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The plight of orphans and vulnerable children in South Africa.

Agnes, R, Serumaga-Zake

Philip AE, Serumaga-Zake

North West University (Mafikeng Campus)

serumaga-zakep@uniwest.ac.za

Abstract

This study investigates the plight of orphans and vulnerable children in Mafikeng, the capital city of North West Province of South Africa. Unemployment, HIV/AIDS, household size and domestic violence are the major causes of poverty in Mafikeng. Single parenting is also a big problem. Poverty drives children a way from their homes to the streets of the city. They roam about the streets, helplessly struggling to make ends meet. The tendency is to engage in drug use, crime and prostitution. It is recommended that orphans and vulnerable children should be kept in institutions provided the government and NGOs are prepared to give adequate financial support to provide their basic needs including education. Alternatively, government social grants should be given in the form of tangible goods such as food, blankets and school fees (to be paid directly to school) to avoid abusing them.

Background and Introduction

Until 1991, South African Law divided the population into four major racial categories: Black Africans (about 75 per cent), Coloureds (about 9 per cent), Asians (about 2 per cent) and whites (about 14 per cent) of the population. South Africa is a country rich in natural resources including fertile farmlands and unique mineral resources (e.g. gold and platinum). The country is rated an upper-middle-income country with a per capita income of \$2852.55 but its income inequality is one of the highest in the world (Serumaga-Zake and Naudé, 2001). According to the authors, the high income inequality coupled

with an unemployment rate of about 30 per cent has caused about half of the population of South Africa to be poor. In the South African context, vulnerable communities are recognized by a significant reliance on cash income. In South Africa, poverty is correlated with race; in general, blacks are the poorest while whites are the richest (see May, 1998). Carter (1999) argues that the legacy of apartheid has caused about half of all blacks in South Africa to live in poverty; this involves material deprivation, inequality and human insecurity (Refer also to SU, 2005).

North West Province is predominantly rural with a black majority (over 80 per cent of the population). Much of the geographical area of the province is basically one of the former independent homelands of South Africa, Bophuthatswana. Though the homeland was governed by blacks, it was also adversely affected by apartheid, partly because a bigger portion of its budget came from the then South African government. Because of the financial assistance, the laws of Bophuthatswana were formulated in such a way that they were in line with those of South Africa (World Book Encyclopedia, 2005). North West Province produces much of South Africa's minerals (e.g. gold and platinum) and farm products. Farming is being practiced on a large scale, though, the northern part of the province, however, is largely a semi-desert where less economic activity is taking place.

A large number of children in Mafikeng are absolutely poor. Some of these children lost one or both their parents/guardians and the oldest children and/or AIDS orphans are now heading the households. What is disturbing is that most of these children are of school going age and cannot work. They therefore end up on the streets begging for money and food. Street children and other poor people everyday walk along the streets of the rich suburbs of Mafikeng such as Golf View and Riviera Park opening dustbins to look for food. They sometimes break into other people's houses to steal. Some allegedly use glue and dagga and engage in bad sexual activities to make ends meet. The researcher herself one day physically witnessed a robbery being committed; a youth broke into her house to steal a laptop at around 7H20. The boy thought that there was nobody in the house. Unfortunately, these are the future leaders of South Africa!

In Mafikeng, like in other parts of South Africa, amongst the categories of those who tend to be the most vulnerable to social and economic exclusion are rural, African, women as well as younger persons. Because of a range of factors that keep women in a subordinate social position, they always bear the brunt. Poverty, widespread in the rural areas, lead to poor nutrition and health, and people become more vulnerable to HIV/AIDS. The impact of the HIV/AIDS pandemic influences the planning and allocation of finance of the affected households as levels of mortality rise - creating more orphans and dependency.

Poverty can be defined as the lack of income and resources to live adequately by community standards. In general, many of the poor cannot buy shelter and clothes, and cannot afford the medical care that they need. Neediness causes malnutrition, hopelessness and loss of dignity, and self-respect. In some cases, the poverty stricken become angry with the society and turn to violence. It is a common belief that the impact of poverty on early childhood development contributes a lot to stunting, wasting, disability, street children, etc (see

CURRICULUMONLINE, 2006 and NLU, 2005 for details).

Therefore, poverty can also be defined as the total absence of opportunities, accompanied by high levels of undernourishment, hunger, diseases, illiteracy, lack of education, physical and mental ailments, emotional and social, instability, unhappiness, sorrow and hopelessness for the future. It is also characterized by a chronic shortage of economic, social and political participation.

Government and the society at large have a big role to play, to be responsible for looking after these destitute children. In order for government to make informed decisions about the necessary strategies of helping these children, questions like: What causes poverty among the children of Mafikeng?, To what extent has poverty affected orphaned and vulnerable children in Mafikeng?, What causes children to leave their homes and go and live on the streets of Mafikeng?, Where do these children come from?, From which family environment do these children come?, etc, have to be answered. This study is intended to answer these questions. The study focuses on the impact of poverty on the children of ages between 5 years and 18 years in Mafikeng, the capital city of North West Province of South Africa.

2. Research methodology

Stratified random sampling was done to select the sample of 32 poor and vulnerable children to be studied. The sampling method helped to select a representative sample and to increase statistical efficiency of the estimates. A questionnaire that included both open-ended and closed questions was used to interview the respondents, after which a descriptive analysis was done on the data.

The researcher visited four randomly selected childcare centers where vulnerable and/or street children could be tracked down for the survey. Mafikeng has community centres where poor and vulnerable children including street children go for financial assistance and are fed. Some of these centres belong to government, Non Government Organisations NGOs or churches. The centers that were included in the sample were: Legue Le Bana, Bethlehem, Kaguentle Child Centre and Boikageng Youth and Child Care Centre. Due to government bureaucracy, the researcher could not interview the children at Boikageng Youth and Child Care Centre but fortunately she was adequately briefed about the children who are being looked after there. The majority of the sampled children lived at Dibate, Lonely Park and Signal Hill. All the children in the sample were permanent residents of Mafikeng.

Boikageng Youth and Child Care Centre is where the researcher met children who had been brutally abused. Children who have been raped or brutally assaulted or sodomized are kept at this centre, in safe custody while the culprits are still at large, awaiting a court trial. The children are taken a way from their homes and kept in this centre, a place of safety because it had been found that such children can be murdered to destroy evidence. These children are put under strict observation by a social worker, security guards and government. Vulnerable children, according to the social worker in charge of the centre, fall into three categories, namely, (1) those children with

developmental needs and therapeutic needs, (2) those who need foster care and (3) those who just sleep and are fed in a child care centre. There are therapeutic programmes that were put in place by government aimed at special needs, work therapy programme and specific models, for example, PPC for vulnerable children. The children are also given special education for their development. Boikageng Youth and Child Care Centre falls into two of these categories; developmental needs and therapeutic needs category and foster care category because the children they take care of must have suffered severe trauma.

The researcher interviewed the children at Legue Le Bana Child Care Centre. This centre has only a feeding scheme for poor children in Mafikeng. Children from impoverished homes go there for free meals - normally at lunch time. The centre is run by women specially trained to do the job. Some of the children who are fed at this centre go to a special school for carpentry and welding.

Other children interviewed were at the other two care centers, namely, Bethlehem Child Care Centre and Kagaentle Child Care Centre. The children at Bethlehem Child Care Centre are being looked after by a professional social worker and church leaders (i.e. a Non Government Organisation (NGO)). This is a centre specially for street children. At Kagaentle Child Care Centre, children sleep in. These children come from very poor households, mostly from Lonely park and Signal Hill suburbs. A few of these children live on the streets. They are supposed to go home from the centre every two weeks for a weekend and during holidays. The children attend school. The big ones attend workshops too, where they acquire skills of carpentry and welding.

3. Results

3.1 Observations

The researcher found that the households at Dibate near Mega City, where most of the children come from have proper homes, with semi-permanent houses but they are in absolute poverty. According to the social worker at the Bethlehem centre, the centre has serious financial problems and it is doubtful whether it will survive in the near future. This is a safety shelter, where children from streets go and eat and then return to their homes or unfortunately, to the streets. The caretakers at this centre said that there are many children on the streets of Mafikeng who come from very poor households living in the surrounding areas of Mafikeng, especially Signal Hill and Lonely park. The researcher interviewed a random sample of the children at the centre and asked them what drove them from their homes to the streets. Most of them said that it was hunger. She also visited their homes and interviewed their parents.

The researcher observed that people in these areas are the poorest of the poor. The households are destitute. For example, there are people who go without food for days, even weeks and do not have proper clothes. The houses they are staying in are of, for example, size 8m X 8 m square meters made up of iron sheets. These houses, on average, accommodate 10 people, ranging from 5 to 16 people of all ages. The researcher saw only misery on the faces of these people and no doubt, misery caused by poverty, going without food, and small

space for children to play in (i.e. over crowding) causes children to go away from their homes and live on the streets of Mafikeng to beg for food, supposedly have good time and even sometimes steal from the non-poor households of the city.

Old people also roam about in the neighbourhood begging for food and money. Relatively many households are headed by grand parents and are earning a living from their old age pensions and foster care grants of the children. To make matters worse, the researcher was told by one of the residents of Lonely park that some parents or uncles and aunts use some of the foster care money to buy liquor instead of buying food or taking the concerned children to school.

The researcher realized that the respondents did not tell the truth about HIV/AIDS, especially their HIV/AIDS status and people who died of AIDS. She, as a professional nurse, could realize that some people were suffering from the disease but they could not tell that they had the disease. Some said they had only TB.

The children were also not frank about their drug use, but according to the caretaker at the shelter, most of them use glue and are on drugs. She said that the children do not want to stay at the centre. The researcher believes that many of these children are poor because of unemployment of their parents, divorce or abandonment and death of their parents.

The children at the centre, especially the big ones (above 15 years of age) are giving a lot of problems. They stay mainly on the main street of the city asking for money, and using glue and drugs. The management of the centre does not want to close it during holidays for a long time because the children would go back to stay permanently on the streets. According to the caretaker at the centre, some of the children get involved in bad sexual activities and because of their shallow knowledge about HIV/AIDS, some get infected with the disease and other sexually transmitted diseases. She said that it is very difficult to control the children.

In Lonely Park, a resident said “ we say we are suffering, but the most important enemy here is alcohol – even the social grants that are given to children are usually spent on alcohol”.

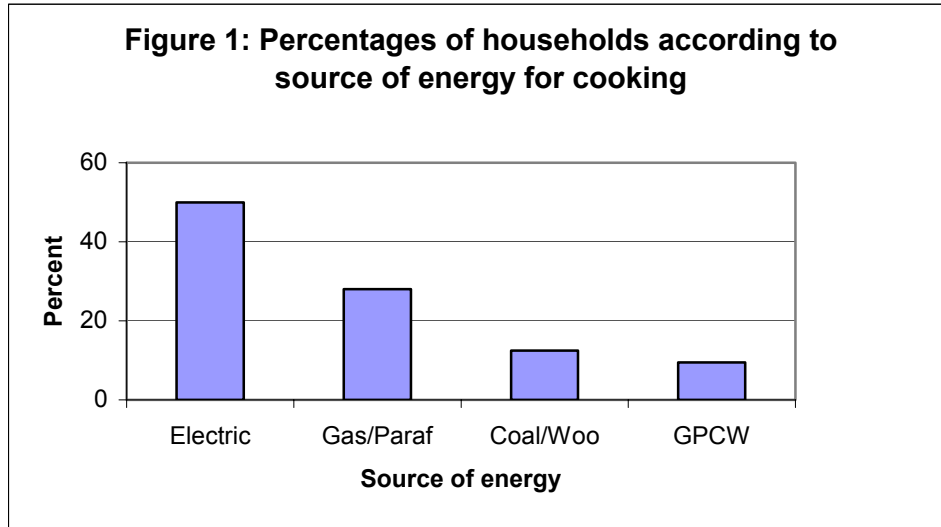
The researcher observed that community development is lacking in these areas. Relatively many young parents especially mothers are sitting at home idle, doing nothing. Unemployment is very high. Many men spend most of their time drinking liquor – using some of the children’s foster care grant money. Developmental projects, such as, carpentry, sawing and agricultural projects should be initiated for them. These are useful citizens of South Africa who are able to work, produce goods to be sold and get paid for their services but are jobless.

3.2 Statistical analysis

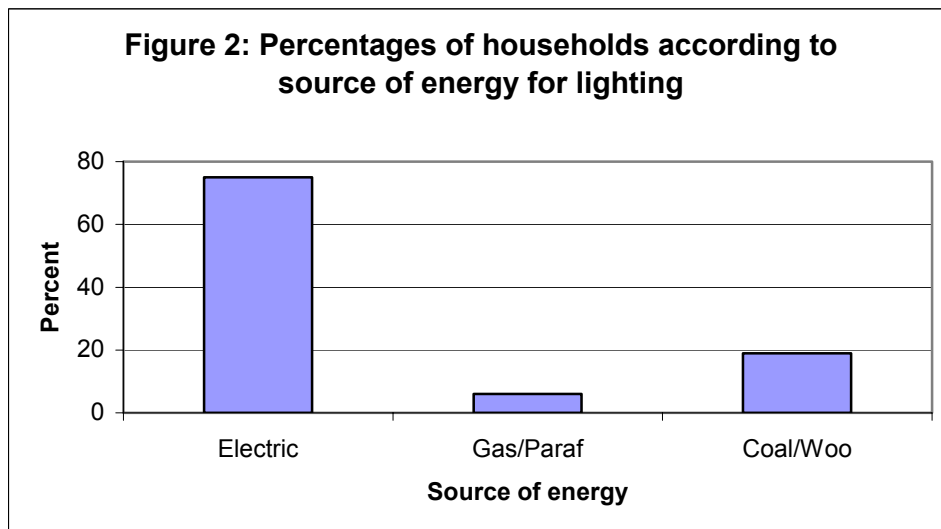
The sampled children were aged between 8 and 18 years of age. The sample consisted of 16 (50 per cent) males and 16 (50 per cent) females. Twenty – three households (72 per cent) of the 32 poor children’s households in the sample were getting foster care grants or social grants.

3.2.1 Sources of Energy

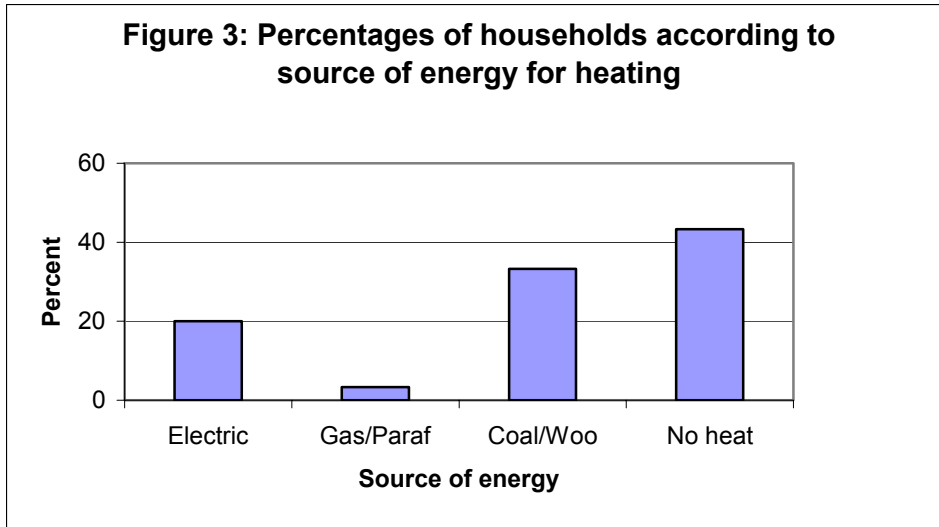
Table 1 (in Appendix) indicates that half of the households use electricity and the other half uses gas/paraffin or coal/wood to cook. Figure 1 illustrates this finding more clearly.



The majority of the households use electricity for lighting according to Table 2 (in Appendix) and Figure 2.

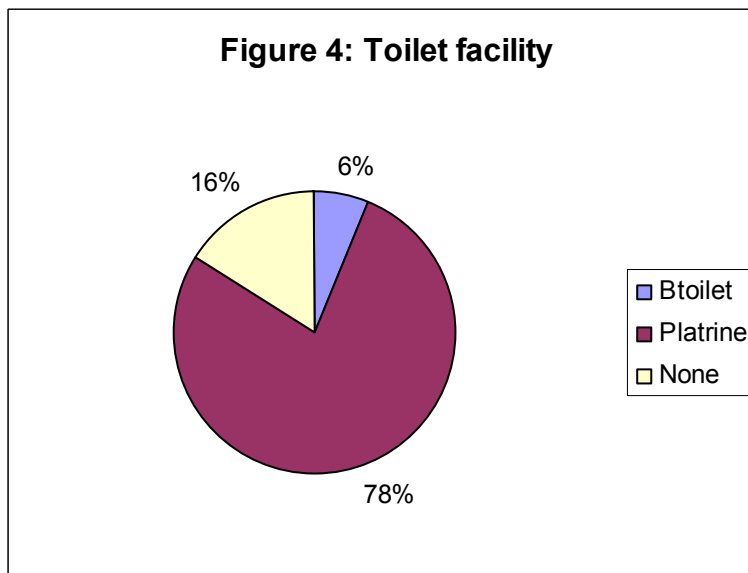


It is the opposite when it comes to heating. Relatively many households (about 43 per cent) do not heat in winter due to poverty (Table 3 in Appendix and Figure 3).



3.2.2 Toilet facility

The majority of the households (78 per cent) use pit latrines on the site. There are still households without toilets (16 per cent). They use neighbours' toilets. These results are shown in Table 4 (in Appendix) and Figure 4.



3.2.3 Events

Table 5 shows answers to the question whether any of the listed events had occurred in the household (in frequencies (f) and percentages (%) in brackets). The table indicates that about 31 per cent of the children in the random sample had lost one or both their parents, and 25 per cent had been abandoned by their fathers. Some of the children did not know their fathers. This kind of situation resulted in many children being raised by a single parent, the mother. Sixteen per cent of the children's households had experienced theft, fire or destruction of property.

Table 5: Has any of the following event or situation occurred in the household?

Event	Yes (f%)	No (f%)	Total
Death of a parent (father, mother)	10 (31.25)	22 (68.75)	32 (100)
Serious injury or illness keeping household member from doing normal activities	15 (46.88)	17 (53.13)	32 (100)
Loss of a regular job of a household member	9 (28.13)	23 (71.88)	32 (100)
Cut-off or decrease of remittance to household member (including private maintenance payments)	0 (0)	32 (100)	32 (100)
Off-off or decrease of government grant which is not a result of the death of beneficiary	1 (3.13)	31 (96.88)	32 (100)
Abandonment or divorce	8 (27.60)	21 (72.40)	29 (100)
Theft, fire or destruction of household property	5 (15.63)	27 (84.38)	32 (100)
Failure or bankruptcy of family business	0 (0)	31 (100)	31 (100)

3.2.4 HIV/AIDS, drugs, Child Abuse and Domestic Violence

Apart from HIV/AIDS awareness, the answers given for the questions concerning the disease, and drugs, child abuse and domestic violence were suspect, so these issues need to be investigated further. This was partly due to their being too sensitive. Another possible reason why children and adults alike did not report truthfully about drugs is because they thought that they could be detained. Because of this reason, the effects of these factors on the children's well being will not be discussed in this study.

According to Table 6, 55 per cent of the children had heard about HIV/AIDS. Most of the children who knew about the pandemic were in school which might mean that children attending school are more likely to hear about the disease than those out of school.

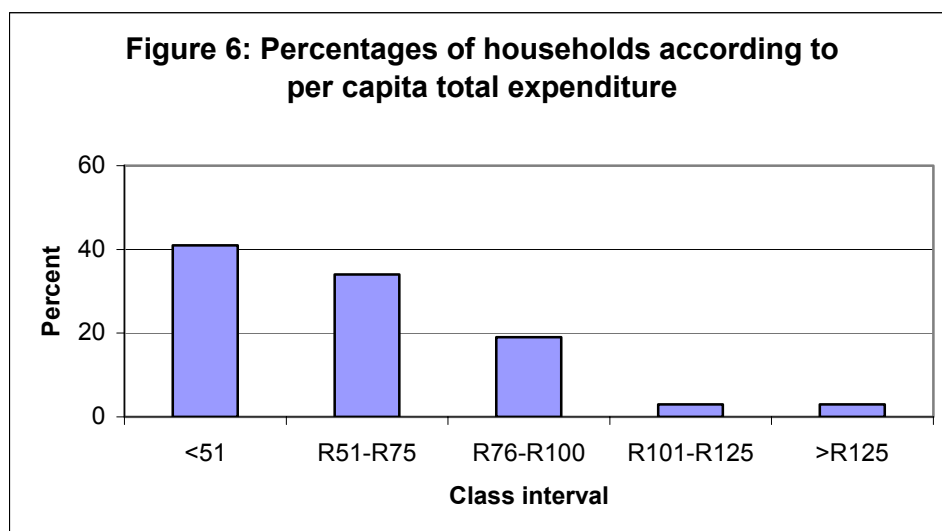
Table 6: HIV/AIDS awareness

Have you heard about HIV/AIDS?	Frequency	%
Yes	17	55
No	14	45
Total	31	100

* missing 1

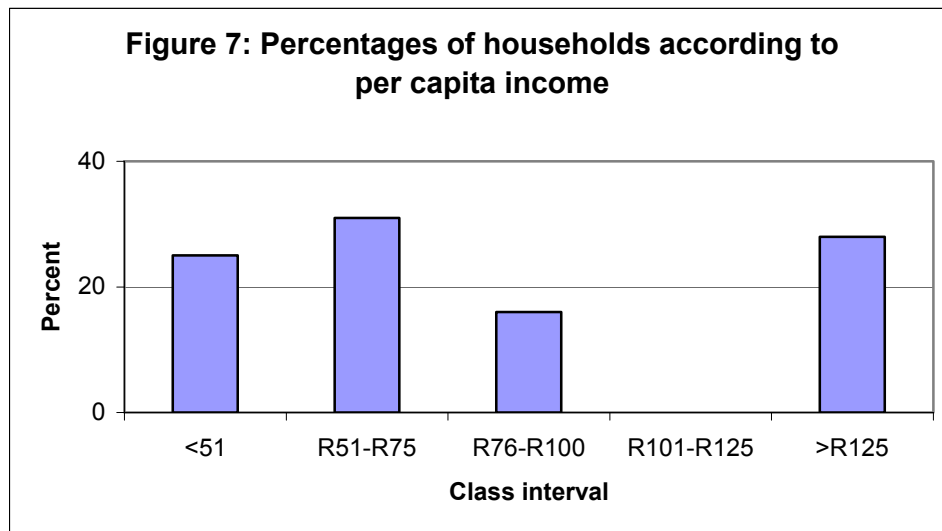
3.2.5 Total household expenditure

The households of the sampled children spend between R180 and R1300 a month and on average, R493 a month. The poverty line, according to the HSRC’s Poverty in South Africa” document (2005), is R1290 per month for a household of 4 persons. If you compare it with the average household expenditure (R493) of these households you realize how destitute and how miserable the children in these households are. The large household sizes ranging from 2 to 16 aggravate the situation. Total household expenditure is not a good measure of poverty because it does not take household size into account. Per capita total expenditure solves this problem. Table 7 (in Appendix) and Figure 6 demonstrate the average distribution of the households according to per capita total expenditure. The results indicate that, on average, 75 per cent of the households spend less than or R75 a month per person. The maximum per capita total expenditure is R150. If this is compared to the poverty line of R322.50, you realize that these households are in a dire need situation; they are absolutely poor. It is pathetic.



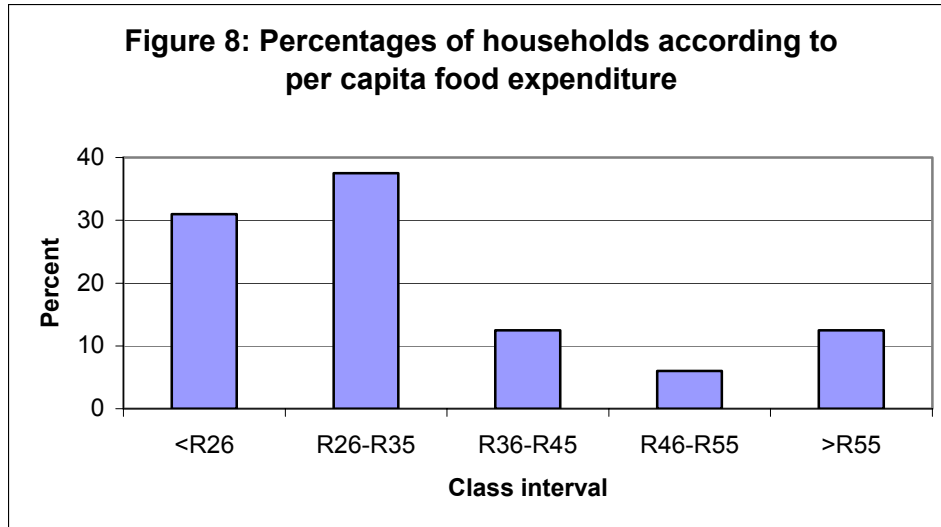
3.2.6 Total household income

The results show that the poor households in Mafikeng earn between R0 and R2100 per month. On average they earn R754.50 per month. Most of these households earn income from old age pension (22 per cent) or social grants, that is, foster care grant (66 per cent). Others earn income from money transfers from their relatives and begging. There are households, whose members go everyday to beg from neighbours and Indian shops, and even send children to the streets of Mafikeng to beg for money and food. Table 8 (in Appendix) shows the frequencies of the households according to per capita income. It is indicated that about 72 per cent of these households earn a per capita income of less than R100 a month. Figure 7 illustrates the situation more clearly.



3.2.7 Household food expenditure

Household food expenditure ranges between R100.66 and R500 averaging at R288.46 per month. Table 9 (in Appendix) and Figure 8 demonstrate the per capita household food expenditures of the poor households of Mafikeng. The range is from R17 to R67. On average, the households spend about R36 every month per person on food. This is equivalent to 9 loaves of bread.



About 63 per cent of the children have ever gone hungry because there was not enough money to buy food. Table 10 shows the number of days per month spent by children being hungry. The table shows that 42 per cent of the children spend over 7 days a month going hungry because there is not enough money to buy food. There were in fact two children (10.5 per cent) who said they one time spent a whole month without eating enough food.

Table 10: Hunger

Class interval	Frequency	%
1 – 7	11	58.0
8 – 14	6	31.5
15 – 30	2	10.5
Total	19	100

3.2.8 Fixed assets

Table 11 shows the percentages of households who own some fixed assets. It is indicated that some households cannot afford a radio. 66 per cent of the households possess radios.

Table 11: Fixed assets

Fixed asset	Frequency	%
Car	1	3
Bicycle	11	34
TV/Radio	21	66
Other (e.g. fridge)	10	31

3.2.9 Family type

According to Table 12, 58 per cent of the households are traditional, multi-unit extended households. It seems that being an extended family is not the issue (as far as poverty is concerned), the issue is having many children.

Table 12: Family type

Family type	Frequency	%
Traditional, extended family	18	58
Nuclear family	12	39
Single unit family	1	3
Total	31	100

* missing 1

3.2.10 Head of household

Table 13 indicates that 40 per cent of the households are headed by fathers, 23 per cent by mothers, 13 per cent by grand mothers and 3 per cent by children (i.e. sisters).

Table 13: Head of household

Head	Frequency	%
Father	12	40
Mother	7	23
Stepfather	2	7
Aunt (sister to father or mother)	2	7
Grand father	2	7
Grand mother	4	13
Sister	1	3
Total	30	100

* missing 2

3.2.11 Education

Almost all the children (87.50 per cent) could not have been schooling if it were not for the care centers to help them because of poverty. All these children are enjoying a feeding scheme at school. 12.5 per cent of the children do not go school because of poverty. There was one case of a child who said he did not want to go to school, that though he could not have had money for school fees, he did not want to study anyway.

3.2.12 Family background

The occupations of the fathers include being a gardener 7 (35 per cent), labourer (15 per cent), selling on the street (10 per cent), working in the mine (10 per cent), piece jobs (10 per cent), etc. 17 (74 per cent) of them did not go to school. The education levels range from 0 (74 per cent) to grade 10 (9 per cent). For mothers, the jobs are: domestic work (55 per cent), farm work (18 per cent), piece jobs (9 per cent), etc. Mothers' education levels range from no education (67 per cent) to grade 7 (4 per cent). Almost all of them are not working. Seemingly, the low education is in part causing this high unemployment rate.

3.2.13 Health

Healthwise, thanks to the childcare centers; they have done a good job because about 78 per cent of the children are in excellent health condition, only 3 per

cent are in a very poor health condition. The centers feed them appropriately and when some of these children (24 per cent) fall sick, they take them to hospitals and pay their hospital bills. About 21 per cent of the children obtain free medication.

4. Discussion

It has been found that there is a wide gap between the rich and the poor in Mafikeng. The condition in which the poor people in Mafikeng are in is unacceptable considering the fact that South Africa is well endowed with natural resources like precious minerals (e.g. Gold and Platinum) and a good amount of farming land which would make the country an upper developing country. South Africa is one of the richest countries in Sub-Saharan Africa.

According to the present study, though there is a reasonable number of poor households in Mafikeng, who use electricity to cook, some use candles for lighting and many (over 50 per cent) use either gas/paraffin or coal/wood to heat. There are even those who cannot afford any of these sources of energy to heat in Winter and resort to making fire in the tiny, overcrowded, temporary tinned - structures to warm themselves up. Using Paraffin, Coal or wood in a house is bad because it pollutes the environment; the air the people breath becomes contaminated, which may make them sick. Up to 16 people live in small tinned houses, and making fire in such houses is dangerous. On many occasions, this has not only resulted in the destruction of properties but also in people's burns and deaths. Always, these people get burnt by gas and paraffin stoves and heaters. Sometimes, complete houses are set alight. Speaking from the researcher's experience of working at Bophelong Community Hospital of the researcher, the hospital usually receives cases of these people having been burnt in this way.

Today, in the modern world people like to use electricity in their homes. The affordability of using electricity for lighting, cooking, and heating shows the well being of an individual socially and economically. The inability of using electricity results into misery. The majority of the poor households in Mafikeng cannot afford electricity especially as far as cooking and heating are concerned. For example, 50 per cent of the households cannot afford electricity as source of energy for cooking and 36.6 per cent use gas/paraffin or coal / wood for heating. There are households (13.4 per cent) who just make fire in the house for heating in winter which is very dangerous. The smoke from burnt paraffin and wood pollutes air which can therefore make people sick.

The hygiene of the people is a cause for concern; it has a lot to be desired. Some households still use the bucket toilet system (6.5 per cent) and some do not have any toilet facility - they use their neighbours' toilets (16 per cent). One wonders how often these bucket toilets are emptied. This is not hygienic enough. Sharing toilets is not good either, in the sense that cross infection of different diseases tend to spread at a high rate. Government must intervene.

The majority of the poor households of Mafikeng (77 per cent) use pit latrines on the site and 6.5 per cent use bucket toilets. The households who do not have toilets (16.0 per cent) share pit latrines with their neighbours or relatives - not minding how far they are.

HIV/AIDS is one major factor that has resulted in so much suffering and misery of children in Mafikeng. The pandemic has caused many households in Mafikeng to live in poverty. Seemingly, relatively many children in Mafikeng have been orphaned by HIV/AIDS. During the survey of the present study, it was found out, through observation, that although, generally people in these areas are aware of the dangers of HIV /AIDS, little is being done to prevent the spread of the disease. It was found that many children are not aware of it possibly because most of the poor households do not own a television or radio, a means of mass communication by which they could possibly acquire the knowledge. It seems as if the Departments of Social Development and Health are nonexistent. They are doing nothing to make the people aware of the disease.

About 31 per cent of the children in the sample had lost one or both parents, and 25 per cent had been abandoned by their fathers. Some of the children do not know their fathers. These have resulted into many children being raised by a single parent, the mother (23 per cent) or grandparent (20 per cent). Three per cent of the households are headed by children. Sixteen per cent of the children's households had experienced theft, fire or destruction of property.

Poor households spend between R180 and R1300 a month – averaging at R493 a month. The large household sizes ranging from 2 to 16 aggravate the situation. On average, 75 per cent of the households spend less than or R75 a month per person. The maximum per capita household expenditure is R150. If this is compared to the poverty line of R322.50, you realize that these households are in a dire need situation and how miserable the children in these households are.

The results have shown that the poor households in Mafikeng earn between R0 and R2100 per month. On average they earn R754.50 per month. Some households survive by begging from the neighbourhood and Indian shops. No wonder we have a lot of street children. Some even sell liquor in the overcrowded tiny tinned houses in order to survive. The researcher herself witnessed some of these people looking for food from the dustbins belonging to households in the rich suburbs of the city such as Golf View, Riviera Park and Unit 6.

Household food expenditure ranges between R100.66 and R500 averaging at R288.46 per month. The range of per capita food expenditure is from R17 to R67 per month. On average, the households spend about R36 every month per person on food. This is equivalent to only about 9 loaves of bread (costing R4.00 each). It has also been indicated that some households (34 per cent) cannot afford a radio.

Because the parent respondents did not open up about their HIV/AIDS status little is known about their medical treatment. However, according to the children, when they are sick, they are usually taken to medical clinics and sometimes they are treated by spiritual healers mostly belonging to the ZCC church. "Spiritual healers provide them with a mixture of tea for their illness" they said. Relatively few of them admitted that they also sometimes consult traditional healers (or nyangas) for treatment. A large number of children (45 per cent) have not heard about HIV/AIDS and many more do not know how its

transmission can be prevented. Knowing about the pandemic of a few children is attributed to the good work the child care centres are doing. The children in school are taught about the disease.

It has been established in the study that poverty is causing children to go away from their homes and go and live on the streets of Mafikeng to beg. Another important factor is space at home, which again is brought about by poverty. The houses in which poor households live are very small in size and are overcrowded. So, children do not have space where they can play and relax.

The questions about abusive relationships and domestic violence were too sensitive to the respondents. So the researcher did not obtain reliable answers to them. However, one important issue came through and that is, there is a lot of fighting that is taking place between husbands and wives, and between grandfathers and other members of the household due to drinking of liquor. This is affecting children psychologically and might also be contributing to driving a way of the children from home. Because of the high rate of unemployment, men are idle; they spend some of the foster care and other social grants money on liquor – and then in many cases, there is no peace at home.

There are far more women who are single parents due to domestic violence and abusive relationships than men. A large number of husbands violate their marriage vows and divorce their wives, marry again somewhere else – living their wives with the children alone. They do not send any money to their children even if they are working. Domestic violence was reported as rampant also on the side of grandfathers. According to some mothers or female guardians, when some grandfathers are drunk they abuse their grand children although, just like for HIV/AIDS, almost all the sampled children stated that they were not abused. Domestic violence has resulted into many grandfathers, grandmothers and mothers being heads of overcrowded households in Mafikeng because they are forced to take over families that are being violated.

It has been found that poverty caused by unemployment, HIV/AIDS, domestic violence and large household sizes, and space at home or overcrowding are driving a way children from their home to become street children in Mafikeng.

5. Conclusion and recommendations

Unemployment, domestic violence, HIV/AIDS and large household sizes have been found to be the major causes of poverty in Mafikeng. Single parenting and space at home are also serious problems. Poverty drives a way a large number of children from their homes to the streets of city, helplessly struggling to make ends. This has forced children into drug use, crime and prostitution. Nothing much is being done in these communities by government to fight poverty. There is then a great danger facing the citizens of Mafikeng. If the destitute children are not taken care of and be removed from the streets of the city to be put into institutions or otherwise, the future of the children and indeed that of the South African nation will be doomed.

All AIDS orphans should be kept in orphanages and other vulnerable children should be kept in child care centers instead of letting them stay with their

relatives who are too poor to take good care of them until some mechanism is put in place to make sure that the social grants received by their relatives on their behalf are not misused such as spending the money on liquor. The children should then be allowed to go home only during weekends and holidays. Alternatively, instead of giving government or NGOs' support in form of cash (i.e. foster care grant) only to be misused by relatives, the support should be given in the form of tangible goods, such blankets, clothes, food and school fees (which should be directly paid to school). If this option is preferred, there must be a mechanism of making sure that adults do not take away the things from the children. Regular visits must be done by social workers, community development officials and health officials to the households concerned to make sure that the children are the only ones benefiting from the assistance. Adult education must be emphasized. It has been found that relatively many people in the poor households of Mafikeng are illiterate.

Government must do more to assist the orphans and vulnerable children in Mafikeng. The childcare centers have got very limited resources; for them to do a proper job there is a lot to be desired. They can only cater adequately for very few children. Also, government must see to it that the NGOs in charge of some of these institutions are doing their job well or else close them down. There must be strict measures put in place so that these children do not roam about the streets once they have been taken in the centres. It was found that even those children already registered at the centers still go and beg at the streets. The children must be kept busy, not only with academic programmes but also with sports so that their minds are engaged profitably all the time. The institutions should also be visited by a psychologist, a social worker and a health worker regularly. The women taking care of these children at the child care centers are complaining that they are not paid when they are doing such a noble job. They should be paid for the good work they are doing.

During the research, it was observed that these children are too free, going in and out of the gates. Some even go to the industrial area nearby to sell some items. Measures should be put in place to avoid children being engaged in prostitution and stop them from using drugs.

The researcher also observed that many parents are so young but idle - doing nothing to earn a living. Some of them are doing piece jobs and spend long times drinking, allegedly spending their children's foster care grant money. Government and NGOs should organize some developmental projects with them, mobilize the communities to participate in these projects and pay the people some money for any job done or service rendered by them. It was noticed that there are no community projects taking place in these areas to help them earn a living. This will uproot poverty from the lives of many innocent children in Mafikeng. The saying goes, "you equip a child with education and you build a nation". This will also help to reduce the crime rate in Mafikeng and we will then, all of us, live in harmony.

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APPENDIX

Table 1: Distribution of households according to source of energy for cooking

Source of energy	frequency	%
Electricity	16	50
Gas/Paraffin	9	28
Coal/Wood	4	12.5
Gas/Paraffin or Coal/Wood	3	9.5
Total	32	100

Table 2: Distribution of households according to source of energy for lighting

Source of energy	frequency	%
Electricity	24	75
Gas/Paraffin	2	6
Coal/Wood	6	19
Total	32	100

Table 3: Distribution of households according to source of energy for heating

Source of energy	frequency	%
Electricity	6	20
Gas/Paraffin	1	3.3
Coal/Wood	10	33.3
Don't heat	13	43.3
Total	30	99.9

* missing 2

Table 4: Household distribution according to toilet facilities

Toilet facility	Frequency	%
Bucket toilet	2	6.5
Pit Latrine	24	77.5
None	5	16.0
Total	31	100

- missing 1

Table 7: Frequency Table for per capita total expenditure

Class	frequency	%	Cumulative frequency	Cumulative %
Less than or equal to R50	13	41	13	41
R51 – R75	11	34	24	75
R76 -- R100	6	19	30	94
R101 – R125	1	3	31	97
Over R125	1	3	32	100
Total	32	100		

Table 8: Frequency Table for per capita income

Class	frequency	%	Cumulative frequency	Cumulative %
Less than or equal to R50	8	25	8	25
R51 – R75	10	31	18	56
R76 – R100	5	16	23	72
R101 – R125	0	0	23	72
Over R125	9	28	32	100
Total	32	100		

Table 9: Frequency Table for per capita food expenditure

Class	frequency	%	Cumulative frequency	Cumulative %
Less than or equal to R25	10	31	10	31
R26 – R35	12	37.5	22	69
R36 – R45	4	12.5	26	81
R46 - R55	2	6	28	87.5
Over R55	4	12.5	32	100
Total	32	100		