends	4	1	5%
I work as an admin clerk/typist	5	1	5%
I work at piece-jobs	6	3	15%
I own a small business	7	3	15%
I work as a domestic and also get an 'illness' grant	8	1	5%
I get a disability grant	9	1	5%
TOTALS:		20	100%

While table 13 gave some idea about how the youth mothers got money besides the Child Support Grant, at this stage of the investigation, the real economic situations of respondents emerged as they precisely described their other sources of income. Even if 9(45%) cited earning their own money, statements about what they really did to earn that extra income reveals that they just did menial piece-jobs or engaged in small-scale businesses. Even if they are adults with their own children, the role of their own parents or guardians to ensure their welfare is still evident at 4(20%), (see Table 5, Question 5).

For the purposes of this study, the 5(25%) who are supported by partners or boyfriends, raise concern as young women who engage in relationships with men in an environment where financial favours are done may compromise their ability to negotiate safer sex practices, in the event that such favours eventually involve sex. This compares well with Tladi (2006:380), who found that "women who received money from their partners, as well as those who came from households where hunger was a common phenomenon, were more likely not to use condoms".

As of March 2009 the Child Support Grant stood at R230.00 per month. In the midst of reported crippling unemployment, no one would solely survive on such an amount. Even if in all sessions, participants initially claimed that they exclusively depended on the grant, when pressed to explain their sources of additional income, they indicated various survival strategies which included getting occasional support from their parents, other relatives, or multiple boyfriends, etc.

Even if the survival strategies given under the focus group setting match perfectly with the findings of the questionnaire, the participants once again added value to the picture, as they gave graphic reports. They told how some youth mothers were supported by multiple boyfriends because one was not enough, as the cost of living is always going up. Additionally, while some young women go out to sell their bodies; cash-strapped elderly parents apparently turn a blind eye to such potentially harmful activities, in favour of financial gain.

While the alleged wanton behaviour of childbearing is largely ascribed to the Child Support Grant and in spite of the judgmental and defensive attitude that comes across, such reasons given by the participants and respondents for the alleged motivation of youth pregnancy by the grant, reveal their dire economic needs. Ultimately, such financial dilemma seems to play a huge role in getting youths to engage in activities that might result in youth pregnancy and even HIV infection.

TABLE 15**RESPONDENTS' ASPIRATIONS ABOUT EARNING THEIR OWN, OR MAKING MORE MONEY**

QUESTION 15		In addition to how you are getting money now, what would you like to do to earn your own or make more money?		
Responses Given To The Close-Ended Query		Item	Tally	%
Become a domestic/labourer		1	5	25%
Become an admin/clerk/typist		2	1	5%
Become a professional		3	1	5%
Set up own business		4	5	25%
Get back to school to improve my education		5	1	5%
Get back to school and become a professional		6	1	5%
I do not know what I could do to earn money		7	1	5%
Not applicable: I'm happy with the way things are		8	5	25%
TOTALS:			20	100%

Notwithstanding the condition that requires meeting poverty eligibility criteria through proof of not being employed or taking part in any development programme, all the respondents, apart from just 2(10%), stated their aspirations about earning their own, or making more money to bolster their current status.

Although the focus group participants outlined some self-improvement plans, their ideas could not be quantified due to the nature of the forum. However, the intensity of their debate and the suggestions given, make very compelling statements about their feelings, desires and hopes. They exhibited enthusiasm to get involved in income-generation activities, such as running small-scale businesses, doing group projects, getting back to school, or finding jobs. Yet such aspirations amounted to nothing against the insurmountable hindrances, which they articulated as lack of capital and skills, as well as nepotism in securing employment: "if you do not know someone". In the end, participants could only plead: "we need government intervention". The confidence with which the young people stated their desires for self-help, may signal that some of the young women who stand accused of knowingly making 'cash-crop babies' through the

Child Support Grant actually desire to be self reliant and lead decent lives. However, Cohen (1998: Online), observes that poor people do not have the resources necessary to get out of poverty, such as financial capital, education, or connections.

Because of the way the subjects justified seeking after grant-induced pregnancy, one could safely say that even if they condemn the trend, the subjects' denial of involvement in having children for the purpose of accessing the Child Support Grant, while acknowledging the 'wrongdoing' for 'the others', may mean that they could easily indulge in it themselves. To such end, the phenomenon pointed out earlier, which involves the personal denial of doing something with the potential to create personal censure, while admitting it for others in a similar position, seems to be getting firmly established.

This development of this argument paints a complex picture about the real situation of the relationship between the Child Support Grant and youth pregnancy. The debate seems to be fraught with fatalistic resignation and denial amounting to projection of the participants' and respondents' own beliefs, values and behaviours onto those they attribute such wrong-doing. Fraught with denial, chances may be high that subjects will not be vigilant to stay safe from HIV infection as they engage in pregnancy-seeking.

In view of the responses solicited up to this stage of the study, even against all these odds, there appears to be a relationship between the Child Support Grant and youth pregnancy, with the likelihood to promote youth pregnancy and even HIV infection among the recipients.

5.2.3. THE HIV&AIDS KNOWLEDGE OF YOUTH MOTHERS ON CHILD SUPPORT GRANT, AND IMPLICATIONS FOR HIV INFECTION

The study tried to determine respondents' knowledge of HIV and AIDS by initially seeking definitions for HIV and AIDS. In order to ascertain the exact information, unspoilt by the influence of shared opinions, these questions were only posed to individuals, via the questionnaire scenario, avoiding the focus group discussion setting.

TABLE 16**DEFINITIONS OF HIV**

QUESTION 16	What is HIV?		
Responses Given To The Open-Ended Query	Item	Tally	%
The virus that causes AIDS	1	2	10%
A disease which comes through unprotected sex or through injury	2	3	15%
It is a virus	3	3	15%
I don't know	4	5	25%
A disease which is transmitted from person to person	5	2	10%
A virus which you get from unprotected sex	6	1	5%
Signs of the virus that leads to AIDS	7	1	5%
I cannot explain it	8	1	5%
A disease which one gets after sleeping with a widower	9	1	5%
A big disease which is killing people	10	1	5%
TOTALS:		20	100%

Unless people are able to understand the role of HIV in the HIV&AIDS pandemic, the likelihood may be high, that such individuals will embrace erroneous attitudes, live in fear of the pandemic and fail to effectively protect themselves from HIV infection. In this study only 6(30%) of the respondents seemed to recognise that HIV is not a disease but rather, a virus. Even among those 6(30%), no one made the connection between the particular virus, HIV, and AIDS. To such end, confusion about the definition of HIV or its role in the HIV&AIDS pandemic appears to be very real among the youth mothers.

Although this investigation did not include a question on the modes of HIV transmission, some of the responses given for the definition of HIV give interesting insight into the poor knowledge about how someone might get infected with HIV, in at least 1(5%) of the respondents. Such, believed that HIV is 'a disease which one gets after sleeping with a widower'. This kind of thinking could mean that only widowers can transmit HIV and so, as long as one avoids sleeping with them, then the danger of HIV infection is avoided.

TABLE 17
DEFINITIONS OF AIDS

QUESTION 17	What is AIDS?		
Responses Given To The Open-Ended Query	Item	Tally	%
The serious condition of illness that follows HIV infection	1	6	30%
It is a disease	2	2	10%
I don't know	3	5	25%
I cannot explain it, maybe its TB	4	1	5%
The stage of illness when there is no cure	5	3	15%
There is not much difference between HIV an AIDS	6	3	15%
TOTALS:		20	100%

Although just 1(5%) of the respondents ably defined AIDS as the “the serious condition of illness that follows HIV infection”, the confusion that surrounds HIV definition equally marred respondents’ perception of AIDS. Even if respondents were aware of the existence of AIDS, up to 18(90%) of the respondents had no idea what AIDS stands for in the dreaded HIV&AIDS pandemic. At least though, 3(15%) acknowledged its fatal nature in that it is “the stage of illness when there is no cure”, even if no such connection to HIV was indicated.

In describing HIV and AIDS, it could have been very convenient to give respondents a list of answers to jog their memory and make their choice from. Yet the range of answers given in this study gives clear indication of the lack of real knowledge, or the erroneous knowledge that exists in the minds of the respondents, as they go about their lives and make daily decisions with implications for HIV infection. Even in this case, such confusion sheds light on some aspects of the HIV&AIDS awareness messages that need more stressing. At this point in the development of the pandemic, such basics about HIV&AIDS should be common knowledge in society, but obviously they are not.

TABLE 18**HOW A PERSON CAN KNOW THAT THEY HAVE HIV**

QUESTION 18	How can a person know that they have HIV?		
Responses Given To The Open-Ended Query	Item	Tally	%
By taking an HIV test at the clinic	1	12	60%
By taking a blood test for HIV test at the clinic	2	2	10%
I don't know	3	1	5%
When you have an incurable illness	4	1	5%
When you have symptoms like sores on the face	5	2	10%
By taking a medical exam at the clinic	6	2	10%
TOTALS:		20	100%

The knowledge of one's HIV status is very important as vital short-term and long-term decisions about lifestyles and other plans could be determined by it. It is therefore reassuring that 14(70%) of the respondents exhibited knowledge about what needs to be done in order to know one's HIV status: "taking an HIV test at a clinic". Yet at 6(30%) complete ignorance regarding this essential procedure, the situation remains worrisome. (These six (30%), include items 3, 4, 5 and 6 in the above table).

Incidentally, comparing this understanding of the need for 'testing at a clinic' in order to determine the presence of HIV with how respondents envisioned the meaning of HIV, opens a window into the confusion that spoils the respondents' wholesome knowledge of the HIV&AIDS pandemic. While it is important that individuals hold a wholesome holistic view of the HIV&AIDS situation, the respondents' knowledge of the basics of HV&AIDS seems to be fragmented and unrelated. Perhaps those in authority should be made aware of this fragmented knowledge.

TABLE 19**POSSIBLE RISK OF HIV INFECTION IN THE PROCESS OF GETTING PREGNANT**

QUESTION 19	Does the process of making a baby create any risk of HIV infection?		
Responses Given To The Open-Ended Query	Item	Tally	%
YES: The process of making a baby creates risk of HIV infection	1	10	50%
NO: The process of making a baby does not create risk of HIV infection	2	3	15%
Don't know: Don't know if the process of making a baby creates risk of HIV infection	3	1	5%
YES & NO- 1: The process of making a baby creates risk of HIV infection, only if you do not use protection such as a condom	4	1	5%
YES & NO- 2: The process of making a baby creates risk of HIV infection, only if you do not know your status	5	4	20%
YES & NO- 3: The process of making a baby creates risk of HIV infection only if you do not know your partner well	6	1	5%
TOTALS:		20	100%

In a study which examines the assertion of deliberate youth pregnancy for economic gain, it was vital to allow subjects to reflect on the risk of HIV infection in the process of getting pregnant. It is reassuring that the risk of HIV infection in the process of getting pregnant was acknowledged by 10(50%) of the respondents. This may mean that respondents understood that trying for a baby normally takes place in an environment of unprotected sex. The thinking of the one respondent (5%), who considered it risky only if you did not know your partner well, seems to suggest the recognition for caution regarding decisions about who to be 'that' intimate with. However, it remains unclear if such contemplation implied the possibility of using artificial insemination in the case of sero-discordant couples, whereby one partner would be HIV positive, while the other one is negative. The thinking of the individual (5%), who saw using condoms to avoid HIV transmission while trying for a baby was outside the 'process of getting pregnant'.

The remaining 6(30%) who gave conflicting answers, which in fact implied a 'Yes and No' stance, may show that they do not really understand the environment under which 'falling pregnant' takes place, or that one cannot contract HIV because of their own HIV status. It may in fact be difficult to appreciate the three 'Yes and No' responses above, because while straight forward thinking may pose no comprehension problems, confusion may not be readily understood. In essence, the subjects whose responses are classed as 'YES & NO- 1 to 3' are saying YES and NO: YES, there is a risk; BUT ONLY if 'you don't use protection', 'know your status' or 'know your partner well'.

While the input from the focus group interviews is stated with undeniable clarity, it paints an even grimmer picture, of the prospects for HIV infection in the process of getting pregnant among the subjects. The participants reported that HIV&AIDS rarely interferes when youths are grappling with matters of survival. Many young people allegedly do not want to hear about HIV&AIDS, as it is an irritating and intimidating subject.

Many youths allegedly shy away from looking HIV&AIDS in the face. In resignation they might consider being in a helpless situation and giving up the fight on HIV&AIDS. Such attitude may be influenced by the fact that youth mothers on CSG have all been exposed to chances of HIV infection, as they conceived their children, more so that they might do it again. In such respect, the reported despondency and a fatalistic attitude in the general youth population, to which the attitudes and behaviours were attributed by the participants, renders such situation discouraging, for the fight against HIV&AIDS.

While acknowledging the existence of HIV&AIDS and its potentially deadly effects, albeit, without much desire to do anything about it, participants pointed to one function whose address may hold a vital solution to turning down the tide and inspire hope. According to the participants' sentiments, poverty and HIV&AIDS apparently seem to go hand in hand. As long as these young people have to contend with unemployment and poverty, chances are: HIV&AIDS will hang around too. Cohen (1998: Online) agrees with this, in that, unless and until poverty is reduced in populations [such as this one], there will be little progress either with reducing the transmission of HIV or an enhanced capacity to cope with its socio-economic consequences.

Fundamentally, the studied youth mothers on Child Support Grant exhibit fragmented and erroneous HIV&AIDS knowledge, which would minimise their abilities to effectively protect themselves from HIV infection and eventually AIDS.

5.2.4. THE HIV&AIDS ATTITUDES AND PRACTICES OF YOUTH MOTHERS ON CHILD SUPPORT GRANT AND IMPLICATIONS FOR HIV INFECTION

While knowing about HIV&AIDS is vital to ensure safeguards against infection, it is equally important that such knowledge is accompanied by the right frame of mind, as in attitude; otherwise volumes of knowledge will have no practical value.

TABLE 20

THE TYPE OF FAMILIES WHERE HIV&AIDS IS LIKELY TO OCCUR

QUESTION 20	In what type of families is HIV&AIDS likely to occur?		
Responses Given To The Close-Ended Query	Item	Tally	%
Mostly in poor families	1	8	40%
Mostly in rich families	2	1	5%
It can occur in any type of family	3	11	55%
I do not know which type of family is more open to HIV&AIDS	4	0	0 %
TOTALS:		20	100%

After examining the basic facts of HIV&AIDS, the study endeavoured to establish how participants and respondents view the existence of HIV&AIDS in their community, in terms of what type of families are more vulnerable to it. Everybody had an opinion on the matter, as 8(40%) placed HIV&AIDS mostly in 'poor families', while only 1(5%) located it in 'rich families'. This may indicate that the respondents consider HIV&AIDS to be a social class condition and that it belongs precisely with the poor. Even if 11(55%) respondents thought that it can occur in any type of family, balancing this out, the 8(40%) that believed that HIV&AIDS belongs with the poor raises alarm. Firmly believed, such despondency could lead to giving up on the fight against the scourge.

Once again, the views of participants and respondents converged in agreement, strongly placing HIV&AIDS in their poor locations. While the focus group discussions precisely reasoned that poor families were mostly at risk to contract HIV because poor women usually sell their bodies to get money to survive, the suggested despair was extended to rich families as participants reasoned: “they have the money to buy sex from the poor”.

TABLE 21
REASONS FOR HIV&AIDS OCCURRING IN THE TYPE OF FAMILY CHOSEN

QUESTION 21	What are the reasons for HIV&AIDS occurring in the type of family that you have chosen?		
Responses Given To The Open-Ended Query	Item	Tally	%
Mostly in poor families because poor women get many lovers to get money	1	10	50%
Mostly in rich families because rich people have money and cars so they can buy sex	2	2	10%
It can occur in any type of family as poor women sell sex to rich men; thereby spreading it across the board and HIV&AIDS does not choose	3	6	30%
Mostly in poor families because that is where more people live and that is where more people die all the time	4	2	10%
TOTALS:		20	100%

When the respondents are asked to give the reason why HIV&AIDS is most likely to occur in particular types of families, there is an apparent shift of opinion, with more in favour of ‘mostly poor families’, from 8(40%) to 12(60%); even if different reasons are given for that. In this regard, 12(60%) of the respondents actually rationalised their thinking regarding the HIV infection risk, ably placing HIV&AIDS within their poor neighbourhoods, for very well-thought-out reasons. Incidentally, such position confirms a report by the Human Sciences Research Council (HSRC Media Brief Release-315, 2007), which pointed to a connection between high HIV incidence rates and apparently poor neighbourhoods such as urban informal settlements (5.1%), rural informal areas

(1.6 %,) rural formal areas (1.4%) and urban formal areas (0.8%). Strongly held like this, such philosophy could prove fatalistic, as people would be resigned to the status-quo.

The 6(30%) who envisaged that HIV&AIDS “can occur in any type of family as poor women sell sex to rich men; thereby spreading it across the board” rightly paint a grimmer picture among the subjects, to the effect that no one is safe despite the social-class comfort zone: **unless one stays clear of the trading of sex for cash**. The message seems to be loud and clear in such minds that HIV does not discriminate between the rich or the poor.

Ultimately the ability to reason that no one is safe unless they stay clear of the trading of sex for cash, in fact inspires hope in that there is a safety alternative. In reality however, such noble aspiration may be a tall order for youth mothers on Child Support Grant who may want to have one child after another, to boost their ‘steady income earner’. The dire economic need already depicted, makes for this problematic factor against the strong conviction that desperate measures to beat economic woes cannot be avoided in the face of poverty, and so poverty correlates with HIV&AIDS in an endless vicious cycle.

The reasoning by just 2(10%) of the respondents that HIV&AIDS is most likely to occur in poor families ‘because that is where more people live and that is where more people die all the time’ may sound laughable at a glance but it appears to be true.

It goes without saying, that the focus group discussions produced similar views on the occurrence of HIV&AIDS, predominantly, in poor neighbourhoods. Ultimately, the way that the research subjects see the functions of the existence of HIV in the general population means a lot about how they will see themselves and eventually behave. In this case, the research subjects reason that HIV&AIDS belongs with the poor and people in high places think so too. Poverty-linked behaviours that would jeopardise the subjects’ HIV&AIDS safeguards are rationalised to offset poverty, regardless of the consequences that perpetuate the cycles of both poverty and HIV&AIDS. While Cohen (1998: Online) observes that “those living in poverty account absolutely for most of those who die from HIV-related illnesses”, Tladi (2006:380) notes an intricacy in the relationship between

poverty and HIV&AIDS to the effect that both low and high economic status increase susceptibility to HIV infection.

Be that as it may, this scenario does not inspire hope for the fight against HIV&AIDS, even among youth mothers on Child Support Grant, unless the core element of poverty is precisely addressed and rooted out, one person and one community at a time.

TABLE 22
ASSESSMENT OF PERSONAL RISK OF GETTING HIV

QUESTION 22	Do you feel at risk of getting HIV?		
Responses Given To The Semi-Open-Ended Query	Item	Tally	%
Yes, I feel at risk of getting HIV	1	9	45%
No, I do not feel at risk of getting HIV	2	8	40%
I don't know if I'm at risk of getting HIV	3	2	10%
This doesn't apply to me as I am pretty sure of my status.	4	1	5%
TOTALS:		20	100%

After looking at the possibilities of the existence of HIV&AIDS in the community where the subjects live, the respondents were given an opportunity to take an inner look at themselves, assessing their personal risk of HIV infection.

While 9(45%) said they felt at risk of HIV infection, 8(40%) of the respondents in this study exhibited a certain level of peace of mind. They felt no such risk, while many other people might be fearful about their prospects for carrying HIV. Nonetheless, even if 8(40%) respondents expressed no such fear at all, a certain level of naiveté emerges against the background that at least 7(35%) of the respondents were sexually active and yet did not use condoms. It could not be determined whether the 9(45%) who felt at risk, or those who did not know if they were at risk [2(10%)], were troubled or not. However, the one person (5%) who declared “this doesn't apply to me as I am pretty sure of my status” appeared resigned and contented in a positive lifestyle. The sudden and unsolicited declaration [by that respondent], while unsettling, provided a window into the benefits of knowing one's HIV status and making the best of the circumstance.

TABLE 23
REASONS FOR FEELING AT RISK OF GETTING HIV

QUESTION 23	If you feel at risk of getting HIV, why do you feel the risk?		
Responses Given To The Open-Ended Query	Item	Tally	%
I do not practice safe sex, using condoms	1	2	10%
I'm not sure what my partner does while we are not together, and yet we do not use condoms when he comes to me	2	5	25%
I feel helpless because HIV&AIDS is running wild and it will simply catch up with me some day	3	1	5%
I have not tested for HIV	4	1	5%
N/A I don't feel at risk	5	10	50%
This doesn't apply to me; my HIV status is certain	6	1	5%
TOTALS:		20	100%

While an element of self deceit appeared to cloud the opinions of those who did not feel the risk of HIV infection, the reasons the respondents give for feeling at risk of HIV infection at this stage, seem to indicate honest and accurate self assessment. You cannot plead safety from HIV infection if you have not tested for HIV [1(5%)] or if you do not practice safe sex such as using condoms [2(10%)]. Consequently, you remain clueless about your HIV status if you are in the dark about your partner's activities while he is away from home, and yet you do not use condoms when he comes around [5(25%)]. While these young people were knowledgeable about facts such as condom-use, they did not practice such insight. **At least 7(35%)** of the respondents were sexually active without using condoms, under doubtful circumstances.

Versteeg & Murray (2008:83) highlight similar disparity in the knowledge of the efficacy of condom-use and practice. They 24% statistic of sexually active female participants ever using a condom in Da Cruz's study (2004) is nearly the same as the 20% revelation of this study.

Even if this question was not posed to the focus group interviewees on account of the public nature of the forum, while assessing the general HIV risk of women in their

communities, the participants had observed that most women were at risk of HIV infection because of risky lifestyles such as getting into relationships to get money, and that even “the practice of having babies to get the Child Support Grant...”.

TABLE 24
REASONS FOR NOT FEELING AT RISK OF GETTING HIV

QUESTION 24	If you do not feel to be at risk of getting HIV, why do you feel that way?		
Responses Given To The Open-Ended Query	Item	Tally	%
I practice safe sex, using condoms	1	4	20%
I'm in a trusting relationship	2	2	10%
I have never put myself at risk	3	2	10%
I do not sleep around	4	1	5%
N/A I feel at risk	5	9	45%
This doesn't apply to me; my HIV status is certain	6	1	5%
I know how HIV is transmitted so I take care	8	1	5%
TOTALS:		20	100%

The knowledge about the role of condom-use in the fight against HIV&AIDS cannot be denied, as 7(35%) of the respondents acknowledged it while admitting their personal HIV risk factor, (see Table 23, Question 23). But at this stage, only 4(20%) admitted to using condoms. Such a sudden and unrealistic turn of events may point to naiveté which may only be ascribed to the fatalism that is becoming a hallmark of despondency in the study. Such contrast between the knowledge of condom-use and its disregard in practice may boil down to negative attitude which maximises the potential to contract HIV.

Since the 'B' of the ABCs of HIV&AIDS protection urges people to 'Be faithful' to their partners, it is encouraging to observe that 2(10%) of the respondents actually credited their safety against HIV infection and therefore, peace of mind, to being in 'trusting relationships'. One only hopes that the partners of these young people are of similar mindsets and practice.

TABLE 25
WHETHER RESPONDENTS HAVE TAKEN THE HIV TEST OR NOT

QUESTION 25	Have you ever taken an HIV test?		
Responses Given To The Close-Ended Query	Item	Tally	%
Yes, I have taken an HIV test	1	17	85 %
No, I have never taken an HIV test	2	3	15 %
TOTALS:		20	100%

As many as 17(85%) participants had taken an HIV. However, this splendid performance was not out of personal choice as all expectant mothers take a mandatory test for the purpose of taking part in the Prevention of Mother To Child Transmission (PMTCT) programme. It remains unclear how the 3(15%) who had never taken an HIV test had evaded the system.

TABLE 26
KNOWLEDGE OF ONE’S HIV STATUS AFTER TAKING THE HIV TEST

QUESTION 26	If you have taken an HIV test, do you know your HIV status?		
Responses Given To The Close-Ended Query	Item	Tally	%
Yes, I know my HIV status	1	17	85%
This does not apply to me because I have never taken an HIV test	2	3	15%
No, I do not know my status	3	0	0 %
TOTALS:		20	100%

All 17(85%) participants who had taken an HIV test knew their HIV status. This essentially means that they all got their test results. This is a quality worthy of commendation because people are free to change their mind about getting their results after taking the test.

TABLE 27**LACK OF KNOWLEDGE ABOUT ONE'S HIV STATUS AFTER TAKING THE TEST**

QUESTION 27	If you have taken an HIV test and you do not know your HIV status, what is the reason you do not know your HIV status?		
Responses Given To The Close-Ended Query	Item	Tally	%
This does not apply to me because I know my HIV status	1	17	85 %
This does not apply to me because I have never taken an HIV test	2	3	15 %
I did not want to know my HIV status	3	0	0 %
I was afraid to know my HIV status	4	0	0 %
I don't have any good reason for not knowing my HIV status	5	0	0 %
TOTALS:		20	100%

All 17(85%) participants who had taken the HIV test knew their HIV status.

TABLE 28**PERSONAL REASONS FOR NOT TAKING THE HIV TEST**

QUESTION 28	If you have never taken an HIV test, what is the reason you have not taken the test?		
Responses Given To The Semi-Close-Ended Query	Item	Tally	%
I am afraid to know my HIV status	1	3	15%
This does not apply to me because I have taken the HIV test	2	17	85%
I don't want to know my HIV status	3	0	0 %
TOTALS:		20	100%

Despite the benefits of knowing one's HIV status, 3(15%) of the respondents had not taken the HIV test because they were afraid to know their HIV status. It is unclear if such individuals were troubled about their status in their ignorance. While expectant mothers undergo mandatory HIV testing to protect their unborn children from contracting HIV, it is unclear if those that had tested would have done so out of their own volition.

TABLE 29
RESPONDENTS' PERCEPTIONS ABOUT REASONS WHY SOME PEOPLE DO NOT WANT TO TAKE THE HIV TEST

QUESTION 29	What is the reason, some people do not want to take the HIV test?		
Responses Given To The Open-Ended Query	Item	Tally	%
Finding out that they are HIV+ will cause them too much stress	1	15	75%
They fear being stigmatized if their HIV status would be known	2	2	10%
They fear stress and stigma	3	3	15%
TOTALS:		20	100%

Despite the value of knowing one’s HIV status, the subjects indicated that testing for HIV was unpopular for ‘some people’ on account of anticipated fear of stress upon knowing one’s positive HIV status [14(70%)], stigma in view of an exposed positive HIV status [2(10%)], and combined stress and stigma [3(15%)]. In fact, according to the respondents, overwhelming stress and fear seem to mark a general attitude towards HIV&AIDS in ‘some people’. This makes a very logical point about how HIV&AIDS seems to be deeply feared and denied among the studied youth mothers. It is probably due to this, that 3(15%) of the respondents had never taken the test.

Conversely, the fear of having a blood sample taken (58%); religious objections to having a blood sample taken (16%) and not wanting to learn HIV status (7%) were noted by the South African Department of Health 2006 AIDS Study (2007:3) of respondents’ own views.

The fear and stigma that is revealed by the respondents is equally shared by the participants. Considering the fearful atmosphere that previously reigned, as participants described the general attitudes towards the existence of HIV&AIDS while discussing the risk of HIV infection in the process of getting pregnant, one could safely say that the respondents’ opinion regarding why testing for HIV may be unpopular in the communities where the respondents live could well reflect their own feelings. Meanwhile, the apparent unwillingness to test for HIV among some people is attributed to fear about the possibility of a positive HIV test result becoming public and which would result in

unbearable stigma in the community. In this way, many people could be effectively locked away in eternal fear. Since fear is usually masked by denial, such attitude would spell disaster for the subjects' ability to think and behave rationally and effectively protect themselves against HIV infection.

TABLE 30

THE BEST METHOD FOR A SEXUALLY ACTIVE YOUNG WOMAN TO PROTECT HERSELF FROM THE RISK OF HIV INFECTION

QUESTION 30		What do you think is the best method for a sexually active young woman to protect herself from the risk of HIV infection?		
Responses Given To The Open-Ended Query		Item	Tally	%
Using condoms		1	16	80%
Being faithful to their partner		2	2	10%
Using one of the ABCs [of HIV prevention]		3	1	5%
They should get vaccinated by using the contraceptive injection		4	1	5%
TOTALS:			20	100%

It was very important to get respondents' opinions on this matter in line with the new National HIV and AIDS and STI Strategic Plan for South Africa 2007 - 2011 (NSP, 2007) to reduce the rate of new HIV infections in South Africa by 50% by 2011. This vision equally takes cognisance of the fact that "correct and consistent condom usage remains a pivotal strategy in reaching the target set by the South African government to reduce new HIV infections by 50% [between 2007 and 2011]" (Versteeg & Murray, 2008:83).

Even if at this point 16(80%) of the respondents recognised that the best way for a sexually active woman to be protected from HIV infection is using condoms, earlier on only 4(20%) of them admitted to using condoms, (see Table 24, Question 24, Item 1). Such disparity between opinion and practice may point to an element of deceit in a matter where the buck stops at oneself. Such recognition of the value of condom-use in a sample where only 4(20%) use condoms shows that such knowledge has no practical value in the lives of respondents, as they do not apply the insight that they possess.

The one person (5%) who proposed avoiding the risk of HIV infection through vaccination by using contraceptive injections may signal dire and emergency need for changes in how contraceptive programmes are conducted in the Department of Health.

TABLE 31
RESPONDENTS' PERCEPTIONS ABOUT THE ATTITUDES OF MOST YOUNG WOMEN IN THEIR AREA, TOWARDS THE USE OF CONDOMS

QUESTION 31	What is the attitude of most young women towards the use of condoms?		
Responses Given To The Close-Ended Query	Item	Tally	%
Most young women always use condoms	1	5	25%
Most young women use condoms only sometimes	2	6	30%
Most young women do not use condoms	3	8	40%
I do not know if most young women use condoms	4	1	5%
TOTALS:		20	100%

With 14(70%) of the respondents thinking that most young women do not always use condoms, the unpopularity for the express use of condoms in the general young women population may be high. It remains unclear if the 4(20%) respondents, who dispelled the HIV risk factor for themselves due to the use of condoms at Table 24, Question 24 above, used condoms always, or just sometimes. The opinion by 5(25%) that most young women always use condoms is quite close to the Versteeg and Murray (2008:87) finding of only 20% of their respondents believing that people in their community used condoms.

Once, yet again, the value of triangulation adds depth to the discussion. While the respondents qualified their opinions by quantifying them, it is interesting how the focus group participants assign deeper meaning to the discussion through descriptive statements of their opinions. Some young women are reportedly likely to lose their

judgment to choose using condoms or apply them properly when they are very drunk. Some are rendered powerless if their drinking is paid for by men who thereafter hold the power to decide how to do the act. While such disabling potential of alcohol on judgment is common knowledge, it is encouraging that the study subjects were aware of it, even if the affirmation of such knowledge equally reveals that the knowledge is not utilised.

Since men are usually blamed for the most irresponsible behaviours pertaining to the use of condoms, it is fascinating that this study found that condom-use is “unpopular not just among men but even with women” because ‘sex with a condom is not nice’. Some young women in this study also just let things be: “If you have a steady boyfriend who supports you and he insists on having ‘*nama mo nameng*’ (flesh into flesh) you cannot just let him leave you”.

Even here, the poverty factor emerges, as individuals find themselves choosing between going without bread and butter, and taking the risk of HIV infection in the trading of sex for economic gain. While both the quantification and eloquent descriptions of the reasons behind the unpopularity of condom-use are very compelling, the conclusion of the attitudes and practices that emerges out of the subjects’ reporting, may point, yet again, to the denial-admittance trend of unpleasant issues that has become the rule in the subjects’ analyses of issues.

Scary as these revelations make of the general picture of the youth population in the communities where the subjects live, the truth remains that these thoughts do not come out of the population they are attributed to, but they are rather the opinions of the study subjects. Going by the conflicting positions that the subjects take for themselves and for ‘the others’ then, it is probable that the subjects in fact share these frightening attitudes and practices with those they attribute them to, if they are not entirely their own characteristics.

The sexual attitudes and practices depicted here leave the door wide open for HIV infection among individuals in view of the kind of socio-economic circumstances earlier stated. The combination of such negative attitudes and practices compromises safeguards against HIV infection and ultimate success against the HIV&AIDS scourge.

TABLE 32

RESPONDENTS' OPINIONS ON THE UNPOPULARITY OF THE USAGE OF CONDOMS AMONG YOUNG WOMEN IN THEIR AREA

QUESTION 32	Despite the knowledge that using condoms would give them some protection against HIV, most young women are reportedly not using condoms. Why is this so?		
Responses Given To The Open-Ended Query	Item	Tally	%
Their partners, the men, feel that condoms interfere with sexual pleasure	1	2	10%
Sometimes both the women and their partners feel that condoms interfere with sexual pleasure	2	1	5%
Sometimes poor young women have no say on how they want to practice sex because the men pay for it through different kinds of support	3	2	10%
Both interference with sexual pleasure and powerlessness to negotiate safer sex with the men who finance it	4	1	5%
Both the interference with pleasure and high level of trust when the relationship is new and hot and doing very well. Issues about trust or the use of condoms then do not even arise.	5	1	5%
The desire for <i>nama mo nameng</i> (flesh into flesh), supported by the belief that contraceptives by injection will also prevent IHV infection	6	6	30%
Lack of concern for their health	7	1	5%
Some men complain that the condom rubber-band hurts them as well as that sex with a condom is not nice	8	2	10%
Drunkenness interferes with this choice	9	1	5%
Condoms have worms and the worms can be seen when the condom is viewed carefully against the light	10	1	5%
Condoms cause sores to develop in the private parts	11	1	5%
Some men say that condoms interfere with 'coming easily'	12	1	5%
TOTALS:		20	100%

An odd unpopularity for the use of condoms among young women came to the fore as 12(60%) of all respondents gave different reasons for it. Nonetheless, the citing of ‘the desire for *nama mo nameng* (flesh into flesh) supported by the belief that contraceptives by injection will also prevent HIV infection’ by 6(30%) of the respondents gives this reasoning the top ranking. At this stage, this revelation in fact raises the figure of individuals with such mistaken belief from a single person (5%) to six persons (30%). However, although only 6(30%) of the respondents believed that HIV infection could be avoided through vaccination by using contraceptive injections, such belief signals grave concern as serious repercussions could result if such mistaken belief is uncorrected.

Even if this question was not taken to the focus group discussions, the reasoning which the participants previously gave at Table 31 and Question 31, while assessing the attitudes of most young women towards the use of condoms, agrees very well with the responses supplied by the questionnaire respondents. In this instance such shared common views gain clarity when they are quantified under the questionnaire scenario. In this study the opinions on interference of condoms on sexual pleasure, and the loss of negotiating power of poor young women on saying how they want to practice sex after men have paid for it are held by 2(10%) respondent each. Versteeg and Murray (2008:87) also point to this dilemma: ‘men won’t give money (for sex) if you insist on condom usage”.

The excuses given for the disregard of condom-use thus go to show the natural environment where youth mothers on CSG live their lives, which might leave them open to the risk of HIV infection. Essentially, the fact that all such reasoning did not come from the general youth population but was rather, the opinions of the subjects, could mean that the dislike for the express use of condoms which 14(70%) respondents earlier attributed to general youth stance on condom-use in their communities could well be credited to themselves. Such attitudes and practices do not go well to bolster safeguards against HIV infection.

5.2.5. PROGRAMMES AVAILABLE FOR YOUTH MOTHERS ON CHILD SUPPORT GRANT TO ENHANCE THEIR HIV&AIDS AWARENESS, KNOWLEDGE, ATTITUDES AND COPING STRATEGIES- IMPLICATIONS FOR HIV INFECTION

TABLE 33
SOURCES OF KNOWLEDGE ABOUT HIV&AIDS

QUESTION 33	How do you mainly get information about HIV&AIDS?		
Responses Given To The Open-Ended Query	Item	Tally	%
Through reading materials such as newspapers, pamphlets or magazines	1	3	15%
Through listening to Radio or TV programmes as well as reading newspapers, pamphlets or magazines	2	5	25%
Through educational talks at health facilities such as clinics	3	10	50%
Acquired mostly from my days at school	4	1	5%
Through counselling	5	1	5%
TOTALS:		20	100%

The search for programmes that cater exclusively for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies yielded none, at all. However, participants acknowledged the existence and use of other HIV&AIDS programmes which are designed for the general public. In particular, there are outreach programmes conducted by the Department of Health through talks given at health facilities. Then there are those given by civic organisations as well as by different churches. In fact respondents showed a remarkable positive attitude towards learning about HIV&AIDS as 7(35%) based their knowledge on HIV&AIDS to personal interest and initiatives such as reading different materials or listening to the radio or watching TV programmes.

It is interesting and gratifying that the information sources mentioned in both scenarios of the investigation largely involve the deliberate engagement by the learner. The reading of literature, listening to, or watching the electronic media and attendance of awareness meetings for youths, all involve making deliberate choices to learn. This shows that there is a lot of curiosity and proactive initiative among these young people, to find out more about HIV&AIDS. Even if there are no specific HIV&AIDS programmes for youth mothers on Child Support Grant, participants declared: “people will not perish because they do not know; the government and other organizations are doing a lot to teach people about HIV&AIDS”, (see Chapter Four, Table XIV, Question 14, and Item VI).

Conversely, the sense of responsibility and interest in HIV&AIDS awareness that is depicted at this stage is in striking contrast to the trepidation and hopelessness that came to the fore when participants discussed the risk of HIV infection in the process of getting pregnant, at which point they also gave an analysis of the general youth attitude towards HIV&AIDS in their communities, (see Chapter Four, Table IX, Question 9, both paragraphs). Could this shift of opinion be a reflection of viewing oneself as better behaved than ‘the others’, vis-à-vis the noted denial-acknowledgement trend, which has characterised the entire study? Or could it simply boil down to the value of positive influence of attitudes on sexual practices, in contrast to the amassing of information, from whatever sources?

TABLE 34
THE NEED TO LEARN MORE ABOUT HIV&AIDS

QUESTION 34	Do you feel any need to learn more about HIV&AIDS?		
Responses Given To The Close-Ended Query	Item	Tally	%
Yes, I feel need to learn more about HIV&AIDS	1	18	90 %
No, I feel no need to learn more about HIV&AIDS	2	2	10 %
I am not sure if there is any need to learn more about HIV&AIDS	3	0	0 %
TOTALS:		20	100%

All the respondents had an opinion on this matter. Even if only 6(30%) of the respondents seemed to recognise that HIV is not a disease but rather, a virus, even as up to 18(90%) had no idea of what AIDS stands for in the dreaded HIV&AIDS pandemic, (See Tables 16 and 17, and Questions 16 and 17, respectively), it is reassuring that 18(90%) of them were eager to learn more about it, with only 2(10%) seeing no need.

Even against the lack of evidence for the significance of knowledge attained, the sheer desire for learning among the subjects is an encouraging starting point. The misconceptions about HIV&AIDS so far established could probably account for the fear that some of the subjects attributed to not wanting to test for HIV. Additionally, the lack of knowledge of the basics about HIV&AIDS may also account for the suggested general stigma in society, for merely testing HIV positive.

Regardless of the enthusiasm for learning shown, caution should be exercised in the hope for significant changes in behaviour. It has become clear at various stages of this study that the attitudes and practices which the subjects engage or ascribe to their peers do not match the knowledge which they acknowledge. Such disparity may boil down to the importance of the positive influence of attitudes on sexual practices, in contrast to the amassing of information.

However Tladi (2006:374) attributes an increased risk of HIV infection among the poor to "poverty-related characteristics of low education and low knowledge of the means of avoiding HIV infection". Meanwhile, Cohen (1998: Online) points out a culture of poverty whereby "a pattern of behaviours and situations which cannot easily be changed". These observations serve to highlight the challenges of fighting HIV&AIDS in an environment of poverty.

In this study, precarious economic situations that surround the subjects seem to be at the core of their negative HIV&AIDS attitudes and subsequent practices. Reportedly some young women shy away from the irritating and intimidating topic of HIV&AIDS in the subjects' communities. Effectively, in this regard, such messages might as well be 'irrelevant and inoperable'.

TABLE 35**CHOICES ON THE BEST WAY TO TEACH YOUTH MOTHERS ABOUT HIV&AIDS**

QUESTION 35		If you feel the need to learn more about HIV&AIDS, what would be the best way to teach youth mothers about HIV&AIDS?		
Responses Given To The Open-Ended Query		Item	Tally	%
Through discussions with family and friends		1	1	5%
Through the distribution of reading materials such as newspapers, pamphlets or magazines		2	1	5%
Through Community-Based-Programmes such as holding outreach meetings for young people		3	4	20%
Through Community-Based-Programmes such as holding outreach meetings at places like churches		4	2	10%
Through Community-Based-Programmes such as holding meetings for young people		5	1	5%
Through Community-Based-Programmes such the church, schools, etc.		6	3	15%
Through holding meetings for young people, in small groups		7	1	5%
Through educational talks at health facilities such as clinics		8	4	20%
Anonymously; not in the community where on lives		9	1	5%
It is not necessary		10	2	10%
TOTALS:			20	100%

Against the confusion and ignorance shown around the basics of HIV&AIDS it is cheering that an overwhelming 90% wanted to learn more about HIV&AIDS. The quest for identifying the best way to teach youth mothers about HIV&AIDS however yielded almost as many and different answers, as there were respondents. This makes it difficult to decide which strategy may be more popular and more likely to work better.

Despite such noted disparities however; when the preferred methods of teaching are weighed against each other by the number of respondents, who chose them, strategies

3 and 8: 'through Community-Based-Programmes such as holding outreach meetings for young people' [4(20%)], and 'through educational talks at health facilities such as clinics' [4(20%)], seem to be more appealing than the rest.

While the desire and need to learn more about HIV&AIDS was unanimous among the participants, the choice of the best way to learn about HIV&AIDS also yielded diverse choices. However, the fact that such disparity holds true in both scenarios of the investigation may indicate the need for more flexibility in teaching strategies to address individual needs. Participants in the focus group discussions provided invaluable insight in such respect, as they articulated why they preferred different strategies over others. This particular detail, which could not be automatically determined from the respondents' answers, is once more credited to triangulation.

Some participants wanted more private approaches like 'distributing reading materials', "because reading is very powerful... reading in private really talks to you". They also pointed out that HIV&AIDS was a very personal matter which was not easy to discuss openly. In fact, the participants sometimes found it much easier to talk about boyfriends than about HIV&AIDS. Still others elaborated on more public and interactive programmes such as organizing meetings for young people with very interesting speakers, like those conducted by the *Love-Life*, etc.

Once again, regardless of the enthusiasm for learning from whatever sources desired, caution should be exercised in the hope for significant changes in behaviour in view of the precarious economic situations that surround the subjects, which might render such teaching out of place and unpractical.

The responses given here and the pooling and comparison of scholastic observations such as Cohen (1998: Online) and Tladi (2006) on the subjects' failure to effectively learn, persuades the researcher to conclude that while the lack of programmes to cater solely for youth mothers on Child Support Grant holds major implications for fragmented and erroneous HIV&AIDS knowledge, negative attitudes and fatalistic behaviours, characteristic of the culture of poverty also play a huge role in such failure.

TABLE 36
REASONS FOR NOT WANTING TO LEARN ANY MORE ABOUT HIV&AIDS

QUESTION 36	If you do not feel any need to learn more about HIV&AIDS, why do you feel that way?		
Responses Given To The Open-Ended Query	Item	Tally	%
This does not apply to me because I need to learn more about HIV&AIDS	1	18	90%
The government is doing enough already but people do not listen to the messages	2	1	5%
I hate HIV&AIDS so much that I don't even want to hear about it	3	1	5%
TOTALS:		20	100%

While HIV&AIDS remains a difficult subject to deal with, so much so that some people might not even want to hear about it [1(5%)], it is necessary that precisely such people are targeted for re-education because of the potential they might have to reverse the gains made in the struggle against HIV&AIDS.

On the other hand, the reasoning of the single person (5%) who felt no need for anymore teaching because “the government is doing enough already but people do not listen” says a lot about the negative attitudes pointed out. The disparity between the knowledge recognized by the subjects and the practices which they admitted to or painted about ‘the others’, does not compare to their eagerness to collect more information. In essence therefore, the solution to the success of HIV&AIDS awareness appears to be not just about the teaching or possession of factual information but also about the inculcation and facilitation of accompanying positive attitudes and behaviours that ultimately determine practices.

Additionally, such awareness programming might have to run concurrently with initiatives that address concrete changes in the reality of the economic lives of the poor; otherwise poverty-stricken people would persist with behaviours that expose them to HIV infection.

TABLE 37
ABILITY TO EXPLAIN HIV&AIDS TO SOMEONE

QUESTION 37	If someone asked you to explain to them about the difference between HIV and AIDS would you be able to help them?		
Responses Given To The Close-Ended Query	Item	Tally	%
Yes, because I know the difference between HIV and AIDS	1	7	35%
No, because I do not know the difference between HIV and AIDS	2	10	50%
I'm not sure because I am confused about HIV and AIDS	3	3	15%
TOTALS:		20	100%

In this study subjects scored poorly on the basics of HIV&AIDS knowledge as they were unable to clarify such issues using the knowledge which they attributed to their learning circumstances. At this closing point of the investigation, the consequences of such a situation are driven home. Even if 7(35%) of the respondents imagined that they were equipped to explain the difference between HIV and AIDS to someone who might need such help, earlier in the study, only 6(30%) of the respondents seemed to recognise that HIV is not a disease but rather, a virus, while up to 18(90%) had no idea what AIDS stands for in the dreaded HIV&AIDS pandemic. Such inaccurate self assessment may point to the subjects' denial of their ignorance. At least though, 13(65%) conceded their inability to function as expected. This kind of ignorance points to their being disadvantaged in more ways than one. Because these subjects have no knowledge to share, in addition to such ignorance, they are further deprived of the empowerment that comes with the sharpening of a knowledge shared through telling others about it. This does not go well towards their need for safeguards against HIV&AIDS.

5.3. CONCLUDING SUMMARY

A combined analysis of the responses given under this chapter makes for a final firm relationship between the Child Support Grant and youth pregnancy, with the likelihood to promote youth pregnancy and even HIV infection. Essentially, youth mothers on the Child Support Grant exhibited fragmented and erroneous HIV&AIDS knowledge, as well as negative HIV&AIDS attitudes and practices. Despite their high probabilities for seeking after pregnancy, sex for cash or merely proving fertility to clinch a marriage, the subjects were imbued with an attitude of denial and defensive projection. Such a cocktail of negative elements would minimise their abilities to effectively protect themselves from HIV infection and eventually AIDS. The lack of programmes to cater exclusively for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies, in an environment of a defeatist culture of poverty does not uphold recipients' safeguards against HIV infection.

The ignorance and confusion ultimately confessed here provide insight into aspects of the HIV&AIDS awareness message that need to be more stressed. With more than two decades into the pandemic, knowledge about HIV&AIDS is expected to be crystal clear and to the point in the average person, but it is not. While authorities may take it for granted that everyone out there knows about the basics of HIV&AIDS, obviously not everyone does; and revelations like these emphasise the need to act accordingly. With the kind of fragmented and erroneous HIV&AIDS knowledge, which subjects exhibited amid denial and resigned attitudes, coupled with numerous opportunities to engage in risky behaviours, the need for specific HIV&AIDS programmes for youth mothers on Child Support Grant cannot be over-emphasised, and yet there is nothing.

The combined analysis of the responses solicited here confirms the public debate assertion that youths get pregnant in order to access the Child Support Grant. This conclusion is facilitated by the consistent and almost predictable affirmation of the trend by the study subjects, despite their judgmental and defensive attitude. However, the reasons that the subjects give for the alleged motivation of youth pregnancy by the grant make grave revelations about dire economic needs, which seem to play a huge role in getting youths to engage in activities that might result in widespread youth pregnancy and even HIV infection, with or without the Child Support Grant in place.

CHAPTER SIX

6. DISCUSSION OF THE MAIN FINDINGS AND CONCLUSIONS

6.1. INTRODUCTION

This study investigated the relationship between the Child Support Grant (CSG) and youth pregnancy, and the implications of such a relationship for HIV infection. It was stimulated by a public debate, which claims that the Child Support Grant is enticing youths to become pregnant so that they can access its benefits. While the works of Biyase (2005), and Makiwane and Udjo (2006), among other pioneers, have shed light on this contentious topic, none of their works, nor any other scholars' have so far come to light to have addressed 'the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection' as this particular study does.

The study was conducted on a sample of forty. The forty subjects were divided into four equal proportions for execution under focus group interviews and questionnaire investigations in two urban and two rural-areas of the Mafikeng Municipality of Ngaka Modiri Molema District of the North-West Province of South Africa in March/April, 2009.

This chapter serves four purposes. Firstly, it reviews the findings of the study to establish the meeting of the study's objectives, with regard to the answering of the key research questions. Secondly, it draws conclusions from the main findings. In addition, the study's main findings are scrutinised for any relevance of the assumptions initially made about how the study might be beneficial. Lastly, the chapter examines how the grant-induced pregnancy trend of youth mothers on the Child Support Grant could be explained through the social pathology theoretical framework, as well as family systems and empowerment approaches, which initially provided insight into the nature of the problem and the likely intervention strategies.

So far the findings of the data presented and discussed in the previous two chapters have been based on only four of the themes fashioned after four of the key research questions of the study. This was firstly because the fifth one, 'implications of the relationship between the Child Support Grant and youth pregnancy for HIV infection' could not be pursued by itself, but rather contextually, through all the other themes. To

such end, and in view of the fact that the HIV&AIDS knowledge, attitudes and practices of recipients, surrounding the Child Support Grant have finally been established through the data that emanates from all the other four themes, a platform for making such contextual reasoning under a specific theme is at last possible. Secondly, because the fifth theme could not stand alone, there were no specific questions set on it, and whose answers could fit the tabular presentation and interpretations under both Chapters Four and Five. Presently, such contextual analysis under a specific theme is finally possible.

The difference between the discussion of the findings reviewed under this chapter and the discussions in Chapters Four and Five is that in this case, the discussion flows without the interruption of tables. Additionally, while previously, the data was presented and scrutinised for similarities and disparities across the two scenarios of investigation, at this stage, such findings are especially verified for the actual meeting of the key research questions while seeking deeper insight from scholarly writings. In such respect, the responses that precisely answer the key research questions are identified and systematically grouped to develop the arguments that give a holistic view of the themes. It is worth noting that the use of themes, as opposed to the research questions is used in all the three chapters- Four, Five and Six, which discuss the findings. This is because while the research questions constitute narrow single questions, themes incorporate wider concepts which give room for the inclusion of both primary and secondary questions, which in turn provide depth to the investigation.

While the discussions that accompanied the tabular data presentation under Chapters Four and Five were exhaustive in terms of data interpretation, this concluding discussion of the findings gives the study the benefit of validity through the use of scholarly findings. Such analysis is influenced by the consistency and/or the frequency of the statements given; as well as the similarity of such statements with established assumptions or scholarly findings.

6.2. DISCUSSION OF THE MAIN FINDINGS

While maintaining the thematic subheadings, this concluding discussion of the findings is precisely dedicated to the following key issues, which **explore and describe** the relationship between the Child Support Grant, youth pregnancy and the implications of such a relationship for HIV infection among the grant recipients:

- The opinions of youth mothers on Child Support Grant, as well as the observations made on such, which reveal the motivation of pregnancy among youth mothers, with respect to establishing the relationship between the Child Support Grant and youth pregnancy.
- The opinions of youth mothers on Child Support Grant as well as the observations made on such, which reveal sound or poor knowledge on the basics of HIV&AIDS knowledge.
- The opinions of youth mothers on Child Support Grant as well as the observations made on such, which reveal positive or negative HIV&AIDS attitudes and practices, through either, the recognition and engagement of, or the disregard for established HIV&AIDS teachings and strategies such as condom-use, which promote the protection against HIV infection among sexually active individuals.
- Revelations about HIV&AIDS programmes that cater exclusively for the needs of youth mothers on Child Support Grant, and which are provided alongside the dispensing of the grant, or separately, in an effort to cushion recipients against any negative impact of the Child Support Grant policy.
- Findings and observations that reveal the repercussions of, or what lies in store for youth mothers on Child Support Grant, in relation to the use of unprotected sex to become pregnant, in the pursuit of the Child Support Grant, thereby being rendered vulnerable to HIV infection

6.2.1. THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY, AND IMPLICATIONS FOR HIV INFECTION

This theme, which presents the findings on the study's first objective, constitutes the pivotal matter of the study. The key research question addressed is: **Does the Child Support Grant promote youth pregnancy?** This theme is central to this study. The fears about the likely risk for HIV infection are persuaded by the prospect of such activities. In this concluding summary of this theme, the subjects' opinions that reveal motivation of pregnancy among youths, with respect to establishing the relationship between the Child Support Grant and youth pregnancy are presented alongside relevant supportive literature.

In this study the questionnaire respondents initially showed no grant **motivation for having children**. They quantified this opinion, as 15(75%) of them initially had babies resulting from unplanned pregnancies. While 4(20%) desired to have children, only 1(5%) succumbed to partner demands for a child. The focus group participants on the other hand gave compelling reasons to deny using childbearing for the CSG. They stated that women had been having children for a long time and that their parents even had more children with no CSG to entice them. Such revelations viewed alongside the fact that the subjects only had 1.7 children per youth mother on average may clearly dispel the allegation that youths deliberately get pregnant in order to access the grant.

But then the participants unwittingly acknowledged that "although some youth mothers may abuse the Child Support Grant", the majority of mothers including them, used it well to benefit the children. Equally, 11(55%) of the respondents affirmed grant-induced youth pregnancy for the other young women in their areas. The shift by 15(75%) of the respondents from unplanned pregnancies and 0% CSG motivation while talking about themselves, to 1(5%) and 11(55%), respectively, while talking about other young women in their position is remarkable. Ultimately, 13(65%) respondents knew of at least one young woman who had a child in order to get the CSG. The participants said that young women do it because "...there is no work. But if you have a child then you can have a grant". They revealed that even if grant abuse might not be admitted, it is obviously the case as people just go on making babies and applying for the grant right away.

While 13(65%) respondents merely affirmed it, the participants described such culprits as young women “who just keep having babies” in order to get more money each month, or as irresponsible young women who spend the money on alcohol with their friends, at the expense of their own children. They reported that even if only a few women would admit to it, it was easy to conclude the motivation for having babies nowadays as it has become common practice for people to go and register for the Child Support Grant even as early as just three days after giving birth. Ironically, these disparaging remarks stated by subjects who are at the centre of this issue, are similar to those observed elsewhere and recorded in the literature with regard to the issues that attract the negative criticism in the public debate (Goldblatt, 2005:251). Be that as it may, pregnancy among youths is also attributed to demands by some men that young women prove fertility first, before they can be considered for marriage.

The declaration of the cheating partners’ demands that young women prove fertility by conceiving a child before they could be considered for marriage unveils a worrisome cultural trend of selfish male dominance of females, as well as irresponsible behaviour, which may be glossed over in the ongoing debate. Should this allegation be true, it would not be totally surprising, considering that ethnicity is cited as constituting an important variable indicating that social and cultural factors do influence young people’s sexual behaviour (Madise, Zulu & Ciera; 2007:16). Even if some men might grow up with such negative cultural influences however, rather than condone the trend, such behaviour would call for verification through further studies.

The disparity in the subjects’ opinions regarding theirs’ and the others’ childbearing motivations, may indicate an uneasy disposition in the study subjects to confess doing something that is potentially frowned upon, while finding it easy to admit the trend in others. While evaluating the assertion that young women have babies so that they can get the Child Support Grant, 16(80%) of them agreed with the assertion. Even if they pleaded innocence to abusing the CSG for economic gain, they alleged, one hundred percent that other youth mothers use childbearing to get the grant for economic reasons.

Then they all rationalised the other youth mothers’ initiatives to secure an income earner in poor households where it provides for the whole family. They depicted a climate of poverty and unemployment in the presence of the Child Support Grant which was

obtainable for every child. These observations are in harmony with Deane (2004), as stated in Biyase (2005:8). A woman in Transkei was reported as saying: "My life has gotten better since I get R170 [each] for the three children", and that "They [the ANC] care about us. I see more women having babies because they know they can get this grant". It appears therefore, that, unless the subjects were financially better off than those they accused of the 'wrong-doing', they could easily follow suit. Because of the way the subjects justified seeking after grant-induced pregnancy, it appears that the subjects were projecting their own beliefs, values and behaviours onto those they attribute such wrong-doing. Throughout the investigations, only one young woman in a focus group interview admitted to having her only child so that she could, at least, have the grant, since she was not working.

Be that as it may, the revelations that the participants make, regarding their reasoning about why some youth mothers resort to 'abusing' the grant, in fact, say something about the efficacy of the Child Support Grant in poor households. Such successful aspects of the grant are in direct agreement with the observations of various literature: Goldblatt (2005:253)- 'used to support whole households on things like paying school and crèche fees and for school uniforms; electricity and water...'; the Children's Institute (Online: 2007)- 'the CSG is currently classed as the single biggest programme for alleviating child poverty in South Africa'; UNICEF SA (Online: 2004)- 'the Child Support Grant is one of the country's major contributions to reducing child poverty', and Samson *et al.* (2004:2)- 'the critical role played by social grants in reducing poverty and promoting social development in South Africa...'.

The economic reasoning justification for the abuse of the grant given by the subjects, and which appears to be a seemingly core factor that links the Child Support Grant to youth pregnancy was clarified and enhanced when the real economic situations of respondents emerged, as they precisely described their other sources of income. Even if 9(45%) cited earning their own money, statements about how they earned that extra income showed that they just did menial piece-jobs or engaged in short-term small-scale businesses. Among those who admitted to financial support as extra income besides CSG, the group that was supported by partners or boyfriends [5(25%)], was worrisome for a study of this nature. Young women who engage in relationships with men in an environment where financial favours are engaged may compromise their ability to

negotiate safer sex practices, in the event that such favours eventually involve sex. In fact this concern is confirmed by Tladi's findings (2006:378): women who received money from their partners, and those who came from families where hunger was a common phenomenon, were more likely not to use condoms.

As of March 2009 (when the study took place) the Child Support Grant stood at R230.00 per month. In the midst of crippling unemployment, no one would solely survive on such an amount even if the participants initially pleaded sole dependence on it. They finally told how some youth mothers were supported by multiple boyfriends because one was not enough. Such sex-for-cash activities are reportedly rife. While some young women go out to sell their bodies, cash-strapped elderly family members apparently turn a blind eye to such potentially harmful activities, in favour of financial gain. The trend of young women selling their bodies to help families is also observed by Dixon-Fyle and Mulanga (2004), in Ganyaza-Twalo and Seager (2005:6), who equally note the difficulty of households who are caught up in extreme poverty to assume normal functioning.

While admitting the role of the CSG in alleviating poverty in poor households, it is clear that the needs of these young people remain hugely unmet, and hence the resorting by some of them, to other means to make money, such as commercial sex. This condition is probably prompted by the fact that while social grants play an important role in alleviating poverty, the CSG, which is the smallest of these grants, is not as effective. Booysen (2004:10) observes that while households that had gained access to social grants, especially the relatively larger grants, were more likely to have gotten ahead, the Child Support Grant, the smallest of these grants, did not consistently aid households in escaping poverty. In fact, such a scenario raises questions about why children should be allocated the smallest social grant of all. One would imagine that children should deserve more, by virtue of being in their formative years, which poses numerous needs and vulnerability. In this particular case, these children are located in especially disadvantaged families. Such revelation about the disparity in the efficacy of social grants, which points to this inadequacy, in fact, raises the question of whether the Child Support Grant really serves the purpose for which it was intended. Despite such inadequacy, however, young women pushed by enormous financial need are taking the risk of unprotected sex and childbearing to access the grant.

Meanwhile, the financial plight which the young women are allegedly grappling with appears to be genuine. Goldblatt (2005:239), acknowledges it, saying: "In South Africa today there is no financial support for parents themselves and any recognition of, or compensation for their caring work". Against this background, the subjects lucidly expressed their aspirations. But such ambition amounted to nothing against the insurmountable hindrances such as lack of capital and skills, as well as nepotism in securing employment: "if you do not know someone". Ultimately, the subjects pleaded government intervention. Such barriers to self development appear to be real as Cohen (1998: Online), equally observes that poor people do not have the resources necessary to get out of poverty, such as financial capital, education, or connections. It appears, precisely, that as long as these young people have to contend with unemployment and poverty, chances are, HIV&AIDS will hang around too. In a similar vein, Cohen (1998: Online) suggests further, that unless and until poverty is reduced in populations [such as this one], there will be little progress either with reducing the transmission of HIV or an enhanced capacity to cope with its socio-economic consequences.

Such reality could easily render the Child Support Grant policy vulnerable to the kind of abuse echoed in the debate.

Even if the subjects' affirmation of grant-induced youth pregnancy was based on observation, rather than on its admission by the alleged 'culprits', and notwithstanding the denial-admittance trend that characterised the argument, by virtue of the explanations given for general childbearing, which seem to justify the abuse of the grant, there appears to be a relationship between the CSG and youth pregnancy, with the likelihood to promote youth pregnancy and even HIV infection among the recipients. However the socio-economic challenges equally revealed, also, have great potential to promote youth pregnancy with or without the Child Support Grant in place.

It is important to take note that this finding, which makes a concrete relationship between the Child Support Grant and youth pregnancy is in direct disagreement with those of the pioneering works of Biyase (2005), and Makiwane and Udjo (2006) which made no connection between widespread teenage pregnancy and the Child Support Grant.

Despite their assuring findings, the debate on this matter did not disappear. In fact, as late as May 2007, the then Minister of Social Development, Dr. Zola Skweyiya, conceded that a high pregnancy rate was linked to the grant, and more research into the allegation was needed (Monare, Independent Online, May 09 2007). Currently, even if the subjects of this study confirmed the trend of grant-induced youth pregnancy, they exhibited no sign of out-of-control fertility, just as Makiwane and Udjo (2006:1) observed in their work. In this case, the youth mothers had a paltry 1.7 children each, on average.

So what is it that continues to make South African people accuse their youths of grant-induced rampant pregnancy? Additionally, why is there no evidence of high fertility, as in youths having something like six children before they are 30 years of age? Unless something is uncovered to explain issues like these, this debate is not likely to come to an end, regardless of what the general public says or how the youth mothers themselves explain the predisposing factors to youth pregnancy.

While out-of-control youth fertility could not be established by the number of children the youths in the study had, the fact remains that an alarming surge of pregnancy levels among school going teenagers has upset some sectors of the society, compelling the issue to be tabled during a parliamentary question session. It came to light that the number of pregnant schoolgirls had jumped from 1,169 in 2005 to 2,336 in 2006 in Gauteng, [falling short of doubling the incidence by just two cases], (Integrated Regional Information Network [RIN]- SA Online, 6 March 2007). In fact, it appears that "South Africa has a huge teen pregnancy problem as one in three girls has had a baby by the age of 20," (IRIN, 6 March 2007). Meanwhile, in the North-West Province, teenage pregnancy had increased from 11% in 2001 to 18.4% in 2003 as reported by Versteeg and Murray (2008:84)

The fact that the studies that have examined the trend of grant-induced pregnancy among South African youths do not agree on a number of issues could be found in the variation in the methods of data collection, used in the different studies, the focus of the target populations, as well as the prime issues that the studies aimed to ascertain.

Firstly, while this study targeted youths aged 18-30 years old, who are legally entitled to applying for, and receiving the Child Support Grant, the works of Biyase (2005) and

Makiwane and Udjo (2006), for example, addressed this issue by targeting teenagers aged 15-19 years old. Even if teenagers do have children, they would not legally apply for the Child Support Grant themselves as they are not entitled to it. This fact effectively renders them undetectable on the radar, as it were. In such regard, Makiwane and Udjo (2006:13) only captured 2.69% of that age group as beneficiaries of the CSG by March 2005. Biyase's paper (2005:1) accounted for 9.5% teenage-mother recipients of the Child Support Grant. Still, the children of the majority of underage teenage mothers get the grant through their parents or guardians who hold custody of both the underage teenage moms and their children. Secondly, while this study endeavoured to talk to the youths on Child Support Grant themselves, Biyase (2005) and Makiwane and Udjo (2006) investigated the matter by scrutinising national surveys and administrative data documents. By nature of their differences, these approaches of investigation have great potential to solicit entirely different responses and finally produce totally different results.

Thirdly, while the other studies have been concerned about the truth in the Child Support Grant's influence on 'increased fertility', this study was looking for a relationship between the Child Support Grant and youth pregnancy, with the likelihood that the grant in fact promotes youth pregnancy. In view of the revelations made by the youths engaged in the study, it is crystal clear that the Child Support Grant does entice poor youths to have children and secure a steady income. Even if such pregnancy could not be classed as widespread to suggest increased fertility, the truth remains that youths are attracted and persuaded by the Child Support Grant to have children.

Of prime importance after the affirmation of this relationship is to determine the nature of the relationship between the Child Support Grant and youth pregnancy as admitted in this study. Like any other debatable issue, this relationship is open to both positive and negative attributes. Even if grant-induced pregnancy is strongly stated in this study it is very important to note that such motivation does not translate into many children per youth mother on Child Support Grant or out-of-control fertility. In fact the worrisome current trend of teenage pregnancy does not seem to translate into many children per youth mother who is nearing 30 years of age. Although 12(60%) of the respondents had more than one child each, they all had an average of just 1.7 children each. One respondent (5%) aged 29 had the highest number of children at 4. Another 1(5%) had 3 children while 10(50%) had 2 children each. The remaining 8(40%) had one

child each This shows that **even if the potential of pregnancy promotion by the grant does exist, in this case the subjects were not repeatedly using such opportunity.**

What appears to be a huge problem is not that these young women are chasing after pregnancy to get the Child Support Grant. It is rather that the youth mothers are engaging in a range of risky sexual activities to offset poverty as well as to try to find marriage suitors. Grant-seeking pregnancy is just one of those risky activities that the youth mothers engage in, at the stated rate, and alongside the reality that childbearing is a normal component of human existence among people aged 18-30 years. In such respect, the established relationship between the CSG and youth pregnancy appears to be a normal occurrence, given the conditions that promote the behaviours and thus unworthy of the harsh scrutiny that it is given in the public debate.

Another interesting element of these findings is that even if 15(75%) of the study subjects reported that their first children resulted from unplanned pregnancies, and in spite of their hard living conditions, such youths did not opt to have an abortion. The decision to keep, rather than get rid of an unplanned pregnancy because the resulting child could be taken care of by the Child Support Grant would hold very well in the current South African environment, where abortion is both legal and free at government facilities. It may be exciting to find out the influence, if any, of the Child Support Grant on youths who currently fall pregnant unintentionally, and decide to have the baby. When asked why some youths abuse the grant through childbearing, while highlighting the financial value of such acts, the participants also said: "We are not afraid of having children because even if the father will flee; the Child Support Grant will always be there for the child". In fact, it is worth recalling at this stage that the subjects showed great value in procreation. When asked why many youths were having babies before they get married, they asked indignantly: "What if you do not get married all your life; should we die without having children?"

Despite the undeniable relationship established between the Child Support Grant and youth pregnancy, and because the number of those with more than one child at 12(60%) outweighed those with just one child at 8(40%), it would be necessary to subject this matter to further research, using more stringent quantitative methodology and larger sample sizes that would have adequate strength for important statistical analyses.

Additionally, it would be interesting to see if the childbearing repeat element would become a significant problem over time.

With regard to the ongoing debate about the abuse of the grant in any manner, the subjects felt strongly that this matter cannot be corrected by the isolated good deeds of those who do not indulge in such acts. Both the Department of Social Development and SASSA should be as much obliged to defend the Child Support Grant policy, as are its recipients. This is precisely vital in view of the involvement of public funds which should be used efficiently and responsibly. However, under the current circumstances, setting conditions on the grant usage appears to be unrealistic and difficult. Holding the smallest monetary value at present, the CSG is inadequate to meet the market price of any single aspect of a child's welfare. While monitoring is absolutely necessary, such controls could not be based on how the grant is used. Instead, all relevant parties should monitor the general ill-treatment and neglect of all children, ensuring the observance of their rights.

Be that as it may, **this study establishes a firm relationship between the Child Support Grant and youth pregnancy, with the likelihood to promote youth pregnancy and even HIV infection among the recipients.**

6.2.2. THE HIV&AIDS KNOWLEDGE OF YOUTH MOTHERS ON CHILD SUPPORT GRANT, AND IMPLICATIONS FOR HIV INFECTION

This theme presents the HIV&AIDS knowledge of youth mothers on Child Support Grant. The theme essentially addresses the second objective of the study which addresses the key research question: **How knowledgeable about HIV&AIDS are youth mothers on Child Support Grant?**

Under this theme, the study recognises that unless people are able to understand the basic facts of the HIV&AIDS pandemic, they may embrace negative attitudes, live in fear of the pandemic and fail to effectively protect themselves from HIV infection and eventually AIDS. This theme was thus dedicated to building this kind of picture around the ABCs of the HIV&AIDS pandemic, precisely: the ability or inability of subjects to discuss the basics of HIV&AIDS such as defining and telling the difference between HIV

and AIDS, explaining how someone can know that they have HIV, and determining the risk of HIV infection during the process of getting pregnant. This discussion reviews the statements and opinions of the study's subjects, which precisely show such knowledge; grouping the responses and observations that depict sound HIV&AIDS knowledge separately, from those that show poor insight. To assist the reader to identify the statements and observations that make up this theme, statements and opinions that depict sound HIV&AIDS knowledge are discussed first, and those which reflect negative HIV&AIDS knowledge follow.

Sound HIV&AIDS knowledge was evident in just few aspects of the investigation. Only 6(30%) of the respondents recognised that HIV is not a disease but rather, a virus. One respondent (5%) ably defined AIDS as the "the serious condition of illness that follows HIV infection". Three (15%) respondents acknowledged the fatal nature of AIDS, in that it is "the stage of illness when there is no cure". However, even if these individuals understood AIDS to be "the stage of illness when there is no cure", they did not make any connection between such a condition and the virus- HIV.

The knowledge of one's HIV status is very important as vital short-term and long-term decisions about lifestyles and other plans could be determined by it. It is therefore reassuring that 14(70%) of the respondents exhibited knowledge about what needs to be done in order to know one's HIV status: "taking an HIV test at a clinic". In fact, 17(85%) of the respondents had taken the test, collected their test results and knew their status. It is also cheering that the risk of HIV infection in the process of getting pregnant was acknowledged by 10(50%) of the respondents. This was asked because in a study which examines the assertion of deliberate youth pregnancy for economic gain, it was vital to allow subjects to reflect on the risk of HIV infection in the process of getting pregnant.

While acknowledging the existence of HIV&AIDS and its potentially deadly effects, albeit without much desire to do anything about it, the subjects exhibited awareness of the relationship between poverty and HIV&AIDS. According to the participants' sentiments, poverty and HIV&AIDS apparently seem to go hand in hand, and as long as youths have to contend with unemployment and poverty, chances are, HIV&AIDS will not go anywhere. Even if this reveals despondency, such kind of awareness among the subjects points to a factor whose address could inspire hope. In a similar vein, Cohen

(1998: Online) suggests that unless and until poverty is reduced in populations such as this one, there will be little progress either with reducing the transmission of HIV or an enhanced capacity to cope with its socio-economic costs.

Revelations on **poor HIV&AIDS knowledge** began with the 6(30%) respondents who ably described HIV as a virus, not a disease, in that none of them made the connection between the particular virus, HIV, and AIDS. Then the confusion that surrounded HIV definition equally marred respondents' AIDS perception. Even if respondents were aware of the existence of AIDS, up to 18(90%) of the respondents had no idea what AIDS stands for in the dreaded HIV&AIDS pandemic.

Six (30%) of the respondents pleaded complete ignorance regarding the essential procedure through which someone could know that they have HIV: "taking an HIV test at a clinic". Comparing this understanding of the need for 'testing at a clinic' in order to determine the presence of HIV with how respondents envisioned the meaning of HIV, opens a window into the confusion that spoils the respondents' wholesome knowledge of the HIV&AIDS pandemic. While it is important that individuals hold a wholesome holistic view of the HIV&AIDS situation, the respondents' knowledge of the basics of HIV&AIDS seems to be fragmented and unrelated.

One person (5%) thought that she could use condoms to avoid HIV transmission while trying for a baby, unaware that such thinking was in fact outside the conventional 'process of getting pregnant'. Then 6(30%) respondents gave conflicting 'Yes and No' answers which showed that they also had no idea of the environment under which 'falling pregnant' takes place, or that one cannot contract HIV because of their own HIV status. In this instance 4(20%) of the respondents thought that the process of getting pregnant creates risk of HIV infection, **only if you do not know your status**. Although this study did not include a question on the modes of HIV transmission, one respondent (5%) believed that HIV is 'a disease which one gets after sleeping with a widower'. Then there were the 6(30%) who imagined that they could **avoid HIV infection by taking contraceptives through injection**, in the mistaken belief that such would serve as a vaccination against HIV.

Despite such evident need to learn more about HIV&AIDS participants painted a grim picture alleging the general youth mother population's unwillingness to reflect on the prospects for HIV infection in the process of getting pregnant. Reportedly, HIV&AIDS rarely interferes when youths grapple with matters of survival through sexual escapades. Consequently, many young people in the communities where the subjects live do not want to hear about HIV&AIDS, **as it is an irritating and intimidating subject.**

Odd as some of these revelations may sound; they lend insight into aspects of the HIV&AIDS awareness message that need more stressing. With more than two decades into the pandemic, authorities might take it for granted that everyone out there is conversant with the ABCs of HIV&AIDS, but obviously not everyone does.

Equally, in describing HIV and AIDS, it could have been very convenient to give respondents a list of answers to jog their memory and make their choices from. Yet the range of answers given in this study gives clear indication of the lack of real knowledge, or the erroneous knowledge that exists in the minds of the young people as they go about their lives and make daily decisions with implications for HIV infection. Even in this case, such confusion sheds light on aspects of the HIV&AIDS awareness messages that need more stressing. At this point in the development of the pandemic, such basics about HIV&AIDS should be common knowledge in society, but obviously they are not. Revelations like these should thus promote the need for authorities to act accordingly.

The reported despondency and fatalistic attitude which discourages reflections on HIV&AIDS in the general youth population, (to which such attitudes and behaviours were attributed by the subjects) create barriers for the fight against HIV&AIDS. This is further compromised by the denial which the subjects resort to, as they shy away from looking HIV&AIDS in the face, literary projecting their own views to 'the others'. Meanwhile huge risks may be blindly taken as individuals bury their heads in the sand. Fundamentally, **poor HIV&AIDS knowledge, fraught with confusion, fragmentation and errors, outweighs sound HIV&AIDS knowledge among youth mothers on Child Support Grant who took part in this study.** Such fragmented and erroneous HIV&AIDS knowledge, which the subjects exhibited would minimise their abilities to effectively protect themselves from HIV infection and eventually AIDS.

6.2.3. THE HIV&AIDS ATTITUDES AND PRACTICES OF YOUTH MOTHERS ON CHILD SUPPORT GRANT, AND IMPLICATIONS FOR HIV INFECTION

This theme sets out to present the HIV&AIDS attitudes and practices of youth mothers on Child Support Grant, beginning on a positive note and ending with attitudes and practices of a negative nature. It effectively takes care of the study's third objective, addressing the key research question: **What are the HIV&AIDS attitudes and practices of youth mothers on Child Support Grant?**

The value of this theme is the assumption that a positive frame of mind might serve as a foundation for practices that safeguard HIV&AIDS knowledge and behaviours. The study encouraged the study subjects **to look at HIV&AIDS not just from their own persons, but to make a holistic appraisal of the situation: how HIV&AIDS both exists and is seen and related to, in the subjects' communities.** The theme presents and analyses the subjects' opinions and observations which reveal positive or negative HIV&AIDS attitudes, through either, the recognition and engagement of, or the disregard for established HIV&AIDS teachings and strategies such as condom-use, which promote the protection against HIV infection among sexually active individuals.

Positive attitudes and practices were revealed as 17(85%) respondents who had taken the HIV test also knew their results. This means that after taking the test, they collected their results even if they could have chosen not to. Six (30%) respondents reasoned that HIV&AIDS "can occur in any type of family as poor women sell sex to rich men, thereby spreading it across the board". In other words, **no one is safe despite the social-class comfort zone: unless one stays clear of the trading of sex for cash.** The ability to reason that no one is safe unless they stay clear of the trading of sex for cash, in fact inspires hope in that there is a safety alternative. The message seems to be loud and clear in such minds that HIV does not discriminate between the rich or the poor. In reality however, such noble aspiration may be a tall order for youth mothers on CSG who may want to have one child after another, to boost their 'steady income earner'. The dire economic need already depicted, makes for this problematic factor against the strong conviction that desperate measures to beat economic woes cannot be avoided in the face of poverty, and so poverty correlates with HIV&AIDS in an endless vicious cycle.

Essentially, Tladi (2006:380) observes an intricacy in the relationship between poverty and HIV&AIDS to the effect that both low and high economic status increase susceptibility to HIV infection. She points out that a rise in income levels can also place individuals at a higher risk of infection as individuals who have a good financial situation can afford to have several sexual partners, thus increasing their risk of infection. This appears to be genuine for the subjects of this study as they lucidly brought out such scenarios. Cohen (1998: Online) compliments this argument in this assertion on the indiscriminate nature of HIV infection vulnerability across the comfort zone: "...the relationships between poverty and HIV are far from simple and direct, and more complex forces are at work than just the effects of poverty alone. Indeed many of the non-poor in Africa have adopted and pursued life styles which expose them to HIV infection, with all the social and economic consequences that this entails".

The reasoning by 2(10%) of the respondents that HIV&AIDS is most likely to occur in poor families 'because that is where more people live and that is where more people die all the time' may sound laughable at a glance. However, Cohen (1998: Online) equally observes that "those living in poverty account absolutely for most of those who die from HIV-related illnesses".

Respondents exhibited a certain level of peace of mind when making personal assessments of the risk to contract HIV, as 8(40%) of them expressed no such anxiety. Among those who expressed such peace of mind were 2(10%) subjects who dispelled such risk on account of being in trusting relationships. Such stance was worthy of praise against an increasing erosion of the virtues of honesty and trust. One only hopes that their partners held similar beliefs and steadfastness. Then 16(80%) recognised that the best way for a sexually active woman to be protected from HIV infection is using condoms. Nine (45%) admitted to feeling at risk. Interestingly, the risk acknowledgement is strikingly similar to a survey on 400 people in a community in the Madibeng Sub-District in the North West Province, reported by Versteeg and Murray (2008:87). In that instance, 43.3% of respondents felt at risk of contracting HIV.

However, as many as 12(60%) of the subjects believed that HIV&AIDS was more likely to occur in 'poor families' while only one (5%) considered rich families as being more vulnerable. Poor families were considered mostly at risk to contract HIV because poor

women usually sell their bodies to get money to survive. Subjects reasoned that the average poor young woman would resort to sexual activities to offset economic woes, despite the prospect of acquiring HIV in the process. If such beliefs are firmly held, the ensuing despondency could lead to giving up on the fight against the HIV&AIDS scourge, with telling results.

Despite the fact that 17(85%) of the respondents who had taken the HIV test also knew their results, testing for HIV is reportedly unpopular in the general public where the subjects lived on account of the prospect for fear of stress upon knowing one's positive HIV status 14(70%); stigma in view of an exposed positive HIV status 2(10%), and combined stress and stigma 3(15%). These observations, however, do not agree with the main reasons given for refusing HIV testing in the South African Department of Health 2006 AIDS Study (2007:3) which, while addressing respondents for their own views, cited the fear of having a blood sample taken (58%); religious objections to having a blood sample taken (16%) and not wanting to learn HIV status (7%). The confidence shown here, was however made in an environment where only 20% of the subjects admitted to using condoms, against the recognition by 16(80%) that the best way for a sexually active woman to be protected from HIV infection is using condoms. Then, only 5(25%) of subjects believed that young women in their communities always used condoms, while 14(70%) did not think so. The opinion by 5(25%) that most young women always use condoms is quite close to the Versteeg and Murray (2008:87) finding of only 20% of their respondents believing that people in their community used condoms.

The subjects displayed disparities between what they recognised as sound HIV&AIDS knowledge, positive opinions, attitudes and practices; and what they said they did. Such discrepancy may show that even if these youths seemed knowledgeable about facts like the use of condoms, such insight has no practical value in their lives. Then even if only 4(20%) used condoms, 8(40%) respondents felt no risk of HIV infection... against such background. This apparent denial of the likelihood of personal HIV infection could be attributed to the fear of facing an unpleasant truth, as well as personal deceit in an issue where the buck stops at oneself. Conviction in such flawed personal assessment does not augur well towards avoiding HIV infection. Against such conditions the suggestion by 14(70%) of the respondents that the general youth mother population do not use condoms all the time could well be attributed to themselves. Even if under a different

theme therefore, the absurd denial-admittance trend reminiscent of projection and imbued with a fatalistic attitude, seems to be the hallmark of the debate.

Even so, such disparity in the knowledge of the efficacy of condom-use and practice is not confined to these youth mothers on the CSG. Versteeg & Murray (2008:83) highlight a similar finding by the final report of the assessment of the National HIV and AIDS and STIs Strategic Plan for South Africa (NSP) for 2000–2005. Even if the level of HIV and AIDS awareness has increased, behaviour has neither changed proportionally to such level, nor to the availability of prevention methods such as condoms. They also report that a qualitative study by Da Cruz (2004), among youth in Kimberley and Cape Town, found that only 24% of sexually active female participants had ever used a condom". This statistic is nearly the same as the 20% revelation of this study.

Meanwhile 12(60%) of all the respondents gave different reasons for the dislike of condom-use among young women, pointing to a high unpopularity for condom-use. The disregard for condom-use in the female youth population where the subjects live is credited to among other things the loss of judgment to choose using condoms or apply them properly, when they are very drunk. Some are rendered powerless if their drinking is sponsored by men, who then take the upper hand in deciding how the act is performed. Such situation is equally reported by Tladi (2006:380). This study also found that condom-use is unpopular both among women and men because "sex with a condom is not nice". This discovery, which mirrors statements in Versteeg and Murray (2008), contradicts the commonly held belief that men are more reckless over the disregard of condom-use. Tladi (2006:380, 379) further reports that "the non-poor were more likely to use condoms than the very poor" (2006:380)", even as "the non-poor were more likely to have good knowledge of the means of avoiding HIV infection as opposed to the poor". The disregard for condom-use in favour of '*nama mo nameng*' [flesh into flesh] on account of the interference with sexual pleasure against the long-term effects of HIV infection and even AIDS appears to seal the trend of negative attitudes and carefree sexual practices.

While poverty served as the pointer of where HIV&AIDS is more likely to reside in the community, the poverty factor emerged, yet again: individuals repeatedly told of situations where youths have to choose between going hungry, and taking the risk of

HIV infection in the trading of sex for cash. Participants indicated that unless the poor are helped to get out of the vicious circle of poverty, they are not likely to get out of it. However, although a correlation between poverty and high HIV&AIDS incidence is valid (Cohen, 1998: Online), repeated reference to it by people in authority may amount to indoctrinating the poor and rationalising their desperate measures to offset economic woes. Ultimately the way in which individuals see and interpret their communities and their place in all that is very fundamental in shaping the attitudes that direct behaviours. Even so, Versteeg and Murray (2008:87) confirm the negative HIV&AIDS attitudes and practices: "There are several indicators that suggest that people in the North West Province are not using condoms when they engage in risky sexual behaviour".

In this study the opinions on interference of condoms on sexual pleasure, and the loss of negotiating power of poor young women on saying how they want to practice sex after men have paid for it are held by 2(10%) each. This does not in any way say less about the legitimacy of such reasoning. Versteeg and Murray (2008:87) also came across it and made "a direct link between poverty and the increased risk of becoming infected with HIV, [as] one respondent said that men 'won't give money (for sex) if you insist on condom usage". Effectively, Versteeg and Murray (2008:84) report that gender inequality and cultural practices have been identified as important barriers to correct and consistent condom usage by several studies.

The attitudes that emerge from this study indicate a sense of resignation towards the HIV&AIDS struggle. What the subjects seem to know regarding protection against HIV infection is rendered powerless in the face of compromised socio-economic situations. Because the subjects are poor, and HIV&AIDS goes hand in hand with poverty, then it is alright for them to engage desperate measures to ensure their basic survival.

The reasoning behind such negative attitudes even against some confessed knowledge may find partial explanation in the fact that the acquisition of knowledge among the poor may not be all that is needed to ensure learning. Cohen (1998: Online) states that the poor adopt behaviours which both expose them to HIV infection and render HIV&AIDS messages irrelevant and unpractical: "Even if the poor understood what they are being urged to do it is rarely the case that they have either the incentive or the resources to adopt the recommended behaviours". Given the poverty-stricken circumstances in which

youth mothers on Child Support Grant live, it appears that the positive frame of mind that is expected of the average person, and which invariably serves as the foundation that safeguards positive HIV&AIDS attitudes and practices appears to be a tall order.

A comparison of the statements given under this theme clearly shows that attitudes and practices which disregard established HIV&AIDS teachings and strategies that promote the protection against HIV infection among sexually active youths are by far more commonplace than those which uphold and make use of such. The negative attitudes and carefree sexual practices, which the youth mothers on Child Support Grant admit to and/or paint about the general youth mother population in their communities do not go well to sustain their safeguards against HIV infection.

6.2.4. PROGRAMMES AVAILABLE FOR YOUTH MOTHERS ON CHILD SUPPORT GRANT TO ENHANCE THEIR HIV&AIDS AWARENESS, KNOWLEDGE, ATTITUDES AND COPING STRATEGIES- IMPLICATIONS FOR HIV INFECTION

This phase of the study endeavoured to find out if there are any HIV&AIDS programmes that cater exclusively for the needs of youth mothers on Child Support Grant, provided alongside the dispensing of the grant, or separately as an attempt to cushion them against any negative impact of the Child Support Grant. It was important to establish how such programmes were conducted and if the recipients both benefited from, and appreciated the services rendered. In the event that no such programming existed, then the consequences of such apparent vacuum would be analysed.

Although fears about HIV&AIDS, youth pregnancy and the Child Support Grant are coming to the fore just now, as this study suggests, the Report of the Lund Committee (1996:18) was aware of both the concerns about the consequences of HIV&AIDS, as well as other health concerns for both the child and the caregiver. Yet, no mechanisms were put in place to monitor or influence the behaviour of recipients of the Child Support Grant and mitigate HIV&AIDS, in the event that the new policy might entice recipients and promote childbearing. Instead, the CSG was designed as an unconditional benefit.

This study has not identified any programmes of such nature, at least not in the particular areas of the Mafikeng Municipality of Ngaka Modiri Molema District where the study was conducted. Instead, subjects acknowledged the existence and use of other HIV&AIDS programmes which are designed for the general public by the Department of Health and civic organisations, as well as by some churches. Subjects showed a proactive attitude towards learning about HIV&AIDS as 7(35%) attributed their knowledge on HIV&AIDS to personal interest and initiatives such as reading different materials, listening to the radio or watching TV programmes.

Against the confusion and ignorance shown in the basics of HIV&AIDS knowledge and the fact that HIV&AIDS remains a difficult subject to deal with, so that some might not even want to face it [1(5%)], it is encouraging that 18(90%) wanted to learn more about it. But determining the best way to teach youth mothers about HIV&AIDS was not easy because almost as many answers were given as there were respondents. However, when the scores for all the strategies were compared 'community-based-programmes such as holding outreach meetings for young people' and the 'giving of educational talks at health facilities like clinics' came out more popular, as they were chosen by 4(20%) respondents each. The differences shown in the learning strategies of choice may call for flexibility in strategies to address different needs such as for individuals or groups, in relation to private or public forums. Even if the church and health facilities were identified as active learning sources, they were not chosen as ideal teaching strategies. The reason for this unpopularity remains unclear.

Evidently, the study subjects have not been able to gain much useful knowledge under the learning circumstances which they identified with, as they pleaded inability to explain HIV or AIDS to anyone who might need such help. Despite the enthusiasm for learning shown, however, the precarious socio-economic situations that surround the subjects prompt them to engage risky behaviours. Against the equally uncovered negative HIV&AIDS attitudes and subsequent practices which the subjects acknowledged, a shadow is cast over the prospects for significant changes in their behaviours or practices. These revelations do not go well towards their need for safeguards against HIV&AIDS, raising the need for specific programming for their consumption. But this has been overlooked from the inception of the CSG policy.

That other HIV&AIDS programmes are in existence is a reality. In his address at a three-day workshop on HIV&AIDS at Eskom Conference Centre, in Midrand, (19 February 2003, page 2), the then Minister Of Social Development, Dr. Zola Skweyiya highlighted the general commitment of the government, and particularly that of the Department of Social Development to deal with HIV&AIDS in concrete terms. He informed the conference about the implementation of a range of programmes to assist the poorest of the poor and those infected or affected by HIV&AIDS. The programmes included the provision of social security assistance like grants, poverty relief programmes, integrated sustainable rural development and urban renewal programmes, HIV&AIDS community and home-based care programmes, integrated food security, and nutrition programmes. He further implored the participants to be mindful of the millions of vulnerable people out there like children, older persons and people with disabilities, who were waiting anxiously for concrete answers through intervention.

In spite of all such happenings, there appears to be a vacuum in exclusive HIV&AIDS programming around youth mothers on CSG. Despite government commitment to address both HIV&AIDS and poverty in other ways, besides the grants, it is unclear why the study subjects appear not to reap the benefits of such programming. Could it be that they are being sidelined because youth mothers on CSG are not among special vulnerable groups such as children, older persons and people with disabilities? Yet, such specific programming vacuum is not surprising. Other youths seem to grapple with similar issues. An HIV/Aids gathering for tertiary students, heard that students at tertiary institutions were struggling to get the necessary support to deal with the HIV&AIDS pandemic (SABC News, March 09, 2007, 12:00).

Such an oversight would be highly unhealthy. On account of being sexually active without any protection while trying for babies, young women become especially vulnerable to HIV infection. It is for this reason that pregnant mothers serve as the barometer that readily informs nations on HIV incidence and prevalence. Equally, by virtue of their 18-30 age-group, youth mothers on Child Support Grant fall within the class that makes the biggest contribution to national reproduction. In Makiwane and Udjo study (2006:13), a table on the percentage fertility contribution of different age groups indicates that young people aged 15-34 accounted for 83%. Youth mothers on CSG would thus be deemed as a highly vulnerable group to HIV infection. In this particular

case, their circumstances are especially vulnerable as they exhibit fragmented and erroneous HIV&AIDS knowledge, negative attitudes and fatalistic behaviours. The vacuum in specific programming therefore, effectively leaves room for the promotion of HIV infection among them.

While the poor HIV&AIDS knowledge shown by the subjects may account for the lapses in attitudes and practices exhibited or reported by the subjects, the blatant disregard for established HIV&AIDS teachings and strategies such as condom-use, even if such thinking was recognised, casts a shadow over HIV&AIDS safeguard successes among the subjects. Odd as this state of affairs might appear, Tladi (2006:378) made similar unsettling findings, which were equally consistent with the results of the 1998 South African Demographic and Health Survey (SADHS). The survey reported that high knowledge of HIV/AIDS and of the means of avoiding infection was not matched by positive behaviour. Meanwhile Cohen (1998: Online) suggests that it is not simply that the poor are not adequately informed but that such messages are often irrelevant and inoperable given the reality of their lives. Even if the poor understood what they are being urged to do it is rarely the case that they have either the incentive or the resources to adopt the recommended behaviours.

The pooling and comparison of the findings of this study with scholastic observations such as Cohen (1998: Online) and Tladi (2006) on the subjects' failure to effectively learn, persuades the researcher to conclude that while the lack of programmes to cater solely for youth mothers on Child Support Grant holds major implications for fragmented and erroneous HIV&AIDS knowledge, negative attitudes and fatalistic behaviours, characteristic of the culture of poverty also play a huge role in such failure.

Does such learning and adherence inability suggest that nothing can be done to turn the tide of HIV&AIDS among the poor? It appears not. The subjects of this study showed some ability to learn even if they largely acquired their HIV&AIDS knowledge through informal means. Counter research evidence suggests that promising types of intervention to reduce sexual risk among adolescents anywhere in the world, across a wide variety of countries, cultures, and groups of youth do exist and that the positive impact on behaviour of curriculum and group-based sex and HIV education programmes for adolescents and young adults is strong and encouraging (Kirby *et al.* 2007:206; 213).

Notwithstanding the limitations that poverty may impose on HIV&AIDS learning and adherence abilities among the poor, it may be worthwhile to learn from the special characteristics of the programmes that changed behaviour in the critical 17 studies that Kirby *et al.* (2007) analysed in their study, to reach their conclusion.

Even if such programming was designed for a different kind of target group, the basic ideas that promoted the success of cited programmes may give hope for programme success even in this case, as long as necessary time and skill is invested to study, adapt, and experiment. Such hope is persuaded by the fact that the analysed studies “were effective in urban and rural-areas, low- and middle-income communities, and school and community settings, with advantaged and disadvantaged youth, males and females, different racial and ethnic groups, younger and older youth, and sexually experienced and inexperienced youth” (Kirby *et al.* 2007:114, 207). The study stresses the need for such initiatives to take on a carefully designed and written curriculum, to be implemented in community, school or clinic settings where large numbers of youths, including school dropouts and other youth could be met. Such strategy moves away from interventions “involving only spontaneous discussion, or only broad school, community or media awareness activities”, which are largely reflected in the HIV&AIDS learning media cited by the youth mothers.

While warning the reader about the need for adherence to the conditions under which such programming should be replicated, the researchers encourage that while these programmes alone cannot solve the problems of STD, HIV, and unintended pregnancy, many of them can change sexual and protective behaviours in desired directions and they can be an important component in larger more comprehensive initiatives (Kirby *et al.* 2007:214).

The table below, drawn unaltered from Kirby *et al.* (2007:213), outlines the characteristics of effective curriculum-based programmes. It holds invaluable guidelines towards designing programmes which could serve as a starting point for drawing a model even in cases such as this one.

Figure 1. Characteristics of Effective Curriculum-Based Programmes

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum 2. Assessed relevant needs and assets of target group 3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors 4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies) 5. Pilot-tested the program	Curriculum Goals and Objectives 1. Focused on clear health goals – the prevention of STD/HIV and/or pregnancy 2. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them 3. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) Activities and Teaching Methodologies 4. Created a safe social environment for youth to participate 5. Included multiple activities to change each of the targeted risk and protective factors 6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors 7. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience 8. Covered topics in a logical sequence	1. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations 2. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support 3. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement, e.g., publicized the program, offered food, or obtained consent 4. Implemented virtually all activities with reasonable fidelity

6.2.5. THE IMPLICATIONS OF THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY FOR HIV INFECTION AMONG THE RECIPIENTS

This theme brings together all the findings and observations that reveal the repercussions of, or what lies in store for youth mothers on Child Support Grant, in relation to the use of unprotected sex to become pregnant, in the pursuit of the Child Support Grant, thereby being rendered vulnerable to HIV infection. Such implications for HIV infection, noted in the previous themes are brought under a single umbrella in order to clarify the argument as the concept emerges at each thematic stage.

The findings of this study have established a firm relationship between the Child Support Grant and youth pregnancy.

Firstly, on account of its mission as a poverty alleviation strategy, but which in turn unintentionally causes youths to seek childbearing, it could be safely said that the Child

Support Grant has the potential to promote youth pregnancy. **The research subjects have clearly pointed out that some young people are not be able to resist the financial security which the offers under a climate of poverty and unemployment.**

Secondly, **the exposure of such youths to unprotected sex in the process of pregnancy-seeking poses risks for HIV infection.** Under normal circumstances, which is the case among most ordinary people, conception, takes place in an environment of unprotected sex. This is in contrast to inviro-fertilisation, which may be available to couples whereby one partner would be HIV positive and the other one is not.

Thirdly, this study has established that poor HIV&AIDS knowledge, fraught with confusion, fragmentation and errors has the potential to influence negative HIV&AIDS attitudes and practices as people live in fear and denial of the pandemic. **With the poor knowledge exhibited on the basics of HIV&AIDS and in view of the activities of grant-induced pregnancy reported by the subjects, a grim picture of implications for HIV infection among such youths is painted.**

Fourthly, notwithstanding this emerging scenario, **the vacuum in deliberate HIV&AIDS programming that would serve to cushion such youths from vulnerability to HIV infection, and the gaps in the existing HIV&AIDS programmes, further complicate the conditions of these sexually active youths.** Their coping strategies are thus further eroded, leaving the room open to compromise safeguards against HIV infection.

Precisely therefore, the relationship between the Child Support Grant has potential to expose youths to HIV infection. It is worth noting, however, that even if the alleged wanton behaviour of childbearing is largely ascribed to the Child Support Grant, awful economic conditions which predispose youths to other avenues of commercial sex, as well as negative male virility attitudes which demand proof of fertility in young women in order to qualify for marriage, inherently, play a huge role in getting youths to engage in potentially risky activities that might expose them and/or their partners to HIV infection, with or without the Child Support Grant in place.

6.3. CONCLUSIONS OF THE STUDY

Drawing conclusions from scenarios imbued with the kind of projective thinking such as shown in this study is problematic on two fronts. Firstly, the denial-acknowledgement behaviour that has characterised this enquiry was very challenging. During the investigation, recipients repeatedly denied any involvement in behaviours that were viewed in a bad light in the public domain, such as grant-induced pregnancy, while admitting the presence of such 'offences' just 'next door' or 'around the corner'. This apparent futility inherent in such sensitive investigation, which receives disappointing responses with reassurances of positive answers which do not really come, may point to the potential for endless enquiry in pursuit of an illusion.

Secondly, and more importantly, as in the case of the affirmation of grant-induced youth pregnancy- with only a single subject (5%) admitting to using the Child Support Grant for economic gain, such flimsy direct link between the subjects and the beliefs, values and behaviours, which the subjects declared only in others, would compel the researcher to arrive at conclusions, simply based on hunches. However, the views of the subjects regarding the issues which they were analysing from their chosen angles of observation were uniquely consistent and almost predictable as they carefully shifted their opinions and focus, between themselves and 'the others'. The subjects constantly clearly and ably described and analysed issues into emerging realities.

Establishing whether, or not, the Child Support Grant promotes youth pregnancy is central to this study as fears about the likely risk for HIV infection are persuaded by activities related to it. True to the saying regarding 'getting it from the horse's mouth', the validity of the affirmation of the long standing allegation of this phenomenon appears to be indisputable when it comes from youth mothers on Child Support Grant. Being directly affected by the allegation that youths deliberately get pregnant in order to access the Child Support Grant; and even being hugely upset by it, such individuals would be expected to deny it entirely, if it were totally untrue. It is therefore, worth contemplating that despite the dodgy denial-admittance phenomenon that characterised the study, in that the research subjects personally denied the practice, while hugely affirming it for 'the others', there appears to be substance in their affirmation of the assumption.

Ultimately, therefore, even against such challenges, the exercise to examine 'a relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection' ended on the following conclusions:

6.3.1. THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY

A denial-admittance trend characterised this investigation. The research subjects persistently personally denied the practice of getting pregnant in order to access the Child Support Grant, while hugely affirming it for 'the others'. Notwithstanding this, and in view of the almost predictable consistent revelations made by the study subjects to affirm the trend, this study concludes on a firm establishment of a relationship between the Child Support Grant and youth pregnancy. That is: based on the subjects' responses, which say that the Child Support Grant definitely entices poor youths to seek childbearing to gain its financial benefits in the middle of joblessness and poverty, the Child Support Grant does promote pregnancy among poor youths.

What needs real attention and addressing according to these findings is the socio-economic environment which predisposes youth mothers on Child Support Grant to the total package of their infamous sexual activities. Although the Child Support Grant has great alluring potential, and even if some young women are guilty of abusing it, poverty alleviation through more empowering means and tackling negative cultural practices, which all expose young women to multiple risks and poor standing in society, should be earnestly addressed. Nevertheless, the contribution of the CSG pregnancy among poor youths should not be allowed to take its toll in the same way that the denial of the existence of HIV thrived.

In view of the denial-admittance trend under which the relationship is confirmed in this study, as well as the number of children per youth mother, which does not correspond with the subjects' support of using the grant for economic gain, a need for further research into this matter still remains. It will be necessary to subject the relationship between the Child Support Grant and youth mothers to further research that would use more stringent quantitative methodology and larger sample sizes that would have

adequate statistical power for important statistical analyses. Another angle that will need pursuit under a different paradigm is whether the childbearing repeat element would become a significant problem over time.

6.3.2. THE HIV&AIDS KNOWLEDGE OF YOUTH MOTHERS ON CHILD SUPPORT GRANT

Aspects of poor HIV&AIDS knowledge, fraught with confusion, fragmentation and errors, outweigh sound HIV&AIDS knowledge among youth mothers on CSG. Yet, discouraging as the range of answers given on HIV&AIDS knowledge in this study may sound; such knowledge gives a clear indication of the real lack of, or erroneous knowledge that exists in the minds of the young people who were studied. At this point in the development of the pandemic, basic facts about HIV&AIDS should be common knowledge in society, but obviously they are not. Against a backdrop of the obtaining socio-economic conditions, the need to enhance HIV&AIDS knowledge is necessary.

Considering the disadvantaged and risky socio-economic environment in which the subjects live in the era of HIV&AIDS, such array of HIV&AIDS misconceptions does not go well to defend the subjects against HIV infection and eventually AIDS. The reported lack of interest in HIV&AIDS issues among youths in the communities where the subject youth mothers live makes this even more critical because they are part and parcel of what goes on around them.

Even if the subjects are prone to certain characteristics of the culture of poverty which may affect their ability to learn, the fact that the subjects suggested addressing poverty as a key to solving their risk of HIV infection shows that **they managed to learn about the nature of their situation, even if informally.** This could mean that efforts to enhance their HIV&AIDS knowledge may succeed if it is planned alongside poverty alleviation initiative attempts, as well under the specifications of the characteristics of programmes that work, including their being curriculum and group-based initiatives.

6.3.3. THE HIV&AIDS ATTITUDES AND PRACTICES OF YOUTH MOTHERS ON CHILD SUPPORT GRANT

Responses that reveal **attitudes and practices which disregard established HIV&AIDS teachings and strategies which promote the protection against HIV infection among sexually active youths were by far more commonplace than those which uphold and make use of such values.** The negative attitudes and carefree sexual practices, which the youth mothers on CSG admit to and/or paint about the general youth mother population in their communities do not promote their safeguards against HIV infection.

While a positive frame of mind would be necessary for the promotion of practices that safeguard HIV&AIDS knowledge and practices, in this study, poverty and its negative influences served as the trademark that determined the study subjects' views on many fronts. Meanwhile, **an absurd denial-admittance trend reminiscent of projection and imbued with a fatalistic attitude seemed to characterise the debate, leaving the door open for HIV infection opportunities as people are buried in denial.**

It is not amazing that the subjects held such negative beliefs because the way in which individuals see and interpret their communities, their situations, and their place in all that, is fundamental in shaping the attitudes that direct behaviours. The findings of this study on issues like the incidence of condom-use or non usage and the reasons for not wanting to use condoms perfectly mirror the finding of other studies such as Tladi (2006) and Versteeg and Murray (2008). This may go to show two things: not only are the responses given on these issues credible, but that these young people live in a society that needs just as much help as the young women do. To such end, addressing the HIV&AIDS vulnerability issues of youth mothers on Child Support Grant needs a holistic approach that incorporates their communities and the issues that pose threats for them within those communities.

Essentially, the negative HIV&AIDS attitudes and practices uncovered do not go well to uphold the subjects' protection against HIV infection, especially in the light of similarly held negative views in the communities where they live.

6.3.4. PROGRAMMES FOR YOUTH MOTHERS ON CHILD SUPPORT GRANT TO ENHANCE THEIR HIV&AIDS AWARENESS, KNOWLEDGE AND COPING STRATEGIES

The study identified no specific HIV&AIDS programmes for recipients of the Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies. The subjects reported depending on personal initiatives to source knowledge by chance and attributed their knowledge to personal initiatives, accessing other HIV&AIDS programmes which are designed for the general public. **Against a backdrop of economic dilemmas and social demands that compromise caution towards sexual practices, coupled with poor performance on different aspects of HIV&AIDS knowledge, a vacuum in HIV&AIDS programming for a group like this one holds possibilities for the promotion of HIV infection opportunities.**

While the knowledge, the ignorance, the myths and even the confusions, which the subjects of this study showed, serve to highlight aspects of the HIV&AIDS message that need stressing, and audiences that need targeting; weaknesses like these may equally serve to point out the need for special programming for this particular group. The existing vacuum that has been identified leaves room for HIV&AIDS opportunities to flourish. Since participants base their HIV&AIDS awareness, knowledge, attitudes and coping strategies on general public programmes, the relevant authorities in the identified organisations that give programmes to the general public may need to be alerted about the aspects of HIV&AIDS awareness, knowledge, and attitudes, in which the participants have exhibited dismal performance, so that such programmes might be enhanced.

In view of this, **the need for specific HIV&AIDS programming that incorporates socio-economic empowerment of youth mothers on Child Support Grant is vital.** Because the HIV&AIDS knowledge, attitudes and behaviours of youth mothers on CSG do not differ much from those of the average youth, as a comparison of studies findings may show, it could be argued that specific empowerment programmes to address poverty and HIV&AIDS among subjects such as the subjects such as these may not be necessary. However, **while the general public go about their businesses peacefully, youth mothers on CSG are the object of singular public attention and criticism.**

6.3.5. THE IMPLICATIONS OF THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY FOR HIV INFECTION AMONG RECIPIENT YOUTH MOTHERS

Due to the subjects' projective attitudes from theme to theme, the different claims and the risky implications attributed to the others seem to hold true for the subjects, compelling the establishment of a firm relationship between the Child Support Grant and youth pregnancy with the potential to expose the subjects to unprotected sex and HIV infection. Against such a relationship and the kind of HIV&AIDS knowledge, attitudes and practices equally uncovered in an apparent vacuum of specific HIV&AIDS programming and gaps in the existing public programmes, a scenario is set for the promotion of prospects of HIV infection among such recipients of the grant.

Nevertheless, awful socio-economic circumstances play a huge role in getting youths to engage in activities that might result in youth pregnancy, with or without the Child Support Grant in place. In fact what appears to be a huge problem, and which would render youth mothers on Child Support Grant vulnerable to HIV infection, is not that these youths are repeatedly exposing themselves to the risk of HIV infection through grant-induced pregnancy-seeking. It is rather their general sexual behaviours which are hugely motivated by socio-economic factors. One is the environment of joblessness in the midst of abject poverty. The other is the alleged demands by some men that young women prove fertility before they can be considered for marriage. Then there is the element of lifestyle involving recreation in an environment of alcohol abuse. Chasing after the Child Support Grant to offset poverty is obviously just another such factor among many. All these conditions, coupled with the negative attitudes equally uncovered among the youth mothers and within the communities where the subjects live clearly point to real threat of HIV infection in the studied group of young people.

To such end, addressing the socio-economic conditions which predispose youth mothers on Child Support Grant to risky behaviours and practices, and hold them captive to negative attitudes is of prime importance in securing their protection against HIV&AIDS. It is equally **vital to improve the subjects' HIV&AIDS knowledge and attitudes, enhancing coping capacities, alongside socio-economic empowerment plans.**

6.4. THE SIGNIFICANCE OF THE STUDY FINDINGS

The successful completion of this study to the drawing of conclusions takes it to the level of the scrutiny for its significance. Without such inspection, it would be difficult to determine the relevance of any recommendations that would fittingly wind up an exercise of this nature. According to Fouché, in de Vos *et al.* (2005:116), a study's significance, among other things, shows, among other things, how the results of a study would directly help people by changing a problematic situation. In this regard, the examination of the relationship between the Child Support Grant and youth pregnancy and the implications of such a relationship for HIV infection ends on a high likelihood of making invaluable contributions. Even if the conclusions of this study are drawn from data-based evidence which highlight its significance and ultimate value towards the stating of recommendations, caution is engaged in making sweeping recommendations, on account of the limiting nature of case studies.

Although the subjects gave their views on this contentious matter, their statements cannot be directly generalised to the larger population of youth mothers on Child Support Grant due to the smallness of the sample used to understand this phenomenon. Additionally, the responses sourced through this mixed methods study cannot be verified by statistical testing to be equated to what those of the total population might be. Even though the discussion uses percentages and averages in analysing the findings, these are mere descriptive, rather than inferential statistics.

Finally, there was the issue of the personal denial by the subjects, of issues which had the potential to attract personal censure, while admitting the trend in 'the others'. In line with investigations with a qualitative element, such predicament led to the drawing of conclusions based on hunches, following consistently given responses. In spite of such limitations, this case study makes a number of the beneficial contributions.

6.4.1. SOCIALISATION BENEFITS FOR THE GENERAL PUBLIC

6.4.1.1. ENLIGHTENMENT AND ATTITUDINAL CHANGE

This study has given youth mothers on Child Support Grant a chance to air their views in a debate which directly affects them, and yet in which they hardly ever have a platform to voice their opinions in an organised manner. The revelations which the subjects have made provide insight into the socio-economic conditions which predispose young women and precisely youth mothers on CSG to engage in risky, and yet unfavourable behaviours in the public eye. Whether such explanation would serve to change the image of youth mothers on CSG in the public eye at all remains to be seen. This would depend upon the various stakeholders of the Child Support Grant policy to inform the general public about the predisposing conditions which studies like this one unfold.

Hopefully, thereafter, the clarification which this study makes might compel society to make some introspection with regard to the stated circumstances, which unfold within the society in which the youth mothers on CSG live their lives, and which the general public are part of. To such end this study has potential to re-shape the image of, and attitudes towards both the youth mother recipients and the Child Support Grant policy.

6.4.2. SOCIALISATION BENEFITS FOR THE STUDY SUBJECTS

It is worth noting that the investigation did more than just serve as a data gathering exercise. The subjects' reflections on HIV&AIDS during the interviews led to self-evaluation, with chances for lasting attitudinal and practice changes upon them.

6.4.2.1. HIV&AIDS ATTITUDINAL CHANGE EFFECT

Towards the end of one of the questionnaire sessions, a respondent's mobile phone rung, and she was allowed to attend to the call. After answering her phone, she announced that a lady friend of hers was doing some shopping in town. The friend apparently wanted to buy the respondent a small gift and called to enquire what she might want to be bought for her. The respondent giggled as she reported that she had asked her friend to buy her some condoms. She said that after 'our chat', she could not go back home and continue living like she had always done, before the session.

It was very clear, what kind of discussion the respondent and her friend in that phone call would have, when they eventually reunited later that day. Apparently, the sheer exposure to the study interview was having an outcome on the respondent, with a probable ripple effect to her friend and probably to their other friends.

6.4.2.2. RENDERED LEARNING OPPORTUNITIES

Additionally, discussing HIV&AIDS so intimately during the interviews generated deep emotions in the interviewees, the researcher and the interpreter. For example, even if unsolicited, one respondent suddenly revealed her HIV status. The researcher however took control of the situation during the debriefing session at the end of the interviews. This entailed a final discussion of the aspects of HIV&AIDS knowledge where the groups or individuals exhibited the most weakness. Such included differentiating between HIV and AIDS, addressing myths and errors and even offering support and advice as in the case of the disclosed HIV status. This aspect served to both enlighten the subjects on the basics of HIV&AIDS knowledge, as well as restoring their probably shattered hope. It was guided by the notes jotted down by the researcher, which pointed out the major weaknesses or areas of need which were exhibited during the interview.

6.4.3. POLICY IMPLICATIONS

Notwithstanding its limitations, this case study has shown how a programme that was designed to address poverty alleviation has inadvertently caused concern about its unintended effects on recipients. The Child Support Grant has been found to have the potential to impact negatively upon the health of its recipients, as seeking after pregnancy to offset poverty promotes unprotected sex which might lead to HIV infection. Improvements that would be made in this policy might serve to ease the pressure on health policy, regarding HIV&AIDS.

Incidentally, it is remarkable that misconceptions about an aspect of the contraceptive programme in the health policy should be revealed by a totally unrelated policy such the CSG. The mistaken belief that taking contraceptives by injection serves as a vaccination against HIV infection could motivate and direct changes in how information about that particular contraceptive method may be handled in the Department of Health.

The findings of this case study open a window through which policy makers, especially in the Departments of Health and Social Development might see the relationship between the CSG and youth pregnancy in a new light, which renders recipients vulnerable to HIV infection. Revelations made about the conflicting and erroneous HIV&AIDS knowledge as well as negative attitudes and practices of youth mothers on CSG in this case equally lend a glance into the position of the subjects regarding the HIV&AIDS pandemic. Such revelations may go to pave the way for authorities of relevant organisations such as the Departments of Health and Social Development and other stakeholders such as civic societies and Non-Governmental-Organisations, to consider enhancing the existing HIV&AIDS programmes or even set up new HIV&AIDS initiatives to address the needs of youth mothers on the CSG.

Additionally because of the social security option the Child Support Grant offers in an environment of poverty and unemployment, some youth mothers turn to it as a steady income earner. Revelations like these may raise the need for economic empowerment initiatives for recipients, to curb sole dependence on the grant and even on sexually compromised relationships which may worsen both youth pregnancy and HIV infection.

6.4.4. SCHOLASTIC BENEFITS

As an exploratory study, the findings of this study make a contribution to the academia. Such contributions do not just result from the mere accomplishment of the study as in answering the key research questions, which adds to the volume of knowledge. In addition to such input the researcher's experiences regarding the challenges met during the execution of the study, as well as the unique observations made, add up to learning curves for the researcher. When acknowledged and recorded, such observations serve to enlighten other scholars, thereby going beyond the addition to quantity, to the enhancement of professional quality. While some of these inputs have been pointed out under the limitations of the study and even during the data analyses, mentioning such issues yet again, at this stage, underscores their value for this specific purpose.

Issues like these revolved around methodological flaws and stimuli for further research with regard to HIV&AIDS target groups or specific topical areas.

6.4.4.1. ISSUES ARISING OUT OF THIS RESEARCH, WHICH MIGHT SERVE AS FUTURE RESEARCH INTEREST AREAS

6.4.4.1.1. Misguided HIV&AIDS Ideas Minority Groups

One person (5%) indicated that she hated HIV&AIDS so much that she did not even want to hear about it. Then 6(30%) respondents imagined that taking contraceptives by injection would serve as a vaccination against HIV infection. Despite their minority status, such groups need to be identified and properly socialised because of the potential they hold to reverse some of the gains made in the fight against HIV&AIDS. Besides singling them out for re-education, youth mothers with such negative attitudes and mistaken beliefs could be targeted for special studies that would shed more light on their kind of thinking for more effective teaching and attitudinal change efforts. It is worth noting, however, that because individuals with such kind of attitudes and knowledge may be quite few; and because they might in fact shy away from identifying with their bizarre stances, which conflict with generally accepted opinions or facts, it may be challenging to identify them. The solution to this might instead, be in emphatically addressing such kind of attitudes and knowledge in the general youth mother population, as well as the general public.

6.4.4.1.2. Demands For Proof Of Fertility By Falling Pregnant Before Marriage

This study has established a totally unrelated factor which may be pushing up the incidence of youth pregnancy, while equally rendering young women vulnerable to HIV infection. The participants alleged that some South African men want proof of fertility before they can commit to marrying a young woman. Such trend if true would imply serious consequences for HIV infection, not just among youth mothers on Child Support Grant, but even in the greater society as more women try to prove themselves worthy of marriage. This apparent male abuse and dominance of women makes another area of potential research interest.

6.4.4.1.3. Why Are Health Facilities And The Church Unpopular HIV&AIDS Learning Centres For Youths?

Even if the church and health facilities were identified as active learning sources, they were not chosen as ideal teaching strategies. Research might shed light on this.

6.4.4.1.4. Is The Child Support Grant Discouraging Youths From Having Abortions?

Young women who qualify for the Child Support Grant fall under the very poor economic category. Despite their disadvantaged living conditions, many such youths who fall victim to unplanned pregnancy opt to keep the pregnancy and have the baby, rather than terminate their pregnancies. It might be interesting to find out the influence, if any, that the CSG might have on youths who accidentally fall pregnant currently, and decide to have the baby in spite of the availability of the option of legal abortion in South Africa.

6.4.4.2. LOOKING OUT FOR LOOPHOLES AND VACUUMS DURING POLICY AND PORGRAMME DESIGNING

With regard to the abuse of the grant, this study has unearthed loopholes and vacuums in the Child Support Grant policy, which impact upon its efficacy, and with consequences for other policies such as in the health and economic sectors. Such revelation should serve to alert policy and programme developers to take special care in identifying loopholes and vacuums for these, and other reasons.

6.4.4.3. THE MIRAGE-ACKNOWLEDGEMENT PHENOMENON

One unique challenge surfaced during the interviews and became clearer during the data analysis and interpretation. This occurrence called for much more than recognition and reflection, compelling the researcher to take it beyond the realm of this study. **A conceptual term has been coined for it as elucidated below.**

It is unclear if the subjects would have affirmed the huge role that they suggest, the Child Support Grant plays in the promotion of youth pregnancy, had they not been asked about, or allowed to talk about 'the others', besides themselves. Would they have revealed all the details about the financial plight and social demands that make it hard for the average youth mother to avoid risky sexual escapades? Would they have told so openly, of the negative attitudes that promote risky HIV&AIDS behaviours in their communities? Such revelations seem to have been facilitated by the unique, even if odd, evasive denial-admittance attitude between the subjects themselves and 'the others'.

Despite the apparent futility inherent in the study of sensitive phenomena, such as tackled in this case study, the fact that at least 1(5%) of the participants admitted to it, may suggest that such futility of investigation may be dispelled, by among other strategies, the use of much larger samples. Alternatively, it may work out better to replicate the study with samples drawn in exactly the same way, but setting the questions and conducting the interviews in a manner that restricts the subjects to either giving opinions strictly about themselves or about 'the others', only.

Even if analysed from different scenarios, the difficulty of securing responses and the unreliable nature of data collected under such sensitive circumstances is observed elsewhere. Tladi (2006: 373) points out that self-reports "have been shown to be highly biased, especially when dealing with sensitive issues such as sexual behaviour, because people tend to misreport their true behaviours". Phaswana-Mafuya *et al.* (2009:548) equally acknowledge such limitation in that "some stakeholders may have expressed views that are consistent with social standards and try not to present themselves negatively. [And as such] ...social desirability bias may lead respondents to self-censor their actual views". Still, the projective denial-admittance attitude, which completely characterised this study, does not seem to appear in the other studies.

For lack of a better term, and in view of the fact that this trend is not specifically named in the literature, the researcher proposes to name 'the odd and evasive denial-admittance attitude or syndrome, which the study subjects engaged to reflect on issues that held potential social censure, between themselves and the others, as: **Mirage-Acknowledgement**.

6.4.5. PERSONAL SCHOLASTIC SATISFACTION

The accomplishment of this exercise even if hard and tedious, has been rewarding for the researcher through a sense of satisfaction that comes with the fulfilment of the quest for professional knowledge, skills acquisition and practice excellence, as a contribution to the volume and quality of the reputable practice of the social work profession.

6.5. LINKING THE FINDINGS TO THEORETICAL ASSUMPTIONS

In winding up this study, theoretical issues become relevant because it was theoretical framework issues which directed the focus of the study, with regard to where to search, in the quest for answers. This is equally important because of the practical nature, which some of the results of this study would be subjected to, with regard to influencing the behaviour of subjects, as well as for policy implications. According to Turner (1979:1) there has to be high-level connectivity between theory and practice. In such respect, it serves no purpose to struggle to seek theoretical assumptions about understanding the problem at the proposal stage, if such insight is not utilised alongside the study findings. The recommendations that are eventually decided upon have to be determined by the theoretical insight which initially directed the type of questions that were investigated.

The thinking behind the investigations of this study was based on the premise of social pathology, which suggests a departure from desirable social conditions and actions that are seen as healthy (Rubington & Weinberg, 1995:19). Persons or situations that divert from such moral expectations are regarded as 'sick', and therefore 'bad'. From such social pathology perspective, youths who purposely seek after pregnancy, as this study suggests, violate the moral expectations that govern childbearing.

The study subjects recognise the reproach that is levelled against theirs or at least some youth mothers' conduct and indignantly respond: "They are not speaking rightly", and "our reputation is at stake". These sentiments go to show that youth mothers on Child Support Grant appreciate that the alleged conduct is seen in bad light, not just by society but by themselves too. Then they totally agreed with the assertion of childbearing for economic reasons, such as through the pursuit of the Child Support Grant: "There are young women who are doing this. They just keep having babies so that they get more money by the month", etc. Then they described such culprits as "irresponsible young women... who misuse the grant... and drink the money with their friends", etc.

These views show that such conduct fits well with the study's theoretical assumption based on social pathology, that the grant-induced pregnancy of youth mothers on CSG marks a trend that deviates from societal expected norms on childbearing.

In the era of HIV&AIDS the research subjects who were aged 18-30 are expected to appreciate the consequences of behaviours that would render them vulnerable to the health compromising condition. Notwithstanding the mitigating factors for turning to unprotected sex and having babies in order to get a social grant, **the admission or condoning of such behaviours** by youth mothers on Child Support Grant paints them as being both ignorant of, and deviating from some very important facts about the moral and health expectations about HIV&AIDS in their communities. Even if 16(80%) respondents recognised the value of condom-use in the protection against HIV infection only 4(20%) admitted to using condoms. Meanwhile subjects exhibited fragmented and erroneous HIV&AIDS knowledge, which would minimise their abilities to effectively protect themselves from HIV infection and eventually AIDS.

The social pathology premise suggests that the ultimate cause of social problems is failure in socialization (Rubington & Weinberg, 1995:19). In the case of this study, such apparent lack of socialisation is reflected in the exhibition of poor HIV&AIDS knowledge and/or negative attitudes and practices of the study subjects. Accordingly, individuals like youth mothers on CSG who are found to engage in pregnancy-seeking in order to access the grant would be seen to be in need of re-socialisation in the facts and expectations about HIV&AIDS, and that society owes such duty to them. And yet the study has not been able to identify any programmes that cater exclusively for youth mothers on Child Support Grant, to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies- at least not in the communities where the subjects live.

The nature of the factors that promote engagement in undesirable behaviours that attract the censure of youth mothers on Child Support Grant seems to suggest two things. Firstly, according to the family systems theory, something must go wrong within the family set-up, to validate the role of making certain choices as a function of family processes, with particular emphasis on the functional role that pregnancy can serve in the family context (Romig & Graham, 1988:133). Consistent with this assumption, the literature says that some "girls felt they would only be accepted as 'women once they had proved their fertility; while many mothers wanted their teenage daughters to become pregnant so they could have a baby at home again" (IRIN-SA Weekly Round-up 324 for 3 - 9 March 2007).

In contrast to such stance, however, this study has established that even if the youth mothers were not pressured by their mothers for grandchildren, their boyfriends demanded such childbearing as proof of fertility before the youths could be considered for marriage. Then, it came to light that while some young people engaged in risky and undesirable sex-for-cash activities such as the Child Support Grant, some cash-strapped parents or guardians in fact sanctioned such behaviours because of the financial functional role such activities served in the family survival context.

Secondly, the censure that surrounds youth mothers on Child Support Grant seems to bear the hallmarks of stigmatised clients facing a particular kind of block to solving problems that are imposed upon them by external society, by virtue of their collective identity (Solomon (1976), in Lee (1994:13)). Even if youth mothers on the CSG are aware of their censure and poverty-stricken position and are willing to do something about it, insurmountable logistics stand in their way to self-help. Quoting Swift and Levin (1987), Glenmaye, in Parsons *et al.* (1998: 35), points out that empowerment includes the development of a state of mind, [as in a sense of power, efficacy and competence] and the modification of structural conditions in order to relocate power. It is further stated that the empowerment paradigm links the knowledge of one's life situation, in respect of the power structure of society and actions to change such structure.

This study has established a relationship between the Child Support Grant and youth pregnancy alongside negative HIV&AIDS knowledge, attitudes and practices. Such a scenario existing in an apparent vacuum of specific HIV&AIDS programming maximises the prospects of HIV infection among the study subjects. In view of these revelations, a re-socialisation need for youth mothers on Child Support Grant emerges. Society owes them re-socialisation in HIV&AIDS, to promote not just acceptable behaviours and practices, but healthy lifestyles as well.

While re-socialisation through the family systems approach is both desirable and necessary due to the poor knowledge and attitudes exhibited, the empowerment approach would address the culture of poverty elements, which seem to exert a kind of block on the subjects, thwarting their efforts at solving problems and realising potential.

6.6. CONCLUDING SUMMARY

Under this chapter the main findings of the study have been reviewed not just for meeting of the study objectives. Based on such findings, conclusions which link the Child Support Grant to youth pregnancy with implications for HIV infection have been established.

With such conclusions in place, the findings of the study have been examined for any significance in respect of the subjects, the communities in which they live and also with regard to the institutions that provide services connected to the Child Support Grant or any complications that result from the Child Support Grant policy. The chapter has equally made a positive connection between the theoretical assumptions that guided the initial understanding of the problem and the likely intervention strategies that might address the uncovered problems.

On account of such findings, this study comes to a close by outlining recommendations, which are deemed fit to provide direction for intervention in this particular case, even if cautiously, on account of the limitations of a case study,.

The subjects of this study would benefit from an enhancement of their HIV&AIDS knowledge and attitudes, as well as a boosting of their capacity to tackle their socio-economic dilemmas. Such empowerment would be especially necessary to enhance their abilities to avoid too much dependence upon the grant, or on compromised relationships which are built on the exchanging of favours, even sexual ones.

CHAPTER SEVEN

7. RECOMMENDATIONS

7.1. INTRODUCTION

Notwithstanding the limitations of this case study, and which invalidate the generalisation of the study's findings beyond the two small geographical areas where the study was conducted, the insight gained from it is worth considering towards making specific area sensitive recommendations. Each suggestion is given alongside a brief background.

7.2. RECOMMENDATIONS WITH POLICY IMPLICATIONS

While the findings of studies like this one may not be of immediate benefit to social work practitioners involved in direct service provision, such insight may inform policy, curriculum and programme developers. Essentially, on account of the unreliable nature of case studies for policy implications, these suggestions could be adopted by relevant government departments and agencies for pilot implementation through their partner NGOs and other civic groups.

7.2.1. RECOMMENDATION ONE

MONITOR THE USE OF THE CHILD SUPPORT GRANT BY RECIPIENTS

Concerns surrounding the Child Support Grant, youth pregnancy and implications for HIV infection arise out of the abuse of this public fund at the expense of the welfare of the intended recipients: the children, as well the health consequences of the youth mothers at the heart of the debate.

The Department of Social Development, the South African Social Security Agency and other relevant parties should develop a monitoring mechanism for the use of the Child Support Grant. Considering the paltry amount of the Child Support Grant as the smallest of all social grants, such development should not set unrealistic conditions or invest more money into added administrative issues at the expense of the recipient.

Instead, such vision should aim to **ensure the efficient and responsible use of public funds. It should equally secure the observance of children's rights, regardless of the nature of such rights or under whose portfolio such rights may be infringed.** The grey area that allows for the endless buck-passing and which prevents addressing the abuse of the Child Support Grant should be dealt with in no uncertain terms.

7.2.2. RECOMMENDATION TWO

EMPOWER YOUTH MOTHERS ON CHILD SUPPORT GRANT TO EARN MONEY

The government and other interest groups should consider economic empowerment initiatives for youth mothers on Child Support Grant. Such should allay too much dependence on the grant by recipients, as well as promote their self-reliance and self-worth, while securing their defence against HIV vulnerability.

Even if the study subjects acknowledge the government's poverty-alleviation effort through the Child Support Grant, they still plead that the government comes to their aid in exploring other poverty-alleviation strategies. They want government assistance with skills-training and initial funding for group projects and business ventures so that they may realise their dreams to earn personal income and lead decent lives.

According to the findings of this study, the socio-economic environment which predisposes youth mothers on Child Support Grant to the total package of their infamous sexual activities needs real attention and addressing. Although the Child Support Grant has great alluring potential, and even if some young women are guilty of abusing it, poverty alleviation through more empowering means and tackling the negative cultural practices, which all expose young women to multiple risks and poor standing in society, should be earnestly addressed.

The start of such a vision might carry more weight if the Department of Social Development liaised with other relevant stakeholders to plan such an empowerment strategy for people like the subjects of this study. Such partners would include institutions and organisations whose mandate it is to address poverty reduction in general and protecting marginalised groups, as well relevant community interest groups.

This would not be a far-fetched idea as the setting of the Flagship Programme for Unemployed Women with Children 0-5 years, which recognises that the eradication of poverty requires an integrated approach, using inclusive stakeholder groups (Report of the Lund Committee, 1996), points to the Department's readiness to engage the new developmental social welfare approach.

7.2.3. RECOMMENDATION THREE

ENHANCE THE ABILITY OF YOUTH MOTHERS ON CHILD SUPPORT GRANT TO LEARN ABOUT HIV&AIDS, AND PROMOTE HIV&AIDS ATTITUDINAL CHANGE THROUGH PROGRAMMES THAT INCORPORATE ECONOMIC EMPOWERMENT

Because of their dismal HIV&AIDS knowledge, negative attitudes and practices in an apparent vacuum of specific HIV&AIDS programming, the HIV&AIDS coping mechanisms of youth mothers on Child Support Grant need enhancing. This could be done through improvement of the existing programmes or the initiation of new ones.

Because of the interrelated nature of the major issues that constitute the problematic elements of the Child Support Grant and the HIV&AIDS pandemic, i.e. poor HIV&AIDS knowledge and negative attitudes, alongside poverty, gender inequality and economic dependence, it would be futile to attempt to address the two separately. In such respect, specific programming should incorporate HIV&AIDS coping enhancement alongside economic empowerment.

The need for teaching youth mothers on Child Support Grant about HIV&AIDS, as well as enhancing prevention through economic empowerment is very important in the light of South Africa's high HIV&AIDS prevalence and the current social impact toll on individual and family life. While rehabilitative measures are vital for those who are already living with HIV&AIDS, the government needs to take serious steps towards prevention of the further spread of HIV. It is time that the government emphasised the need for personal and social responsibility in everyone. **The government cannot fight HIV&AIDS alone and government efforts will not work unless individuals, families, groups and societies support the government's political will and efforts.**

Additionally South Africa cannot afford to rely on casual HIV&AIDS awareness strategies that depend on 'chance accessibility'. **Different curricula need to be designed** in order to meet the various needs of individuals and groups, regardless of where they live out their lives, without necessarily being in school. In the pursuit of such efforts, it might help if planners examine carefully and learn from the suggestions by Kirby, Laris & Roller (2007:213) regarding the characteristics of effective curriculum and group-based sex and HIV education programmes. (Refer to pages 170-172, Chapter 6 of this report).

7.2.4. RECOMMENDATION FOUR

CLARIFY THE INFORMATION ABOUT CONTRACEPTIVES BY INJECTION

In view of the revealed misconceptions about the mistaken use of contraceptives by injection as a vaccination scheme against HIV infection, the Department of Health should make it a point to modify the information about that particular contraceptive; specifically warning clients that it is not a vaccination against HIV infection.

7.3. RECOMMENDATIONS WITH SCHOLASTIC IMPLICATIONS

As an exploratory study into the relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection among recipients, this study feeds into the academia in the following ways:

7.3.1. RECOMMENDATION FIVE

CONDUCT MORE RESEARCH INTO THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY AND IMPLICATIONS FOR HIV INFECTION

Even if this research exercise set out to get the truth of this matter 'straight from the horse's mouth', a denial-admittance trend characterised the entire discussion process. The research subjects persistently and consistently personally denied the practice of having children in order to access the Child Support Grant, while hugely affirming it for 'the other youth mothers' who did not take part in the study.

Notwithstanding this development, the revelations and the reasoning that came out of this case study are very compelling about the role that the Child Support Grant is playing in enticing poor youths to have children in order to get the grant. Such revelations call for specially designed research, yet again, to dig deeper and establish further truth on this matter. While readers may use this exercise to identify what else to uncover about the relationship between the Child Support Grant and youth pregnancy, and the implications of such a relationship for HIV infection among recipients, or how else to investigate this sensitive and slippery issue, the researcher suggests the following for further research:

7.3.1.1. GETTING OVER THE DENIAL-ADMITTANCE SYNDROME

Only a single subject (5%) personally admitted having a child in order to access the Child Support Grant while rest of the subjects personally denied it but affirmed it only for 'the others'. To such end, the affirmation of the contentious assumption of the promotion of youth pregnancy by the Child Support Grant was essentially based on indirect sources. This creates a need for further investigation of the phenomenon. **It may therefore, be beneficial for future studies to get over the dodgy denial-admittance trend that marked the disclosures, by among other means, methodological adaptation such as the use of much larger samples and more stringent quantitative analysis.**

7.3.1.2. MONITORING THE CHILDBEARING REPEAT ELEMENT OVER TIME

While subjects condoned the use of repeated child bearing to offset economic hardships, they did not seem to use such opportunity at just 1.7 children each. Yet, because the number of those with more than one child at 12(60%) outweighs those with just one child at 8(40%), **it would be necessary to subject the matter to further research with more statistical power such as the use of much larger samples under more rigorous quantitative methodology.** Additionally, it would be interesting to **observe if the childbearing repeat element would become a major problem over time, through a longitudinal study.**

7.3.2. RECOMMENDATION SIX

CONDUCT MORE RESEARCH INTO THE ISSUE OF DISPARITIES BETWEEN RECOGNISED HIV&AIDS KNOWLEDGE, AND ATTITUDES AND PRACTICES

While the poor HIV&AIDS knowledge exhibited by the subjects may account for some lapses in attitudes and practices, the blatant disregard for established HIV&AIDS teachings and strategies such as condom-use, which promote the protection against HIV infection among sexually active youths, even if the subjects recognised them, casts a shadow over meaningful HIV&AIDS safeguard successes among the subjects.

Because this paradox transcends socio-economic class barriers, its persistent potential in the promotion of indiscriminate vulnerability to HIV infection calls for concerted further research. With no amount of information given or sourced in whatever manner yielding satisfactory results in this particular clientele, **the efficacy of HIV&AIDS awareness programmes seems to rely on the successes that are yet to be made in this respect.**

7.3.3. RECOMMENDATION SEVEN

CONDUCT RESEARCH ON WHY THE CHURCH AND HEALTH FACILITIES MAKE UNPOULAR LEARNING CENTERS FOR HIV&AIDS AMONG YOUTHS

With its observation for religious affiliation, the church plays a cardinal role on many fronts in individual and social life. The vital role of health facilities in socialising and ensuring vibrant life is equally important. Even if the church and health facilities were identified as active learning sources for HIV &AIDS in this study, they were not chosen as ideal teaching strategies. The reason for this unpopularity remains unclear. Rather than contemplate on it, this issue calls for answers, which research, is well-equipped to accomplish.

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9. ANNEXURES

ANNEXURE A: INTERVIEW SCHEDULE FOR FOCUS GROUP DISCUSSIONS

THE CHILD SUPPORT GRANT, YOUTH PREGNANCY AND IMPLICATIONS FOR HIV INFECTION:

A Case Study of Mafikeng Local Municipality, In Ngaka Modiri Molema District,
North-West Province, South Africa

Focus Group Number _____

Settlement Area Type

Urban Area	1	
Rural-area	2	

1. There is a lot of talk that young women are having children in order to get the Child-Support-Grant. As young women with children, and who are getting the Child-Support-Grant, what are your views on such statements?
2. What would you say were your reasons for having a child?
3. What is the main reason, young women in this area have children?
4. Do you know of any young women in this area who had children in order to get the Child Support Grant?
5. Why do some young women want to use the Child Support Grant in this manner?
6. Besides the Child Support Grant, what do the majority of young women in this area do to earn money?
7. What do you think young women in this area should do to earn money?

8. Some people are not happy that young women are having babies before they get married. As young women with children, what is your opinion about this?
9. It is natural for people to get into intimate relationships, make love and actually enjoy it, and want to continue making love. It is also natural to have babies as we like. However, there is the danger of contracting HIV these days. Do young women ever consider the possibility of getting infected while doing whatever they are doing that leads to a pregnancy?
10. In what type of families such as rich or poor, is HIV&AIDS is likely to occur and why?
11. Do you think many women in this area at risk to contract HIV?
12. What is the reason, some people do not want to test for HIV?
13. What is the attitude of most young women in your area towards the use of condoms?
14. You seem to be a very smart group; knowing quite a bit about HIV&AIDS. How do you get all this information about HIV&AIDS?
15. Do you feel any need to learn more about HIV&AIDS?
16. In your opinion what is the best way to teach young mothers about HIV&AIDS?

ANNEXURE B: INDIVIDUALLY ADMINISTERED STRUCTURED QUESTIONNAIRES

THE CHILD SUPPORT GRANT, YOUTH PREGNANCY
AND IMPLICATIONS FOR HIV INFECTION:

A Case Study of Mafikeng Local Municipality, In Ngaka Modiri Molema District,
North-West Province, South Africa

Questionnaire Number ____

A. BIOGRAPHICAL DATA

Please indicate your answer by putting a circle around the item of your choice, or
filling in your answer in the boxes provided.

1) Settlement Area Type

Urban Area	1	
Rural-area	2	

2) Age:

18-19 years	1	
20-25 years	2	
26-30 years	3	

3) Marital Status:

Single	1	
Living Together	2	
Married	3	
Divorced	4	
Widowed	5	

4) Educational Level

Under Grade 5	1	
Grades 5-7	2	
Grades 8-9	3	
Matriculation	4	
Tertiary	5	

5) Who do you live with?

I live on my own	1	
I live with my parents/relatives	2	
I live with the father of my child/children	3	
I live with my husband	4	
I live with my partner, who is not the father of my child/children	5	

B. THE RELATIONSHIP BETWEEN THE CHILD SUPPORT GRANT AND YOUTH PREGNANCY

6) How many children do you have?

1.	1	
2.	2	
3.	3	
4.	4	
5.	5	
6.	6	

7) Do your children live with you?

Yes, my children live with me	1	
No, my children do not live with me	2	

8) What would you say were your reasons for having a child?

I wanted a child	1	
My partner wanted a child	2	
I got the child from an unplanned pregnancy	3	
My parents wanted a grand-child	4	
I wanted a child to get the Child Support Grant	5	

9) What is the main reason, young women in this area have children?

They want children.	1	
They want children in order to have the Child Support Grant	3	
Don't know why they want children.	3	
Unplanned pregnancies due to peer-pressure	4	
Other: Explain	5	

10) Do you know of any young women in this area who had children in order to get the Child Support Grant?

Yes, I know of a young woman/women who got children in order to get the Child Support Grant	1	
No, I do not know of a young woman who got a child in order to get the Child Support Grant	2	

11) Some people feel that young women are having babies so that they can get the Child Support Grant. Do you agree with this view?

I strongly agree.	1	
I agree.	2	
I disagree.	3	
I strongly disagree.	4	
I do not have an opinion on this matter	5	

12) Why do some young women want to use the Child Support Grant in this manner? Please explain.

--

13) Do you have any other means of getting money, apart from the money you get from the Child Support Grant?

Yes, I am supported by someone	1	
Yes, I earn my own money	2	
No, I do not have other means of getting money, apart from the money I get from the Child Support Grant	3	

14) If your answer to No 13 above is YES: what is your other source of income? Please explain.

--

15) In addition to how you are getting money now, what would you like to do to earn your own or make more money

Become a Domestic/Labourer	1	
Become an Admin/Clerk/Typist	2	
Become a professional	3	
Set up own Business (Specify)	4	
Get back to school to improve my education	5	
Get back to school and become a professional	6	
I do not know what I could do to earn money	7	
Not applicable: I'm happy with the way things are	8	

C. THE HIV&AIDS KNOWLEDGE OF YOUTH MOTHERS ON CHILD SUPPORT GRANT TOWARDS HIV&AIDS- IMPLICATIONS FOR HIV INFECTION

16) What is HIV?

17) What is AIDS?

18) How can a person know that they have HIV?

19) Does the process of getting pregnant create any risk of HIV infection?

D. THE HIV&AIDS ATTITUDES AND ATTITUDES OF YOUTH MOTHERS ON CHILD SUPPORT GRANT TOWARDS HIV&AIDS

20) In what type of families is HIV&AIDS likely to occur?

Mostly in poor families	1	
Mostly in rich families	2	
It can occur in any type of family	3	
I do not know which type of family is more open to HIV&AIDS	4	

21) What are the reasons for HIV&AIDS occurring in the type of family that you have chosen?

--

22) Do you feel at risk of getting HIV?

Yes, I feel at risk of getting HIV	1	
No, I do not feel at risk of getting HIV	2	
I don't know if I'm at risk of getting HIV	3	
Other: Explain	4	

23) If you feel at risk of getting HIV, why do you feel the risk?

--

24) If you do not feel to be at risk of getting HIV, why do you feel that way?

--

25) Have you ever taken an HIV test?

Yes	I have taken an HIV test	1	
No	No, I have never taken an HIV test	2	

26) If you have taken an HIV test, do you know your HIV status?

Yes, I know my HIV status	1	
This does not apply to me because I have never taken an HIV test	2	
No, I do not know my status	3	

27) If you have taken an HIV test and you do not know your HIV status, what is the reason you do not know your HIV status?

This does not apply to me because I know my HIV status	1	
This does not apply to me because I have never taken an HIV test	2	
I did not want to know my HIV status	3	
I was afraid to know my HIV status	4	
Other: Explain	5	

28) If you have never taken an HIV test, what is the reason you have not taken the test?

I am afraid to know my HIV status	1	
This does not apply to me because I have taken the HIV test	2	
I don't want to know my HIV status	3	
Other: Explain	4	

29) What is the reason, some people do not want to take the HIV test?

--

30) What do you think is the best method for a sexually active young woman to protect herself from the risk of HIV infection?

--

31) What is the attitude of most young women in your area towards the use of condoms?

Most young women always use condoms	1	
Most young women use condoms only sometimes	2	
Most young women do not use condoms	3	
I do not know if most young women use condoms	4	

32) Despite the knowledge that using condoms would give them some protection against HIV, most young women are reportedly not using condoms. Why is this so, particularly in your area?

E. Programmes available for youth mothers on Child Support Grant to enhance their HIV&AIDS awareness, knowledge, attitudes and coping strategies

33) How do you mainly get information about HIV&AIDS?

34) Do you feel any need to learn more about HIV&AIDS?

Yes, I feel need to learn more about HIV&AIDS	1	
No, I feel no need to learn more about HIV&AIDS	2	
I am not sure if there is any need to learn more about HIV&AIDS	3	

35) If you feel the need to learn more about HIV&AIDS, what would be the best way to teach youth mothers about HIV&AIDS?

36) If you do not feel any need to learn more about HIV&AIDS, why do you feel that way?

37) If someone asked you to explain to them about the difference between HIV and AIDS would you be able to help them?

Yes- I would because I know the difference between HIV and AIDS	1	
No- I would not, because I do not know the difference between HIV and AIDS	2	
I'm not sure what I would say to them because I am confused about the difference between HIV and AIDS	3	

ANNEXURE C: LETTER TO GATE-KEEPERS

Thursday, 05 March 2009
Namakau Nalumango
Department of Social Work,
North-West University
Private Bag X2046, Mmabatho,
South Africa, 2735
Email: nnalumango@yahoo.com
Mobile #: 076 240 7204

To Whom It May Concern:

RE: SEEKING PERMISSION TO CONDUCT RESEARCH ON THE CHILD SUPPORT GRANT IN MAFIKENG MANICIAPLITY, NGAKA-MODIRI-MOLEMA, NWP

I, Namakau Nalumango am a registered postgraduate student in the Department Of Social Work, in the School of Human And Social Sciences at Mafikeng Campus of the North-West University. My study for Master of Social Work requires the conduction of a research project. For that purpose I wish to examine the 'Relationship between the Child Support Grant, youth Pregnancy and Implications for HIV Infection' in the Mafikeng Municipality of the Ngaka Modiri Molema District, covering both rural and urban communities. The exercise seeks to engage conversation between the researcher and assistants with 40 youth mothers aged 18 to 30 years, who are on Child Support Grant in the area.

The study is expected to help policy makers and the society in general by adding to the knowledge about the alleged relationship between the Child Support Grant and widespread youth pregnancy in South Africa. Examining the attitudes and levels of HIV&AIDS knowledge among youth mothers on Child Support Grant should help to raise awareness among the subjects and help to address the HIV&AIDS pandemic.

In line with the rules that govern the carrying out of research, the study will ensure the privacy, rights, needs, values and desires of respondents in the process of seeking answers from the young women. While respondents are informed of the importance of their participation to facilitate understanding of the phenomenon under investigation, they will be asked to take part in the study out of their own free will.

It is for this reason that I wish to seek permission of the programme managers at the South African Social Security Agency and the Mafikeng Municipality to carry out this exercise, as well as soliciting support and help as needs may arise during the study.

I thank you in anticipation of your assistance and cooperation.

Namakau Nalumango (Miss.)

NB: An endorsed copy of this letter was sent to SASSA and the copy is attached as Annexure H on page 223

ANNEXURE D: PARTICIPATION REQUEST LETTER TO RESEARCH SUBJECTS

Dear respondent/participant,

This letter serves to ask you to take part in a study that examines the relationship between the Child Support Grant, widespread youth pregnancy, and implications for HIV infection in the Mafikeng Municipality of Ngaka Modiri Molema District in the North-West Province. The study is expected to seek understanding towards concerns of widespread youth pregnancy in connection with the Child Support Grant, despite the current situation of HIV&AIDS.

You were identified to take part in the study as a result of your being both a youth-mother and a recipient of the Child Support Grant. The community in which you live assisted in identifying you as a potential candidate to assist in discussing this matter.

Even if this study is important for the youths, policy-makers and the society in general, you are free to choose to take part in it or not. Because this study will be assisted by your personal opinions on the issues to be discussed, the researcher will ensure that your identity will not be associated with the statements, which you will make during the discussions. In fact, your name will not be used on any of the research documents or the report to be compiled.

Despite the big contribution you will be making by taking part in the study, the researcher will not be able to bring back the research findings to the individual participants. However, the report of the findings will be made available to the public in different ways such as press-reports and the storage of the document under public domain like the university library.

Your cooperation in this exercise will be highly appreciated and I thank you for that.

Sincerely,

Namakau Nalumango (Miss)

If you agree to take part in the study, please sign below:

--

ANNEXURE E1: FOCUS GROUP PARTICIPATION CONSENT LIST
CLUSTER 1: URBAN

#	SIGNATURE	DATE
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		

ANNEXURE E2: QUESTIONNAIRE PARTICIPATION CONSENT LIST
CLUSTER 1: URBAN

#	SIGNATURE	DATE
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		

ANNEXURE F1: FOCUS GROUP PARTICIPATION CONSENT LIST
CLUSTER 2: RURAL

1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		

ANNEXURE F2: QUESTIONNAIRE PARTICIPATION CONSENT LIST
CLUSTER 2: RURAL

1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		

ANNEXURE G: The Budget

ACTIVITY RESOURCE NEEDS	ACTIVITY RESOURCE COSTING: R
Data Collection: • Travelling Expenses: Fuel and Taxi fares • Phone calls • Meals	4 000.00
Data Collection: • Stipends to Assistants (for interpretation during the interviews and the translation during the FGI discussion transcription)	4 000.00
Data Processing and Document Generation: • Stationery, Printing, Photocopying, Editing and Binding	6000.00
TOTAL COST OF BASIC REQUIREMENTS	14 000.00

**ANNEXURE H: DATA COLLECTION AUTHORITY LETTER TO SASSA, ENDORSED
BY THE HEAD OF THE DEPARTMENT OF SOCIAL WORK**

Thursday, 06 March 2009

Namakau Nalumango
Social Work Department
North-West University
Private Bag X2046, Mmabatho
South Africa, 2735
Email: nnalumango@yahoo.com
Mobile #: 076 240 7204

To Whom It May Concern:

**RE: SEEKING PERMISSION TO CONDUCT RESEARCH ON THE 'CHILD-SUPPORT-
GRANT IN MAFIKENG MUNICIPALITY, NGAKA-MODIRI-MOLEMA, NWP**

I Namakau Nalumango am a registered postgraduate student in the Department Of Social Work, in the School of Human And Social Sciences at Mafikeng Campus of the North-West University. My study for Master of Social Work requires the conduction of a research project. For that purpose I wish to examine the 'Relationship between the Child-Support-Grant, Youth Pregnancy and Implications for HIV Infection' in the Mafikeng Municipality of the Ngaka Modiri Molema District, covering both rural and urban communities. The exercise seeks to engage conversation between the researcher and assistants with 40 Youth-Mothers aged 18 to 30 years, who are on Child-Support-Grant in the area.

The study is expected to help Policy makers and the society in general by adding to the knowledge about the alleged relationship between the Child-Support-Grant and widespread youth-pregnancy in South Africa. Examining the attitudes and levels of HIV & AIDS knowledge among Youth-Mothers on Child-Support-Grant should help to raise awareness among the subjects and help to address the HIV & AIDS pandemic.

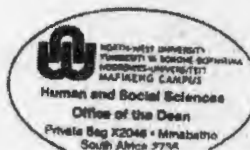
In line with the rules that govern the carrying out of research, the study will ensure the privacy, rights, needs, values and desires of respondents in the process of seeking answers from the young women. While respondents are informed of the importance of their participation to facilitate understanding of the phenomenon under investigation, they will be asked to take part in the study out of their own free will.

It is for this reason that I wish to seek permission of the program managers at the South African Social Security Agency and the Mafikeng Municipality to carry out this exercise from the program managers at the South African Social Security Agency and the Mafikeng as well as soliciting support and help as needs may arise during the study.

I thank you in anticipation of your assistance and cooperation.



Namakau Nalumango (Miss.)



**ANNEXURE I: COVER LETTER FROM THE HEAD OF THE DEPARTMENT OF
SOCIAL WORK TO SASSA, REQUESTING PERMISSION TO CONDUCT THE
RESEARCH**



**NORTH-WEST UNIVERSITY
TUNABESITHI YA BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS**

Private Bag X2046, Mmabatho
South Africa, 2735

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Tel: 018-363 2666

© March 2008

**The Head,
South Africa Social Security Agency (SASSA)
Private Bag 244
Mmabatho- 2735**

Dear Sir/Madam,

**RE: SEEKING PERMISSION TO CONDUCT RESEARCH ON THE 'CHILD-SUPPORT-
GRANT IN MAFIKENG MUNICIPALITY, NGAKA-MODIRI-MOLEMA, NWP**

The above named student is a registered Master of Social Work student at this University, Department of Social work. This letter serves to request you to permit her to do field work to collect data for her dissertation on Youth-mothers receiving Child-Support-Grant.

The attached letter provides more detailed information on the proposed research area and the kind of assistance she would require.

Your assistance will be highly appreciated.

Yours sincerely,

Head of Department



sassa
South African Social Security Agency

Enq : M.E Moutsoase
Tel : 018 3880059
Fax : 086 519 8875
Email : mmakgosi@sassa.gov.za
Date : 13th March 2009

Ma Namakau Nelumengo
Social Work Department
North West University
Private Bag X 20 45
Mmabatho
2735

Sir / Madam

RE: SEEKING PERMISSION TO CONDUCT RESEARCH ON THE CHILD SUPPORT GRANT IN MAFIKENG MUNICIPALITY, NGAKA MODIRI WOLLEBA.

Kindly be informed that your request seeking permission to conduct research on "Youth mothers receiving Child Support Grant in the Mafikeng Municipality" has been granted by the Acting Regional Manager. The above-mentioned research will commence from the 23rd March to the 3rd April 2009 as requested.

Yours faithfully

Senior Manager Customer Care
M. L. J. Merslack
Date: 13/3/2009

 *making the right choice, taking to the right starting
in the right time and place. 2004/04/04*

South African Social Security Agency
10001 Street View, Pretoria
Branch Office: Mafikeng
Mafikeng Office: 018 388 0059
Fax: 018 388 0059
Email: mmakgosi@sassa.gov.za

**ANNEXURE K: TRANSLATION OF THE AUTHORITY LETTER FROM SASSA
(TRANSLATED FROM ENGLISH TO SETSWANA)**

**KOPO YA TETLA YA GO DIRA PATLISISO YA TLAMELO YA BANA MO
KGAOLONG YA MMASEPALA WA NGAKA MODIRI MOLEMA**

O tshelwa ka boikolobetso gore kopo ya gago ya go neelwa tetla ya go dira patlisiso mabapi le 'Batsadi ba ba botlana ba ba amogelang kabo ya Tlameko ya Bana mo Mmaselaleng wa Mafikeng' e rebottawe ka Motsemaisi wa Kgaolo wa Namasotshwere. Patlisiso e e unakiweng fa godimo e tla simolola ka la 23 Mopitšwe go fihla ka la 3 Moranang 2008, jaaka o kopile.

Wa gago