

CHAPTER TEN

DEVELOPING AN UNDERSTANDING OF THE EVALUATION OF THE PROXIMAL AND DISTAL CONTEXT

10.1 Introduction

The following paragraphs present results from field interviews with nine experts working in governmental and non-governmental institutions in the field of education, health, social and community welfare in Kayamandi. The purpose of these interviews was to identify risks and resources influencing the social life, physical health and mental well-being of children in the case study community. The underlying objectives of this chapter are, first, to integrate the gathered data in chapter 10 with data presented in chapter 4, in order to provide an in-depth view of the strengths and challenges facing children in Kayamandi, and second, to detect influences that affect intervention and research outcomes.

The semi-structured interview included fourteen questions (organised under six headings) on cultural, socio-economic, family, health, and educational conditions in the target participant's living environment. A short questionnaire was handed out to the interviewees and field notes were taken by the interviewer (see also 6.2). The chapter is concluded with results from the opinion poll held among children regarding their attitudes towards their community and the challenges facing them in the physical environment.

10.2 Ethnic Diversity and Cultural Heritage

According to the interviewees, Kayamandi is a community diverse in cultures and ethnic groups from South Africa and other African countries:

There are many different people in Kayamandi with different cultures from other parts of the country: Xhosa (majority), Tswana, Sotho, Coloureds/Afrikaans, Ethiopians, Nigerians, Somalis. (A)

The movement of other South African groups into Kayamandi is recognised as a slow but stable process (E). The majority of residents have their cultural heritage in the Eastern Cape Province and belong to the ethnic group of the Xhosa. Among the different cultures and nationalities, isiXhosa is the interlinking language of all groups in Kayamandi (B).

The cultural background is described as important in the upbringing of children and has a positive and causal effect on children's development.

They should grow up in their own culture for learning traditions and culture. Indeed there are many ethnical groups, but because the universal language is Xhosa, they seem to develop in a balanced way... Yes, it is much better to grow up in your own culture for being able to communicate and you interact with your own culture. So children can learn their culture and traditions. (B)

One interviewee added that educating children about their blood line and family tree, thereby incorporating the entire extended family, is part of a culture-based educational process (A). According to the statements above, the role of heritage and culture is to encourage a cultural identification process in the socialisation of children at family and community level.

10.3 Physical Environment – Prevailing Risks to Health

The physical environment of Kayamandi is characterised by overcrowding in a geographically limited space (B), considered to have a great impact on children's development. The interviewees considered the informal settlement areas as extremely critical for the mental and physical growth of children (G). These areas were described as overcrowded, with the predominant housing unit, the shack, offering less privacy for occupants (F; B; A; C; H; A).

In addition, overcrowding was also mentioned as causing risky spaces and situations for children, e.g. the danger of fire that spreads quickly in the densely populated areas (A; E) especially during hot dry seasons. The insufficient water supply and waste management, and the "absence of acceptable ablution facilities" (G) for such a large number of people were identified as the causes of an extremely unhygienic living environment (D; H; I; B) that poses health risks to children in informal areas. In addition, the limited physical space within the informal settlement areas presents not only a safety and security problem for children, but also a threat to children's emotional and physical well-being (D; C). Finally, interviewees also mentioned that the whole of Kayamandi (C; D) lacks playgrounds and green spaces for recreational purposes where children can create their own experiences and be safe.

In summary, limited physical space, shacks as housing units, unhygienic living conditions and the lack of safety were identified as the prevalent physical environmental constraints on the mental and physical development of children in Kayamandi.

10.3.1 Risky Health Conditions and Child Diseases

As already explained in chapter 4, the health service for 28 000 people consists of one day care clinic in Kayamandi. The clinic is visited by a doctor only once a week for two hours (E; C). Interviewees from the health sector described the clinic as too small for the number of patients, as well as under-equipped. Although the interviewees criticised the quantity of the health facilities, they did not mention the quality of the health facilities nor staff qualification as critical in the medical service that is provided.

The recently in-migrated people from former homeland and rural areas are made responsible for overcrowding this health service in Kayamandi (G). Another interviewee working for an administrative facility in Stellenbosch supported this statement and complained that patients from Kayamandi put additional pressure on the health systems in town. When asked for a more detailed explanation, the interviewee quoted three factors that impact upon this situation: (a) the lack of enough health facilities within the community, (b) the high number of health problems within the community itself, and (c) the existing stigma attached to tuberculosis (F) that forces people to use health facilities outside of Kayamandi to prevent public disclosure of their status. An interesting observation is that the above mentioned interviewee does not know how many people currently live in Kayamandi. It can be argued that the absence of an exact census widens the gap between the supply of and the demand for health facilities within a town area that accommodates more than 28 000 residents. A situation like this puts enormous pressure on every working individual dependent on this overstrained health system described by interviewees.

The general health standard of children is described as disquieting and is proved to be an obstacle for the physical and mental growth of children.

The poor health conditions in nutrition and hygiene are hindering factors for the physical and mental growth of children in Kayamandi. (I)

One interviewee from the health sector described the poor health status of children within the Kayamandi community as an interaction between unhygienic conditions, low standards of living and poverty, which results in malnutrition (G). The shack areas in particular, in being densely populated, are identified as pools of poverty where diseases spread easily and malnutrition predominates (H; D). Children that live in these dense areas play in the streets and spaces between shacks where people dispose of waste and waste water, and pick up germs and bacteria (G; H; C; Es mm). Infections are described as a result of strained unhygienic and poor living and sanitary conditions (I; E). The main diseases of children listed are lower

respiratory tract infections, e.g. tuberculosis, bronchitis and pneumonia, and lower body infections, such as diarrhoea (F). Further problems reported are scabies, sores, ring worms on the body and scalp, chicken pocks and malnutrition (G). Malnutrition seems to be a serious problem in the Kayamandi community because several experts stated this health problem in different sequences in the interview sessions as a risk to children resulting in a low immune-resistance (D; I; H; C).

Their low resistance because of malnutrition puts them at extra risk of smear infections, lower respiratory infection (TB, pneumonia, bronchitis), or diarrhoea. (G)

Another health problem seems to be teenage pregnancy. Experts (D, A, I) testify that teenage pregnancy can already be found at primary school level – sometimes even at the age of nine years (F).

There is a problem of a high teenage pregnancy rate. It starts in Grade 5 and then after the first child, teenagers often get another child because they want to apply for another child grant. (A)

Children in Grade 5, for example, are not older than 12 or 13. Any sexual act with this age group is illegal and professionals are obliged to report child sexual abuse if the pregnant teenager is younger than 16 years. A few interviewees referred to abusive sexual acts by peer pressure or coercion (F) without linking it directly with the high rate of teenage pregnancy within the community. Teenage pregnancy is connected to several societal problems, e.g. applying for child grants in order to avoid unemployment after school, which are perceived by professionals to contribute to early sexual activity of pre-adolescents. It seems that the risky behaviour of young people is also indicative of an absence of fear of infection caused by a difficult social situation that does not offer long-term life perspectives, especially for girls. This lack in perspective in turn supports emotional distress or deprivation (H) among individuals. Other interviewees see early sexual activity as a result of living in one-room shacks (F; G) where the children are likely to observe the sexual activities of their parents.

The problem of teenage pregnancy is not linked to a lack of information provided by health and education facilities or parents, who tend to avoid talking about taboo issues (A), rather, teenagers who fall pregnant are in a certain way made jointly responsible for a behavioural “problem” (A) and for the spread of HIV within the community.

They are taught about HIV/AIDS and STIs, how to prevent pregnancies (G); and The problem with high teenage pregnancy is the spread of HIV. (A)

A further specific health problem was mentioned by one interviewee: premature baby syndrome (H). He commented:

Premature babies are weak and (poor) families cannot take care of them. What happens to these babies if nobody takes care of them? (H)

Premature birth can be caused by a state of bad health including malnutrition and/or infections, risky health behaviour (including alcoholism) and the youth of pregnant women. Although premature baby syndrome was not quoted by any other interviewee as a health problem within the Kayamandi community, this comment should be taken seriously and investigated in regard to high teenage pregnancy and widely distributed alcohol addiction among individuals within the community.

10.3.2 Lack of Security and Violence against Children

In general, crime is considered a threat to the stability of the community and a safety risk for children.

Any situation that threatens the stability of a community, high crime, for example, will affect children negatively (G).

The two forms of violence that cause a lack of security for children are: community conflict and forms of child abuse. The interviewees ascribed the major security threats to in-migration, which seems to aggravate an ongoing conflict between recently immigrated and long-term residents, although most residents belong to one ethnic group, namely Xhosa (C). The separation is visible in Kayamandi's structural layout: Recently in-migrated people, expected to have come from areas within the Eastern Cape Province, dominate the informal settlement areas, whilst long-term inhabitants predominantly live in formal areas. The in-migration causes community conflict, as urban/modern-westernised and rural/traditional values and life styles collide.

The people from the Western Cape Province in Kayamandi look down on the migrants from the Eastern Cape. They often call them 'moegoe'. This is an Afrikaans word and means stupid person or someone who knows nothing. (B)

Interviewees stated that the two groups do not socialise or communicate with each other due to stigmatising processes and insults, like:

This is the reason why places like the school and Kayamandi are dirty because of the untidy behaviour of the foreign (add: migrantes) people. (B)

Furthermore, it can also be argued that the conflict is not only a conflict between people from poorer and better-off areas (in the community), but rather a power struggle between groups about who rules the community. Although such statements were not made directly in the interview, any struggle within the community give cause for concern since they create additional threats to the youngest members of society, namely children, who are exposed to diverse problems and remain in the middle of the conflict, being heavily dependent on the older generations.

Neglect, violence and sexual abuse were mentioned as prevalent forms of emotional and physical abuse, causing security problems for children in Kayamandi. Alcohol (and drug) addiction was testified as a widespread health risk in Kayamandi – social life in Kayamandi seems to centre around alcohol selling places like shebeens and taverns (G; F). Interviewees described alcoholism among adults in families as the reason for the neglect of children. They also stated that alcohol-related problems are predominantly found in informal settlement areas and expressed the concern that risky health behaviour of children is learnt from parents who function as role models (G).

The drug/substance abuse by parents, e.g. drinking parents (alcohol abuse) is mainly to be found in informal settlements and drug and substance abuse by children will follow. They later show the same behaviour...Neglect, violence – children do not learn the rules from their parents. (H)

Social research (e.g. Berry & Guthrie, 2003) shows that alcohol addiction deeply affects family life, as it increases stressors and violence levels and creates a high vulnerability of children that are neglected by their inebriated guardians. Alcoholism in the community should form part of a community-wide health intervention strategy.

Only one interviewee mentioned corporal punishment as a form of physical violence (B) after the interviewer had remarked that this seemed to be a problem at school. During the interview sessions the interviewer had observed several scenes of corporal punishment at school. The interviewee answered that he did not understand why teachers were so angry with the children, but was of the opinion that, from personal experience, a heavy beating created a better person (B). This comment is again an exception in this field analysis. A specific question relating to the existence of physical punishment at school or family life was not formulated in the interview design.

Another form of child abuse mentioned is the sexual abuse of children. This form of violence was affirmed by several interviewees at different times in the interview sessions. Sexual abuse was described as widespread and starting at a very early age (H, A; F; B). One interviewee counted 15 incidences of sexual abuse at the primary school in the year 2001 (A). Official statistics (presented in chapter 4) do not support this statement. Emotional threats to children who are exposed to any kind of abuse were not mentioned by interviewees as a form of abuse.

10.4 Insights into Family Structures and Realities

The interviewees identified the following systems as the predominant family types in Kayamandi: the single-headed, urban-extended, legal guardian or child-headed system. Nuclear and rural-extended family systems were less frequently listed.

Single-headed families are described as the predominant family system in Kayamandi, and the result of high divorce rates, new partners or long-term separation of partners prevalent in informal settlements (B). The majority of single-headed families are ruled by women (F; C; H; E). The female- and single-headed families are associated with poverty and malnutrition (B); one interviewee expressed his concern that the predominance of single-headed households and the lack of extended families cause an absence of support systems and safety for children (H).

The second most common family system is the urban form of the extended family. The existence of a rural-extended family system which accommodates different generations over a longer period of time and is ruled by older generations was denied in interviews (H). The urban form of an extended family is described as a system of different family members who stay together for a short period of time. Two findings on the existence of an urban-extended family lead to this conclusion: First, the interviewees only described the existence of “big family members” (C), and second, the absence of grandparents who live mainly in the Eastern Cape Province (E) leads to a combination of people or blood relatives staying together without

being ruled or regulated by the oldest authorities of the family as is the case in rural-extended family systems. Despite the fact that the traditional form of an extended family cannot be established within the urban community because of the absence of older generations, some interviewees still expressed the belief in traditional rural-extended family systems.

Extended families still exist, hopefully lending support to children, motivating them and hopefully older ones setting example by way of their lifestyles, shaking up of young unmarried is bad example. (G)

This statement simultaneously expresses a dislike in single-headed families and a non-appreciation of their tendency to educate children in extremely impoverished and, therefore, socially unstable living conditions.

Other types of family units that accommodate children in the absence of parents are either legal guardians (e.g. aunt, uncle) or child-headed families where children of secondary school age take care of younger siblings (B; C). These systems are established to safeguard young children when father and mother have passed away (D; H). The consequence for the older siblings is a shortened childhood; in addition, they are prone to terminate school attendance prematurely.

First-born in poor families or oldest children bear early and high responsibility for other children. If the parents are away, they take over the parents' role and sometimes they do not go to school. (I)

Some interviewees mentioned that migration processes cause families in Kayamandi to be overburdened by unstable family systems; poverty with its related financial and psychological strains; and difficult and overcrowded living conditions within their physical environment. According to the interviewees, such an environment causes extremely unstable psychological and social situations for children and hinders them to have emotionally stable relationships with family members or peers. In the interviewees' opinion, this instability causes an emotional disturbance that prevents the development of 'normal behaviour', thereby putting children at risk of abuse or of becoming sexually active through peer pressure (F).

Several interviewees criticised the fact that many families cannot meet their children's basic need for food and shelter (C; I). Poverty and a high rate of unemployment (E; F; D; C; H) were noted as predominantly negative social conditions at the root of malnutrition and the generally low health status of children in Kayamandi (D; I).

One interviewee described two kinds of parents, those that are “dead tired” when they come home from long working hours, and those that “drink themselves to dead” as they are unemployed and spend most of the time at home (B). Both examples show that working conditions for the low paid strata of the society are difficult, with high social instability due to high unemployment levels. Other interviewees stated that there is a lack of parental responsibility, because parents are not there for their families (D) and, consequently, their absence causes a lack of control and protection of their children (B). Despite these criticisms, the families are recognised as playing a tremendous role in the mental and physical development of children.

The role of families is to teach children in the ways of life and how to be independent. This includes points like supporting self-esteem, motivation, love, and care. (A)

10.5 The Existing Educational System

The role of education is to empower children because knowledge is power (F). All interviewees agreed that the education of children plays an important role in their mental development and their future perspectives.

Schools, library, crèche can offer a ray of hope, if only children are motivated to study hard and want to change their lives and have a desire for better life. (G)

The existing school system in Kayamandi lacks material, financial and structural shortages, among other. The system is considered overcrowded due to too many children and too few schools. The only primary school accommodates 1 700 pupils in a community of 28 000 residents. Schools are overburdened with a shortage of teachers, materials (e.g. books), and classrooms that are too small (E; F).

There are currently too few teachers, too small classrooms, poor access to educational support structures, toys, books (E); and to some extent they prepare children for their future. Schools are overloaded (classes are overcrowded, great lacks/gaps, teachers come too late). There is much to do (F).

One interviewee from the educational sector comments that, in her opinion, Ikaya Primary School is an ‘abnormal’ school with too many learners (some classes with up to 73 children):

“As teacher you cannot work with all” (A). The interviewee explained that teachers work with 55 children in Grade 1. In total, seven Grade 1 classes exist at Ikaya Primary School.

The educational facilities are also influenced by the social conflict within the community which also escalates during the school day as learners and/or teachers have to socialise with each other. This is described as “cultural clashes” by one interviewee (F) who attributes the problem of violence in the school setting foremost to children from rural areas.

They grew up in the Eastern Cape, were brought here for schooling. That change causes confusions in their minds resulting in a very unruly behaviour. The children come from the Eastern Cape Province to the Western Cape Province. They experience a transmission and confusion phase from extremely rural living conditions and behavioural rules to a semi-urban setting like Kayamandi. Conflicts develop because of confusion, e.g. the language difference. They have difficulties to socialise and conflicts are expressed in violence – stabbing with knives and stealing – and a lack of social responsibility. (B)

Vandalism, e.g. breaking of windows and doors, and burglaries are described as further forms of crime at Ikaya Primary School. An alarm system exists in the reception area, but it is ineffective because security services from Stellenbosch do not come to the school in Kayamandi. Even though the school has an alarm system it is thus not insured against burglaries. One consequence is that if something gets damaged or is stolen, the school lacks the finances to make the necessary replacements (e.g. broken windows or doors) (B). Another problem which seems to be caused by neighbouring residents is the regular destruction of the fence around the school terrain. People destroy the fence to create a short cut between two areas of the community. The behaviour is commented on:

We seem to have a community that does not care about school. (B)

There also appears to be a problem with the payment of school fees. The strained financial situation of families is consequently linked with material shortage, which ultimately affects the children’s education (D). In addition, another interviewee referred to the human rights of parents. The interviewee asked parents to learn more about their parental rights and duties as part of their responsibility to support their children in the educational process and to co-operate with teachers.

In educational structures there is lack of cooperation with parents. Parents do not know what to do; they do not know their human rights. (C)

The above statements by the interviewees do not consider the fact that illiteracy and the socially marginalised position of the parents intellectually and emotionally hinder them from practising their rights and responsibilities at school.

10.6 Conditions in Kayamandi: Strengths and Challenges

One interviewee expressed his conviction that the Kayamandi people are trying their best in this difficult situation (A). Another interviewee said that there was still hope to solve any difficulty if the existing resources were well-managed and life for the inhabitants in Kayamandi was improved.

There is hope for the better. They can improve their lives in Kayamandi through the present resources they can use and if people who use now resources just stop mismanaging the resources. (H)

Some experts are hopeful that resources and strengthening protective factors will influence children in their mental and physical growth. The following paragraphs define such health-enhancing factors within the environmental, family, and educational situation in this community.

10.6.1 Demands for Structural Changes

Interviewees agreed that the difficult and disadvantaged living conditions in the area impact greatly on the emotional state (or mental health) of children from an early age on. Children were described as growing up in “emotionally distressed and/or deprived and degrading circumstances” (G; H), which have a great impact on their “emotional welfare” (H). Interviewees therefore demand a complete change of the present geographical structure of Kayamandi that includes physical expansion, better access to water and toilets (E), and proper housing (H). The living environment has to be changed in such a way that children can enjoy entertainment and recreational activities on safe playgrounds and sports fields (E; A).

There must be a sports field and playground or park and after school activities and more school. (A); and sport facilities are needed. With sport they would focus destructive (B).

A new concept of planning and networking would therefore not only create more options for children to develop their physical and emotional competencies but would also protect them.

It is dangerous for children to play in the streets because cars have to pass playing children. (A)

Those places of activity and relaxation constitute places of safety where children are kept busy after school and receive care regarding rape and abuse (A). Listed risk factors for children are manifold and the insecurity within homes and the community, caused by crime such as burglaries, stealing of cars, clothes, or cell-phones, and rape, is heavily criticised. The present crime prevention strategies, e.g. the neighbourhood watch or police, do not specifically accommodate children. In addition, the police are not perceived as present in the Kayamandi community (A).

Another specifically mentioned problem is the fact that Kayamandi has a very young age structure. A sustainable development plan of the area ought to include that many young people will set up their own living places and will therefore need private space that is unavailable at present (H). According to a non-governmental interviewee, maps of and statistics about Kayamandi are preconditions for an exact planning and measuring of the strengths and challenges demanded (H). In conclusion, the uncontrolled population increase in Kayamandi will worsen the emotional, health and social conditions for all residents in the near future if no action is taken by the Municipality of Stellenbosch.

10.6.2 Strengthening the Support of Families

The absence of stable family systems and the growth of new family types create new demands for the community and the society on the whole. Many single parents or children who grow up in newly formed family systems, e.g. legal guardian or child-headed family units live in Kayamandi. Some interviewees criticise the absence of long-established family systems in the community where a positive family life is based on biological kinship.

Loving and taking care of children would mean that biological parents take care and love their children so that they can grow up to be better human beings. Otherwise there is less chance of growing up healthy. (H)

However, other interviewees discern the difference between the functions of biological kinship in a family system and the new potential family units, and suggest that families have to

provide stability (F) and a fostering home that teaches good family values which stimulate the child's mind and discipline (I). One interviewee strongly emphasises the preconditions for a functioning and positive family life, namely parents who are not only role models, but also offer "a loving and caring home" for their children (G).

As family life in Kayamandi is often characterised by extreme poverty, health hazards and exposure to violence, families need to be supported by the professionals within the community. All interviewees agreed that the "cycle of hopelessness" (F) can only be broken if a strong health promotion service for parents is offered within the community (G). Mothers in particular, as main care-takers, should receive training in social skills and family values so that they can educate and take proper care of their children regarding "nutrition", "hygiene", and "respect" (I). These services, however, have to be connected with the provision of basic requirement for the home, e.g. good nutrition (I) to make them sustainable.

The establishment of cooperative relationships between people in public institutions and non-governmental organisations and adults or parents in the community is equally important. The Community Clinic, for example, offers health promotion courses, but parents do not attend these courses (G). An interviewee from the educational sector tried to explain this perceived irresponsibility of the parents in taking care of their children with a feeling of incompetence on the part of adults. Workshops on child development for parents are a suggested solution (A). On the one hand, this statement supports the idea of increased health promotion intervention within families and on the other hand displays an acceptance of and comprehension for different attitudes between professionals and parents.

10.6.3 Demands for the Improvement of the Educational System

The educational system is seen as playing a vital role in developing the mental capacity of the child. One of the interviewees stated that he was convinced that all children – whether from urban or rural areas – had the same skills and abilities, but that differing access to educational institutions created dissimilarity between the children (I). Thus, the mental capacity of a child should be developed from an early age on in crèches and pre-primary schools. Crèches do exist in Kayamandi; however, they often do not have the appropriate facilities or sufficient funds (I).

Ikaya Primary School could serve as an example of the strain on the educational system in the community. One interviewee is convinced that 800 of the 1 700 learners at the primary school would either need social, psychological, learning or financial support. In the interviewee's opinion the employment of a social worker at the school might be a step towards

addressing the children's problems (A). Another interviewee mentioned that he hoped that the new system would take care of especially the black families, together with the mental and physical growth of the children (H). He thought that education would play a vital role in the early identification of psychological and/or physical problems preventing difficult living conditions for children.

The educational system was supposed to have a multi-disciplinary diagnostic system where a child who suffers from emotional /behavioural condition and malnutrition can be detected early in the school system. (H)

Indeed, the change to Outcome Based Education (OBE) by the Department of Education and the introduction of Curriculum 2005 is as confusing for children as for teachers (B). The demands on teachers to fulfil all expectations of the department and society are high.

The school has an overloaded schedule that pushes teachers hard to write tests, reports, teach, and care about the social needs of the learners. (B)

Another interviewee feels the educational sector favours only the very few children with talent and intelligence. He is hopeful that the new OBE system can change this situation in time.

The educational system brings a change to a few individuals. Many do ...leave school without finishing. The reasons are: apartheid, parental situation, changes from the old to the new system. It needs time to create more 'successful' individuals. (B)

Some interviewees feel that additional programmes that offer new forms of entertainment (e.g. soccer) should be introduced and guided by professionals to support children's playing skills (I). Another interviewee underlined this idea, indicating that sport development (e.g. soccer) might increase children's chances to reach higher education through scholarships for sport. Furthermore, such programmes might enable children to experience success.

It is good to focus on sport because some children are not good in reading or mathematics and sport can give them a chance to apply for scholarships for universities so that they can be someone. Also, children find positive role models on the sports field and they can have happy feelings apart from failure at school. (A)

One expert sees the building of a new primary and secondary school as the solution (B). He stated in one interview that the Stellenbosch Municipality had bought a plot to build a new school and is waiting for the Department of Education to provide funds for the construction (B). Apart from the demanded increase in educational facilities, the lack of activity both by teachers and parents was also criticised. Teachers were criticised for being late for work or for showing a lack of responsibility (F). Another interviewee raised the point that teachers did not solve problems at school (H) while another one added that the schooling of teachers needed to be improved and adapted to international standards (A). However, it was also mentioned that there are teachers who show a high commitment to working with children, e.g. training teams in netball and soccer or support families that apply for grants, often without the support of the parents. Parents' lack of responsibility is expressed by their absence during parent meetings or refusal to check their children's books or attend school performances. The interviewees expressed their helplessness when parents do not cooperate when teachers need information on the background of the child, e.g. living conditions, family conditions, or traumatic experiences that would help them to support children in the educational process (A).

The above mentioned interviewee expressed the wish that she would like to see well-educated children in her community; that she would like to teach children in such a way that one day they would understand there is something that they can gain from "their" school and that they can be proud of their educational heritage.

... If they come back they can say: 'Thank you!' (A)

Finally, when asked what impact an additional learning programme, such as the undertaken life skills intervention, could have, the interviewees agreed that it could positively affect the teaching of skills for present and future life demands (I). In addition, it could enable participants to support their parents (C) in sharing learned knowledge with them (F). One interviewee believed that such health promotion initiatives could change children's perceptions in life (G).

It will enlighten them. It will teach them that there is more to life than partying, sex, and alcohol. It will make them think about life, that they have life to live, that there is much for them to do. They will meet interesting people and places and enjoy life. (G)

However, interviewees were also aware that to ensure the quality of such an educational intervention, structural frameworks (I) will have to be put in place, for instance, the

implementation must be planned for longer than one year (D; A) and the quality of training for trainers must have special importance (E). Finally, one interviewee felt that a health promoting initiative has to be undertaken with young children; to him, childhood seems to be a good time to undertake a “transfer of the mind” because children are still “fresh” and for them is it therefore “easy to learn to change” (B).

10.7 Children’s Analysis of their Demands

In August 2004, an opinion poll was held with 47 children from the intervention group. The short questionnaire session included three questions about the children’s observation of positive and negative elements in their physical and living environment. The opinion poll does not claim to be representative of all children living in Kayamandi. However, it gives a small group of children a voice to express their views.

The first question was: “What do you think, what is Kayamandi like?” Possible answers were “ugly”, “beautiful”, “ugly and beautiful” or “I do not know”, which were pinned on posters to the black board. Children could answer this question by standing next to the appropriate poster. The second question was: “What do you think? – What is beautiful in Kayamandi?” and the third question: “What do you think? – What is ugly in Kayamandi?” The results were gathered during a brainstorming session in which the children were asked to give two ideas for each question.

The following results were revealed: More than half of the children (52.7%) felt incapable of answering the question on “What is Kayamandi like?”, 28% of the children found Kayamandi beautiful and ugly and only 17% assessed their living environment as beautiful. These results reveal that more than half of the children have an ambivalent or no relation at all to their community.

The second question revealed what children demand from their physical environment. The majority of children decided that the school (15), newly built flats (12) and houses (3) were beautiful. A small number of children regarded the hospital (1), home (1), people (1) and the township (1) itself as pretty. Some found the town Stellenbosch (4) and the houses in the town (1) beautiful, although these answers articulated dreams and wishes and the ability to make comparisons with living standards in town.

The third question articulated the need for change in the minds of the children with regard to their place of residence. The majority of the children suggested that prevalent housing types, such as hostels (20), shacks (13), and halls (1), were ugly. Five noted prevailing hygienic conditions (dirt (4), stalls that sell meat) as revolting. Three expressed the demand for a clean

environment with proper accommodation “Shacks where all the papers are everywhere so they make Kayamandi dirty”.

The results signify the children’s demand for a change of the township structure. The children mainly criticised housing types and hygienic conditions in informal settlements. These densely populated areas are filled with noise, odour, dirt and waste and do not offer children the retreat and safety they require.

10.8 Conclusion

In regard to the physical and mental health, as well as the social well-being and development of children in the community of Kayamandi, the following factors were identified: cultural, socio-demographic and socio-economic conditions, and health/security and educational infrastructures (see also Richter et al., 2004).

Despite the importance of cultural and tribal heritage as element of socialisation for children, Kayamandi was overwhelmingly regarded as a multi-problem community that negatively affects child development and reduces quality of health even before birth.

All odds are against the growth of children in Kayamandi area. (I)

Based on existing socio-economic and socio-demographic conditions, poverty was described as an intrinsic factor in creating extensive risks for the physical and mental well-being of children. The living area of children is characterised by overcrowding and an extremely overburdened infrastructure regarding housing, sanitation and public services. The entire area lacks public places, e.g. markets or parks/green areas which might function as peace zones or recreation places for the purpose of physical and mental well-being.

More than two thirds of the settlement area consists of informal housing. The dense, chaotic and disorganised nature of these areas compresses the poorest strata within it, namely single female-headed households with children and recently migrated people. These people are the most vulnerable to social and economic inequity in Kayamandi; children that grow up in these households are consequently most susceptible to the shortages in basic needs and often suffer from malnutrition and lack of security, and are exposed to abuse, depression or demoralisation. In addition, interviewees also agreed that the combination of population density, inappropriate sanitation facilities, and widespread malnutrition not only favour diseases like tuberculosis and diarrhoea, but optionally reduce the immune-resistance of children and finally threaten quality of health in the long run.

The absence of a hierarchical structural layout prevents not only a safe but also a supportive community life, thereby increasing the existing atmosphere of conflict in the community. The existing long-standing conflict between residents living in formal and residents living in informal areas within the borders of Kayamandi is mentioned as a major security risk for children, apart from other prevalent forms of violence like neglect and child (sexual) abuse. On the one hand, the conflict can be interpreted as a collision of westernised urban lifestyles and traditional rural value systems within a densely populated and overcrowded area. On the other hand, it can be seen as a power struggle between the ruling strata living in formal areas and the poorest strata living in informal areas with sparse resources, which threatens the wellbeing and even survival of all inhabitants of this area.

The correlation between poverty and migration was identified as a further problem with regard to family life and protective measures for children. The large-scale migration of people from rural to urban areas or between urban areas in their search for work has a tremendous effect on children's socialisation. This relates to the fact that parents and other adult caretakers were described as influential in the development of the child's personality and behaviour, and that their influence might be beneficial or detrimental to success in adulthood.

For example, families that migrate from a rural to an urban living often experience the destruction of traditionally based family systems and a growth in single-headed family units. Parents or adults, who are by themselves in a process of value transition, can often not provide their children with the orientation and stability they require, or transfer the responsibility to other institutions such as schools. The assumption that can be drawn is that any disturbance in the interaction of the child with his/her parents or a lack of adequate attention, care, love and support from the family (or even from the community's side) leads to psychological stressors that hinder the development of health-related psychosocial competencies, e.g. self-esteem, mastery or resilience. It can be argued that the absence of protective or stable social systems that provide social support in a situation of deprivation, isolation and inhumane living conditions does also bear health risks, such as early sexual performance, for example, as substitute for emotional satisfaction and absent social support (see also Campbell, 2003).

The educational system, another pillar of socialisation, is described as a reflection of societal problems. Several interviewees expressed their concern that the change to OBE leaves teachers to deal with both the expectations of the Department of Education and an impoverished community where individuals have little long-term perspective. Furthermore, the problematic interaction between parents and teachers creates a barrier for the mutual

support of children and is a great disadvantage for the intellectual development and social skills of children.

The named risk factors influencing child development in Kayamandi can be assumed to weaken their health status, and most worryingly, make them vulnerable to developing risk-taking health behaviour during their process from childhood to adulthood. Experts in the field agree with and strongly demand structural changes (that match suggestions made from the results of the opinion poll among children), list strategies for strengthening the family systems, and emphasise the improvement of the educational system. However, they also clearly state that they as experts often feel helpless when confronted with the magnitude of problems, and that working in an extremely underdeveloped infrastructure requires support from a broader platform of society.

The final future prognosis on the great responsibility of every person involved, according to one interviewee:

The goal should be a changing society – a society with values. (I)