



**PARLIAMENT**  
OF THE REPUBLIC OF SOUTH AFRICA

**THE DOUBLE IMPACT OF SERVICE DELIVERY ON WOMEN AS  
MAJORITY BENEFICIARIES OF SERVICES AND AS CARERS OF  
HOUSEHOLDS<sup>1</sup>**

**BACKGROUND INFORMATION  
FOR THE 2016 SADC  
PARLIAMENTARY FORUM**

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# **THE DOUBLE IMPACT OF SERVICE DELIVERY ON WOMEN AS MAJORITY BENEFICIARIES OF SERVICES AND AS CARERS OF HOUSEHOLDS**

## **1. INTRODUCTION**

More than half of all South Africans are female. The legacy of apartheid and the intersection of race, class, and gender mean that it is often women who bear the brunt of poverty and inequality. Committing to the values of non-sexism means continuing to tackle the challenge to women's equality head on, and in a way that acknowledges the differing forms of oppression that women face, and the gendered ways that service delivery affects men and women. This paper seeks to explore the various services that women receive, and notes some of the challenges where government services are not provided in a gender sensitive way, and in a way that does not acknowledge that women perform the majority of care work in the home.

The paper begins with information on the context of women in South Africa, it then moves to an analysis of the differing impact of service delivery on women. It concludes with some recommendations on how service delivery can take gender into account in a way that empowers women rather than further disadvantages them. Where services are delivered in a gender-sensitive manner this can improve the lives of women exponentially, allowing them to pursue economic empowerment and assisting them in their roles as carers in society.

## **2. WOMEN'S ROLE IN SOCIETY AND THE FAMILY AND THE CARE ECONOMY**

Any assessment of the differing impact of services on men and women must take into account women's socio-economic situation in South Africa in order to be gender-sensitive. Each year various statistics related to gender equality and women's empowerment are released that collectively indicate the current status of women's empowerment. Table 1, below, provides a selection of these to try and create a picture of the current issues facing women in South Africa. These statistics indicate that there is room for improvement. Despite the fact that South African women make up the majority of the population, they continue to experience inequality.

More women than men enroll in tertiary institutions, yet women are more likely to be unemployed and to earn less when they are employed. Women continue to face high levels of sexual violence in South Africa. Adult females are thus more likely than adult males and children to be the victim of sexual offences and common assault. In terms of the total number of crimes, sexual offences against adult females represented 45 percent of all sexual offences, and common assault against adult females represented 48 percent of all common assaults in 2012/13.<sup>2</sup> Women thus face particular challenges, and there is a need for continued attention to the issues of education, health, employment and crime.

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<sup>2</sup> South African Police Services (2013) *Crime Statistics*. Pretoria, SAPS.

**Table 1: Selected statistics related to women in South Africa<sup>9</sup>**

| Category       | Statistic  | Result             | Year of Statistic |
|----------------|--|--------------------|-------------------|
| Population     | Female population  | 28 078 631         | 2015              |
|                | Female percentage of total population (%)                    | 51.09              | 2015              |
|                | Females with disabilities                                    | 1 333 000          | 2014 <sup>3</sup> |
| Geo-type       | Urban (%)  | 62.9               | 2014              |
|                | Rural (%)  | 37.1               |                   |
| Health         | Life expectancy  | 64.3 years         | 2015              |
|                | HIV prevalence (%)   | 18.99              |                   |
|                | Fertility rate (%)   | 2.55               |                   |
|                | Adolescent fertility <sup>4</sup>                            | 54                 |                   |
|                | Maternal mortality ratio <sup>5</sup>                        | 176.22             | 2012              |
| Employment     | Labour force participation rate (%)                          | 51.8               | 2015 <sup>6</sup> |
|                | Female unemployment rate (%)                                 | 34.9               | 2015              |
|                | Average monthly earnings                                     | R2600 <sup>7</sup> | 2014 <sup>8</sup> |
| Households     | Female-headed households (%)                                 | 41.3               | 2014              |
|                | Urban female-headed households (% share of households)       | 37.0               |                   |
|                | Rural female-headed households (% share of households)       | 50.8               |                   |
| Education      | Female percentage of enrolments at tertiary institutions (%) | 58                 | 2012              |
|                | Female literacy rate (%)                                     | 93.2               | 2013              |
|                | Female youth literacy rate (%)                               | 99.5               |                   |
| Crime          | Contact crimes reported by women                             | 170 908            | 2012/13           |
| Race           | Black African (%)  | 80                 | 2014              |
|                | Coloured (%)   | 9                  |                   |
|                | Indian/Asian (%)   | 2.4                |                   |
|                | White (%)  | 8.6                |                   |
| Marital status | Married/Cohabiting (%)                                       | 41.8               | 2014              |
|                | Widow/Widower/Divorced (%)                                   | 14.5               |                   |
|                | Never married (%)  | 43.8               |                   |

The above information provides an overview of women's context. One area that is worth considering further is the household composition of female-headed households which will have a significant impact on how households receive and benefit from services given women's low average monthly income.

<sup>3</sup> Statistics South Africa (2015) *General household survey 2014*. Statistical release P0318. Pretoria, Statistics South Africa.

<sup>4</sup> Per 1000 girls between 15 and 19

<sup>5</sup> Per 100 000 live births

<sup>6</sup> June 2015

<sup>7</sup> Male average earnings were R3500 in the same period.

<sup>8</sup> February 2014

<sup>9</sup> Thorpe, J (2015) and Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*. Report number 03-19-02.

Statistics South Africa (2016) indicates that of female headed households in 2014, 19.1 percent were single person households, 28 percent were nuclear households, 50.4 percent were extended households, and 2.4 percent were complex households.<sup>10</sup> This indicates that the majority of households that are female-headed include caring for extended families, and hence result in a high burden of care. The mean household size for a female headed household was 4.4 in rural areas, and 3.4 in urban areas.<sup>11</sup> In contrast male-headed households were most likely to be nuclear (46.3 percent) with only 25.2 percent comprised of extended families, and a further 26.2 percent were single-person families. Mean household sizes for male-headed households were 3.1 in urban areas and 3.4 in rural areas.<sup>12</sup>

Female-headed households supporting extended families were most common in rural areas, and most common for black African, Coloured, and Indian/Asian women. By contrast, white women were most likely to head single-person households.<sup>13</sup> When households are considered by age of the household head, it is clear that women older than 45 are most likely to be responsible for an extended household. Of female household heads over the age of 65, 66.4 percent were responsible for extended families.<sup>14</sup> In rural areas services are often less easily accessible. Compounded with a large care responsibility, this can result in significant time use spent on accessing basic services. In addition, older females may have to rely on pensions to support large families, highlighting the critical need for social services and support such as childcare grants in South Africa.

The dependency ratio also provides a good indicator of women's responsibility for care work. The dependency ratio shows the number of dependents (aged 0 – 14 or over the age of 65) to the total population. Statistics South Africa (2016) indicates that the typical dependency ratio for a female-headed household was 1.18 whereas for a male-headed household the ratio was 0.65.<sup>15</sup> The dependency ratio on women is thus almost twice that of the dependency ratio on men. This is the case in both rural and urban settings, though the rural dependency ratio on female-headed households is higher than the average at 1.53.

As of 2014, women were also more likely than males to have an old-age dependent, with the ratio for female-headed households at 0.19, whereas for male-headed households it is 0.15.<sup>16</sup> The same applies for child-dependency, with the ratio for female-headed households standing at 0.99, whereas for males it was 0.50 as of 2014.<sup>17</sup> In rural areas, the ratio for child-dependency on female-headed households was more than twice that of male-headed households.<sup>18</sup>

These figures are significant in that they indicate the social norms around care, where the burden for caring for children and the elderly remains more likely to be a woman's burden. When this is considered against the fact that 40.3 percent of all female-headed households

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<sup>10</sup> A further 0.3 percent were unspecified.

<sup>11</sup> Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

did not have any employed members in 2014,<sup>19</sup> state services become critical to filling the gap between what the female household head can afford and what she needs.

As of 2014, the gender parity ratio in income earnings showed that women continued to occupy low-income categories, and were a third more likely to earn between R1 and R1 500 than men. In contrast, the gender parity ratio in the R11 501 and above category is 0.64, indicating that men are more likely than women to earn a monthly salary of over R11 501.<sup>20</sup>

The impact is that female-headed households are likely to be large, and to have a low income to provide for the household. This impacts on food security, health, and a variety of other social issues. In 2014, 13.8 percent of female-headed households reported hunger whereas only 9.7 percent of male-headed households did the same.<sup>21</sup> Rural households were most likely to report hunger, regardless of the sex of the household head, however female-headed households made up a larger proportion of hungry households regardless of geotype.

### **3. WOMEN'S USE OF SOCIAL AND OTHER GOVERNMENT SERVICES**

Any assessment of service delivery gaps and successes should include an analysis of the current situation with regards to service delivery. It is obvious that service delivery takes many forms including:

- The provision of basic services such as water, electricity, refuse removal, and sanitation;
- Healthcare including reproductive healthcare;
- Services for victims of crimes including for victims of gender-based violence;
- Municipal services such as women's desks;
- Social security services such as social grants, school feeding schemes, and shelters;
- Transport services that enable the public to get around, and to get to work;
- Educational services (basic, secondary, and tertiary) that empower the nation with knowledge; and
- Housing and services for homeless people.

These reflect a package of services that impact on men and women in significantly different ways. This section provides information on service use, and the gendered impact of the provision of basic and other services in South Africa.

- **Access to basic services**

The 2014 General Household Survey indicates that women represent a significant population of service beneficiaries. Table 2, below, provides some statistics on this usage.<sup>22</sup>

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<sup>19</sup> Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Information taken from Statistics South Africa (2015) *General household survey 2014* and Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

**Table 2: Access to basic services by gender of the household head, 2014.**

| <b>Service</b>                           | <b>Female-headed households access (%)</b> | <b>Male-headed households access (%)</b> |
|--|--|--|
| <b>Access to Water</b>                   | 69.2                                       | 76.2                                     |
| <b>Access to sanitation</b>              | 80.4                                       | 84.3                                     |
| <b>Access to refuse/waste removal</b>    | 60.5                                       | 70.3                                     |
| <b>Access to electricity</b>             | 88.0                                       | 84.7                                     |
| <b>Access to solid fuels for cooking</b> | 14.9                                       | 7.3                                      |

Whilst basic services might seem gender neutral, in fact they are not. Where access to piped water in a household is provided, it is less likely that women will have to travel long distances to provide water for their households for cooking, cleaning, and drinking. Access to sanitation in a household means women do not have to venture out of their homes at night to use ablution facilities, putting them at risk of gender-based and other violent crime. The provision of these basic services, such as electricity in a community, can have a significant impact on women's ability to prepare food more speedily (where this is their responsibility), enable children to learn for school, and create a community that feels safer to walk around in. Access to electricity also reduces the dependence on alternative fuels for cooking, which can be more dangerous in terms of health and safety. Finally refuse and waste removal keeps communities clean and healthier, reducing the burden of disease caused by pollution.

Table 2 indicates that male-headed households continue to have better access to basic government services than female-headed households. Thus, even as services themselves have a gendered impact, the gender gap in the provision of these services must be addressed to ensure that women and men are equally benefiting from state support.

- **Safety and crime**

In 2014, 43.1 percent of women lived in households where they felt unsafe or very unsafe to walk alone in their area during the day, and 88.6 percent of females felt unsafe or very unsafe to walk alone in their area during the night.<sup>23</sup> For 35.2 percent of females, their fear of crime prevented them from going to open spaces or parks in their area.<sup>24</sup>

State services such as the provision of Community Safety officers within communities, the appropriate allocation of police resources such as facilities and specialized services, and community safety officers stationed around areas can go a long way to making women feel safer, and more able to seek out employment opportunities or live freely within their communities. In addition, the removal of environmental hazards such as fields with long grass, and the provision of street lights and electricity, can make spaces feel safer for women.

Where gender-based violence is prevalent in a community, it is essential too that safe houses and shelters, funded by the state either fully or partially, to allow women to have access to

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<sup>23</sup> Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

<sup>24</sup> Ibid.

alternative accommodation when they leave abusive spouses. A lack of shelters can lead women to remain in abusive relationships with their children, because they simply have nowhere else to go.

- **Social security**

In addition, the above statistics indicate that female-headed households are more likely to suffer from hunger, and to depend on grants for income support. According to the South African Social Security Agency (2016), 16.94 million South Africans were recipients of grants in South Africa as of 29 February 2016.<sup>25</sup> This information was not gender-disaggregated however it did clarify that the majority of grants received are child support grants (11 953 773), the majority of the recipients of which are likely to be women.<sup>26,27</sup> For elderly women in female-headed households, social grants made up 71.4 percent of household income.<sup>28</sup> These grants have been successful in reducing the number of households that report household poverty, and in increasing the access of families to other essential needs.<sup>29</sup>

- **Health**

Access to public health care is of critical importance for women, for pregnant and postnatal women, and for their children. As of 2014, the majority of South Africans used the public health service, with only 18 percent of South Africans having access to private medical aid.<sup>30</sup> This impacts on the likelihood that children have access to medical aid, with 84.7 percent of male and 85 percent of female children not having access to medical aid. In all cases, children were most likely to visit a public health clinic if they were ill.<sup>31</sup> Similarly, only 24 percent of female older persons had access to medical aid.

The free provision of health services is critical for women. The findings of the 2011 General Household Survey indicate that 5.7 percent of women did not to see a health practitioner when they were ill, because these services were too expensive.<sup>32</sup> This is in contrast to 2.7 percent of men.

In addition, new HIV infections among women continue to be high, and access to health care facilities and medical treatment enables women to initiate and continue with Anti-Retroviral Treatment. Similarly, the provision of reproductive health services such as pre-natal and post-natal care at clinics and other public health facilities can go a long way to reducing the level of maternal mortality. South Africa's maternal mortality levels remain too high, and are often preventable (89 percent).<sup>33</sup> Between 2011 and 2013 the five main causes of maternal deaths

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<sup>25</sup> South African Social Security Agency (2016) *Fact Sheet: Issue no. 2 of 2016 – 29 February 2016*.

<sup>26</sup> Ibid.

<sup>27</sup> The Centre for Social Development in Africa (2012). *The Gender Dynamics and Impact of the Child Support Grant in Doornkop, Soweto*.

<sup>28</sup> Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

<sup>29</sup> Statistics South Africa (2012). *GHS Series, Volume IV, Food security and agriculture, 2002 – 2011*. Pretoria, Statistics South Africa.

<sup>30</sup> Statistics South Africa (2016) *Vulnerable Groups Indicator Report, 2014*.

<sup>31</sup> Ibid.

<sup>32</sup> Statistics South Africa (2013) *Use of health facilities and levels of selected health conditions in South Africa: Findings from the General Household Survey, 2011*.

<sup>33</sup> Department of Health (2013) *Saving Mothers 2011 – 2013: Sixth report on the confidential enquiries into maternal deaths*.

were non-pregnancy related infections (including HIV, Tuberculosis and pneumonia), obstetric haemorrhage, complications of high blood pressure (hypertension), medical and surgical disorders, pregnancy related sepsis.<sup>34</sup> Many of these issues can be addressed through regular check-ups prior to pregnancy and following birth.

#### 4. RECOMMENDATIONS AND CONCLUSION

It is clear from Section 2 and 3 that there is a need for all government services to be planned, budgeted for, and implemented in a fashion that is gender-sensitive in order to ensure that women as beneficiaries and carers are able to receive services in a way that furthers their equality. Recommendations for the future include:

- At a national level: undertaking gender-responsive budgeting in all Departments, and in Parliament ensuring that budgets are monitored in this regard.
- At a provincial level: ensuring that Women's Forums are in place to continue to monitor services and report on them in a fashion that is gender-sensitive.
- At a local level: ensuring that municipalities are equipped with gender or women's desks so that women can receive information about participation in Integrated Development Plan processes, budgets, and municipal decisions.
- At all levels, there is a need for the collection of gender-disaggregated data to ensure that the impact of services are able to be measured in a gender-sensitive way.

Where women receive state services in a way that empowers them, this will benefit their families and their whole community. It is therefore critical that the South African Government pursue a gendered analysis of state services in order to improve these, and make clear best practices.

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<sup>34</sup> Ibid.

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