

**OCCUPATIONS OF WOMEN LIVING IN POVERTY
AN EXPLORATORY CASE STUDY**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT
OF A MASTERS DEGREE IN OCCUPATIONAL THERAPY**

**Division of Occupational Therapy
University of Cape Town**

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***I strive very hard.
It's very difficult, but I strive.
And I know that I will get there.
I can feel it.
There are many obstacles.
But I won't allow that to hold me back.***

Maria

DECLARATION

I, MARION FOURIE, hereby declare that the work on which this thesis is based is my original work (except where acknowledgements indicate otherwise), and that neither the whole work nor any part of has been, is being, or is to be submitted for another degree in this or any other univeristy.

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ABSTRACT

This single subject case study explores the impact of poverty on human life and on occupation, the phenomenon central to occupational therapy.

In-depth, unstructured interviews were conducted over a period of two years, with one poor woman who lives in the impoverished suburb of Hanover Park. Other methods of data collection included telephonic contact, direct and participant observation, field notes and an interview with a key informant.

The findings are viewed from a thematic, a poverty and an occupational perspective (the latter using Wilcock's model of occupation as a synthesis of *doing*, *being* and *becoming*). (Wilcock 1998b)

The impact of poverty on the informant's occupations is pervasive : certain occupations are directly linked to her poverty status (reflected in obligatory occupations, as well as occupations of choice); poverty restricts opportunity for participation in certain occupations, impacts on the form of others and/or imposes psychological constraints on yet other occupations. The environments in which she engages have constraining or enabling influences.

Despite this, the study reveals a deeply spiritual, agentic and altruistic woman whose occupations contribute to and facilitate her response to poverty, while at the same time allowing her to make meaning of her life. The inextricable link between her *being* and her *doing* is highlighted.

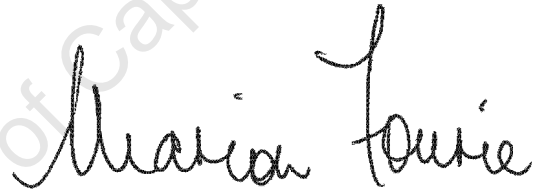
Points of intersection with existing occupational therapy theory are identified, as are indicators for future study, and broad principles that should guide occupational therapy intervention in the fight against poverty.

DEAR READER

It is my sincere hope that by the time you reach the end of my dissertation you will have forgiven me for its length.

I have included a great deal of the detail of my interviews with Maria in Chapter 4 as I believe it necessary to illustrate the richness of this 'case'.

In considering the research process, you may find it expedient to read pages 1 to 99 (i.e. including the background and some contextual data), then pages 153 to 236, before returning to pages 100 to 152. This is merely a suggestion, made to prevent possible immersion in the findings to the extent that the thread of the research process is lost.

A handwritten signature in cursive script that reads "Maria Louie". The signature is written in black ink and is positioned above a large, light grey watermark that reads "University of Cape Town".

ACKNOWLEDGEMENTS

Maria, brave and feisty woman:

You have taught me more than you could possibly know, and much more than I could ever have anticipated learning. Thank you! I salute you for your courage in and dedication to living your life the only way you know how – with conviction that, with God at your side, you can achieve anything.

Professor Ruth M Watson, wise counsellor and pearl-dropper :

I feel enormously privileged to have been able to undertake this journey with you in the navigator's seat. Thank you for your endless patience, your time (the extent of which is known only to you and me), your dedicated effort in contributing to my development, and your passion for occupational therapy which has always, and continues to inspire me. If you have gained from our interaction, and indeed from Maria's story, just a fraction of what I have gained, I know that the journey has also been worthwhile for you.

Riaan and Trudie, my beloved children :

Dit was maar 'n moeilike tyd, maar Mamma is terug! (Pasop!!!) Dankie vir die geleentheid om my ding te doen. Daar's baie min ma's wat so gelukkig is. Julle kan nou maar vir my Master Fourie noem!

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Thank you for bearing with me countless times when "you lost me there", and for producing dong, bong etc.

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Zelda Coetzee for plodding alongside me, always encouraging and willing to share.

My family and friends who have supported me in numerous ways :

Thank you for your interest, support and practical help. I am a most fortunate person.

DEFINITION OF TERMS

OCCUPATION

At start of study

Occupation is defined as the ordinary and familiar things we do everyday, the way we choose to use our time, energy and interests and to exercise our abilities.

At end of study period

The activities and tasks that occupy a person's time, that both reflect and impact on his/her personhood and circumstances.

POVERTY

Poverty is a "multidimensional phenomenon, encompassing inability to satisfy basic needs, lack of control over resources, lack of education and skills, poor health, malnutrition, lack of shelter, poor access to water and sanitation, vulnerability to shocks, violence and crime, lack of political freedom and voice." (World Bank Group 2000c, p1)

ABBREVIATIONS

DFID	: Department for International Development (British Government)
ICLEI	: International Council for Local Environmental Initiatives
GEAR	: Growth, Employment and Redistribution
HSS	: Housing Savings Scheme
PIR	: Poverty and Inequality Report
RDP	: Reconstruction and Development Program
SADHS	: South African Demographic and Health Survey
SAHR	: South African Health Review
SA-PPA	: South African Participatory Poverty Assessment
SEPED	: Social Development and Poverty Elimination Division, United Nations Development Program.
UNDP	: United Nations Development Program

CHAPTER 1 : EVOLUTION OF STUDY

1. INTRODUCTION

There is a popular tourist slogan that South Africa is 'a world in one country' : while this typically refers to the rich diversity of South Africa's landscapes, climatic conditions, flora, and fauna, it is also an apt description of South Africa's population dynamics.

Archbishop Desmond Tutu coined the phrase **Rainbow Nation** to describe South Africa's diverse population. The population is estimated at 44 560 644 people (SA Statistics 2001) : 75,2% are Black, 13,6% White, 8,6% Coloured and 2.6% Indian. There are eleven official languages (Afrikaans, English, Ndebele, Pedi, Sotho, Swazi, Tsonga, Tswana, Venda, Xhosa and Zulu) and the majority of people are Christian (68%). 35% of the population are aged 0-14 years; 61% 15-64 years; and 4% 65 years and over.

The global division of 'Rich Old Millions and Poor Young Billions' applies to South Africa and is likely to continue to apply for the foreseeable future (Huntley, Siegfried & Sunter, 1989). That the former are predominantly white, while the latter are black is peculiar to South Africa, the result of years of oppression of black people under the apartheid regime, to the advantage of white people.

1.1 Overview

The decision to study the interplay between poverty and occupation evolved over a period of time :

- It was prompted initially by my personal experience as an occupational therapist working with people who were most often both severely disabled and poor (see 1.2). My interest in the subject was further stimulated by formal studies focussing on human occupation.
- The findings of the Truth and Reconciliation Commission Health Sector Hearings (see 1.3) impacted at two levels :
 - They highlighted the historical apathy of South African occupational therapists in making their voices heard on matters of principle affecting the health and well-being of the clients they serve. (see 1.3.1)
 - The findings raised my awareness of the relationship between health and human rights. (see 1.3.2)

In particular, I was challenged by the moral responsibility of health professionals to grapple with poverty (see 1.3.2.5), a condition which affects almost 50% of the South African population (May 2000) and more than 2,8 billion people worldwide (The World Bank 2000a).
- Increasing awareness of challenges from within the occupational therapy profession (see 1.4) provided the final impetus for determination of the direction of my study.

1.2 PERSONAL EXPERIENCE

- 1.2.1 My work with disabled people regularly requires that I undertake home visits in some local communities that are generally considered disadvantaged in that they suffered most from the oppressive policies of the apartheid regime.

1.2.2 The majority of my clients are severely disabled as a result of motor vehicle accidents. Some were unemployed at the time of their injury, while others who were employed, have not been able to return to work since their disablement : the benefits associated with the type of work which many were doing (casual/temporary/contract) did not include a pension or cover in terms of a group disability scheme. Consequently, their only income is in the form of a state Disability Grant (R570.00 per month, rising to R620.00 in April 2002).

It is worth noting that they may have been without any form of income for many months, the processing of applications for Disability Grants being notoriously slow.¹

In many of these families, another family member (wife/mother/sister) has had to give up her/his job in order to care for the disabled person. Extremely meagre state benefits are available towards the costs of a caregiver (R110.00 per month, rising to R120.00 in April 2002), and very few disabled people can therefore afford to employ a carer.

The majority of my clients are thus living in a precarious situation financially. A large number are poor.

1.2.3 Many of my clients do not have access to formal housing and live in temporary structures, colloquially known as 'shacks' or 'bungalows'. (a 4.7)

¹ It is understood that processing of Disability Grants has improved dramatically in the Cape Town area in recent months, with an average processing time of 2 months currently. This is not however the case in more outlying areas of the Western Province or indeed in other provinces. (Afrika Z. Social worker, Conradie Hospital. Personal communication. 15/03/02)

The sophistication of these dwellings varies greatly, but most commonly, such accommodation comprises one single room that is divided by means of a curtain or partition to create various living areas [bedroom(s)/living room/kitchen].

Some are erected on serviced sites i.e. there is a toilet situated on the site (most often in one corner of the erf) with a tap alongside it. Electricity may or may not be available on such sites and roads vary in sophistication. Others are erected on unserviced sites : because these sites have not been formally laid out, and because of shortage of land, most structures have been erected in very close proximity to one another. No toilet facilities are available and water has to be collected from a communal tap somewhere on the road or even further afield. Electricity is not formally available, but it is not uncommon to find long extension leads running across roads from whatever power source is nearest. Roads in such areas are frequently unsophisticated; most often uneven, hardened ground which becomes extremely muddy when it has rained.

Various building materials have been used to construct dwellings : wood, corrugated iron, cardboard, sand bags. The floors are typically uneven and few windows are incorporated into such structures. They are often draughty and leak badly when it rains.

Paraffin is the most commonly used source of fuel for cooking in these areas.

The number of people living in such a dwelling varies but, in my experience, many are overcrowded, often accommodating extended families or more than one family.

1.2.4 Most people living in such communities walk, ride bicycles or use public transport (minibus taxis, busses or trains) to get about. Very few have personal transport. Clearly this has significant implications for a severely disabled individual, the more so because the taxi industry (which is really the only transport service they could use relatively easily), is not kindly disposed to disabled people. In my experience, use of minibus taxis is not a viable alternative : taxis do not provide point-to-point transportation (they collect and deposit passengers at taxi ranks and do not deviate from their particular routes); loading a disabled individual and his/her wheelchair is time-consuming (the driver wishing to cover the route from A to B in as short a time as possible); a wheelchair takes up space and reduces the number of passengers who can be transported.

Disabled people are consequently often housebound or have to hire point-to-point transport at great cost.

1.2.5 Facilities in such communities which one can readily observe, commonly include a clinic or day hospital, home shops and various other enterprises being operated at people's homes e.g. hair dressing salons, car repair shops, shebeens (drinking houses). Public facilities such as post offices, banks, public telephones, retail shops are sparsely situated, given the large number of people living in the areas that they serve. Few communities have major shopping malls from which large (presumably cheaper) supermarket groups operate.

Street lighting is non-existent or poor.

There are few public facilities or areas for recreation and where open areas exist, they are not well developed.

[Statistical information regarding living conditions of the South African population is detailed in 2.5.3.3 (socio-economic indicators)]

1.2.6 Each time I visit someone living in such circumstances, many questions come to my mind e.g.

- How do people living on such limited income manage to put food on the table all month, let alone find necessary money for transport, school fees etc?
- How do they make choices about priorities given the inevitable demands on their limited financial resources?
- How do people cope with the lack of privacy that necessarily results from living in overcrowded accommodation?
- How do people cope with lack of basic facilities such as access to a toilet, running water and electricity?
- How does their type of dwelling (cold, draughty, damp) impact on people's health?
- How do they ensure their personal safety, as well as the safety of their belongings?
- How do they dispose of waste materials?
- Where do they shop? While home shops are convenient, they carry a limited range of items and are inevitably expensive. On the other hand, accessing a larger supermarket where goods would be cheaper is difficult, and if one doesn't have access to personal transport, only a limited number of parcels can be managed at one time.

Obviously these questions are only illustrative of the issues one must confront when exposed to such situations.

1.2.7 **Professionally**, despite many years of experience in the field of disability, I continue to wrestle with understanding the impact of severe disablement on people who are also seriously disadvantaged economically, socially and/or environmentally.

More generally, I wonder how people living in such circumstances cope; how they spend their time; what it is that they do each day (and why); what opportunities and constraints influence their choices in respect of daily occupations and the execution thereof.

Perhaps most importantly I am aware that my therapeutic interventions are severely limited by my lack of understanding of and insight into the context in which such people live out their daily lives, and the effect that this context has on their lives.

I am always aware that my own background (professional, white, middle class) limits my ability to appreciate and/or comprehend what life must be like living under such circumstances.

1.2.8 **Personally**, I am always troubled following such home visits.

When I contrast my own circumstances with those of people living under such conditions, I am struck by the enormous inequities that exist in South Africa. It could fairly be said that my and their financial and living situations represent opposite ends of a spectrum.

I find it extremely difficult to put myself into their shoes, to imagine how I would cope if I lived in such circumstances, and particularly if I was poor.

Practical everyday limitations come readily to mind e.g. How would I feel if I didn't have an extra blanket to put over my child on a cold night, or sufficient food to ensure that my child was not hungry at school?

At another level, it occurs to me that having to cope with extremely limited financial resources would severely impact on my freedom. The ability to make and exercise choice in a large variety of matters affecting my personal and my family's well-being, is something I value highly.

At yet another level, I reflect often on how I would make meaning of life and create for myself a sense of well-being when at every turn I was faced with the reality of surviving and focussing on meeting my and my family's basic needs.

Such reflection is humbling and I realise not only that I have so much for which to be grateful, but that I have much to learn from such people and that they possess skills and abilities that I do not have.

1.3 TRUTH AND RECONCILIATION COMMISSION HEALTH SECTOR HEARINGS

The Truth and Reconciliation Commission was established to facilitate a process whereby South Africa, and South Africans, could confront the past and attempt to deal with the violations of human rights which occurred during the apartheid era. Its purpose was to bring to the fore the truth about such violations from the perspective of both the victims and the perpetrators of such violations, in order that reconciliation amongst the peoples of South Africa could be facilitated.

Special Health Sector Hearings were held in Cape Town on 17 and 18 June 1997. At these hearings a number of organisations, bodies and individuals presented written and verbal submissions.

The impact of these Hearings on this study is considered at two levels :

1.3.1 The submission of the Occupational Therapy Association of South Africa (TRC Submission 1998) acknowledged that the Association :

- For many years, did not act in opposition to the events and attitudes of the time, or make any protest against the impact of apartheid on occupational therapy clients/patients and staff;
- Did not publicly or through occupational therapy channels object to gross violations of human rights, unjust health practices, discriminatory service provision and the exclusion of black students from some occupational therapy programmes;
- Lacked a corporate 'voice' and failed in some instances to join the outcry about different standards of health care, the absence of equity in the distribution of resources, and the well-being of disempowered citizens;
- Did not support the individual occupational therapists who were involved in the struggle, preferring to value the solidarity of the Association above the welfare of these individual members.

It is, in my view, extremely sad that the occupational therapy profession had to submit such acknowledgements, given that 10 years earlier the profession had had a 'wake-up call'.

A delegation of the World Federation of Occupational Therapists investigating the profession in South Africa in the light of calls from member countries, at the height of anti-apartheid sentiment, that the South Africa Association be expelled from the ranks of the World Federation found : " . . . an active but **compliant** group who need to develop strategies for better use of the potential political power they possess . . ." (Claxton 1988, p4, emphasis added)

Ramugondo (2000) while reviewing the history of occupational therapy in South Africa, perhaps sums it up best : "One cannot help but wonder around such reticence in investigating such issues as racism and oppression, or the consequences of being a black South African. Especially in the light of the fact that the populations O.T.'s worked with, and continue to do so, were disabled people who are mostly marginalised in terms of poverty and social isolation, exacerbated by repressive state policies." (p9).

There are no doubt many reasons which could be put forward to account for the profession's lack of action/activism. This is not the place to discuss these reasons or make recommendations to address occupational therapy's apparent apathy. It is however my contention that, in addition to the profession's collective responsibility, each and every occupational therapist has a responsibility to contribute to the profession's stated earnest undertaking to be vigilant in the future "in all matters concerning their accountability, honour and service responsibilities". (TRC Submission 1998)

This study will form part of my contribution in this regard.

1.3.2 The Truth and Reconciliation Commission found that : "The health sector, through apathy, acceptance of the status quo and acts of omission, allowed the creation of an environment in which the health of millions of South Africans was neglected, even at times actively compromised, and in which violations of moral and ethical codes of practice were frequent, facilitating violations of human rights." (Baldwin-Ragaven et al 1999, p6)

1.3.2.1 Baldwin-Ragaven et al (1999), discussing necessary transformation of health care in South Africa and particularly the need for professional accountability, consider that two tasks are at "the center of health and human rights activity in South Africa i.e. the imperatives:

- To document and understand the history of abuse through a process of self study, and
- To acquire the abilities necessary to recognise and act upon both the traditional and 'new' human rights dilemmas." (p8)

1.3.2.2 "Modern human rights is a unique civilizational creation." (Mann 1997, p2). Via the Universal Declaration of Human Rights (adopted by the United Nations General Assembly in December 1948 and the central instrument of the modern human rights movement), and various subsequent internationally accepted treaties and declarations (e.g. Convention on the Rights of the Child), nations of the world have agreed upon a list of rights which includes things that States should not do to anyone, and things which should be provided to all.

Human rights can be considered a language of agency that seeks to empower individuals to defend their own rights. "It is not about defining the good life, but the minimum conditions for any life at all." (Ignatieff 2000, p2)

Perhaps most helpful to the ensuing discussion is Mann et al's statement (1999) that the human rights approach (to address and advance human well-being) "seeks to describe – and then promote and protect – the societal-level prerequisites for human well-being in which each individual can achieve his or her full potential." (p2)

1.3.2.3 The field of human rights and health is relatively new : "different philosophical and historical roots, disciplinary differences in language and approach, and practical barriers to collaboration" (Mann et al 1999, p18) are considered to have negatively hampered recognition of the intersection of health and human rights, and thus development of the field.

Various authors/publications (Mann 1997; SAHR 1999; Chatman & Rubenstein 1998; Baldwin-Ragaven et al 1999) discuss the linkages between health and human rights. The provisional framework of these linkages, proposed by Mann et al (1999), is however considered most helpful in "advancing human well-being beyond what could be achieved through an isolated health- or human rights-based approach". (p11)

This framework proposes a three-part relationship for considering linkages between health and human rights ; all are interconnected and each has substantial practical consequences.

The **first relationship** relates to the impact of health policies, programs and practices on human rights. Potential benefits to or burdens on human rights can occur in respect of three primary functions of health care viz. assessment of health needs, policy development - to address priority needs - and program implementation to realise policy goals.

This relationship is clearly illustrated by the effects of the deliberately constructed, rationally organised health care system of the apartheid regime that offered grossly inferior care to millions of South Africa's people of colour.

The **second relationship** relates to health impacts resulting from violations of human rights, and requires that violation of rights is used as a point of entry in recognising and understanding health problems.

It is illustrated by the physical, emotional and social health consequences which result from severe (and many less severe) human rights violations such as torture or imprisonment under inhumane conditions.

The **third relationship** explores the inextricable linkage between health and human rights, recognising that health and human rights are complementary approaches to "the central problem of defining and advancing human well-being". (Mann et al 1999, p16)

A modern conceptualisation of health which, amongst other things, requires consideration of the 'essential elements' for health viz. peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity (Ottawa Charter for Health Promotion. WHO 1996), highlights this third relationship.

Health is an important precondition for the capacity to realise and enjoy human rights and dignity. Concomitantly, according to Chatman & Rubenstein (1998), "protecting and promoting human rights (civil, political, economic, social and cultural) may be the most effective means to provide the conditions for health and well-being in a global civil society." (p125)

1.3.2.4 The need for health professionals to become more knowledgeable about and actively involved in human rights issues is highlighted by a number of authors.

“Health professionals would also have to consider their responsibility not only to respect human rights in developing policies, programs and practices, but to contribute actively from their position as health workers to improving societal realization of these rights.” (Mann et al 1999, p18)

Baldwin-Ragaven et al (1999) identify five core objectives which they consider to be critical to ensure professional accountability in protecting human rights throughout the South African health sector :

- To enunciate and prioritise accountability to our patients, to ourselves (honor in the ‘profession’) and to society.
- To recognise a human rights abuse when it happens, or is about to occur.
- To recognise and empower vulnerable groups so that all patients are treated with dignity and respect.
- To re-orient practice towards the largest social and political context.
- To be aware of our own positioning in society and how our values and loyalties may put us in inconsistent or conflicting situations.

1.3.2.5 Poverty is one of the societal factors consistently referred to in texts dealing with health and human rights.

The relationship between poverty and health is increasingly well documented (and is discussed in more detail in Chapter 2). Poverty is viewed by many as a violation of human rights, more specifically socio-economic rights.

Indeed, the United Nations Human Development Report 2000, in respect of empowering people in the fight against poverty, states : “ . . . eradicating poverty is more than a major development challenge – it is a human rights challenge.” (p73)

Discussing how South African health professionals view and act upon the relationship between poverty and health, Baldwin-Ragaven et al (1999) comment as follows : “Throughout their training, health professionals learn to take poverty for granted. ‘Diseases of poverty’ are commonly mentioned in the curriculum but without any historical or political context. As a result, poverty becomes ‘normalized’. The effect is to treat these diseases and poverty itself as inevitable.” (p184)

1.3.2.6 As a profession, we have a long way to go if we are to meet the objectives set out by Baldwin-Ragaven et al (1.3.2.4) to ensure professional accountability in protecting human rights throughout the South African health sector people.

- Occupational therapy curricula, with singular exceptions, do not address societal influences on health in any depth (if at all), nor have such influences been studied by the profession to understand their impact on human lives and human occupation.
- In respect of vulnerable groups, while the profession has done much work in enabling the empowerment of disabled people, the same can not be said in regard to poor people, women, disadvantaged children or the elderly.

- The profession has yet to seriously consider and define its role in the larger social and political context, in order to be able to re-orient practice to address population issues.

This study will contribute to all of the above.

1.4 CHALLENGES FROM WITHIN THE OCCUPATIONAL THERAPY PROFESSION

- 1.4.1 Duncan (1999), in her Memorial Lecture to honour one of South Africa's pioneering occupational therapists, Vona du Toit, provides significant insights into the need for transformation of the occupational therapy profession in South Africa. Duncan challenges South African occupational therapists to develop "a distinctive interpretation of the profession's core beliefs, values and methods that reflects a responsiveness to the health needs of Africa's peoples and our African location." (p3)

Duncan considers that South African occupational therapy is in a period of professional crisis "and needs to negotiate its evolution into an African identity and a new professional paradigm through the transformation of its world view, methodologies and identity". (1999, p7) Duncan's lecture is the first comprehensive, and documented, articulation of the profession's current status, its limitations (mainly as a result of its reliance on Western and medical ideologies) and directions for the profession to realise its full potential in South Africa.

It is a profound analysis which occupational therapists practising in this country, collectively and individually, should study, reflect and act upon. [Sadly, as has been shown to be common in our profession all over the world, occupational therapy has a "propensity to bestow most every award upon our greatest visionaries while all but disregarding their most dire warnings and calls to action" (Wood 1998b, p408)]

A study of poverty and the implications thereof on the occupations of people so oppressed, will contribute to the profession's understanding of the "biopsychosocial and occupational needs" (Duncan 1998, p7) of a large sector of the South African population. This in turn may serve as a starting point for consideration of alternative methodologies that better serve the socio-cultural realities of our country's population.

- 1.4.2 Ramugondo (2000) echoes similar sentiments to Duncan in certain regards. She considers that South African occupational curricula reflect a Eurocentric rather than Afrocentric orientation, leaving "little room for understanding different points of view and different cultures". (p18) Clearly there is a direct link between what students learn/experience and how they practice in the future.

Chatman & Rubenstein (1998) articulate the problems to which Ramugondo and Duncan refer, thus : "In South Africa, where practitioners and patients are of profoundly different cultures, speak and/or think in different languages, and hold different beliefs about the purpose of life, god, disease, death and the hereafter, the ability to provide meaningful therapy is severely compromised." (p104)

Multi-cultural competence is not a new notion in occupational therapy discourse. The question to be asked is : Are South African occupational therapists multi-culturally competent? I believe the answer is negative.

- 1.4.3 The renewed focus on human occupation in the occupational therapy profession worldwide is a further challenge to which all occupational therapists should respond.

Amongst other things, we need to **contextualise** occupation : "To learn what we need to know requires that we accept the challenge of becoming ardent students of life's daily activities, grappling courageously with the ambiguity and complexity of occupation, the occupational human, and *the contexts in which occupation takes place.*" (Yerxa 1998b, p418, emphasis added)

Third world influences (such as poverty), the daily occupations of people exposed to such influences and the interplay between the two, it is contended, have not been studied and are poorly understood by occupational therapists.

- 1.4.4 This study with its distinctly South African orientation, will serve as a starting point for understanding how living in poverty impacts on the occupations of those for whom this is an everyday reality.

1.5 Research Question

How do people living in poverty orchestrate their daily occupations in order to meet their needs, while at the same time infusing meaning into their lives?

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CHAPTER 2 ; BACKGROUND INFORMATION INFORMING AND CONTEXTUALISING STUDY : LITERATURE REVIEW

2.1 Overview

A literature review was undertaken for two reasons predominantly :

- To orientate readers who may not be occupational therapists to
 - the profession, its development and current discourse (see 2.2);
 - health, women's health, health promotion, and an occupational perspective of health (see 2.3);
 - occupation (the phenomenon which differentiates occupational therapy from other health care professions), its conceptualisation within the profession and current professional discourse (see 2.4).
- To orientate the researcher to :
 - current conceptualisations of poverty and its effects (see 2.5);
 - the nature and extent of poverty in South Africa (see 2.6).

2.2 OCCUPATIONAL THERAPY

2.2.1 Occupational therapy is a health profession concerned with the ability of individuals, and groups of people, to use their inherent capacities to meet environmental challenges via engagement in occupation.

2.2.2 Various authors provide examples which illustrate that many of the philosophical ideas which inform occupational therapy can be found long **before** the profession evolved.

McDonald (cited in Wilcock 1998a) refers to Homer's tale of Hephaistos, the noble craftsman god who was lame, being given equipment by Thetis and Euronyme that enabled him to become skilled in much "cunning handiwork". (p165)

Friedland (1998, citing Bruce 1933) refers to Plato who suggested that "in every man and woman there is born the instinct to make and do" (p374) and later (citing Plato in Wild) : "In the state of such liberal (therapeutic) arts, the corrective portion is more apparent but less important, while the regulative portion is largely hidden but far more essential." (p374, parentheses added)

Wood (1998a) refers to Aristotle "who believed that well-being radiated from desirable and satisfying activities." (p320)

Voltaire (Friedland 1998, citing Waterman 1942) whose works appeared in the middle/late 1700s, considered that "Man is born for action . . . not to be occupied and not to exist amount to the same thing" (p374).

- 2.2.3 It is generally accepted that moral treatment was the **forerunner** to occupational therapy, this approach revolutionising the manner in which mentally ill people were treated.

During the 18th and 19th century, there was increasing emphasis on the value of work as a means of facilitating self control and good habits. Tuke (cited in Wilcock 1998a) who was responsible for establishing moral treatment in Britain, recognised that "in itself, work possesses a constraining power superior to all forms of physical coercion" because of "the regularity of the hours, the requirements of attention, (and) the obligation to produce a result". (p168)

There is also evidence that other occupations were incorporated into treatment programs at certain institutions.

2.2.4 The formal beginning of occupational therapy occurred in 1917 with the formation of the American National Society for the Promotion of Occupational Therapy. In fact, training of occupational therapists had already begun and various articles and books had been written at that stage.

The Society had as its objectives "the advancement of occupation as a therapeutic measure; the study of the effect of occupation on the human being; and the scientific dispensation of this knowledge." (Certificate of Incorporation of the National Society for the Promotion of Occupational Therapy, Inc. cited in Wilcock 1998a, p167)

2.2.5 The development of occupational therapy knowledge since those early days, can be summarised as follows :

2.2.5.1 The first four decades of the 20th century saw occupational therapists using occupation to influence recovery from illness and adjustment to disability.

Core assumptions of this period, as presented by Kielhofner (1997, p38), were :

- Occupation plays an essential role in human life and influences each person's state of health.

- Occupation consists of alternation between modes of existing, thinking, and acting and requires a balance of these in daily life.
- Mind and body are inextricably linked.
- Idleness (lack of occupation) can result in damage to body and mind.
- Occupation can be used to regenerate lost function.

Friedlander (1998) suggests that "The approach did not address pathology . . . rather it focused on interests and abilities and worked around pathology to engage the person in occupations. It was engagement in occupation that could have an effect on the person and could, over time, be transformative." (p376)

2.2.5.2 Following World War II, a shift occurred in occupational therapy practice as the concept of rehabilitation evolved : increasingly, occupation was applied as a means of "enhancing medical outcomes." (p377) Occupational therapy became more strongly influenced by the medical model.

In the 1950's and early 1960's, there was increasing pressure from physicians to establish a more 'scientific' rationale for occupational therapy. Physicians had played an important role in the early development of the profession, and had in fact headed occupational therapy professional associations in various parts of the world (including South Africa) for many years. Additionally (even until relatively recently) medical prescription was required before occupational therapy could be implemented.¹

¹ Medical prescription is still required in some countries e.g. United Kingdom.

Reductionism was increasingly evident in medicine and occupational therapy's knowledge base was criticised from this mechanistic viewpoint. Amongst other things, the notion that patients were active participants in their treatment conflicted with the prevailing view of the physician as the external agent repairing the person.

By the mid 1960's, a new, mechanistic paradigm had been embraced by occupational therapists. Kielhofner (1997, p45) identifies its *core assumptions* as follows :

- The ability to perform depends on the integrity of the nervous, musculoskeletal, and intrapsychical systems.
- Damage or abnormal development in the inner systems can result in incapacity.
- Functional performance can be restored by improving/compensating for limitations in inner systems.

Occupational therapy knowledge expanded in specific directions during this period : there was greater understanding of how bodily impairment or emotional pathology impacted on performance; techniques for remediating specific problems were developed.

2.2.5.3 Despite this, there was growing dissatisfaction that the profession's early holistic view of man, as well as its belief in the value of occupation in and of itself, had been lost. Alignment with the medical model had resulted in "an uncomfortable misfit between the old practices still retained and the new concepts used to explain them." (Kielhofner 1997, p46).

A lack of unifying identity characterised the 1970's, as practice became more diverse and fragmented. Shannon (1977) warned that occupational therapy was jeopardising its existence by abandoning the "insights of perennial value" that engendered the profession and on which the social contract of occupational therapy is built. (p231)

Mary Reilly, an occupational therapy educator at the University of Southern California, is largely attributed with leading the movement within the profession towards its present, reconstituted identity. Her hypothesis "that man through the use of his hands, as they are energised by mind and will, can influence the state of his own health" (Reilly 1962) is probably the most cited reference in occupational therapy literature.

Renewed interest in the centrality of occupation to the profession is relatively recent, but was already evidenced in statements such as that of Weimer (cited in Kielhofner 1997, p54) in the late 1970's :

Ours is, and must be, the basic knowledge of occupation. It is that knowledge which permits the occupational therapist to look at an activity of daily living in a unique way, and so determine best how to facilitate the patient's or client's goal achievement. Our exclusive domain is occupation. We must refine, research, and systematize it so that it becomes evident, definable, defensible, and saleable. The 'impact of occupation upon human beings' was spelled out as our sole claim to professionalism by our founders in 1917. It is our latent power if we will but keep it as our focus and direction."

2.2.5.4 Kielhofner (1997) considers that the core constructs of occupational therapy, with its current focus on occupation, are reflected in three broad themes :

- Human's occupational nature.
- Occupational dysfunction as a problem focus.

- Occupation and the dynamics of therapy. (p55)

2.2.6 This refocussing on the centrality of occupation in the profession and indeed, in human lives, has resulted in a number of evolving concepts related to occupation (see 2.4.7), as well as renewed consideration of the scope, position and potential of occupational therapy. Important developments in this latter regard include the following :

2.2.6.1 The concepts of enablement and empowerment have received increasing attention.

Empowerment is rooted in a belief in the rights of the individual to autonomy (Swift & Levin, cited in Polatajko 1992) and equal or shared power, beliefs that occupational therapy shares. Empowerment requires having information to work on and the ability to respond. This is where enablement comes in (Stewart 1994)

Enabling, the verb form of enablement, is the term used by Dunst, Trivette, Davis and Cornwell (cited in Polatajko 1992) to name a model of helping that promotes empowerment. Enabling processes draw out the goals and experiences of those seeking or using help, in contrast to other helping approaches that assume to know and do what is best for people.

The Canadian Association of Occupational Therapy adopted the phrase '*enabling occupation*' to juxtapose "the collaborative concept of enabling people to be active participants in shaping their lives individually and collectively, with the concept of . . . occupation" (Townsend 2000, p42).

Enabling occupation is defined by CAOT (1997) as “enabling people to choose, organize, and perform those occupations they find useful or meaningful in their environment.” (p2)

Townsend (1993) considers that occupational therapy is “an enabling rather than a treatment kind of therapy”. (p176) This is supported by Polatajko (1992), who states that “occupational therapy is a discipline concerned with enabling occupational competence.” (p186)

2.2.6.2 In respect of traditional client groups, occupational therapists have been urged to execute a shift from a component-centred approach (described as “bottom-up” by Gray, 1998) to an occupation-centred approach (“top-down”).

2.2.6.3 There is increasing acknowledgement that the traditional location of occupational therapy in a health context with its close association with medicine has not served the profession well. (Polatajko 1992; Wilcock 1998b) Yerxa (1992) suggested that this association was problematic because of the dissonance between the values of occupational therapy and medicine.

Occupational therapists have been challenged to adopt an occupational perspective (Fidler 2000; Whiteford 2000; Wilcock 1998a), particularly to view humans as occupational beings. Such a perspective has numerous implications e.g. :

- It requires therapists to think broadly, considering the many causes of occupational dysfunction, be they bodily impairment or mental illness (as with our traditional client groups) or social, economic, environmental, political or other factors.

“A paradigm for responding to the concerns, needs, and welfare of a population without disabilities and illness comprises major differences in orientation, attitudes and knowledge base from the paradigm of treatment and medical rehabilitation.” (Fidler 2000, p99)

- It necessarily implies consideration of issues affecting occupational performance of individuals, groups, communities and populations, as well as appropriate intervention strategies.

Wilcock (1998a) has proposed five health promotion models or approaches which could contribute to “community and public health” (p212). They are wellness, preventive medicine, social justice, community development and ecological sustainability.

2.2.6.4 Emerging concepts of significance to occupational therapists include:

Occupational imbalance : A lack of balance among occupations resulting in failure to meet and individuals unique physical, social or mental health needs. (Wilcock 1998a)

Occupational deprivation : “A state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual” (Whiteford 2000, p201) or collective.

Occupational alienation : A sense of estrangement and lack of satisfaction in one's occupations. (Wilcock 1998a)

Occupational disruption : A state which occurs when a person's normal pattern of occupational engagement is disrupted due to significant life events, environmental changes, becoming ill or sustaining an injury. Occupational disruption is understood to be temporary or transient state, which, given supportive conditions, resolves itself or can be resolved. (Whiteford 2000)

Occupational enrichment : "The deliberate manipulation of environments to facilitate and support engagement in a range of occupations congruent with those that the individual might normally perform." (Molineux & Whiteford 1999, p127) Occupational enrichment is proposed as the mechanism by which occupational deprivation (and possibly other forms of occupational dysfunction) can be redressed.

- 2.2.7 It is my impression that the above developments have remained predominantly a subject of academic discourse, not filtering through to practice or to the majority of therapists in the field. This notion is supported by Whiteford (2000) who suggests that "a gap exists as to how occupation is incorporated into practice" (p203).

Professional literature has focussed on exploring the concept of occupation more than on the application of occupation-centred practice. While clearly the former is necessary for the profession to understand, define and articulate its basic premises, changes in practice must occur simultaneously in order for us to realise our professional potential and demonstrate the efficacy of the profession's claims.

2.3 HEALTH

2.3.1 The way in which **health** is viewed differs depending on a variety of factors such as cultural and spiritual philosophies, social and individual values, geographic location.

The WHO definition of health (1946) as "a state of complete physical, mental and social well-being not merely the absence of disease or infirmity" is perhaps the most generally cited definition, albeit Western medicine continues to focus on illness rather than health in the main.

The Ottawa Charter for Health Promotion (WHO 1986) fleshed this definition out as follows : "To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs and to change or cope with the environment."

2.3.2 Explicit definitions of **women's health** (considered distinct from reproductive health or maternal health) are hard to find and, in the main, appear to be narrowly conceptualised.

Many factors influencing women's health can be viewed as a direct reflection of their status in society : domestic violence; a woman's paid job is often a second, if not third job as society continues to ascribe to women the primary job of kin keeper, caring for the family and the home and all that each entails. (Macrae 1994)

One definition of women's health that goes beyond the reproductive functions to include many social aspects of women's lives that may impact on health is that of Van der Kwaak (cited in Koblinsky et al 1993) : "A women's health is her total well-being, not determined solely by biological factors and reproduction, but also by affects of workload, nutrition, stress, war and migration, amongst others."
(p33)

Jacobsen's comment (1993) on women's health is considered important in the context of this study.

"Two out of three women around the world presently suffer from the most debilitating disease known to humanity. Common symptoms of this fast-spreading ailment include chronic anaemia, malnutrition, and severe fatigue. Sufferers exhibit an increased susceptibility to infections of the respiratory and reproductive tracts. And premature death is a frequent outcome. In the absence of direct intervention, the disease is often communicated from mother to child, with markedly higher transmission rate among females than males. Yet, while studies confirm the efficacy of numerous prevention and treatment strategies, to date few have been vigorously pursued.

The disease is poverty." (p3)

2.3.3 Occupational therapists view health broadly and more recently have begun to articulate definitions of health that encapsulate their belief in the value of human occupation, and the links between occupation and health.

Yerxa (1998b) views health "not as the absence of organ pathology, but as an encompassing, positive, dynamic state of 'well-beingness', reflecting adaptability, a good quality of life, and satisfaction in one's own activities." (p412)

Wilcock (1998a, p110) summarises her view of **occupational perspective of health** as :

- The absence of illness, but not necessarily disability.
- A balance of physical, mental, and social well-being attained through socially valued and individually meaningful occupation.
- Enhancement of capacities and opportunity to strive for individual potential.
- Community cohesion and opportunity.
- Social integration, support, and justice, all within and as part of a sustainable ecology.

Occupational health and wellness includes elements of choice, meaning, balance, satisfaction, opportunity, and self-actualisation.

2.3.4 The Alma Ata Declaration of the WHO (1978) spearheaded an understanding of **health promotion** which shifted focus from a *personal behaviour model* (emphasising the responsibility of the individual) to a broader *empowerment model* which acknowledges the complex interactions of individuals and their environments.

Health promotion, as defined in the Ottawa Charter (WHO 1986) encapsulates the notion that there are primary links between health and occupation because occupation is the fundamental mechanism by which people realise aspirations, satisfy needs and cope with the environment.

Occupational therapy's close association with health promotion is perhaps most evident in the profession's optimism about human potential even in the face of severe disablement. It is often the occupational therapist who finds the key to transcend limitations and assist those so afflicted to find meaning and purpose in their lives.

The challenge is for occupational therapists to transfer their optimism about human potential to all people and to find whatever key it might be in order to promote the health of groups, communities and populations. This would ensure that the profession achieve its social vision (Townsend 1993).

2.4 OCCUPATION

2.4.1 The centrality of occupation to the profession of occupational therapy is best captured by Yerxa's statement : "A philosophical rationale that differentiates occupational therapy from other professions and disciplines resides in the rich, complex idea of *occupation*." (Yerxa 1998a, p366, emphasis added)

2.4.2 The word occupation derives from the Latin word *occupo* which means 'to take possession of, to lay hold of time and/or place', and "also refers to the investment of resources to achieve mastery" (Kielhofner 1997, p54).

The way in which occupational therapists use and understand the term *occupation* is different from conventional usage of the term. The latter refers to work, one's occupation being cited as an identifying label used to describe oneself e.g. as a receptionist or gardener. Interestingly, common usage of the verb '*occupy*' is similar to the way the profession would interpret the term : 'How do you *occupy* your time?' is likely to result in information reflecting a variety of things that a person does in the course of a day, week or month.

2.4.3 Both nationally and internationally, there is currently renewed interest in the profession's conceptualisation of occupation. Much exciting work is being done in order to develop the knowledge base of the profession in respect of human occupation in order to reaffirm and elaborate its centrality both within the framework of human lives and the profession.

A significant development in this regard has been the evolution of occupational science, an academic discipline devoted to the rigorous study of humans as occupational beings (Yerxa et al 1989). Occupational science is being developed by occupational therapists in many parts of the world. (Wilcock 2001)

2.4.4 Various definitions of *occupation* have been proposed in recent years.

The American Occupational Therapy Association published a Position Paper (1995) defining *occupation* as "the ordinary and familiar things that people do every day" (p1015), noting that this simple definition "reflects, but understates, the multidimensional and complex nature of daily occupations". (ibid)

The Canadian Occupational Therapy Association (1995) defines *occupation* as "activities or tasks which engage a person's resources of time and energy; specifically self-care, productivity and leisure".

Clark et al (1991) defined *occupation* as "chunks of culturally and personally meaningful activity in which humans engage that can be named in the lexicon of our culture" (p301).

Nelson (1997) defined *occupation* as the relationship between occupational form and occupational performance. Occupational performance consists of the 'doing' of occupation; whereas occupational form concerns the contexts of the doing, or the other elements of a 'doing situation' which provide it with purpose and meaning.

- 2.4.5 While definitions of *occupation* may vary, there appears to be consensus within the profession regarding certain elements/dimensions of the concept which are considered important :

Engagement in occupation is driven by intrinsic needs e.g. for mastery, competence, self-identity, and group acceptance. (AOTA 1995; Christiansen 1999; Polatajko 1992)

Occupation gives meaning to life. Occupations may hold or express personal, social, symbolic or spiritual meaning for the individual performing them. (Hocking 2000; Polatajko 1992; Christiansen 1999)

Occupations have performance components i.e. process or doing components

Occupation organises behaviour. (Polatajko 1992; Townsend 1997; Yerxa 1998a)

Occupations are culturally embedded. Occupations are named, organised, and given value and meaning by each culture. (Townsend 1997; Yerxa 1998a; Hocking 2000)

Occupations have a temporal component e.g. occupation occupies and extends over time; occupations have a beginning, middle and end. (Townsend 1997; Kielhofner 1997; Hocking 2000)

Occupation and human development are closely interwoven. The developmental perspective stresses the unfolding of skills, motives and life roles as shaped by biological, psychological and environmental factors. (Kielhofner 1997)

Occupation has contextual dimensions, specifically occupation both affects and is affected by the environment.

✓ **Occupation is directed towards a goal i.e. it is purposeful.** Occupations enable people to survive, to influence and adapt to their environment, to be economically self-sufficient, to experience social relationships and approval, as well as personal growth. (Wilcock 1998c)

✓ 2.4.6 Wilcock (1998b) proposes a specific way of appreciating the profession's understanding of *occupation* "that includes all the things that people do, the relationship of what they do to who they are as human beings, and that through occupation they are in a constant state of becoming different." (p248) She suggests that occupation be seen as a synthesis of doing, being and becoming.

2.4.7 A number of evolving concepts have resulted from the profession's refocussing on occupation as its central concept. Some are detailed (but not discussed at length) here to indicate the direction of the profession's discourse and practice.

Occupational engagement is a term used to refer to the totality of involvement in an occupation, rather than the performance per se. Occupational engagement relates to *how* (processes and strategies) people orchestrate the numerous occupations in which they are engaged. Tacit to such a concept is the notion that personally and socially meaningful occupations have the power to engage a person in a powerful and compelling way. (Whiteford & Wicks 2000)

Occupational outcomes : the consequence or products of occupational engagement. Outcomes may be tangible or non-tangible; may have relevance at an individual or collective level, or both; may be positive or negative, or somewhere in between.

✓ **Occupational persona** : That dimension of self shaped by a myriad of factors both biological and sociocultural, which is predisposed, as well as driven toward, engagement in certain types of occupations. Through the process of such engagement and the outcomes generated, the occupational persona is shaped, and to some extent reinvented, over time. (Whiteford & Wicks 2000, p48)

Occupational form : The objective set of circumstances, external to the person, that elicits, guides or structures the person's occupational performance (voluntary doing), depending on the meanings experienced by the person. (Nelson 1999. P76)

Occupational justice can be described as equitable opportunity and resources to enable people's engagement in meaningful occupations (Wilcock & Townsend 2000, p85) i.e. as part of a fair and empowering society.

2.5 POVERTY

- 2.5.1 Poverty is a complex phenomenon that has a profound impact on the lives of those subjected thereto.

Poverty is a global problem : The World Bank (2000a) (using reference lines set at \$1 and \$2 per day in 1993 Purchasing Power Parity terms) estimates that in 1998 1.2 billion people world-wide had consumption levels below \$1 per day, and 25% of the population of the developing world and 2.8 billion people lived on less than \$2 a day.

The United Nations' Human Development Report of 1997 indicates that "Sub-Saharan Africa has the highest proportion of people in - and the fastest growth in - human poverty" (p2).

- 2.5.2 The conceptualisation of poverty has evolved over the past century (and more particularly the last 25 years), reflecting fundamental assumptions about its nature and causes, with obvious implications for the definition and measurement thereof, and the policies and strategies necessary to reduce it (Kanbur & Squire 1999; Lok-Dessallien).

- 2.5.2.1 Benjamin Rowntree is regarded as having done pioneering work in the measurement of poverty at the turn of the century, by focussing on the income necessary "to obtain the minimum necessities for the maintenance of merely physical efficiency" (Rowntree, cited in Kanbur & Squire 1999, p3). What is needed to satisfy basic needs obviously varies in time and place.

2.5.2.2 With an increased focus on the expansion of per capita income as a potential strategy to reduce poverty came a necessary debate on whether the poor actually benefited from such strategies as much as the rest of society. The idea that growth and **inequality** should be considered together gained momentum. The Human Development Report (United Nations 2000) details a recent study by Milanovic, of world income distribution using household survey data from 91 countries : the results show a sharp rise in inequality : the Gini coefficient (a universal statistic for measuring inequality in which a value of 0 signifies perfect equality and a value of 1 perfect inequality) deteriorated from 0.63 in 1988 to 0.66 in 1993 (p82).

2.5.2.3 Studies in the early 1960s to 1990s show that countries experiencing rapid growth rates with little, if any, deterioration in inequality, implemented various policy and development strategies while at the same time emphasizing **human development** (Kanbur & Squire 1999).

In the latter regard, the United Nations Development Program has done much work on non-income measure of poverty. **Social indicators** include health, education, access to services and infrastructure (The World Bank 2000b). There are obvious links/interrelationships between these indicators themselves, and between the indicators and income earning capacity e.g. a healthy person can work more/harder, earn more and ensure future nourishment and work capacity. Without these basic building blocks, the poor are unable to take advantage of income-earning opportunities that come from growth.

Most recent World Bank data (The World Bank 2000c) reveals that while social indicators have generally improved over the last three decades, major problems continue to exist.

- More than 110 million school-age children remain out of school. Most of these are in developing countries and 60% of these are girls.
- In 1998, 879 million adults in developing countries (one in four) were illiterate. Of these 64% were women.
- Population growth in South Asia and Sub-Saharan Africa far exceeds that of other regions.
- The poor are less likely to receive health care than the non-poor.
- In 20 developing countries, more than 1 000 women die for each 100 000 live births.
- UNAIDS estimated that in 2000 there were 3-million deaths due to AIDS; 36,1 million people were estimated to be living with HIV or AIDS. The vast majority of these are living in Africa (70% in Sub-Saharan Africa) and South and South-East Asia.
- AIDS is causing declines in life expectancy and increases in infant and child mortality rates in countries hardest hit by the epidemic (including South Africa).
- AIDS is a disease of poverty : most people with HIV or AIDS are poor; poor households are more adversely affected by an AIDS death of a prime adult than other households (fewer assets to draw on, loss of income and services); the number of children who lose one or both parents is rising.
- Exposure to malaria is highest in Sub-Saharan Africa (9 out of 10 cases) with one million deaths occurring each year.

- Living standards have deteriorated substantially over the last decade for many Africans.
- Diseases associated with environmental factors are highly concentrated amongst the poor.
- The poor are disproportionately vulnerable to natural disasters e.g. droughts, floods, earthquakes.
- Although access to improved water sources and sanitation facilities increased since 1990, about half the population in the developing world lacked adequate sanitation, and less than half the population of Sub-Saharan Africa has access to safe water supplies in 2000.

2.5.2.4 Amartya Sen (an Economics Nobel Laureate) defines poverty in terms of 'capabilities', supporting the above view. Poverty represents the absence of some basic capabilities to function. While *functioning* represents "the doings and beings" of a person. (Sen 1993, p31), *capabilities* are the substantive freedoms people enjoy to lead the kind of life they have reason to value, such as social functioning, better basic education and healthcare, and longevity. (Kanbur & Squire 1999)

The UNDP bases the concept of *human poverty*, introduced in the 1997 Human Development Report, on the capabilities approach. As distinct from income poverty, human poverty refers to the denial of opportunities and choices for living a most basic or 'tolerable' human life. It, therefore, takes into account more than the minimum necessity for *material* well-being and views poverty as multi-dimensional.

The arguments in favour of the capability approach are that :

- such an approach highlights the causes of poverty and not merely its symptoms (Catagay 1998);
- poverty can be characterised by capability deprivation, since these are intrinsically important while low income is only instrumentally significant;
- low income is not the only influence on capability deprivation; and the impact of income on capabilities is variable among different communities, families, and individuals. (Kanbur & Squire 1999)

It is interesting to note that there is a connection from capability improvement to greater earning power and not only the other way around. This points to the importance of a population well-prepared to take advantage of economic opportunities.

Further, that the "expansion of capabilities forms a cornerstone of the approach adopted by the (South African) Poverty and Inequality Report." (May 2000, p8, parentheses added)

2.5.2.5 More recently an alternative approach to measuring poverty has been adopted to complement conventional approaches viz. that of asking people what, for them, constitutes poverty. Such approaches (commonly in the form of participatory poverty assessments which seek to understand poverty in its local social, institutional and political context) not only allow us to learn how individuals view their situations, what survival strategies they employ and so on, but also afford such individuals a voice.

Such approaches acknowledge that “the poor are the true poverty experts” (The World Bank 2000c). (also 2.5.6)

2.5.3 The conceptualisation of poverty discussed briefly above, could be seen as being represented by various levels of a pyramid (Baulch, cited in Cagatay 1998) : the top of the pyramid represents the narrowest definition (a *state* of material deprivation characterised by lack of access to resources, productive assets and income); the base of the pyramid represents the broadest definition (poverty being viewed as multi-dimensional, a *process* rather than a static concept).

2.5.4 It is interesting to note that the definition of poverty “does not change significantly who is counted as poor” (Kanbur & Squire 1999, p1; The World Bank Group 2000a). The evolution of thinking on poverty is however critical in terms of its driving force on strategies for dealing with poverty.

Similarly, while the inherent limitations of measuring poverty using an income approach are acknowledged, it remains the most widely used method, “partly because of the relative abundance of data and partly because of its simplicity”. (Lok-Dessallien p10)

2.5.5 Changes in the conceptualisation of poverty have shed light on the relationships between gender inequalities and poverty. “There is a growing and compelling body of evidence that shows that not only do women bear the brunt of poverty, but also that greater equality is a central precondition for its elimination.” (DFID 2000, p1)

Various sources (Cagatay 1998; Bamberger et al 2000; Jacobson 1993) illustrate the many ways in which gender inequalities present themselves. Some of these are :

- Women are subject to discrimination in labour, credit and a variety of other markets.
- Women own less property compared to men.
- In some societies, widows, divorced or abandoned women may be subject to social exclusion, isolation and harassment, making it very difficult for them to maintain a livelihood for themselves or their children.
- Women are poorer in most societies in respect of social indicators such as education and health (but not necessarily life expectancy).
- Resource allocation in households is often biased against girls and women.
- In many societies, women are relatively *time poor* : in addition to the time spent in unpaid, and thus often unrecognised labour (childbearing and raising, care, household chores), many are also in paid work.
- The return for women's labour is lower than the return for men's labour.
- Many women are compelled to resort to jobs that are seasonal, labour-intensive, illegal and/or that carry considerable occupational risks.
- The legal codes and customary practices still adhered to in many cultures prevent women from making and carrying out independent decisions on such fundamental personal matters as when to seek health care or practice family planning (even when the resources are available.)

The above should not be seen to argue that women are passive victims. Gender relations and inequalities do however cause women and men to experience poverty differently.

Robert Chambers (cited in Cagatay 1998) has observed that “the experience of poverty is both shared and distributed within families. All suffer but some suffer more than others”. (p9)

2.5.6 *Voices of the Poor* is a participatory research initiative of the World Bank. The comprehensive analysis of the experiences, priorities and recommendations of poor men and women from 47 countries around the world, is reported in *Voices of the Poor* (Narayan 1999), a World Bank publication.

The findings of this analysis are discussed here, briefly, in view of their particular relevance for this study, which also uses qualitative methodology.

2.5.6.1 Common patterns of the analysis led to five main conclusions about the experience of poverty (All references in this section are taken from Narayan 1999, unless otherwise specified.) :

- Poverty is complex and multidimensional.
- Poverty is routinely defined as the lack of what is necessary for material well-being : “the bottom line is lack of food” (p7), but lack of housing, land and other assets are also important.
- Poverty has important psychological dimensions such as powerlessness, voicelessness, dependency, shame, and humiliation. Poor people’s inability to fully participate in community life leads to a breakdown of social relations.
- The absence of basic infrastructure – particularly roads, transport, water and health facilities – emerged as critical. While literacy is valued, schooling receives little mention or mixed reviews.

- Poor people rarely speak of income but focus on managing assets – physical, human, social and environmental – as a way to cope with their vulnerability and exposure to risk. (p26)

2.5.6.2 Poor people were asked to share their ideas of good and bad experiences in life, of 'well-being' and 'ill-being'.

Well-being was described as happiness, harmony, peace, freedom from anxiety, and peace of mind. For many, spiritual life and religious observance were important. (The World Report 2000c)

Ill-being was described in terms of lack of material things, as bad experiences, and bad feelings about the self. Emotions characterising ill-being included grief, anguish, frustration, humiliation, depression, anxiety and fear. (The World Report 2000c)

People described well-being and ill-being in terms of five related dimensions : material well-being, physical well-being, security, freedom of choice and action, and good social relations.

2.5.6.3 Kanbur & Squire (1999) identify two important aspects of poverty that emerge from participatory assessments such as that of the World Bank, which are not captured in conventional surveys :

- Risk and vulnerability : not only do the poor have little, but they are vulnerable to losing the little they have. Vulnerability can be seen to have two sides: an *external* side of exposure to fluctuations in income, seasons, crime and crises; and an *internal* side of defencelessness and lack of means to protect themselves against risk.
- A sense of powerlessness, described by some as the most fundamental characteristic of poverty. (Kanbur & Squire 1999; Poverty and Inequality Report 1998)

The World Bank Report (2000c) describes it thus : "The poor want desperately to have their voices heard, to participate, to make decisions and not always be handed down the law from above. They are tired of being asked to participate in other people's projects on other people's terms." (p26)

2.6 POVERTY IN SOUTH AFRICA

2.6.1 South Africa is an upper-middle-income country with per capita income similar to that of Botswana, Brazil, Malaysia or Mauritius. Despite this, the experience of a large proportion of the population (almost 50%) is one of poverty or vulnerability to becoming poor; further, the distribution of wealth between the rich and the poor is considered to be one of the most unequal in the world. (Barborton et al 1998; May 2000)

2.6.2 The struggle of poor people in South Africa is similar to that of poor people around the world.

What is unique about poverty in South African however, is its particular historical context : the "colonial and *apartheid regime* used 'democratic' institutions, the rule of law and the state bureaucracy to sanction and facilitate the exploitation and impoverishment of millions of people, to increase the profits of foreign and domestic companies and to enrich a small minority." (Barberton et al 1998, p4)

2.6.3 The extent, nature and distribution of poverty in South Africa is reported in several publications.

2.6.3.1 Various poverty lines have been developed at various times to study poverty in South Africa (Wilson & Ramphela 1989) : these authors advise caution in respect of the determination and use of poverty lines, as well as interpretation of resulting statistics, their concerns reflecting the discussion above in part. Use of a variety of poverty lines has, additionally, made it difficult to measure changes in poverty (e.g. depth and severity of poverty) over time. (Barberton et al 1998)

The Poverty and Inequality Report (PIR) (1998) defines this cut-off point (reflecting the monetary value of consumption which separates the 'poor' from the 'non-poor') by "considering the poorest 40% of households (about 19 million people or just under 50% of the population) as 'poor', giving a monthly household expenditure level of R353 per adult equivalent" (p2).²

² A formula exists taking economies of scale into account when determining differences in household size and composition. Dr May, Project Leader of the Poverty and Inequality study, recommends that for purpose of my study, use be made of a simple formula which allows 2 children under the age of 15 to represent one adult equivalent. (May J. Personal communication, 23/02/1999)

The Summary Report on Poverty and Inequality in South Africa (1998), which provides results of the most recent surveys, reveals that :

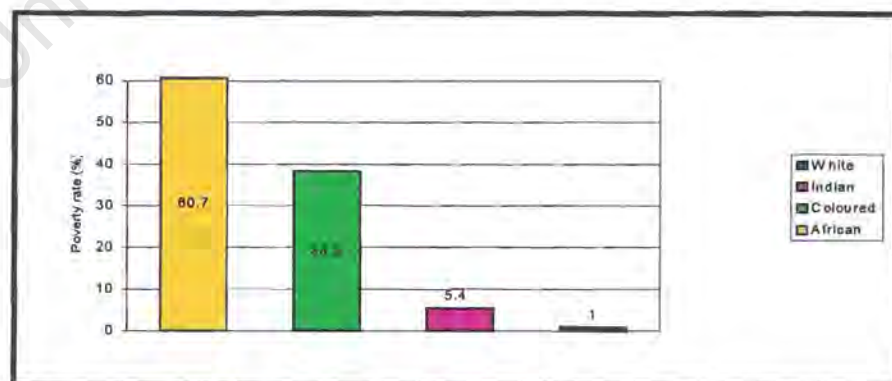
- Poverty is highest in rural areas.

Location	Population share (%)	Poverty Share (%)	Poverty Rate (%)
Rural	50,4	71,6	70,9
Urban	49,6	28,4	28,5
All	100	100	49,9

(Source : May 2000, p30)

Table 1 : Rural-urban distribution of poverty

- Poverty is unevenly distributed among the nine provinces. The poverty rate (which is the proportion of people in a particular group or area falling below the poverty line, and which measures how widespread poverty is) in the Western Cape (where my study was conducted) is the second lowest of the provinces (17,9%).
- Poverty is not confined to any one race group, but is concentrated among black people (61%).



(Source : May 2000, p32)

Figure 1 : Poverty rate by population group

- Children, women, the elderly and the disabled are considered particularly vulnerable to poverty. 60% of the poor are either over 60 or under 18; three children in every five live in poor households; the poverty rate in female-headed (*de facto* or *de jure*) households is 60%.
- Large households with many dependants are much more likely to be poor.

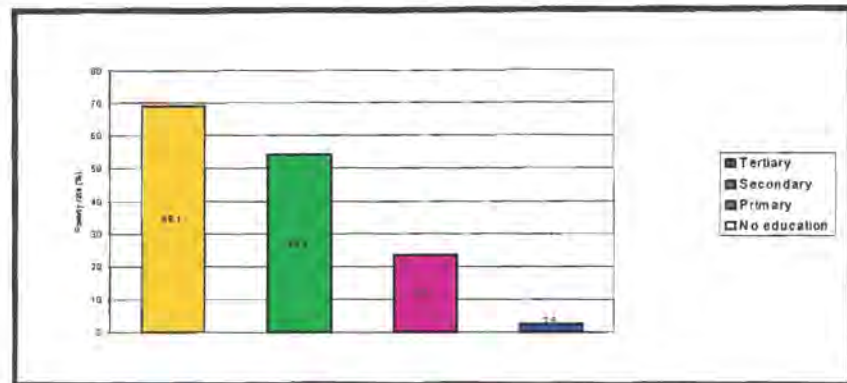
2.6.3.2 "South Africa's Gini coefficient has always served as the starkest indicator of the country's unequal distribution of income." (Barborton et al 1998, p21)

For a long time South Africa's Gini was the highest recorded in the world. More recently, according to the 1996 *World Development Report* (cited in Barborton et al 1998 & May 2000), only Brazil has a higher level of inequality as measured by the Gini coefficient. South Africa's Gini coefficient is about 0,58 which is extremely high.

2.6.3.3 If one considers poverty in South Africa in relation to social indicators, the following emerges :

Education

Figure 2 shows the relationship between education and poverty. There is clearly a strong correlation between educational attainment and standard of living. (Barborton et al 1998; May 2000)



(Source : Barberton et al 1998, p29)

Figure 2 : Poverty rate by educational attainment of household head

5% of poor children between the ages of 10 and 16 are not in school, compared to 2% of non-poor children. (May 2000)

The burden of poverty is often taken to school : hunger impacts on ability to concentrate; lack of electricity makes studying at night difficult; time spent on household chores and child-care reduces time available for homework. (May 2000)

Only 12% of 13 year-olds in poor households appeared to be in the correct standard or higher, compared with 62% of children from wealthy families. (May 2000)

Specific problems relating to access to education, identified in the South African Participatory Poverty Assessment (SA-PPA) (May 2000) included:

- The amount and timing of school fees.
- Lack of physical access to schools in some areas.
- Poor planning and resources of some schools.
- Factors linked to gender, such as teenage pregnancy.

Lack of early childhood development facilities impacts not only on children's development, but also on the ability of primary caregivers (usually women) to pursue their own income-earning and other activities. (PIR 1998)

Provision of adult basic education and training reaches only 6% of the estimated 5.3 million adults lacking formal schooling and hence literacy skills. (PIR 1998)

Health

[All information obtained from the South African Health Review (SAHR) 2000 unless otherwise stated.]

Statistics South Africa (cited in SAHR 2000) estimates that life expectancy in 1996 was 52.1 years for men and 61.6 years for women. The MRC estimates that as a result of the AIDS epidemic, life expectancy has dropped from 63 in 1990 to 57 in 2000. It is expected to drop to 40 years by 2010, bringing it to amongst the lowest in the world.

Overall fertility has been steadily declining in South Africa over the last two decades. Data from the SADHS (1998) indicate that women now expect to have an average of 2.9 births during their lifetime.

In the absence of AIDS/HIV, the South African population would have been expected to grow from 43.7 million in 1999 to 51.3 million in 2010. As a result of HIV and AIDS, the population is now expected to reach only 47 million in 2010 under a best-case scenario. Under the worst scenario, the population is expected to peak at 46.7 million in 1998, and have a slightly negative growth thereafter.

South Africa has one of the highest incidences and prevalence rates of HIV/AIDS in the world. South Africa has a high infection rate, and with a total of between 3,5 and 4,2 million infected people, has the largest number of people living with HIV in the world.

The number of deaths each year due to AIDS is expected to rise rapidly in South Africa and will soon outstrip non-AIDS deaths in adults in the economically active age groups.

Although the HIV/AIDS epidemic affects all sectors of society, poor households in South Africa carry the greatest burden of disease, experience the greatest negative impacts and have the least reserves to cope with the disease.

Orphans are perhaps the most tragic and enduring legacy of the HIV/AIDS epidemic. By 2005 there are expected to be around 800 000 orphans under the age of 15, rising to 1.95 million in 2010.

According to the World Health Organisation (cited in SAHR 2000), South Africa is one of the 22 countries worst affected by the tuberculosis epidemic.

The incidence of reported malaria in South Africa was 63 per 100 000 population in 1998 and doubled to 120 per 100 000 in 1999. Poverty and unemployment rates in most affected areas are high.

The key child health problems in South Africa are malnutrition, preventable childhood infections such as diarrhoea and respiratory infections, emerging epidemics including HIV/AIDS and the scourge of violence and trauma against children.

The national infant mortality rate as indicated in the SADHS 1998 (cited in SAHR 2000) is 45 per 1 000 live births. This survey further showed that the infant mortality rate is higher in :

- Rural areas
- Babies born to mothers with no formal education
- Families with 4 or more children
- Families where the birth interval between children is less than two years.

These factors are all linked to underlying poverty, poor access to formal education, and a lack of empowerment to make more appropriate life-decisions about issues such as family spacing for example.

The national under-5 mortality rate as outlined in the SADHS 1998 (cited in SAHR 2000) is 59 per 1 000 live births.

Estimates indicate that at least 1 in every 10 children have some form of chronic illness (i.e. an illness which lasts for a year or longer). Asthma is the most prevalent, with an estimated prevalence in children of 13%.

Results of the national Food Consumption Survey (cited in SAHR 2000) reveal that nearly one in five children aged 1-9 years is affected by stunting, which is by far the most common nutritional disorder in this country.

The maternal mortality rate is 150 for every 100 000 live births.

No reliable comprehensive statistics on the extent of violence against women are available. Research on violence against women estimates, however, that between one out of every four, and one out of every six women in South Africa are in abusive relationships, and that one woman is killed by her partner every six days. It has also been estimated that an average of 80% of rural women are victims of domestic violence.

When South African crime ratios are compared with those of 89 Interpol member states (reflected in Interpol's 1996 statistics), South Africa has the highest number of reported rape cases per 100 000 in the world.

Socio-economic indicators

[All information obtained from the South African Health Review (SAHR) 2000 unless otherwise stated.]

Despite population growth, the number of jobs in South Africa declined from 5.2 million in 1996 to 4.8 million in 1999.

The official unemployment rate rose from 19.3% in 1996 to 23.3% in 1999.

The unemployment rate among those from poor households is 55%, compared with a rate of 14% for those from non-poor households. In addition, labour force participation is lower in poor than non-poor households. (May 2000)

There are marked differences between population groups and in 1999, 44% of Africans, 24% of Coloureds, 20% of Indians and 7% of Whites were unemployed. African women in rural areas have the highest level of unemployment at 59%.

Information pertaining to living conditions and access to basic services (October Household Survey of 1999, cited in SAHR 2000) reveals the following :

- 11% of South Africans live in traditional type housing.
- Nearly 1 in 6 of the population live in shacks.
- 39% of households have access to piped water **inside** the home.
- 87% of households have access to piped water (not necessarily inside the home).
- 10% of households do not have a toilet.

Additionally, in 1996 :

- only 59.4% of households used electricity for cooking, and
- only 28.6% of households had a telephone.

2.6.3.4 Klasen (cited in May 2000) has developed a deprivation measure based on a composite index of 12 household indicators thought to represent critical basic capabilities. (The total deprivation index is a simple average of all individual scores.)

The indicators include education, income, wealth (estimated by number of household durables e.g. appliances, vehicles, telephones), housing, water, sanitation, energy, employment, transport, nutrition, health care, perceived well-being.

2.6.3.5 As already indicated (2.5.2.5), statistics such as the above, say little of the actual experience of poverty. Serageldin (cited in Barberton et al 1998) describes poverty statistics as "people with the tears wiped off" (p33). Qualitative data "restores the reality that lies hidden behind the rates and averages that are poverty statistics" (Barberton et al 1998, p33)

2.6.3.5.1 Poor people's view of poverty, as elicited in the SA-PPA (1998; Woolard & Barberton, undated), was seen to include :

- *Alienation from the community.* The poor are isolated from the institutions of kinship and community. The elderly without care from younger family members were seen as 'poor', even if they had a state pension that provided an income that was relatively high by local standards. Similarly, young single mothers without the support of older kin or the fathers of their children were perceived to be 'poor'.

- *Food insecurity.* Participants saw the inability to provide sufficient or good-quality food for the family as an outcome of poverty. Households where children go hungry or are malnourished are seen as living in poverty.
- *Crowded homes.* The poor were perceived to live in overcrowded conditions and in homes in need of maintenance. Having too many children was seen as cause of poverty – not only by parents, but by grandparents and other family members who had to assume responsibility for the care of children.
- *Use of basic forms of energy.* The poor lack access to safe and efficient sources of energy. In rural communities, the poor, particularly women, walk long distances to gather firewood. In addition, women reported that wood collection increases their vulnerability to physical attack and sexual assault.
- *Lack of adequately paid, secure jobs.* The poor perceived lack of employment opportunities, low wages and lack of job security as major contributing factors to their poverty.
- *Fragmentation of the family.* Many poor households are characterised by absent fathers or children living apart from their parents. Households may be split over a number of sites as a survival strategy.

Qualitative data from the 1995 SA-PPA (cited in the PIR 1998, p3) indicates that poverty typically comprises continuous ill-health, arduous and often hazardous work for low income, no power to influence change, and high levels of anxiety and stress.

2.6.3.5.2 Powerlessness (also 2.5.6.3) was a central theme of South African participatory poverty assessments.

A clear link between powerlessness and gendered relations within the household and within community leadership, was also identified. (May 2000)

2.6.3.5.3 The constant emotional stress of being poor and struggling for survival was also highlighted in the SA-PPA (May 2000)

2.6.3.5.4 "Time is one of the most important costs associated with many of the livelihood plans constructed by the poor." (May 2000, p46)
The SA-PPA (1998) highlighted the amount of time spent by women in unpaid labour such as child-care, cleaning, fetching wood and water, as well as agricultural production.

2.6.3.5.5 Seasonal stress is an important dimension of poverty, particularly for the rural poor, and the SA-PPA (1998) discusses seasonality in numerous respects : availability of food; peaks in expenditure e.g. when seed has to be bought or school fees paid; patterns in labour demands; climatic conditions.

2.6.3.5.6 Recent qualitative research exploring factors which lead to a persistence of poverty, concluded that "the lack of access by poor households to complementary assets and services resulted in 'poverty of opportunity', whereby individuals were unable to take full advantage of the few assets that they did have access to."
(May 2000, p47)

2.6.4 The unbanning of liberation movements and the release of Nelson Mandela in February 1990 was seen as a "moment for change" (Barborton et al 1998, p5), creating unprecedented hope that South Africa would chart a new course in addressing issues of socio-economic justice.

The establishment of the Reconstruction and Development Program (RDP) and the appointment of the Minister without Portfolio (responsible for driving the change process) were the most tangible symbols of the first democratically elected Government's intent to deal with poverty as its first priority. Indeed, the War on Poverty Declaration (1998) stated that poverty was considered "South Africa's most important priority and greatest challenge." (p1)

The government committed itself to poverty reduction and a more egalitarian distribution of income and wealth, although, according to the Poverty and Inequality Report (1998), the question of how best to achieve this remained unresolved.

Some argue that the "vision of a people-centered development process has been largely lost" (Barberton et al 1998, p6), and cite the abandonment of the RDP Office and the adoption of the GEAR strategy (considered to be a private sector driven growth strategy) as illustrations of the shift in Government thinking in this regard.

University of Cape Town

CHAPTER 3 : METHOD OF INQUIRY

3.1 PROBLEM STATEMENT

South African occupational therapists have not studied the impact of poverty (per se) on human lives or indeed on occupation, the phenomenon central to their profession.

3.2 AIM AND OBJECTIVES

The aim of the study was to explore the occupations of a single woman who lives in poverty in order to better understand what she does every day, how her occupations serve to meet her needs, what meaning is attached to these occupations and how these occupations are affected by the particular contextual influences which impact on her life.

The objectives were :

- To explore the daily occupations of a single woman living in poverty;
- To understand the orchestration of these occupations within the poverty context;
- To elucidate the meaning that participation in these occupations holds for this woman;
- To explore the interplay between poverty and occupation.

3.3 PURPOSE OF STUDY

The *purpose and significance* of the study rests on the elementary assumption that human experiences and behaviour cannot be properly understood if they are stripped of their everyday contexts.

Insight into the occupations of individuals living in poverty will :

- sensitise the profession to the importance of studying contextual influences which impact on the choice, range and execution of human occupations;
- contribute to the profession's understanding of the impact of poverty on human lives, and more particularly on the occupations of people living in such circumstances;
- assist South African occupational therapists in contextualising their understanding of occupation.

3.4 BRACKETING

As part of the process of preparing for the data collection and later analysis, three specific steps were taken in order to make explicit my assumptions/biases/prejudices, as well as to promote reflection on my motivation for undertaking this study.

- 3.4.1 A popular magazine was running a short story competition at the time. Readers were invited to submit stories highlighting their personal experiences of changes that had occurred, and lessons they had learned, since South Africa's first democratically elected government came into power. This prompted me to write such a story – essentially an account of my own experiences as a white middle-class professional woman confronting abject poverty as I went about my business of treating people with disabilities. Many of the issues on which I reflected while writing have been included in 1.2.

3.4.2 I arranged to be interviewed by a qualitative researcher who had impressed me during lectures because of her focus on the researcher's inner journey while undertaking a journey into the world outside.

This proved a most rewarding experience particularly highlighting my motivation for undertaking this study at three different levels : professional - theoretical, professional – practical, and personal.

3.4.3 On the advice of an international reader who reviewed my study protocol, I spent some time making explicit the assumptions I held related to poverty, poor women and occupation. They are (in no particular order) :

- Living in poverty affects all aspects of everyday life and significantly restricts the freedom which people have to live out their lives in a meaningful and personally satisfying manner.
- People living in poverty experience occupational deprivation. (see 2.2.6.4 for definition)
- The constraints that influence the choice and range of daily occupations, and the execution thereof, relate both to lack of income and environmental incongruence.
- The occupations of people living in poverty serve primarily to ensure survival i.e. meeting basic physiological needs.
- It is primarily the responsibility of poor women to sustain the family and its myriad relationships and responsibilities.
- Poor women have to minimise the impact of poverty on the family while at the same time attempting to generate income in some manner.

- Women living in poverty have and utilise special skills and abilities in coping with the effects of poverty while attending to their responsibilities.

3.5 STUDY DESIGN

An **instrumental** case study approach was selected in order to :

- explore and facilitate understanding of a known phenomenon i.e. occupation, in a poorly understood context (poverty) (Yin 1994, Stake 1998);
- give a "voice to the powerless and voiceless" (Tellis 1997, p2), lack of a voice being a subjective experience of being poor.

3.6 STUDY POPULATION AND SAMPLING

3.6.1 The study population was to be comprised of a single woman¹ who :

- was poor i.e. with a monthly household expenditure level of R353 per adult equivalent (Poverty and Inequality Report, 1998);²
- lived in a disadvantaged urban community in the Cape Peninsula;
- spoke English or Afrikaans;
- was aged between 20 and 65.

¹ The decision to investigate a woman rather than a man was prompted by the literature review which highlighted the gender inequalities inherent in poverty. (see 2.5.5)

² The convention adopted by the Poverty and Inequality Report was to use a poverty line that was measured in money terms. The inherent limitations of poverty lines having been acknowledged, an easily tractable way to measure poverty was adopted. (May 2000)

3.6.2 Purposive sampling, and more specifically **operational construct sampling** (Patton, 1990) was used in order to select an information-rich informant (to whom the construct of 'poverty' applied).

3.6.3 **Selecting an informant**

I contacted the Black Sash for guidance as to how I might find a suitable informant. Their social worker referred me to People's Dialogue, an organisation that provides technical and logistical support to the South African Homeless People's Federation. They in turn arranged an appointment with the Chairperson of the Western Cape branch of the Homeless People's Federation, to whom I presented my research proposal. She kindly arranged for me to meet the then Chairperson of the Hanover Park Housing Savings Scheme and to accompany her to a meeting of this group. I was invited to present my study to the members of this group, which I duly did.

Maria S was in attendance at that meeting and promptly offered to assist me. We agreed to meet so that I could explain the research process in more detail in order that she could make an informed decision regarding her participation. I saw this meeting as an opportunity to assess whether she met the criteria (which had been presented at the Housing Scheme meeting), and whether she was able to provide the kind of rich data which would be necessary for thick description.

This meeting was held and the above objectives met.³

³ I was not to know at that stage what a rich and complex 'case' Maria would present. I was able to determine that she was at ease with me, spoke easily and was able to verbalise her feelings.

Mindful of her poverty, I took particular care to establish whether Maria was expecting to receive any tangible benefits from participation in the project. This proved not to be the case.⁴

I also took great care to assure Maria that she was free to decline further participation in the study should she choose to do so at any stage.

It was established that she was earning an average of R280.00 per month at the time from sporadic employment as a domestic char/home carer. Her husband worked only intermittently and did not contribute much of these earnings to the family. Not having access to her monthly expenditure, I established from Dr May⁵ that it would be acceptable to use income as a measure of poverty where details of expenditure were not available.

3.7 DATA COLLECTION

3.7.1 In-depth, unstructured interviews were used as the primary method of data collection.

Unstructured interviews allow the researcher to present the area of study and then use probing questions to obtain more information. (De Poy & Gitlin 1994)

⁴ At a later date, I again raised the question of expectations in regard to some form of compensation. Maria was clear that she expected nothing, but indicated that we might discuss the matter again on completion of the project.

⁵ May (Personal communication 23/02/99) advised that economists prefer to use monthly expenditure rather than measured income (at a point in time), considering that it is a more effective representation of permanent income than income flows over a short recall period (see also May et al 2000). Others, according to May, argue that there is little difference whether one considers income or expenditure.

For the informant, the interview may be experienced as a conversation with a purpose. In order to achieve this, the researcher responds to the participant's cues rather than following set questions (Mason 1997).

Particular attention was paid to ensuring that the purpose was explicit, and to eliciting data pertaining to the informant's life-world and meaning system, while at the same time maintaining positive interaction.

Good rapport was established and an easy and interactive style was maintained.

Despite this, care was taken to prepare for interviews, so that leads could be followed up and emerging insights probed.

Four interviews were conducted with Maria - on 22/06/1999, 22/09/1999, 03/07/2001 and 31/07/2001. Interviews were conducted in Afrikaans and each interview lasted approximately 60 minutes. The first two interviews were conducted in Maria's home, and the latter two at my practice rooms.⁶

As is clear from these dates, no interviews were conducted during 2000 although regular telephonic contact was maintained by both of us. Various appointments scheduled for the first part of the year did not occur for various reasons e.g. Maria was called to work; she had to attend the Day Hospital unexpectedly. When she started working full-time in July 2000, it was more difficult to find a suitable time to meet.

⁶ Maria elected not to inform her husband of her involvement in the study : "***He doesn't need to know everything.***" At the time of the initial interviews, he was working in Durban, but when he returned, she preferred that the interviews be conducted away from her home. At the end of the study she introduced me to her husband.

3.7.2 Telephonic contact has been maintained throughout the study period, and was particularly important during the course of 2000, when no interviews were conducted. Detailed notes were entered into a Journal after each telephone call.

An additional advantage of maintaining contact in this way was that I got to know Maria's neighbour, Mrs D, as I had to call her home to speak to Maria. Mrs D spontaneously provided information regarding Maria's health, that of her children, Maria's whereabouts, her husband's behaviour, proving a further source of data.⁷

No attempt was however made to actively seek information from Mrs D. Journal notes were also kept of these conversations.

3.7.3 **Field notes** containing descriptions of what had occurred and what had been observed, were recorded. Particular attention was paid to recording **direct observations** and details of **participant observation**.

I visited Hanover Park on a number of occasions during the study period – to attend a church service, to take photographs of the area etc.

I also had the opportunity to see Maria's place of work when I collected her for one of the interviews. (I did not meet her employers.)

⁷ Mrs D was under the impression that I was a social worker. (It is noted that Maria was aware that I communicated with Mrs D – to the extent that it was possible, I made a point of informing her of any information Mrs D had exchanged with me e.g. "Mrs D told me that . . .")

- 3.7.4 A **personal research journal** was kept to record experiences, ideas, mistakes, confusions, breakthroughs and problems which arose during fieldwork; reactions to Maria; and emerging insights. This served to facilitate ongoing reflection, enabling me to take into account personal biases and feelings, and to consider/understand their influence on the research.
- 3.7.5 I was referred to Pastor Kadalie of the Cape Town City Mission, who agreed to act as a **key informant** providing background information about Hanover Park. He and his wife have been actively involved in rendering a variety of services in Hanover Park over many years since the establishment of the area. Amongst other things, his wife is Manager of the GH Stark Centre, a residential and day care facility for elderly, which also offers community outreach programs in Hanover Park. Pastor Kadalie leads an interdenominational ministry in Hanover Park.
- 3.7.6 With Maria's permission, I telephoned the occupational therapist treating Doriovan (her younger son) for triangulation purposes, being unsure as to the nature of his developmental difficulties.
- 3.7.7 Throughout the study period I continued to read about poverty. Newspaper cuttings related to poverty were also studied

3.7.8 A final interview was conducted with Maria on 16/03/02 for purposes of member checking and closure.

3.8 TRUSTWORTHINESS AND RIGOUR

Trustworthiness (Krefting 1991) has been addressed by application of the following techniques :

Credibility

- A total of 5 interviews were conducted with Maria over a period of three years.
 - Telephonic contact was maintained throughout this period. This contact is considered to substitute for prolonged engagement.
- Persistent and direct observation was undertaken, especially in-depth pursuit of those elements found to be especially salient through the interviews, and observation of the environment.
- Triangulation (cross checking of data) included :
 - different sources of evidence (see 3.7)
 - different methods (see 3.7)
 - different analysts (two colleagues contributed towards the analysis of some sections of the interview transcriptions).
- Reflexivity was promoted by the use of personal research journal.
- Peer debriefing : progress reports were presented to interested colleagues and my project supervisor on a regular basis. An international reader participated in reviewing Chapters 1 and 2, but it was not possible to send her the results of the analysis timeously.

- Member checking, involving close inspection of the findings, was undertaken with Maria on 16/03/02. The tables containing *doing* and *being* components of her occupations (see 5.4.4.1) were particularly helpful in presenting both findings and discussion aspects. Maria verified the findings and provisional conclusions.

Transferability

This study being considered exploratory in nature, transferability is not applicable.

An audit trail has however been maintained.

Dependability and Confirmability

Although no external audit has been undertaken, an audit trail has been maintained.

Information supplied by the key informant confirmed the data which Maria provided related to Hanover Park.

3.9 ETHICAL CONSIDERATIONS

3.9.1 Approval for this study was obtained from the Research Ethics Committee at the University of Cape Town.

3.9.2 The paramount **responsibility** of the researcher to the informant was acknowledged throughout the study period. It is considered that the interchange between the researcher and the informants was equally satisfying/meaningful for both parties. Maria, on occasion of the member checking interview, confirmed that she had gained much from our interaction.

3.9.3 Ethical considerations included :

- Informed consent was obtained from Maria at the initial meeting.
- At all times, I was honest, transparent and clear regarding the purpose of her involvement in the study. Albeit the possibility of some form of tangible compensation was discussed⁸, I stressed that the main benefit to Maria would be having someone keenly interested in hearing what she has to say. Communicating research objectives was a process of unfolding rather than a once-and-for-all declaration. Associated with this, was clarity about my role i.e. that help and advice were not being offered. I plan to gather some information for Maria related to entry requirements and courses that may be available related to care-giving/home nursing/paramedic training. This will be handed to her as soon as I have undertaken the necessary investigations.
- Permission was sought from Maria to use a tape recorder.
- Maria has been assured that the study data will be presented in a manner which protects her confidentiality.
- Respecting and protecting the privacy of the informant : During the course of 2000 when great difficulty was experienced in scheduling a third interview, it occurred to me to consider the possibility that Maria no longer wished to participate in the project. This was raised with her as gently as possible, and she was offered the chance to withdraw from the study. This proved unnecessary and not to have been the reason for the difficulty described.

⁸ Maria and I have agreed to take our respective children on an outing to the local theme park or up Table Mountain, the choice being in the hands of her children. This represents for her children, an opportunity which they have not yet had and indeed might never otherwise have had. I will bear the costs of the outing : estimated to be R400.00 at most for her family if refreshments are included.

- Every effort was made to communicate respect and consideration for Maria. Associated with this was an awareness of exposing her to stress that may have been associated with the expression of emotions or reflection on her life.
- Maria has been given the opportunity to verify data/findings before finalisation of the study. As indicated, the *doing* and *being* tables (which formed part of the material presented to her) proved most helpful. Maria requested a copy of these tables and this has been provided.

3.10 DATA ANALYSIS

The following formed part of data analysis :

3.10.1 The interviews were transcribed verbatim (in Afrikaans). The data was then managed using the QSR N'Vivo computer software package, primarily as a tool with which to manage the coding process.

3.10.2 Analysis commenced immediately and was multi-levelled (Mariano 1993).

- **Describing the case** involved developing a descriptive framework and sorting the data in order to :
 - Adequately detail the facts about the setting;
 - Present the case in a chronologically meaningful manner.
- **Categorical aggregation** (Stake, cited in Cresswell 1998) was then applied : collections of instances were sought from the data in order to facilitate the emergence of issue-relevant meanings.

- Patterns were then sought i.e. correspondences or relationships between categories (Cresswell 1998).
- Finally, **naturalistic generalisations** were developed from the analysis i.e. patterns that can be compared and contrasted with published literature (on both poverty and occupation).

3.11 TRANSLATION

Once appropriate quotations had been selected which pertinently highlighted the analysis, they were translated into English. The translations were edited by the Department of Afrikaans-Nederlands at the University of Stellenbosch.

The editor described Maria's use of Afrikaans and the translation thereof, thus :

The Afrikaans Maria used is very typical of the language used by the so-called Coloured people (people of mixed white and black origin) living in the Western Cape. It is a mixture of Afrikaans and English, including influences from both formal and slang Afrikaans, interspersed with a number of English words. It is often regarded as being typical of the Afrikaans used by less-educated people. Translating it is not that easy, as the feel of what she was saying was lost in the process to some extent. However, the translation attempts to remain true to the words and phrases she used and, as far as is possible, to reflect the feeling of what she was trying to convey.

Transcripts of all quotations used are available in Afrikaans for examination purposes, should this be required.

CHAPTER 4 : FINDINGS OF STUDY

4.1 OVERVIEW

In addition to the data obtained from the Key Informant (which has been supplemented by information from reference material), **fifteen themes** and a **plot** emerged from the analyses of the study data. An overview of how these findings are considered to relate to one another, and the model to be used for discussion purposes (see 5.4.1), is presented below :

Hanover Park (key informant and literature) Early life and childhood Nuclear family	Background information	
Health The area that we live in is very terrible I don't live in a house. I live in a zinc shack.	Contextualising the study from informant's view	
One day is one day, then I will get myself a house That's how I survive. I don't like to go begging. I am just a mother I have very good neighbours Where people are sick and where people are hurt I do my things I like to be busy I thought about it but I don't have a choice	Doing	I MUST WORK WITH PEOPLE. THAT IS MY CALLING.
(I thought about it but I don't have a choice) ¹ There is a way how you as a person can go to work	Being	
I don't want that any more	Aspirations	

Table 2 : Diagrammatic overview of the themes and plot

¹ It will be noted that the theme *I thought about it but I don't have a choice* is considered significant in respect of both *doing* and *being* : it has been placed in both categories with a greater emphasis on *doing*. (see 5.2.11)

4.2 HANOVER PARK

Key informant, Pastor Kadalie, was interviewed in order to obtain background information about Hanover Park. He is himself a member of a family which was forcibly relocated under the Group Areas Act in the early 1970's. (All quotations below are transcribed excerpts from the interview with Pastor Kadalie unless otherwise specified.)

Du Pré (1994) states that "If one law could be singled out as the one which caused the most suffering, the most humiliation and the most deprivation, and about which coloured people today still talk with hatred and bitterness, then it was the Group Areas Act (No 41 of 1950). . . . This Act will go down in history as the most odious and devastating, as far as coloured people are concerned." (p82)

The Groups Areas Act aimed at restricting each population group to defined places as far as ownership, occupancy and trading was concerned. "The ultimate goal of the Groups Areas Act, however, was to extend restrictions in order to establish racial purity by shifting groups from one place to another. In the process coloureds and Indians in long-established communities were unsympathetically and cruelly uprooted, and forced to move from beautiful homes built in choice suburbs close to main cities and their places of work to soulless, undesirable areas far from the city and workplace." (Du Pré 1994, p82)

Hanover Park was developed in the early 1970's to accommodate families forcibly removed from District Six, Mowbray and Wynberg under the Group Areas Act [Report back: The Hanover Park Community & the City of Cape Town, undated (but resulting from public meetings held in 2000)].

I don't know how they decided. That was just such a weird, weird system. Because there was Bonteheuwel - that was already built, in existence. And of course they built Hanover Park. There was Mannenberg, you know. . . It was all built at the same time. And of course Mitchells Plain.

Hanover Park was named after Hanover Street in District Six,

You know the story of District 6? Hanover Street in District 6 was the most well known street in District 6. Sort of cut right through the middle of District 6.

And of course with the Group Areas Act, people left District 6 and were scattered here on the Cape Flats. Hanover Park took a lot of District 6 people.

The Group Areas Act was not only about moving people from one area to another. In the process, it uprooted settled communities and scattered people; friend and families were broken up; church congregations and sports clubs were dispersed. "People were dumped on patches of bare veld with no water or sanitation. Others were dumped in horrible little matchbox houses on the sandy Cape flats or undeveloped sites in the bush. There they had to start from scratch, building a community with other people whom they did not know and with whom they had nothing in common." (Du Pré 1994, p87)

Hanover Park was a very troubled community. There was a lot of anger. People were ripped out of the heart of Cape Town. They were just forcibly removed.

The repercussions of the government's policies were far reaching for those who were resettled. Many problems still abound in these 'new' communities today, as evidenced in Hanover Park.

According to the Reportback (The Hanover Park Community & the City of Cape Town, undated), Hanover Park is home to 29 650 people. An earlier document (Kadalie & Versveld, 1994) gives the population at 26 424 using 1991 census figures. Kadalie and Versveld however go on to say that "Community leaders suggest that the true figure is closer to 40 000 as many of the illegal tenants and people squatting in back yards were not included in the census count." (p1)

A document detailing a management partnership between the City of Cape Town and stakeholders in Hanover Park (Hanover Park having been selected as a pilot area) describes Hanover Park thus:

Hanover Park is typical of the underdeveloped areas of the city – a high-density, low-income area developed as a direct result of apartheid planning in the early 1970s. It is about fifteen square kilometers in size with a predominantly working-class population of 37 000. The area is economically depressed, and lacks adequate housing, proper drainage systems and public transport. The environmental conditions are also poor, mainly due to the burning of coal, paraffin and wood. Overall the township required an urban-renewal strategy to allow it to prosper and become sustainable. (ICLEI undated. p2)

The Reportback (The Hanover Park Community & the City of Cape Town, undated) refers to Hanover Park as a “very neglected township, without proper facilities and employment opportunities. A considerable backlog in housing, lighting, well maintained recreational facilities, public transport, drainage and other infrastructures and services still exists in the area.” (p5) Other problems referred to in this document are:

- High levels of crime
- Gangsterism “which is rife, fuelled by children leaving school prematurely and a lack of higher education and job opportunities” (ibid, p5)
- Low educational levels: 14% of people have never been to school and 35% only have primary school education.
- Unemployment stands at 26% of households
- 20% of households have no income at all.

What we experienced was an explosive growth in gangsterism. It just happened dramatically, because parents were now forced, both of them, to go and work. Whereas in Cape Town, father worked and mother was at home with the kids, here it was a completely different story. People had to spend such a big percentage of their earnings on transport, forcing both mom and dad to go and work. And the kids would come home: there was nobody at home; there was this big concrete jungle with sand; there were no activities, no development, no sports and recreation. And of course it was exploited by, you know, by gangsters. And that's how, over the years, the gang organisation grew. Rapidly.

. . . very sophisticated gangsters. Well organised. Gun running, prostitution, drugs in Hanover Park. In fact there was a time when Hanover Park had the most different gangs. It is a huge curse. It's a big problem.

We've also seen ugly things in Hanover Park: we've seen gang wars; we've seen young girls that have been raped.

The policy of the apartheid government was that our schools were the bare minimum . . . weren't well equipped. There has always been a very high student/teacher ratio. Very, very high. Where you have up to 50 – 60 children per teacher in a class. And our kids come out of difficult circumstances. There is a lot of anger still amongst the children. We have gangsterism starting at a very, very early age. We have had instances in Hanover Park where youngsters came to school with firearms. A youngster was actually killed in school by a fellow pupil. The kid ran home and fetched his brother's firearm - the brother is a gangster. We have gangs running through the school. Kids are being targeted for drugs, drug peddling. All these things, you know, are happening in our schools - that teachers have to contend with.

Because the biggest problem here is that we have this cycle from one generation to the other - of gangsterism. We just cannot seem to break it. It's just a vicious cycle all the time: youngsters just take over from those who are incarcerated or have been blown away. And there are three or four taking the place of the one that is no longer there. And one of the reasons for this, we do not have. . alternatives. We just cannot give them choices, because there are no organised recreational and good, good, solid structures for these young people . . . to give them a diversion.

Access to housing is a major issue affecting many people in Hanover Park. As already indicated, large numbers of housing units were erected prior to the forced removals. These dwellings comprised blocks of flats and semi-detached, two leveled structures i.e. making four housing units, in the main.



Photo 1: Three-storied flats in Hanover Park. Typically, two blocks face one another with a communal courtyard between them. Washing is strung from one block to the next on a rope moved by a pulley system. Graffiti is common.

Hanover Park is one of the concrete jungles that were built by the then regime.

There are very few private developments. But a few years ago, the Council houses . . . People were given the opportunity to buy them and to take ownership of these houses that they had been paying rent for, for many years. . . . I must say there are very talented people in Hanover Park. We have a lot of artisans; we have a lot of people with good skills. And if you drive through Hanover Park, you would see today what some of the people have done with their Council houses: how smartly they've renovated and rebuilt their homes.

The Cape Town Council continued to build houses in Hanover Park over the years. People living in the area who qualified for such housing and whose names were on a waiting list, commonly waited for many, many years before gaining access to proper housing; some never did. More recently (April 1998), the City of Cape Town launched a new Housing Policy in respect of houses being built in various parts of Cape Town. One of the principles of the new policy is that the housing list be based on fairness and equity.



Photo 2 : Some of the most recent City of Cape Town savings-linked houses built in Hanover Park. A house shop can be located by the red Coca Cola sign (above the blue car on the left).

“The City of Cape Town inherited several waiting lists that were racially biased and which had not been drawn up in an open and fair way.” (Reportback: The Hanover Park Community & the City of Cape Town, undated, p2) In terms of this policy, a new savings-linked housing program was developed: it combines the saving power of people with a grant from the Council and a state housing subsidy in order to provide “better houses, from a size and quality point of view”. (ibid, p2)

It seems this latter admirable goal has not been achieved. Hood, writing in *The Sunday Times* (11/11/2001) reports that: “Almost every buyer of more than 2 500 houses in Heideveld, Luyoloville, **Hanover Park**, Philippi East, . . . found serious defects in their homes.” The faults included rising damp, no lintels, internal walls not keyed into external walls, roof defects, sub-standard door and window frames, porous walls.

These findings prompted City Manager, Robert Maydon to say that “he found shoddy workmanship, tiles that gave no cover for rainwater coming off the roof and defects that were ‘absolutely not acceptable’.”

Driven by desperation at the slow delivery of housing, some women in Hanover Park have formed the Hanover Park Housing Savings Scheme under the auspices of the Homeless People’s Federation. (Mitlin 2000) The Federation is a network of Housing Savings Schemes (HSS) i.e. groups who undertake a daily savings program, banking these savings themselves in order to provide small loans to HSS members for emergencies and for investment in income-generation activities. The Federation works to “develop capacity within each HSS to plan, manage, and execute an ongoing development process which is controlled by the homeless themselves.” (People’s Dialogue 1997, p6) Training is provided in many aspects relevant to development but also including house costing and design, site layout, infrastructure planning, materials production and management, house construction, financial management, negotiations with formal institutions. One of the Federation’s primary aims is to build an **alternative housing delivery process** based on people’s control. (People’s Dialogue 1997, p10)

As with most things, there is a positive side to Hanover Park.

Hanover Park has also been a township of, yes, many, many talents. The Benni McCarthy’s (international soccer player) come from Hanover Park, the Vicky Samson’s (musician/singer) . . . Yes, we have many, many people with enormous talent and ability that have come from Hanover Park. Good leaders as well.

In the heart of the struggle in the '70's, when this country went up in smoke with the struggle, with the fighting . . . Hanover Park was a very vibrant . . . This is where the UDF, the United Democratic Front also emanated from. Hanover Park was a . . . has been at the forefront of the political struggle. It was weird, you know. So, ja, Hanover Park has developed quite a few good leaders from amongst the ashes.

Community resources in Hanover Park include:

- 3 Primary Schools
- 3 High Schools
- Hanover Park Advice Office
- Hanover Park Islamic Centre Primary School
- Hanover Park Muslim Madressa and Mosque
- Hanover Park Day Hospital
- GH Stark Centre, a residential and day care facility for elderly in Hanover Park, which also offers community outreach programs in that area
- Hanover Park Library
- Hanover Park Day Care Centre
- Hanover Park Pharmacy
- Hanover Park Post Office
- Hanover Park Police Station
- Hanover Park Service Station
- Worship facilities for a number of religious affiliations
- Medical practitioners (in private practice)
- Undertaker
- Public swimming pool
- Hairdressing salons
- Small shopping with a variety of facilities : clothing stores, fisheries, butcheries, Foodworld (supermarket), video shop.
- Take-away restaurants

Many people run small businesses from their homes e.g. house shops, hairdressing salons, day care facilities.

Generally however, compared with more affluent suburbs, community resources are sadly lacking.

What this community needs, desperately, is proper recreational facilities for young people. Organised events, clubs, geared towards the young people, the youth. That is sorely needed.

It is the adolescents. That's the problem. From 7, 8, 9 to 16. If we can get those kids and turn them around, we can make a difference in Hanover Park. It's that gap which is the vulnerable and dangerous gap. That's what is needed here.

We also need a drug rehabilitation program. We do not have that, and we have a tremendous drug problem in Hanover Park.

Also what we need is for people to be given opportunities, because there's a lot of talent here. We need for people to be trained in entrepreneurship; to get people the opportunities to have little businesses from their homes. Without having restrictions, you know on them. To make it easy for people to get bank loans, to get them started.

4.3 EARLY LIFE AND CHILDHOOD

Maria R was born in July 1964, the fifth of her parents' eight children. She had two older brothers (who have both passed away) and two older sisters. She is followed by two sisters and a younger brother.

She grew up in the Karoo town of Touwsrivier which she describes as being very different from Cape Town: the pace of life was slower.

It is a town. But we did not live like we live here . . . Look, the Cape is a fast place. .

They were not exposed to many of the evils of city life e.g. gangsterism, "***adults who swear and fight***". Members of the community cared about one another:

If you were not at Youth or at the prayer meeting . . . but especially Sunday morning services, then they would come. Yes. Even if it wasn't the pastor, there would be someone who came to find out why you were not there.

Her father was employed for many years in the Cleansing Department of the local municipality. Her mother worked as a domestic, at one stage caring for a sick old man.

She always said there wasn't time for her to stay at home. She . . . we were perhaps just a week or two old . . . two weeks old, then she went back to work.

The family was a close, caring and happy one, there being a good understanding among the family members.

We did not know about . . . what it was to shout at one another. And our ties are still like that. Like it always was.

The family was not well off, but Maria does not consider that they were poor "**because we had food every day and he (her father) could keep us at school.**"

Their house was small (two bedrooms, kitchen and living room) with an outside toilet and tap. Some of the children had to sleep in the living room. No electricity was available at that time and the family cooked on a coal stove.

Oh, I can remember well. We had a coal stove and we had to make sure that it was polished every day. It had to shine. It had a boiler on the side and we poured water in there. And while the fire was on, the water stayed hot.

She describes a family who functioned according to a strict routine. After school each day each child was required to wash their school socks and shirt so that they would be ready to wear the next day. After about an hour at home they returned to school for homework classes, lasting 30 minutes to an hour.

There wasn't time for us to go and play with other children. We had a certain time of the day to play and that was perhaps only for half an hour or three quarters of an hour - then we had to come in. And from there we went and sat with our schoolbooks until my mother came back from work.

Each child had specific responsibilities in and around the home, taking turns to assist with meal preparation in the evenings. Maria's oldest sister essentially ran the home : she was their "**housekeeper**", and it was she who taught her younger siblings how to cook and do other household chores.

My oldest sister - she was actually the one who taught us - how to put on a pot of rice, how to knead bread, how to peel potatoes - all those things.

Religion played an important role in their family life – Maria describes it as a "**must matter**". In addition to attendance at Sunday school and then church, worship was part of the daily and weekly routine.

In the evening we sat round table for worship. And once a week we sat . . . say to discuss things we had learned at Youth or at Sunday school.

Family activities were arranged which involved all family members.

We would hold a concert in the house. We often went to the farm – in Ceres, to my mother's sister who raised her. And when we got there . . . especially when it was winter and the snow lay on the mountains, then we always went mountain climbing and we sailed down on black plastic bags. Or perhaps we picked apples.

Maria relates that they were raised to be independent, but always caring and considerate towards others.

What she (her mother) taught us was how to look after ourselves, what to . . . We always had to be obedient. And we are still like that. We respect one another. If you have said something wrong, then you must just go back to apologise.

Maria's older siblings had to leave school early to supplement the family income. She was the first to be afforded the opportunity to attend high school.

She (her mother) left her job because the old man was finished - he had to go to a home . . . the old man that she looked after. Then she told them (her older brothers and sisters) they must go and help work. . . I can remember I was the one who could study further. . . When they went to work, then there was a little more money.

After completing standard six, and because there was no high school for coloured children in Touwsrivier at that time², Maria had to go to Worcester to complete her schooling. This meant that she had to attend a boarding school. She left school shortly before she was to write her final standard ten examinations.

And then she could not afford to pay the hostel fees and all that. And so I had to leave . . . and I left school.

² Apartheid legislation prevented 'coloured' children from attending the 'white' high school in Touwsriver. Maria reported that many 'coloured' families took their children out of school at the end of standard six as they could not afford to send them to boarding school.

Maria's health problems also contributed to her leaving school before writing her final examinations. She was hospitalised for three months at this time. These difficulties had begun earlier :

I was very small when I saw a psychiatrist. I was perhaps in standard six or seven, when another man attacked me. I don't know if he wanted to rape me that evening or what. But . . . at that time I already had a nervous breakdown.

Maria describes the nature of her problem thus:

They couldn't make out what sickness it was. Then they said it was a nervous breakdown. . . . But until today . . . they don't really know what it is. The one doctor says it's something with my thyroid gland; the other one says that; and this one says it's my nerves.

The family's response to her health problems was to protect her; and they continue to be concerned and protective towards her to the extent that they can.

And so my sister looked after me all the time and they are still like that about me. Yes. They are very scared. They don't like me to be hurt and so on. And um . . . how can I say . . . they are very protective. Very.

4.4 NUCLEAR FAMILY

Maria met her husband, Monroe S at a youth conference in Touwsriver and they started seeing one another after she moved to Cape Town. They married two years later.

They have always lived with Monroe's parents. Initially they lived in her parents-in-law's home, sleeping on the floor and managing with very little.

You know, the day that I got married, my family was not near me or around me. . . . No-one gave me a pot or anything as a present. I only received their blessing. . . . I really struggled. Then I had to ask to borrow Auntie Henna's (her mother-in-law) pot to make a little food. Then I had to cook the rice and put it into a bowl. Then I had to cover the rice with a plate or a bowl. Then I had to make the food (the meat dish) in that pot and then I had to take that out so that I could . . . in one pot . . . I had to do a lot of things, my vegetables, everything.

Later they were unceremoniously evicted from the house itself, mainly as a result of her husband's belligerence and drinking.

But when they put us out, they threw everything (her crockery), breaking it.

They erected a small temporary shelter in the back yard and have lived there ever since.

Maria's marriage of fourteen years is very troubled.

I cannot say that I was ever happy in these sixteen years, because that man has abused me from day one.

Maria gives numerous illustrations of the problems in her marriage:

His abuse: Maria's neighbour describes him as ***very cruel ("baie wreed")***.³

Lack of emotional support:

How can I put it . . . you try everything in your power and there is no-one to support you to do it.

Lack of financial support:

There was a time when my husband worked, when he had a permanent job. That man just didn't come home. I had no money.

His drug usage:

My husband comes in here with his friends sometimes, and then they sit and smoke their buttons (Mandrax tablets). And if you say anything, that's not good.

His absence:

(In response to a question about family occupations) ***I can't say that we really have activities. Because most of the time it's just the children and me.***

³ Journal entry : 22/10/2001 : Telephone conversation with neighbour.

His lack of involvement with/caring for the children:

If there is no bread or I have forgotten to buy bread, then those children carry on so with me. Now sometimes I say: 'You nag me, but you never nag daddy.' Then they say: 'But why should we ask daddy? Daddy doesn't care about us.'

The poor example he sets his sons:

I just feel that my children can no longer grow up in this (kind of) life. I must think (about the fact) that they are boys. What are they going to do when they take a wife one day?

Maria's husband has always refused to accompany her to family therapy or counselling, and she has now instituted divorce proceedings.

And so I said to him: 'I gave you chances all the time. All the time (I) asked you to go with me to see someone. You never wanted to do it.' I said: 'you must just remember. That time the doctors at Lentegeur said . . .the social workers said I must divorce this man because he would kill me. And look how far . . . that I have already tried (suicide). And I don't think it is right.' And then I said to him: 'I have given you enough chances.'

Her husband is very unhappy about the situation and regularly threatens to put her out of their home.

Look, last night he said to Justin (their son): 'You must tell that bitch she must take her stuff and go.'

She is desperate to find her own accommodation so that she can leave her husband.

I say: 'It's not a problem for me. I can go.' I can. But I just think where will I go with my children. But sometimes I say to myself: I am not worried about not having a place yet. I will go and sleep under the stairs with my children. I have enough bedding. . . . (long pause) . . . But I don't want my children to live that kind of life.

Maria's oldest child, a daughter, Gillian, was born out of wedlock in 1985. Maria was working in Cape Town, had to continue working and was thus unable to care for her baby. Her oldest sister in Touwsriver (who herself has five children) agreed to raise Gillian. Gillian is now in Grade 11.

Gillian's father paid maintenance for some time, but no longer does so.

Her father always supported her and after a time he did not worry any more about supporting the child at all. Even now. Now she must (depend) on them . . . and if I have money, then I send her money. Even if it is only a little, then I send it to her.

Gillian did not want to visit at Maria's home when she was younger: she was aware of the manner in which Maria's husband treated her:

All the time she didn't want to come. She never wanted to . . . Yes, she didn't want to. Because she always said to me . . . I will never forget . . . that child was six or seven when she said to me: 'But ma, you must leave this man because this man is going to beat you to death.'

More recently she has visited during school holidays, and now she wants to come and live with her mother. While Maria would like to have her daughter with her, she feels that her divorce must be finalised and she must have a home of her own first.

She phones all the time, all the time. And I know . . . In the end I had to (tell) her . . . I didn't want to tell her . . .but then I said to her: 'I am busy getting a divorce and this man is still not right, and so on.' But she just wanted to know if she could come and live with me. So I told her that she couldn't come and live with me until I had my own home. When I have my own (home), then I won't mind. Then I can take her in. I can care for her, just as I have cared for those two children.

Maria and Monroe have two sons: Justin, born on 27 January 1992, and Donovan, born on 4 November 1993.

Justin is a Grade 5 learner at Blomvlei Primary School. He has had a number of health problems during his short life.

- He had a bad fall when he was a year old: he was unconscious for a night and had to be hospitalised.
- As a baby, blood was found in his urine and he became very swollen.

He started peeing blood at one time. He was still a baby and then they told me they thought there was a problem with the kidneys. . . . Justin was swollen. He was a thin child but he was very swollen. That's why they thought it could be the heart or the kidneys.

This problem was treated and has apparently not recurred.

- He is asthmatic regularly requiring nebulisation at the local Day Hospital or Clinic.
- His teacher last year suggested that he might be hard of hearing. This has now been confirmed by Red Cross Children's Hospital. Justin has since had his tonsils and adenoids removed, and grommets inserted.

Maria is very concerned about Justin. Although he has passed each year, he has been struggling at school for some time.

*I talked to Justin's teacher. I went to school on Monday and then I talked to her. And I told her that I knew that she was struggling with him. That's why I try just as hard at home, but he doesn't understand how I work with him. But he also doesn't understand the teacher. She told me he is very slow. She told me . . . he doesn't really play in the class. But she doesn't know why he is so slow.*⁴

*And then I phoned him (the educator) one morning and he explained to me: The child is trying hard but something is not right. And sometimes he just sits and stares in the class. (Is his attention not on his work?) Yes. Then he asked me if I have problems at home. Then I told him: 'Yes. I have a lot.'*⁵

Maria has also noticed that he is becoming more and more withdrawn. She ascribes this change to their domestic circumstances, Justin being much more aware than his younger brother of the conflict in the house.

Look, my husband and I have been living madly for quite a time. We have been fighting a lot and all that . . . and then I saw that the child . . . it's going to (affect) him . . . how can I say . . . he became very withdrawn. He wasn't like he was before . . . happy. He was a very happy child. And then I could see . . . and I think it's that what has made things even worse at school.

She knows that something is wrong but is not able to put her finger on what it is.

But Justin is . . . he's not . . . I see something is not right, with that child . . . I don't know . . . you just can't put the emphasis on what it is.

She is fearful that Justin will become depressed as she was as a child.

I do everything in my power so that my children will not become like I became – depressed and so on.

⁴ Justin was in Grade 2 at this time : 1999

⁵ Justin was in Grade 4 at this time : 2001

Donovan is a Grade 3 learner at Morgenson Primary School.⁶ He too, has had health problems since an early age.

- He has been attending the Developmental Clinic at the Red Cross Children's Hospital since he was three months of age. Maria ascribes this to physical problems:

He couldn't move easily. I realised quickly that he was not like his brother.

- He is asthmatic (like his brother)
- His speech is slow and difficult to understand.⁷ His vocabulary is limited.⁸
- He has been receiving occupational therapy for 4 years to address developmental delay problems.⁹

He gets a full hour. He gets a full hour because he can't balance his hands properly. He doesn't know how to hold a pencil and all those things.

- He was hospitalised during 2001 with suspected meningitis.¹⁰

Maria described him as a difficult pre-schooler: he was demanding,

When I am sitting with that one (Justin) . . . he's got homework. Then I will sit with him to help him with his homework. Then he (Donovan) will come from outside. Then he will want to tear those books or something. Or he will push me to one side and say to me: Yes, but I give him (Justin) . . . help him, but I don't help him (Donovan). Then I give him a page so that he can also be busy. Then he will sit and draw like that, and then he throws the things.

⁶ The school that his brother attends would not accept him because of his speech impairment.

⁷ Field notes : 22/09/1999 : This 5-year-old boy's speech is quite difficult to understand. I had to ask him to repeat himself on a number of occasions before I knew what he was saying.

⁸ Field notes : 22/09/1999 : He had no idea what I was talking about when I referred to his 'pragtige trui' (beautiful jersey) and eventually said "Dit is nie 'n trui nie, dit is 'n jersey" (It isn't a trui, it's a jersey."). (While the English word is obviously used colloquially, one would expect him to know what the Afrikaans word 'trui' meant.)

⁹ Journal entry : 12/03/03 : Telephone conversation with treating occupational therapist : She confirmed speech and co-ordination problems, but reported the original referral to have been related to behavioural problems.

¹⁰ Journal entry : 22/10/2001 : Telephone conversation with neighbour.

stubborn,

Now sometimes you can see that they are satisfied or that they are not, especially the little one. He is that kind of child – he wants what he wants. And if he doesn't get it, then he turns the place upside down. Sometimes he . . . he's even set the bed on fire.

aggressive,

And he was sometimes . . . he becomes so aggressive, that you don't know how . . . You just don't understand the child.

and fought with his brother.

He just wants it now. And not only that. He fights a lot with that one (Justin). . . . He is that kind of child. If he can't get some of that, then he goes mad.

His behaviour was very stressful for Maria.

Sometimes that child makes me sick so that I can feel as if I'm going to have a nervous breakdown the way he goes on. He just wants his own way. Or sometimes he doesn't want his own way, and then he will do anything to get my attention.

Maria was informed by the Developmental Clinic that Donovan would not be ready to start school at the customary age¹¹, and that he would progress slowly at school.

They told me it would be a long time as he wouldn't be able to go to school now. . . . He is turning 6, but because he hasn't yet . . . how can I put it . . . he is not yet school-ready. And even if he is school-ready, then he will be very slow. He should actually go next year, but the doctor says he cannot go.

Despite this, Donovan was enrolled at school at the customary age and has progressed well according to Maria.

Last year his Grade One teacher told me: She told the Deputy Principal that she didn't want this child in her class because he didn't know how to behave; he is always busy with other things and so . . . and she gave up, she said. But she tells me she's not sorry that she kept him in her class.

¹¹ Officially, children should start school in the year in which they turn 7. Permission is however readily given for children who have birthdays late in the year and/or who may not be school-ready, to start school once they have turned 7 i.e. in the year in which they turn 8.

But I must say I am very happy about his thing at school . . . his progress. . . . Yes, I am no longer worried about him because I know his progress is very good. Oh, he is progressing very well.

While he remains demanding, indications are that his demands are more reasonable/appropriate.

But I see he is still . . . how can I say . . . he's very . . . what do you call it . . . very demanding. If he wants to do that thing now, then he wants to do it now. If he tells you he wants to learn now, then you must just leave him. And you must answer him now. You mustn't say that you're busy with something else, because then he gets very angry. He insists that he wants the answer to that thing that he has asked you. And you must come and sit down to tell him. You mustn't still be busy and shout to him that it's this or that.

4.5 HEALTH

Maria has suffered from depression for most of her life. Her depression is considered to have fluctuated from generally depressed mood to major depressive episodes, and was particularly evident in her narrative during the second interview¹²:

- Prolonged severe stress e.g. Maria used the term '*moeilik*' (*difficult*) repeatedly during the second interview:

Referring to her accommodation:

For me it is . . . how can I say . . . very difficult. For me it is very difficult.

Referring to her husband:

Now my one is very difficult

Referring to her children:

The children are so difficult.

- Pessimism:

Then I think: Where did I go wrong.

- Feelings of helplessness/hopelessness:

Sometimes I feel so despondent. I have said: 'I am sick of this place.'

¹² Field notes : 22/09/1999 : Maria is very depressed. She looked dreadful (old, sad, dark rings under her eyes); was tearful at regular intervals during the interview; screamed at her little boy at least three times in the hour; seemed somewhat distracted.

- Increased irritability:

Maria was extremely irritated with her youngest child who interrupted the interview on a number of occasions. She shouted angrily at him, berated him and chased him away.¹³

- Negative thoughts:

When I lie quietly then it seems to me I am going off my mind. It is almost as if . . . the thoughts come up in my head . . . it is all the wrong things, I must say, that I don't want to think about.

- Feelings of worthlessness:

I was in such a depression that I felt there was nothing I could do for myself.

- Self denunciation:

Why are my children like this? I try so hard, everything in my power to raise my children like my mother raised me. But I don't know what . . . I can't say what I'm lacking.

- Guilty pre-occupation:

And sometimes he (youngest child) is . . . he becomes so aggressive that you don't know how . . . you don't understand the child. I have cried some days. Then I think: Where did I go wrong; why must the child be like this; what am I doing wrong.

- Diminished energy:

I have now for a time, you won't want to believe me . . . For three weeks I was so . . . Yesterday I moved these things (points to furniture) for the first time and cleaned my place. But the past three weeks, I think, it was as if I couldn't . . . it's almost as if I . . . how can I put it . . . I neglected my things, my place.

- Fatigue:

'I feel so tired', I still say. But I don't really feel . . . I don't feel tired from work, I feel tired from despondency.

- Social withdrawal:

Sometimes I sit here for a long time when I'm like this . . . I sit here. Then I don't even go next door.

- Despair:

It is the circumstances in which I live. I can't . . . Sometimes I have the feeling I can give my children to my family.

¹³ Field notes : 22/09/1999

- Physical complaints:

The I go to sleep with a headache, I get up with that headache, go to work.

- Suicidal ideation:

I even started taking my photos. And then I started making notes. So that if I did something, then . . . (inaudible as she cries) . . . know about everything. I started making notes on the back. I had already started writing letters.

- Sometimes her depression presents in deferred anger:

Sometimes I am so . . . then I don't know what it is . . . to tell the truth, then I hit them. Then I hit my children because it seems to me . . . I told the doctor: 'It almost feels to me as if I am abusing my children.' Because you talk and talk . . . now you hit them and they don't listen.

She feels extremely guilty after beating the children and on one occasion was questioned about these beatings by the staff at the Red Cross Children's Hospital.

I had forgotten that I had hit him so that there were marks. And then he had an asthma attack and I had to stay over at Red Cross. And then they saw. Then I had to account for my actions.

She has been treated for depression over the years by the staff of Lentegeur Hospital (who also attend the Hanover Park Day Hospital each week). She has been hospitalised 3 times (last in the first year of her marriage), but recently resisted attempts by her psychiatrist to hospitalise her, as she cannot leave her children:

Look, I should have gone now . . . He (the doctor) wanted to send me away for a month . . . but because I can't (leave) the children . . . I must look after them myself.

Medication has also been prescribed, although for some years prior to her recent major depressive episode, she had not taken medication:

And she (the psychiatric sister at the day hospital) asked me what the reason was that I stopped taking the pills. Then I told her: 'I have been without the pills for five years. Not five, four or three.' Then I told her: 'I have tried to cope on my own.'

In the latter part of the study, Maria was using her medication irregularly:

I use it sometimes. Some nights. Because that Prozac is very strong – it's dangerously strong. And now the other arthritis pill that they also give me also helps me sleep. Now I am scared to use both. But I must actually use the arthritis pill because why, it lets me relax more.

Mostly, she is able to identify when she needs help, and then makes contact with the doctor or nursing sister from Lentegour.

I again felt, man, I'm not going to make it. Felt to me my mind is going to snap any moment. And then I went back to the doctor.

On other occasions, she is less able to seek appropriate help e.g. in March 2001, Maria attempted suicide.

But that morning . . . I just didn't feel right. I wasn't myself that morning. The children got up. Then the Sunday school teacher came because they were going to the beach that day. And I got the children ready and they left. But I took the washing out of the washing machine (the dirty washing is stored in the washing machine until there is a full load) – I'm going to start washing. And as I put the washing machine on, he (her husband) pushed me. And then I went to the room and just took the pills and drank them. And they were all sleeping pills. Twenty-eight sleeping pills. . . . From day one that man has abused me. And I just couldn't take it anymore.

In addition to her mental health problems, Maria has a number of physical ailments. She is being treated for arthritis, her right shoulder and knee being particularly painful. The physical demands of her work, particularly when there is a lot of ironing, aggravate her arthritis.

Maria is also asthmatic.

He (the doctor) tells me: ' . . . It's the stress that also makes the chest close up.'

Maria, on member checking, confirmed her neighbour's report¹⁴ that she was taking medication for angina and diabetes.

¹⁴ Journal entry : 22/10/2001 : Telephone conversation with neighbour.

4.6 "THE AREA THAT WE LIVE IN IS VERY TERRIBLE"

I have visited Hanover Park on a number of occasions during the course of the study, and recorded the following observations over this time ¹⁵:

Maria lives in a temporary structure (or shack) in the backyard of a typical Council property in Hanover Park. This property accommodates 4 families, 2 upstairs and 2 downstairs in a type of semi-detached building. Hanover Park contains numerous large blocks of Council flats, these doubled-storied semi-detached Council residences and single-storied dwellings, most of which are semi-detached.

The area is 'grey', a general sense of disadvantage pervading one's observations.

- *Few if any of the houses having been painted recently and most appearing to require considerable maintenance work. The majority of premises have some sort of shack on them. (In stark contrast, there are a few homes that are in a well-tended condition e.g. face brick or neatly painted exteriors; pretty, lawned gardens, some with shade trees; neat fences or hedges surrounding the property.)*
- *Communal or undeveloped areas are mostly untended/in a poor state. Grass, where it exists, is long and full of weeds; in the few parks that exist, the play equipment is broken and unusable e.g. a broken see-saw and merry-go-round. (Photo 3 below)*



Photo 3 : Neighbourhood park

¹⁵ Field notes : 22/06/1999, 16/09/1999, 22/09/1999, 23/12/1999, 17/06/2001, 03/07/2001, 26/02/2002.

- *There is a lot of litter in the area : plastic bags, cans, bottles (many of which are broken) are strewn all over the place. Particularly noticeable are the plastic bags that have blown against and are now attached to wire fences.*

Maria's home is not far from the 'central area' of Hanover Park where the following were noted :

- *A library.*
- *The Day hospital. Signposts to the GF Jooste Trauma Centre, also in Hanover Park, were noted.*
- *A community centre with public swimming pool.*
- *Maria's local shopping centre (no major supermarket), and a nearby row of small shops.*



Photo 4 : Local shopping centre

I am surprised at the number of churches and other places of worship in the area.

House shops are dotted around the community. A few home-based day care centres for children were noted.

The taxi rank, with rows of taxis parked waiting, is situated centrally.



Photo 5 : Local taxi rank

Hawkers sell fruit and vegetables next to the taxi rank.



Photo 6 : Hawkers

There are five schools in Hanover Park, two high schools and three primary schools. One of them, the Blomvlei Primêre Skool, (which Maria's older son attends) stands out from the other schools because of its neat buildings and litter-free grounds.



Photo 7 : Blomvlei Primary School

Today¹⁶ I noted few school aged children (presumably because it was during school time) and mainly women going about their daily chores. I did, on some street corners, see small collections of men and wondered whether they were just meeting socially or were perhaps waiting in the hopes of securing casual work for the day. On another occasion¹⁷, the number of young adults sitting in groups outside homes was striking.

The gate of Maria's home leads onto a little square where people can park their cars and there are at least 4 vehicles in various states of disrepair parked there, most of them without wheels. (Photo 8 below) Across the road from this square is a large open field before the next section of houses, and today¹⁸ two men were playing ball with a child on the field.

It is quite interesting to notice that the women in the houses in her immediate surroundings seem to pop in and out of their homes and always seem to know when someone arrives or leaves. One gets a sense of considerable involvement in one another's lives. When I arrived at Maria's door¹⁹ and called to her, two neighbours immediately came out to say that Maria had gone to work today. A third neighbour joined them while I was still there and they discussed where she might be working today or whether she had in fact gone to the Day Hospital.

¹⁶ Field notes : 16/09/1999

¹⁷ Field notes : 26/02/2002

¹⁸ Field notes : 16/09/1999

¹⁹ Field notes : 16/09/1999



Photo 8 : Square from which entrance to Maria's home leads.

Some of the women were busy hanging out their washing on lines that extended from the upstairs dwelling down to the fence separating the two properties. To get out of the property you actually have to duck down under the washing. (4.7, Photo 11)

I also noticed a number of dogs in the area, none of which looked particularly well cared for. They seem to roam about the area freely.

Maria's neighbour (Mrs D) seems to have a house shop : a little girl was observed coming out of her house carrying a number of packets of chips.

Maria refers to a number of community problems which she and her family face on a daily basis in Hanover Park.

Gangsterism is rife in Hanover Park and gangsters show no respect for people or property.

I want . . . sometimes when they are sitting at the back here smoking. Then the police must come and catch them. I mean, it is someone else's yard – they don't even belong here; they don't live here that you could say they can come and smoke here. They come from their place and then they want to come and smoke here. All their smoke comes into your place. And if you say anything, then they are rude.

Those people, one night . . . that week he (her husband) also had hit me – I was in bed with broken ribs. And um . . . then they came . . . the one youngster that he (her husband) probably owed money to . . . came to make a fuss about his money. I didn't have any money. I would never do it. And that night the youngster cornered him (her husband) and he said he didn't have work. So I said : 'I wasn't the one who took drugs. I didn't borrow money from you for food for my children. If that

Then I wouldn't mind. But you didn't . . . you give the father pills but you can't lend money for a loaf of bread for the children.' Then he got angry. Then he wanted to . . . I was lying . . . he wanted to kick me in the bed. He jumped onto the bed . . . and he would have kicked me – in my face.

Most gangsters are involved in drug trafficking.

The people that sell the stuff (drugs) – they have never worked. They don't know what the purpose is to earn money and now they come with that . . . that is making money quickly, getting rich quickly. Now it doesn't matter to them whether your child has a piece of bread to eat, as long as your husband supports them.

People living in the area are not safe,

Look, like last Saturday – I am giving an example – they shot those people just here at the field across from us. I just mean, if they had shot this way, they would also have shot some of our children because our children were playing outside.

It really is not safe because you can't dare to allow your children to play outside. Even you as an adult can't dare to walk in the evening. Because you never know when there will be shooting or such. Any time you can just hear shots or so.

and the nights are disturbed by their activities.

They come at night and jump over the corrugated iron on their way to the merchants just to buy buttons. I mean, you can't sleep at night because why they are jumping . . . look, they come through the passage – I lock the gate – then they jump over it, then they come and jump over here. Now they go over here to the side of the shack and then they go and smoke . . . Then I find out they must jump all the way back . . . You can't rest.

Disregarding domestic violence which is referred to elsewhere (see 4.4), residents of Hanover Park are exposed to violence regularly. Recently, Maria telephoned to advise me that her youngest son had been assaulted :

Donovan was "amper gerape" (almost raped) at the local swimming pool. He went into the change rooms to collect his four-year old nephew and three boys (aged 12, 13 and 14 respectively) attacked him. Rape was prevented when the nephew threw a cup at and hit one of the boys.

Maria told me that the attackers are known to the community and to her, and have apparently done this kind of thing before.

Local residents, like Maria, are powerless to deal with these problems themselves and have little faith in the authorities to help them.

I mean, I have said that I want to go the council (Cape Town). But that won't even help. It seems to me the council does nothing about this (gangsterism and drug trafficking).

My neighbours have phoned the boere (a derogatory term for whites) and the police. They say they will come, but they don't.

Similarly, they have had no response to their requests for better facilities in the community e.g. a children play park.

There isn't one here. The one over there is rather dangerous. . . . We have made enquiries to get one here for us . . . for the area's children. But I don't know why they are plodding so.

4.7 "I DON'T LIVE IN A HOUSE. I LIVE IN A ZINC SHACK".

Maria describes her home (Photo 9 below) as a *hokkie*. While this term is used colloquially to refer to a shack or informal dwelling, the dictionary (Labuschagne & Eksteen 1993) defines a *hok* as a 'shelter for animals; inferior storage place; partitioned area for children's games; school; prison'. (p270, translated)²⁰

She never calls her dwelling her home, rather referring to *die plek (this place)* or *daai plek (that place)*.

I just mean, we all want to be in a house. We don't want to live in 'n shack year out and year in. I have been . . . if I think how long I have lived in the shack. I can't even make the place like I . . . I get so sad when I think: Heavens, I can make that place a little bigger so that I have more space. Then I could fix the place. But it doesn't help.

²⁰ According to a bilingual dictionary (Bosman, van der Merwe, Hiemstra 1984), a *hok* is a 'kennel, pen, sty, run, coop, cage, hutch, shed, den, dog-hole, stall'. (p205) Further, *Hy woon in 'n hok* is translated as 'He lives in a hovel (den, dog-hole)'. (p205)



Photo 9 : Maria's shack. The entrance is via the narrow passage on the right. This picture is useful from a historical perspective. Her original dwelling comprised the section on the right of the shack up to and including the blue corrugated iron panel. What one sees in the photo incorporates the extension that she undertook after purchasing a number of appliances. (The security gate on the left is the entrance to a different shack adjacent to Maria's) The white line on the rusty sheet of corrugated iron on the left is the mark placed there by the Health Inspector to indicate how much Maria's shack is encroaching onto the neighbour's property.

My field notes²¹ detail the following in respect of Maria's dwelling :

- *It is an informal structure constructed from wooden poles and planks, masonite and corrugated iron.*
- *At my first visit, I found a single, extremely small room (1,71 x 3,2m) which accommodated the following furniture :*
 - *One double bed (on which all four family members sleep)*
 - *Two tall cupboards*
 - *One (kitchen-type) cupboard which provides the only work surface*
 - *A single bed which is standing on its end because room is too small to accommodate it. This bed impedes opening of cupboards and has to be moved to access anything behind it or to accommodate the plastic bath they use for bathing*

²¹ Field notes : 21/06/1999, 26/02/2002

- During the course of 2000/2001, a second room (2,7 x 3,2m) was added²², amongst other things to accommodate some of the furniture which Maria had purchased. (see also below)
 - The two cupboards form a partition between the two rooms (facing into the 'new bedroom').
 - The bedroom accommodates the double bed and the single bed.
 - The fridge is accommodated in the 'kitchen'.
 - The stove cannot be used as there is no suitable electrical connection.
- Windows (one in each room) and doors (one external and one internal) fit very poorly.



Photo 10 : Front door (only entrance) of Maria's shack (with neighbours looking on)

²² Field notes : 26/02/2002 : City of Cape Town Health Inspectors have recently ruled that this extension exceeds the boundary of the property by 0,9m. Alterations have to be made to address this problem and will result in the room being reduced in size to 1,8 x 3,2m.

- *The floor is constructed from cement and is extremely uneven.*
- *Electricity is available via a long, exposed extension lead that trails from main house to her dwelling. Multiple power points that hang unsecured over the cupboard, are in use at any one time.*
- *There is one overhead light bulb (serving both rooms) and one lamp : both are connected to the above extension lead.*
- *No water is available directly and water is collected in a bucket or basin from the main dwelling.*
- *The family make use of the toilet facilities in the main house.*
- *The ground around the structure is firmly compacted, with some loose gravel. Puddles of water collect when it rains.*
- *A padlock on the only entrance secures the dwelling.*



Photo 11 : Neighbour hanging washing. The entrance to Maria's house is via the narrow passage to the left of the stairs (marginally obscured by the neighbour).

During the course of the study, after securing permanent employment, Maria purchased a fridge, a four-plate stove, a washing machine and a television set. She added a small section to her dwelling to accommodate her new acquisitions, despite initial opposition from her father-in-law.

***'You want to divorce but you still add a piece.'* So I said: *'But I cannot allow the things I have worked so hard for to stand outside.'* I said that to him. And then he said to me: *'Now seeing that you haven't yet found a place, it's OK.'* Now I've added a small section. Now the fridge is standing so, the stove . . . everything fits in nicely.**

Her shack is built in the back yard of her parents-in-law's property and this dependence on her parents-in-law for accommodation brings a number of associated problems.

I am only um . . . how can I say . . . a boarder. . . I can put it that way. So I must be satisfied never mind what happens or what they say. I must just be satisfied.

Her parents-in-law are inconsiderate

Sometimes I get so despondent because . . . You try to clean here and then they come . . . then they come, they sweep their rubbish here. But you can't say anything . . .

and often complain about the children.

Sometimes the children can't even play outside here or do what children do, just play and go on. Then they also moan. What can I do – they are small children.

A major bone of contention for Maria is that they never look to their son (her husband) to contribute financially, but expect Maria to pay her way.

Those people don't go to their son to say: 'Monroe, we need money for water; we need money for electricity; we must get our rent money.' They come to me.

She also feels that they exploit her.

But I just complained about the water because why . . . I said: 'The water is for the whole household . . . You are not paying for water. I basically pay the water alone.' . . . That's now just my thing. If you take from someone, it will be taken back from you. I said: 'You are robbing me with that water money. And with the rent.' Because why, the council charges them R100.00. I don't live in a house.

I live in a shack. And I can't even make that place decent as I want to. My children must be on one side . . . But they still expect me to give them that money.

The house is extremely small restricting the amount of furniture²³ as well as other goods it can accommodate.

Some of my belongings have to be stored with other people because I can't use them here.

The activities that can be executed inside are also restricted.

And I told her (Justin's teacher): 'I don't know because my place is too small now.' . . . Sometimes Donovan is also here – then I can't sit alone with him (Justin) and his books – then they play over one another and that's how it goes. They even fight while he is busy doing his homework.

Furniture has to be moved when Maria cleans the house, as well as for some activities :

Then I must lift the (single) bed. Then I must put it on my (double) bed so that I can sit here so that my children can bath . . . Then I must take the bed off again so that if someone comes here, then I can at least give them the (double) bed to sit on, because there is no chair to sit on.

Four people living in the confined space limits the privacy available,

For me it is . . . how can I say . . . very difficult. I must say, it's very difficult for me because you have no privacy.

and leads to conflict.

Sometimes then um . . . I mean . . . then um . . . um . . . the man is so difficult because why – there is sometimes no space.

The dwelling provides little protection from the elements because of the materials used and the manner in which it is constructed. Rain, wind and cold all affect both the dwelling and its inhabitants.

²³ Field notes : 21/06/1999 : The children sleep with their parents on the double bed.
Field notes : 26/02/2002 : The children now share a single bed.

- 1.3.2 ~~Some times the Republic of South Africa found that the health sector, through apathy, acceptance of the status quo and acts of omission, allowed the creation of a place where belongings have started to get moldy and are damaged. If I find it cold. Yes, it's cold.~~ *My belongings have started to get moldy and are damaged. If I find it cold. Yes, it's cold.* ~~before that one board, but the site of millions of people who are neglected, because – that place is . . . it rains in especially when it rains hard.~~ even at times actively compromised, and in which violations of moral and ethical codes of practice were frequent, facilitating violations of human rights.” (Baldwin-
 Title: *Black and Blue* (1997, p6)

There is ~~nothing that can be done~~ to protect their belongings.

. . . and not only that. They come in and they steal when I am not here. If I think . . . my crockery has been taken. There are only a few plates left on the cupboard. (Now), I must start from scratch . . .

transformation of health care in South Africa and particularly the need for professional accountability, consider that two tasks are at “the center of

4.8 “ONE DAY IS ONE DAY, THEN I WILL GET MYSELF A HOUSE”

Having her own home is a goal that Maria has pursued through various means. She spent much of her time prior to her being employed full-time and continues to occupy her mind as she considers options, plans and schemes, for possible solutions etc. traditional and ‘new’ human rights dilemmas.” (p8)

In many ways, Maria considers that having her own house represents freedom for her.

So many of the things she wants to achieve are dependent on her achieving this goal :
 1.3.2.2 “Modern human rights is a unique civilizational creation.” (Mann when she has a “*place of my own*”, she will be able to leave her husband, leave Hanover Park (hopefully), have her daughter living with her, provide a decent home for the United Nations General Assembly in December 1948 and the central her children, have space for her belongings, not be vulnerable to the elements.
 instrument of the modern human rights movement), and various

Maria is a member of the Hanover Park Housing Savings Scheme and the auspices of the Homeless People's Federation (Rights of the Child), nations of the world have agreed

The Federation is mostly for people who are really struggling who do not do to live in backyards, like me for example, in shacks or rooms.
 anyone, and things which should be provided to all.

Even when she was earning very little and then only intermittently, Maria saved diligently.

Wait, I am going to do this with that money or that. Because if I think: My children – they must wear warm clothes. . . . Then I always think: No. I must put my savings money on one side because I do want a house.

In the early part of the study, Maria ploughed much of her time and energy into her roles as Treasurer and Convenor for the Hanover Park Housing Savings Scheme.

Now we save. We save every day. . . . We encourage the people so and the people try hard to save so that they have at least a five rand or a ten rand to save for the week. There are collectors who collect the money every Friday afternoon or as they go around every day. . . . Now we take that money. On Sundays we get together, us treasurers – then we meet at the home of one of us. Now we work out how much money we have collected for that week. Then I go to the bank. Every Monday I must bank it for Tuesday.

Handling money that does not belong to you is a great responsibility, particularly when one is in dire need oneself.

You have got the people's money. If you use it . . . in the end the people can . . . then the people come to you and ask you: 'Where's the money?'

Members of the savings scheme elect their own office bearers.

We have chosen the people to work – who can work with the money. We don't want to have problems.

Additionally, a strict bookkeeping system is in place with procedural checks and balances to prevent money going missing and to be able to account to members whenever they have queries.

Once a month the treasurers get together. Then we take our treasurer book, we take the people's books and we sort it out to see if the people's money is all in the treasurer's book, and if it has been entered in the ledger. . . . And a bookkeeper meeting in Phillipi. Then we must (take) our bank book . . . we must prove how much money we have in it. We must go and enter the total member money we have collected, in Phillipi. We get some forms that we must fill in. Say we have about ten people who have saved that week, then we must write up 10 people who have saved for that week.

Sometimes then I just say to them: 'You don't want me to do anything. Now that's all right, so long as I can just give you a hug.' Then they still make fun. Then they say: 'This woman is ridiculous.'

She has managed to secure food for herself and her family in this manner over a long period of time. She reports proudly that her children have only once been to bed without food.

Her approach is best summed up by her statement that :

But I always say . . . I say: 'It is just my love, and not only my love, but my helpfulness that has got me this far.'

4.10 "I AM JUST A MOTHER"

Being a mother is important to Maria. Her narrative constantly refers to her children, their abilities and progress, difficulties that she experiences in raising them, as well as the dilemmas that having children and being poor raises.

Time poverty

In the early stages of the study, her involvement at the Homeless Peoples' Federation impacted on the time she had available to spend with her children, meetings commonly being held in the evenings and training courses (when these occurred) over weekends. Additionally, much of her time was taken up with those occupations necessary to secure money and/or food for the family. Later (and presently) her full-time employment has restricted the time she can spend with her children : when she works late, she only reaches home at approximately 19h00. Domestic chores and cooking still remain to be done at that time.

Providing for children's physical needs

Until recently, Maria did not have sufficient money to meet her children's physical needs (also 4.9), and was dependent on others to help her.

Sometimes I just lie and think – Oh Lord. Sometimes I don't even have a piece of bread for them. Then I think – Oh Lord, what now? What are my children going to eat?

That woman where I work (Mrs B, her employer at that time) . . . If she sometimes has things like jackets . . . Then she sees that the jackets are too small for her child. Then she gave one to him (Donovan) and one to Justin.

This lack was acutely felt over the festive season.

Before Christmas I thought – Aai, I don't have food for Christmas. The children don't have clothes.

She has a strong need to contribute towards her daughter's keep and sends money as and when she can.

I must put away. I can (contribute to) my child who is down there . . . I can . . . Even if it is only R200.00, I send it.

Since securing a permanent job, Maria has been better able to provide for her children.

I can pay their school fees. I can at least (buy) them . . . If they tell me: 'Mammie, we have to have this', then I can give it to them. Before I couldn't give to my children.

If I think – other people had to give clothes for my children to wear. But now I can buy for them myself. Even if I can't buy every month, still I buy for them. I buy for them.

Guiding/nurturing

As discussed elsewhere, the relationship between her husband and their sons is poor. It is difficult for the children to understand what they perceive to be his lack of caring. It is important to Maria that they are re-assured about this relationship, and that they do not view/judge their father too negatively/harshly.

Then I say: 'There will be a time when Daddy will care, and that time is close.' I talk to them. I sit with them. Then they will always tell me: 'Mammie but it takes so long.' Then I say: 'My child, it takes time. We must be patient.'

Similarly, although her parents-in-law 'baby-sit' for her on occasion, they are unpredictable in their responses to her children and the children often do not know how to deal with this. Maria discusses it with the children, reassuring them.

Then he will tell me: 'Mammie, Mamma (his grandmother) sent me out again. Mamma told me I mustn't come in.' Then I will always tell him: 'Oh Donovan, Mamma is like that. Don't you be like that. Go back.' . . . But I always say to him: 'Remember, she is your grandmother. Your grandmother is so otherwise sometimes. Just go.'

She has taken care to prepare her sons for the pending divorce.

I had to tell the children, explain to them : I am going to divorce your father and all that. I am busy with the divorce and all that. I had to tell them so that they would understand; so that they will not be stressed when I tell them: 'OK, we have got a place now. We must go now.'

Fostering independence

Slowly but surely she is working to develop the children's independence.

I have gotten that one (Justin) so that he now knows he must wash his socks in the afternoon, he must hang up his school clothes.

Play and family activities

Albeit she has little time available, Maria is aware of the need to spend time with her sons and to engage with them in play.

I make time even if it's in the evenings. Then I always sit with them. If I'm not helping them with their schoolwork, then . . . then I tell them: 'OK, I'll help you with that.' But now this one wants to play that; that one wants to play that. It's snake and ladder and it's dominos en all that. And . . . there are different games. Because they make up the games. I just play along. And sometimes I don't know half of what is going on, but just to . . . uh, uh . . . show them – I am still there to do these things with them.

That she enjoys this interaction with her children was evident in her laughter when relating her involvement in their imaginative games (above).

The children have very few toys/games²⁵ and ingenuity is needed on occasion to facilitate games.

And sometimes I take . . . If they want to play cricket, then I just take a piece of wood and then we all play cricket outside here. We play in the passage (the narrow passage between the houses). Here. Just like that.

They make use of the local library, spending time there and/or borrowing books.

Now I will take him to the library. Then I sit in the library with him for a little.

We read in bed. Each one with a library book and that is how we go to sleep.

More recently, Maria is unable to accompany the children to the library. They have started going on their own, Justin once a week and Donovan twice a week (under the supervision of his aunt).

Occasionally they play together as a family (Maria's husband doesn't join in) or with others, on the open field across from their home.

We play there. We went to play there again on Sunday – me and them (the children) and now the girl and her children also.

Safe play facilities are limited in Hanover Park, and when she takes the children to Red Cross Children's Hospital, she tries to ensure that she allows time for them to play at the nearby park.

Or perhaps we will . . . I will . . . say like today that I have to take him to hospital. Now I will perhaps go and sit at the park for half an hour or so. There is a park over the . . . I wait for the taxi there . . . I can see that he enjoys it when I take him there.

²⁵ Field notes : 21/06/1999 : No toys were visible in or around the house. When I asked Maria if they had toys, she took out two packs of miniature cards (Old Maid and Donkey). They apparently also have some board games and a ball.

School related activities

Homework also takes time.

I help them with the school work. . . . First I take the one (Justin) with his school work. Now perhaps I sit for half an hour or an hour with him. And then I take him (Donovan). And if I find that he doesn't want to (do his homework), then I take both together.

Maria maintains contact with her sons' educators from time to time in order to share her (and their) concerns about the boys' progress and seek guidance as to how she can help them.

She (the teacher) can always see that I come to ask how he (Justin) is doing and so on. But she says there are some parents who never come. Then I said to her: 'No, but I must because I am worried. Because I can see how he does his homework.

Attending meetings with educators has become more difficult since she has been working full time, and often she has to rely on the telephone.

The Master let me know that I must come in. But I can't . . . when I go home at this time in the afternoon, the classroom is already closed.

Despite this contact, Maria is not fully aware of the facilities/programs offered by the school e.g. her children did not participate in sport at school in the early part of the study.

I have wondered . . . I thought I should ask why they don't have sport at the school. Because then the children would be less . . . how can I put it . . . For me . . . In my opinion, it would be almost as if the children would want to be on the street less or so. . . . No, I lie. They did have netball that I know about. I don't know about mini-cricket that they give to the children. There is football.

In the latter part of the study, Justin was participating in rugby and cricket. Maria was seldom able to go and watch him play because of her work hours.

I feel very bad because my child plays cricket, he plays rugby at school . . . I feel very bad if I was not able to be there. To go and see, or to hear how they played against the other team. . . . But if the children get presentations for rugby or cricket, then I go. I am always the one who goes.

Since securing full-time employment, she is able to contribute to school fundraising efforts more regularly : she collects contributions for sponsorship forms e.g. for the Debutante Ball, at the retirement village where her employers live, or makes goods e.g. milk tarts, for sales at the school.

I had to borrow the money for the ingredients, but the child took two big milk tarts to school. . . . I made the tarts at home and baked them at Tietie's house.

Discipline

Maria reported difficulties disciplining her children, particularly during earlier interviews. She worries a great deal about what she perceives to be her inability to control her children.

The children here are very . . . how can I say . . . how can I put it . . . The children are . . . Man, it's almost like you talk to them but they don't take notice of you. They do the same thing over and over.

She has tried different discipline strategies :

- 'Time out' can not be applied effectively because of the size of their home – the child to be disciplined cannot be isolated.

Last night I did nothing with them. I told them nicely: 'I am not going to do anything.' I bathed them earlier and then I gave them their food. I washed up and then I said to them: 'No-one is going to play.' . . . But then I think – this place is too small to punish them inside.

- She has used corporal punishment. It seems that she gave her children hidings when she felt particularly unable to cope. Hidings turned to beatings. She recognises that this method of disciplining is not effective; indeed is harmful to the children, and this in turn leads to guilt.

Sometimes I feel so despondent that I think – Ag man, I am not in the mood to shout at children; just go on and hit the child. . . . I have given him (Donovan) such a hiding that I thought I would go to jail.

- More recently she has found talking to be effective.

I talk to him about it. I don't hit him any more. Just talk now.

Health needs

Maria's sons have, as indicated elsewhere, a number of health problems. Treatment is obtained via the local Day Hospital or the specialist state children's hospital in Rondebosch. While the former is within walking distance from her home, she has to use a bus or taxi to access the latter. This is costly at R14.00 a return trip for both her and the child. She has not always had money to pay for transport, although since securing permanent employment this is less of a problem.

Say he (Donovan) has to come to the hospital twice in the month, or three times. Sometimes the social worker gives me a ticket - bus ticket - or sometimes I tell her: 'OK, I have the money. I will bring him.' And if I don't have, then I go and ask them.

Certain appointments at the state hospital are scheduled at specific times e.g. the occupational therapist, but others are not: if one of her sons has to see a specialist, they must attend the relevant clinic and wait their turn. This sometimes takes the best part of the day, certainly at least a morning. Not only does this mean that the child misses a day at school, but accompanying a child on such hospital visits is problematic in view of her work hours.

Say now their appointment is for twelve o'clock, then I go to work till about half past eleven. Then I walk to the hospital. Then my sister-in-law's daughter brings Donovan or so . . . to the hospital. Then I must just have them seen and then she must take them back home. Then I go back to work.

Concerns

It is clear from her narrative that being a mother and attending to this responsibility well, occupies Maria's mind much of the time. Concerns that she has about raising her children include:

- Balancing their physical and emotional needs, the former often seeming to be important than the latter at particular points in time.

I just think – my children must eat. Now I leave them here or I leave them next door. Then I go quickly to help that one so that I can just (secure some food or money) . . . And then I thought – that is wrong. I mustn't just think what are they going to eat tonight. I must give them that love also.

- The effect that her inability to meet their needs and wants, and expose them to a variety of situations, has on the children. Her youngest son, for example, on receiving his first brand new pair of tekkies (canvas shoes) at the age of five, would not take them off for three days and nights.

Yes. I can understand why they go on so, because they don't get every day like other children.

Interestingly, but perhaps not unexpectedly, her children's expectations were raised when her ability to provide more regularly improved. It has become a routine, for example, that she cooks fish and chips on Wednesday nights.

Now sometimes I don't have money to do that. Then perhaps I make a pot . . . brown stew or so. . . . But then they ask me: 'Mammie, now where did Wednesday find Mammie?'

- Her ability to be available to her children to give them necessary attention, and to guide and nurture them.

When I come to work on Saturdays then it seems to me – no, I should be with my children today. That's how it feels to me. It feels to me that I am neglecting my children.

- One of her greatest concerns relates to her ability to supervise and care for them when they are not at school e.g. when she works late.

But now for a time when he (her husband) was working . . . last year when he was working . . . then it was very (difficult) for me . . . Oh, when I got home it seemed to me that I was neglecting my children. Because there's no-one there. The father has gone to work. Now they are alone and then sometimes they stand at the gate or sometimes they sit at the TV. But then it still feels to me as mother – it's not right. They should . . . When the father went to work, I should have been there . . . now what could not have happened in that time. I always ask myself that.

Because of her restricted income she is not able to pay anyone sufficiently well to supervise her children properly while she is at work.

It doesn't help that you pay R50.00 and then the people don't look after them. So, tonight when I come home from work, then the neighbour says: 'The children were wandering there' and so on. . . . Anything can happen. . . . You must at least have someone who can look after your children; who can report to you tonight what your children did.

Fortunately, people in the neighbourhood look out for one another's children.

I was looking for Justin and I couldn't find Justin anywhere. . . . My head was already so sore. I didn't know where the child had gone. Then Kitty said to me: 'Look there if he isn't there, or upstairs.' No. And later someone told me to go and see if he isn't at the church. He was there at a party with the people from next door. So there is always someone who can tell you where your child is.

- Her sons' safety in Hanover Park.

You can't dare to let your children play outside because why, you never know when they (gangsters) will shoot.

Despite saying this and clearly being concerned about this issue, her children do in fact play outside : there is no space to play inside the house, their yard is very small and the children's grandparents regularly complain if they make too much noise or play too exuberantly.

- Raising sons.

At the time of the earlier interviews, the boys were acting aggressively, fighting with one another and with other children in the neighbourhood.

They are very naughty. They fight with one another and not only with one another, with the children in the street also. Sometimes the children hit them back and then they don't fight there. Then they fight with one another inside. And I am a bit worried because . . . I want to say, look, they are boys. I am a little worried for when they get bigger.

Maria indicated in a later interview that this problem had resolved itself to a large degree.

It's much better now . . . They will now just play in the road with the other children now and so on. And they don't fight with one another so much. They don't fight so much now.

Their exposure to physical abuse in her marriage is also a major concern for Maria.

I must think (about the fact) that they are boys. What are they going to do when they take a wife one day? And that is what I tell them every day. I tell my children: 'You must never . . . See this ugly thing. You can see so well that your father does ugly things. Now just remember you are also getting big. You must also take a wife one day. Then you must know better. Don't go and do the same things that your father does today.

4.11 "I HAVE VERY GOOD NEIGHBOURS."²⁶

Maria has developed a strong social support network in her immediate neighbourhood.

She rarely talks of friends other than her neighbours.

As discussed elsewhere (see 4.9), her neighbours supported her when she was at her poorest and unable to meet her and her children's basic needs. This despite the fact that most of them are themselves not well off.

. . . like that woman next door. Only she is working. She has even raised her sister's child. But even so, it's only her income. What is R300.00? She has a house to pay. She has everything . . . must (come off) that R300.00. But she will always think of me. She will always come and say: 'Here, take this and do this with the money. Or here is food for you – cook the food for your children.

²⁶ Personal reflective research journal : 06/02/02 : Occupation

How will I name the occupations inherent in this theme? Are there appropriate names in the local culture? Is the name of the occupation really important? Or is the important thing the underlying activities and tasks, and their purpose and reward for Maria?

While better able to feed her family since she started working full-time, Maria still requires assistance from her neighbours from time to time.

Then I go and borrow money to buy medicine for my children. From my neighbours or so.

The (apparently) unspoken agreement amongst the people in the neighbourhood to keep an eye on one another's children, is most helpful to Maria, particularly when she works late unexpectedly.

*Children are playing in the circle in front of the group of houses, and appear to move freely from their own homes to the homes of the people in their immediate neighbourhood, even children as young as 2 years of age (estimate). They play or walk about the immediate neighbourhood without direct supervision. It seems as if the various neighbours all know each of the children and keep an eye on them when they are outside.*²⁷

Certain neighbours provide practical help to Maria e.g. setting her hair,

I can't set it (her hair) any more, because why, the shoulder is too sore. I just go to the girl upstairs.

while others provide emotional and spiritual support.

Then I just go to my neighbour or to friends. Then we pray, pray together and so . . . And in that way I get . . . how can I put it . . . that spiritual . . . uh, uh . . . enrichment.

Generally the people in the neighbourhood are supportive of one another.

Then sometimes I leave here crying, just to get away from that on my mind . . . Or I stand in the street and I know the moment that I am in the street, then there is always someone who will . . . They will always tell me I look nice or (ask) why I look so down today . . . like that. Now that encourages me to go on with life.

Maria is particularly close to Mrs D who lives next door and spends a great deal of time at Mrs D's home. Not only does Maria enjoy socialising with Mrs D, but this relationship also serves a number of additional purposes :

²⁷ Field notes : 22/09/1999

- Maria is able to share her troubles and problems with Mrs D.

We talk and talk.

- Mrs D. provides ongoing emotional support.

Sometimes I still feel . . . I feel that I want to cry. Then I think – Ag, leave it man. And I go and sit there on the other side. And when I get back from there, then I feel much, very much better.

- Her home provides a safe environment, but she and her family also attempt to protect Maria in her own home as far as possible

But one good thing is that my neighbour, Tietie (their nickname for Mrs D), was there that night (referring to the night her husband had beaten her and a gangster wanted to attack her too). She could see.

- Maria and her children watched television at Mrs D's home most evenings before Maria bought their own set.

Then I go around to watch TV again – next door.

- Maria borrows clothes from them from time to time.

Maria was looking very smart today. Her hair had been set and she was not in her customary overall, but neatly dressed in a skirt and pretty knitted blouse. When I commented on her appearance she laughed and told me that she had borrowed the blouse from one of Mrs D's daughters so that she looked presentable when she and her son arrived at the Red Cross Hospital for their appointment.²⁸

- Mrs D and her family keep an eye on Maria's children when they return from school if Maria is not there; they baby sit the children of an evening e.g. when Maria attends Bible study; and provide other practical help. While Maria and I were conducting the interview, Donovan was collected by one of Mrs D's family members, bathed at her home and dressed in preparation for his appointment at Red Cross Hospital.²⁹

²⁸ Field notes : 22/09/1999

²⁹ Field notes : 22/09/1999

- As indicated elsewhere (see 4.9) Mrs D will, from time to time, spontaneously send over food or treats for Maria and her family.
- Mrs D also has a telephone and is happy for Maria to receive calls at her home.

Her children say: 'One would swear Maria lived here.' Because why everyone (who phones) says: 'We don't want to talk to you, we want to talk to Maria.'

Mrs D and her family have embraced Maria and her children as part of their extended family, providing the support that Maria's own family might have provided had they lived closer.

Shame. She (Mrs D) is so worried about me. She just wants me to get away from there (her present accommodation). They are very worried about me. They don't want me to struggle.

The quality of relationship is demonstrated by the ease with which Mrs D takes Maria to task when this is necessary.

Our neighbour (Mrs D) scolded when the child told her the next morning: 'Mammie didn't have food for us.' Then she scolded.

Maria does not only receive, but gives much to her neighbours.

In the latter part of the study, she has been in a position to share what she has with others in need.

She and her husband don't work and they have gone through a lot of stress for a time. But they always say to one another – I struggle so but I have always got for them. Not only for them, for the next person too.

When time permits, she helps her neighbours in practical ways.

Perhaps I take the old lady, who lives with the woman across the road, to Groote Schuur. And from there I come back and I come and tidy up for them or so.

She is acutely aware of those in need, and will attempt to assist even if it means chastising others in the neighbourhood to secure their help.

One of her neighbours gave birth at home recently, and Maria arranged transport and accompanied her to the hospital. The new mother was discharged next day but could not afford the taxi fare home. Maria borrowed R20.00 and went to collect mother and baby herself – they had already spent one night in the waiting room.

I told them (the other neighbours) on Sunday: 'It's not right because why, she doesn't have a permanent job.' . . . I mean it isn't right. I said: 'You could at least . . . even if it was only a R2.00 from each one, then it would have been enough money that she could have come home.

She expects little in return for her help.

I told her: 'Just as long as you can give me your love.' I must just be able to thank the Lord that I have friends who encourage me every day.

4.12 "WHERE PEOPLE ARE SICK AND WHERE PEOPLE ARE HURT"

Maria's early employment history is not considered of major significance. She worked full-time for some eight months in a chicken factory and thereafter did various casual jobs at a nursery school, in the vineyards in De Doorns, at a Wimpy restaurant, charring for a Muslim family, and assisting a neighbour to care for her husband who had cancer.

Maria is dismissive of these positions, bar the last, stating : "***They weren't (right) for me.***"

When I first met Maria, she was sporadically employed as a domestic/home carer (Maria's term) by Mrs B, and her daughter Mrs K. Maria had worked full-time for Mrs B, doing domestic work and caring for Mr B who was hemiplegic. She had had to give up this job when Mrs B required someone who could sleep in to assist at night if this was needed.

Both Mrs B and Mrs K called Maria to work as and when they needed her e.g. intermittently over a weekend or when the ironing had piled up.

It isn't every week. Perhaps Saturdays. Or say now as they need me, then they just phone and then I go in.

Usually she had to iron at Mrs K's home, but if she finished early, then she would help the full-time domestic worker washing windows or preparing the family's supper. She worked harder at Mrs B's home.

But if I go and work at the mother, then it's the ironing, I must cook and I must look after the old man. He's had two strokes.

Maria was paid R70.00 per day that she worked. She had to pay her own transport costs to and from work.

She gives me R70.00. Then I have to deduct that R11.00 (her transport costs) from that R70.00.

From time to time she also received benefits in kind.

Sometimes when she has things like jackets . . . especially now that it is winter . . . then she sees that the jacket is too small for her child, so she gave him (Donovan) one and Justin one.

On average she estimated that she earned R280.00 per month (gross). Because of the sporadic nature of her employment, she could not count on this income every month.

I can't bargain on that money.

In July 2000, Maria secured permanent employment with an elderly couple, Mr and Mrs V.³⁰ Mr V is disabled as a result of Parkinson's disease. In addition to doing the domestic work in their house and cooking from time to time, Maria has to look after Mr V.

I must look after him, treat him like any nurse will treat a patient. I must bath him, I must feed him some days. Some days he cannot hold the spoon at all, and there are other (days) when he can hold the spoon. And I must make sure that I clean the house and so on.

Maria is paid R1400.00 per month.

³⁰ Field notes : 12/06/2001 : Mr and Mrs V live in an upmarket, secure, retirement complex which is situated very centrally in the southern suburbs..

Initially, she was (informally) contracted to work Monday to Friday, two days from 09h00 to 14h00 and three days from 09h00 to 18h00, as well as Saturday (09h00 to 12h00). Gradually her work hours have changed and are less predictable.

Some times I work late the whole week. Then sometimes I work like early today, late tomorrow, Thursday, or Friday. Like that. So I don't know any more. At first I knew. I could tell you precisely - today I am working late, tomorrow I am early. Like that. But not any more.

Even more recently³¹, she reported that she occasionally worked until 23h00 on evenings when Mrs V went out. Mrs V pays one of Maria's neighbours to fetch her on such occasions.

Mr V is not able to do much for himself : he has to be bathed, shaved, dressed, fed and transferred. In addition he is incontinent. Maria cares for him in a manner which is gently encouraging :

I will always encourage him; always tell him not to give up – because he gets very impatient. Then I will always say to him: 'Don't be discouraged, Mr Sam. You will come right. You are going to be able to help me.'

She is sensitive to his feelings :

He's actually scared. He's scared he might fall. But that's how these patients are, not so. Especially those that can't help themselves.

She sees to it that he gets out each day

I take him every morning. Then sometimes I let him try (walking) with the pusher (walking frame). Even if it is only a few steps because he can't really walk any more with the pusher. Then I put him in the wheelchair and go for a walk with him.

Mr V is clearly very attached to Maria and acknowledges that she knows how to work with him.

³¹ Journal entry : 13/01/2002 : Telephone conversation with Maria.

He says straight – he doesn't like those mamparras³² (the nursing assistants available at the retirement village) to touch him because he doesn't know where they got their training – how to lift him, how to put him into bed and all that. He can't get on with those people. He doesn't want anyone to touch him. Only I may.

Maria gains great satisfaction from her job.

I enjoy looking after people. I like being a caregiver.

Maria's desire is to qualify herself better so that she can work in a situation where she deals with variety of people in need.

I have said – I wish I could have a job like M (researcher). A job like that. Working with different people. So . . . where people are sick and people are hurt.

4.13 "I DO MY THINGS"

Throughout the interviews, Maria was fairly dismissive about those routine occupations related to personal care and household chores : she referred to them as "*dingetjies*", i.e. little things, that she has to do.

While Maria performs these activities routinely and apparently without attaching much significance to them, some insights were gained into the factors affecting their performance.

Time factors

Many of the routine tasks which are undertaken to keep a family or household going, are performed in the morning before work or late in the day, after work when Maria's time is limited.

³² Fools

Then I must run till I reach the house. Now I must look to see what I must do first. Sometimes I feel so . . . how can I put it . . . I would like to eat something or have something to drink first, but it seems to me I can't drink tea because that must be done now. Then I do the laundry or I just do . . . cook all at once. When I am finished, then I will sit down. And then I think – wait, I must do something else again, like the children . . .

Getting from one place to another is time consuming, whether to work and back, to medical appointments, or to attend meetings. Most commonly Maria makes use of busses or minibus taxis, but when she does not have money, she has to walk.

Lack of time as a result of her work commitments mainly, means she is not always able to shop at places where she can obtain goods at the most reasonable prices. Local house shops are very expensive.

The other day I had to pay R8.00 for the milk for the milk tarts that the child had to take to school.

Limitations related to accommodation

Maria described, with much laughter³³, the process of bathing in her home :

- Water is collected in buckets from the main house and heated in a pot on her hot-plate;
- Some furniture has to be moved to create space for the (small) plastic wash basin;
- Some water is placed in the wash basin, while some is kept in a bucket for rinsing off;
- The person having the bath stands/squats in the wash basin and soaps themselves;
- Water from the bucket is used to rinse the soap off;
- The dirty water is carried outside and poured down a drain.

The difficulties of cooking a meal with access to a hot-plate and a few pots only, have been described elsewhere (see 4.4).

Limitations in respect of health factors

Maria's health impacts on her ability to perform certain domestic and personal care activities.

³³ Field notes : 22/06/1999

Her inability to set her hair, because of her arthritis, has been referred to elsewhere (see 4.11). More recently she cut her hair so that it doesn't have to be set.

Now I don't worry any more because I have cut my hair short.

Prior to purchasing a washing machine (second-hand), she had some difficulty doing her laundry.

The doctor told me I must watch out for polyarthritis . . . because it works down into the hand and then I can't hold anything. Especially when I do my laundry, then it is worse.

When severely depressed, she has little energy for or interest in routine household chores (see 4.5).

Financial limitations

The implications of her severe financial constraints are pervasive and have been referred to, or implied, throughout this chapter. It serves little point to provide further examples, but it is important to note that availability of goods used for personal hygiene and in household chores (e.g. tooth paste, toilet paper, deodorant, washing powder) is determined by availability of funds to purchase them.

Clearly, in the early part of the study, such items were not considered as essential as food, for example. Even after securing permanent employment, Maria still has to turn over every cent. She considers the following to be her first priority :

School fees	R 80.00 per year per child
Transport (to/from work)	R160.00/R170.00 per month
Rent	R100.00 per month
Water	R 50.00 per month
Electricity	R 30/R40 per week
Funeral Policy	R 30.00 per month (for whole family)

4.14 "I LIKE TO BE BUSY."

Although work, raising her children, running her home and interacting with her neighbours form the main occupations of Maria's daily routine, she has other interests and enjoys involvement in other occupations.

As a youngster, she enjoyed school activities that were physically active. She is no longer able to actively participate in such physically demanding activities, but shows willing, as time or opportunity allows, for the sake of her children.

I did folk dancing at school. It's a pity that that is not done at schools any more.

I enjoy sport. I enjoyed sports at school. Even today I sometimes play netball or cricket. I even play tennis with the children.

Her arthritis prevents her from participating in some previously enjoyed activities :

I used to do a lot of sewing, but now I am off that. I took in pants, made skirts.³⁴ Sometimes I made doilies and worked on pieces of lace curtains. I would cut it into patterns and then sit and sew it together. But I'm off that because my hands get stiff.

I used to knit. I was still knitting last year. I knitted jerseys for the children and so on. Sometimes I asked for wool inside (the main house). Then I would make a jersey for the child. And my sister-in-law also enjoyed knitting. If I saw that she wasn't using that wool, then I would ask for it. But I can't knit any more now.

Maria's great interest in and enjoyment of cooking and baking was discovered by chance. While she had discussed cooking in the context of feeding her family, it was only after she was observed reading the cookery section of a popular magazine³⁵ that this occupation was explored.

³⁴ She has never used a sewing machine.

³⁵ Field notes : 03/07/2001 : When I went to tell Maria that the tape recorder was set up and we could begin the interview, I found her reading the cookery section of the You magazine. She asked if she might take the magazine as she had found an interesting recipe she wanted to try at work.

I love cooking. If I have the things . . . the ingredients, then I try the recipe. Or sometimes I borrow the ingredients . . . borrow them to try the recipe. Then I try it.

Her older sister taught her both the basics of cooking (see 4.3) and other more complex skills.

We learned how to knead bread. We made can (canned fruit) . . . My mother's sister in Ceres . . . she always sent us apples, and the like . . . peaches and so on. And so we learned. And I can make koeksusters³⁶, everything.

Discussing family meals, it is clearly important to her that she provides a nutritious meal for her children whenever she can. Although this is somewhat easier now that she has a regular income, it is not always possible.

It isn't that I had begun to spoil them (the children). That's not the thing. I just felt my children must get what they ought to get. If I can give them a good meal, then I give it to them. And if I can't put a decent plate of food in front of them, then they must . . . then they must be satisfied with what there is. But now they tell me straight: 'Mammie, but that's not proper food tonight.'

Lack of facilities, utensils and ingredients, make it difficult for her to experiment with cooking at home. She uses opportunities at work to cook and experiment.

Sometimes if the old lady (Mrs V) asks me to make something, maybe a pudding or so, then I make it. Or a salad. I enjoy it.

Maria is knowledgeable and indeed skilled³⁷. She proudly related, for example, how she was able to teach her employer some culinary skills.

Say now she (Mrs V) wants that same recipe (i.e. one that Maria has prepared for them in the past) or so, then I show how one makes it. There are lots of things that she wants to learn from me. . . . I have taught her a lot. What she can do with sour milk – what you can use it in. Buttermilk and such things . . . Since I started working there, her avos (avocado pears) always got black, because why she puts them in the fridge and they stay black.

³⁶ Plaited pastry that is deep-fried and then dipped in syrup.

³⁷ Field notes : 19/07/2001 : When I arrived to collect her, Maria informed me that she had to stay late at work. The domestic worker employed by Mrs V's son was visiting so that Maria could teach her how to make a steamed pudding. Maria had previously had to teach her to make steamed Christmas pudding.

So then I told her: 'No. Put lemon juice on them', or so. Say now she wants to throw the cream away, then I say: 'No. Just add a little icing sugar. It takes that taste away.'

Another way in which she uses these skills, is to help her friends and neighbours with their children's birthday parties.

Their children have parties . . . then I will go and do it. I must do everything that that party entails. The cake . . . the birthday cake, everything. And if they can't set the table, then I must come from my house to do that.

When time allows, she involves herself in community activities.

Yesterday we had a march . . . the community marched together about that thing (better policing).

She enjoys socialising and considers herself a tease.

I like making jokes. I was a great tease at school. Especially with our English teacher. Because he had a way – when he walked in, it was 'Proverbs! Proverbs!' And every Friday morning, the first period, then I was already shouting before time: 'Proverbs! Proverbs!'

Maria looks forward to learning about gardening when she gets her own home.

If I could garden . . . if I had a garden, I would garden.

4.15 "I THOUGHT ABOUT THAT, BUT I DON'T HAVE A CHOICE."

Woven through Maria's narrative is a history of having to make choices between two (or more) options, each of which has consequences of importance to Maria. It seems that choices are made in one of two ways : which consequence has the greatest overall benefit or which consequence is the least negative/least damaging.

Obviously making such decisions is not simple and often it seems to Maria that she has no choice at all.

While some are common everyday decisions, others are **strategic choices**.

Cape Town or Touwsriver

Maria has chosen to live in Cape Town rather than in Touwsriver where she would be near her family. From time to time the benefit of having family support and a 'quieter' life (i.e. in an environment where gangsterism, drug trafficking and the pressures of city life are less prevalent/pressing) seems desirable and indeed her family would prefer her to live nearer them. On the other hand she would have to give up some measure of independence e.g. jobs are at a premium and she is unlikely to be able to find suitable employment; she would forgo the important social network she has developed.

My father doesn't feel very happy about this. He wants me to come home to them. But there is no work. What am I going to do there?

To work or not to work

She has on occasion had to choose to work despite knowing that she was being exploited. Her dire financial circumstances have resulted in her deciding that some income is better than none, even at the cost of **exploitation**.

Then I just go. I go and work for that R20.00. Because I take it like this – my children must eat, I must have light (electricity), I must pay my water.³⁸

Choosing to work has implications for her **health**. When working for Mrs B, she was often called in when there was an excess of ironing and would spend four or five hours at a time ironing. This was very detrimental to her arthritic right shoulder. Her decision to continue doing this job was motivated primarily by her need for the income, but also her desire not to disappoint her employer who had been kind to her e.g. by providing second-hand clothing for her children.

³⁸ A char should have earned at least R60.00 per day (plus meals and transport) at that stage.

It's going all right, but I feel I can't do anything with this arm. I said: 'I don't know how to tell them, because they are very good people.' I don't know how to tell them that I can't go on. But I go because I have to persevere.

Maria's doctor is of the opinion that from both a physical and psychological point of view, she should not be working. She, on the other hand, can not see how she could make ends meet on a Disability Grant.

He's already filled the forms (application for a Disability Grant) in for me. Then I said: 'No. Then I must rather go and struggle to work.' Because I know that I won't be able to come out on that R540.00.³⁹

She has made a choice not to work at points in her life, thereby forgoing the opportunity to have a regular income, when the requirements of the job exceeded the compromise she was prepared to make in respect of **caring for her children.**

I couldn't sleep in as well. She needed someone to sleep in. I couldn't just leave my children like that.

Freedom from abuse or secure accommodation

The decision to divorce her husband despite not having alternative accommodation to which she can move, exposes her and her children to increased risk of being evicted (the property belonging to her husband's family), but potentially frees her from an abusive relationship.

Own home or living in a backyard shack

The need to have her own home has been a driving force determining Maria's actions and occupying her attention, albeit in different ways, during the course of the study.

³⁹ Value of Disability Grant was R540.00 per month in 2000 and R570.00 in 2001.

Her involvement in the activities of the Hanover Park Housing Saving Scheme in the early part of the study (see 4.8) took up much of her time, also in the evenings and over weekends, at cost to her children.

Then they (the children) always say I care more about the meeting.

Since securing employment with Mr and Mrs V, she pins her hopes on their helping her to secure accommodation (whether they purchase or rent for her). Although she has applied for a home via the City of Cape Town housing program, she only did so recently and it could take years before a house is allocated to her. Similarly it is her understanding that securing a house via the Homeless Peoples Federation is also not imminent. Maria sees the offer from her employer as her chance to obtain alternative accommodation in the nearby future. There are however a number of risks involved in choosing to accept this offer :

- Should she lose this job (e.g. through ill health or if Mr V passes away) she will not be in a position to meet bond repayments or pay anticipated rental. Indeed she could be in a worse financial position than she is now, having increased commitments and no monthly income until she finds another position.
- The areas in which she has been looking for accommodation are some distance from Hanover Park and her contact with the important social support network she has developed, would be greatly reduced. Her neighbours have already expressed concern in this regard :

Then I found a place. But they (her neighbours) didn't want that. They say it is too far. . . . They say I am going to go and live there . . . and they don't want me to struggle. If I don't have something . . . then I am alone. They just want me to be close to them.

- She is likely to have to travel further each day to and from work; indeed her children may have to travel to and from school. This will increase the burden on her time and income.

It was in this regard that Maria said:

Yes. I thought about it but now I don't have a choice.

Common daily decisions include :

- The dilemma of providing food for her children at the expense of being available to them and attending to their emotional needs (see 4.10).
- Adopting a submissive or subservient attitude towards her parents-in-law rather than standing up for herself and/or her children and running the risk of being evicted (see 4.7).
- Weighing up the pros and cons of each and every purchase.

Because with that (money) I can turn around to say: 'Now I am going to do that and I am going to do this.'

- Not speaking up when her employer, at short notice, expects her to work late, creating a situation where her children are unexpectedly unsupervised.
- Taking on a gangster who had come into their yard, thereby exposing herself (and possibly her children) to risk of violence.

The youngster also came to smoke his buttons⁴⁰. Then I caught him as I was going out. And then he and I had words. Then he said to me – he will come and shoot my place . . . And when he left, and when he was away from me, he started shouting again. And then I said: 'Wait. Wait. I want to go to your brother.' Then I went around but couldn't find his brother to tell him what he does. Because I have now said: 'I will not allow him to threaten me with a gun.'

- Helping others who have even less that she does, at the risk of having little for herself and her family.

Then there were only two pieces (of chicken) for me, for my family. From giving to others. I give to N now, I give to D because they say that they don't have meat and they don't have food. I give. Then I did myself short.

⁴⁰ Mandrax tablets (commonly crushed and smoked)

4.16 "THERE IS A WAY HOW YOU AS A PERSON CAN GO TO WORK."

Maria has clearly devoted much time to considering the circumstances in which she finds herself. Her responses to her situation are determined in large measure by her faith, her value system and a variety of strategies that she has developed to enable her to cope.

Faith

Maria's faith is a central influence in her life, with strong roots in her childhood experience (see 4.3). As she seeks to embrace and live out her religious beliefs and values, so she seeks to instill them in the lives of her children.

Religion was a must matter. That's why I am still like that with my children.

Religious observances include daily prayers,

First thing I must first pray. Because I mean you cannot start the day before saying thank you to the Lord that he has carried you through the night.

attendance at Sunday worship, and Bible study/prayer groups,

I am a (a member of the) African Methodist Episcopal Church. We have services, ordinary Sunday morning . . . and prayer group on Wednesday evenings. Now on Wednesday evening we are not as many as on Sunday mornings and so we get that encouragement from one another . . . The we will pray for an hour or so – commit to one another. Not only for us as members, also for people from outside.

praying with friends (see 4.11) and daily reading :

I looked up and I saw the Daily Word lying here . . . And then I took that book and lay down . . . lay and read and read. Then I feel as if my eyes want to close, but it is almost as if I must get that other verse in. That's what it's like.

Interspersed in her narrative, are reports of her regular interaction with God expressing her thankfulness to Him for something or another,

Ag man, just say thank you to God that you child is well again, you can come home, you at least have a bed to sleep on.

But when I got the char (job) at last, I said to the Lord: 'Thank you – a way out has come to me.'

But I must say thank you to the Lord. I have never thought of taking to the wine bottle or of leaving my children.

or seeking His guidance and help :

(After a particularly heavy rain there were puddles outside her house)
The water was standing so and I just said: 'Ag Lord, can't we just have a little bit of wind.'

And I just said to the Lord . . . I just asked the Lord that He should touch that child.

She, on a number of occasions, refers to her adversity as a test from God.⁴¹

I say it is probably that I am being tested. Look, God tests people in wonderful ways, without you being aware of it.

She appears to see this testing in a positive light i.e. as a challenge, although sometimes it seems as if God is challenging her too far :

Sometimes I don't even have a piece of bread for them. Then I think : Ag Lord, what now? What are my children going to eat?

Value system

Maria's strong value system is also clearly evident from her narrative, with numerous examples illustrating how her values inform both what she does and how she does it.

Values to which she attaches importance include :

Harmonious relations

Faithfulness

Using talents

⁴¹ Refer James 1: 2, 3 & 12

Hard work/effort
 Self-reliance
 Forgiveness
 Kindness
 Loving one another
 Humility
 Determination
 Perseverance
 Fairness (to children particularly)
 Reciprocity

The influence of her Christianity on her values is clear.

Coping Strategies

Maria has developed and uses of a number of strategies in order to cope with her situation.

She often **compares herself to others**. She is attentive to the plight of others and reflects on how their situation differs from hers.

I have learned that. I always felt despondent. . . . But when I visit someone else, or I listen when we are sitting in the taxi or so –then I hear what the people say. Then I think – that one's problem is bigger than mine. I think my problem is big, but that one's is still bigger.

She makes use of facilities available and **seeks help** when this is needed.

And then I went to see Sister L at the Day Hospital. Then we sorted it out.

She has learned that a **problem shared** is often less of a burden and that others sometimes have a different perspective to share.

If I see that I can't handle something, then I go to someone to talk. What should I do in that situation?

She places a high premium on the principle of **give and take** (see also 4.9). She uses this principle to her advantage, always ensuring that the help she receives is reciprocated in some way.⁴²

I will always do something . . . or sometimes they call me, then they give to me. But then I will try in another way to do something for them.

She has learned to **accept help** without commonly associated feelings of humiliation and/or shame.

My thing (hotplate) broke. Then that other girl gave me a hotplate. Then I thought this hotplate also doesn't look right, but OK. It is at least something to go on with, because I don't have money to buy a new one now.

There are also situations where she accepts that she has to be the least, when she can not 'rock the boat'.

I can't say anything if I see they are doing something wrong . . . then I can't say anything. I must just be quiet, because I can't go and say I think this is my yard or so. I must just be relaxed, because I am the one in need.

More recently, Maria has begun to assert herself on matters of principle.

I said to her (her employer): 'You can't play such a trick on me every month . . . to pay me when you feel you must pay me.' I said to her this morning: 'I have to borrow money.'

Her narrative is saturated with examples of **self talk**, which she admits to often doing out loud.

Now I think – but am I not too old? Then I say to myself – I am not too old to study.

⁴² See Luke 6:38

On some occasions she **physically removes herself** from the immediate pressures of a conflict situation in order to find a place where she can think/calm herself.⁴³

She regularly employs **reflection** to understand herself or her situation, and to come up with alternative insights :

I was quite weak, I must say. . . . Then I came to a realisation that I would have to do something. I will just have to make myself strong, and just get on with what I get and what I am working for.

This allows her to recognise that a specific approach is not having the desired effect, or even that a certain issue is not worth pursuing. She **changes her tactic** accordingly.

But how can I put it . . . I found out . . . At first I argued a lot. Argued. But then I realised: Ag, leave them. . . . One day soon I won't have to worry with them.

Keeping busy distracts her attention from her worries and pain, and keeps her mind from being occupied with unpleasant thoughts.

I like to be busy. I cannot be quiet and relaxed. I simply can't. If I lie quietly . . . it's all the wrong things, I must say, that I don't want to think about.

4.17 "I DON'T WANT THAT ANY MORE"

Maria has a vision of a different life for herself and her children in the future, one that is better in many respects than the life she currently leads. She is aware that this dream will not be achieved easily, indeed that she will have to work hard to achieve it.

I have always struggled to move forward. I have struggled very hard . . . I am still struggling.

⁴³ Journal entry : 13/02/02 : Telephoned Maria to schedule a meeting for member checking purposes. She tells me she was just about to leave for the taxi rank – not that she was going anywhere. She just needed to get out of the house and “away from everything” to think. While the taxi rank is hardly a quiet place, it is a place where she would be relatively anonymous, and could be on her own, in a manner of speaking.

She wants to leave her marriage and all that is associated with it (e.g. the conflict, the abuse). While she relates many negative consequences of her unhappy marriage, her main concern appears to be that she is not able to live the kind of Godly life she feels she ought to live, and is capable of living.

I just feel that I want to carry on on my own, because I feel I must (live) my life . . . I want to be on my own so that I can be closer to the Lord. I feel that I am not really living like I should live. It is within me because I know that I give it to other people personally.

As indicated elsewhere, she has instituted divorce proceedings.⁴⁴ Her divorce is however only part of the process of freeing herself from her relationship with her husband : she knows she has to secure alternative accommodation to be completely free.

But I always say: 'I persevere. I am also going to have my own house one day.'

She wants a better home for her children,

I didn't grow up in a shack, like I live now. I didn't grow up like this. That's why I feel my children should not be raised in such a place.

in an environment which provides supportive facilities.

I say: 'I want to live in a place where I know my children can . . . I can drop them at school and there is an aftercare and all.

Having her own home will also allow her to have her daughter with her.

I wish I had my own home now so that I can have my child with me.

Maria has strong aspirations related to her future career. Initially, she expressed the desire to become a nurse, but more recently has set her mind on a future in the paramedics i.e. working in the ambulance services.

I would like to work in the ambulance. I don't know why. I just want to be there when people are sick or where people are injured.

⁴⁴ By the end of the study period, she and her family had attended a hearing with the Family Advocate and were awaiting a final court date for the divorce hearing.

Her need to study further, in order to realise this dream, has been strongly expressed throughout the study period, albeit she does not yet have clear plans as to how she will achieve this.

Then I lie and think – I must just phone Mrs B . . . ask her or her daughter-in-law if they won't make a break and look for a sponsorship for me. Because I want to study further.

In the earlier part of the study, Maria indicated that she did not consider it necessary to complete her matriculation. Towards the end of the study, she had reconsidered her decision in this regard.

I want to go, because when my matric is finished, then it is finished. . . I never wanted to go, but then it came to me so . . . especially when I started to dream – I want to go and work on the ambulances.

Maria's desire for a better life for herself and her children is perhaps best described by her statement :

My children must grow up by themselves. I don't want that any more.

4.18 PLOT : "I MUST WORK WITH PEOPLE. THAT IS MY CALLING."

The plot running through Maria's narrative relates to her sensitivity to others and her need to interact with and help people. As indicated by the title, she sees this as her calling in life, and indeed it is evident in the manner in which she conducts herself in relation to the people who cross her path on any given day.

Her interest in people and her desire to help and care for those in need can be traced back to her childhood. Her mother placed great emphasis on compassion and caring :

She taught us how to look after other people. And how it is to love another, not to be sorry for him . . . the one nearest to you. And I am very glad for that because I feel I still have it in me.

Maria told of her concern for animals as a child :

... the sick animals, birds that the children had shot with slingshots ... then I would go and pick them up. Then I would wrap them in a cloth and I would ... it wasn't allowed to die. ... Sometimes when there was bread – even when there was only a little bread – then I would take the bread down and cut it up and give it to the birds and things. Not to mention when my mother made samp (crushed sorghum).

She related how she often sat in a tree in their yard, watching the people go by and thinking how sad it was *"that this one was struggling so, or that one looked so poor."*

I was also very sensitive. I cried a lot. I didn't like anyone to be hurt. And then as I grew up, I always said: 'I want to (work) with such ... I want to help people.'

At the school hostel, she took the opportunities that were available to help :

And if they asked us to collect books, then I was ... I was really the front runner, first out of the stall to collect the books ... the books in the class. I can remember we always got ... what is it ... vitamin pills. Then I was the one to hand out the pills to the children – and the medicine. I was number one – 'Lets hand it out now. And you must open your mouth now because I want to put the pills in your mouth.'

Throughout her life, people have sought her out when faced with problems.

I tell them straight: 'I am not a social worker or a counsellor.' I don't know how they see me. They say I am always there to give advice, to help them.

Strong threads relating to caring, helping, teaching, supporting, sharing, encouraging and making time for others, can be seen in the preceding themes.

When questioned, Maria struggles to articulate what it is that people see in her that pulls them towards her.

It is something inside me. It looks to me that way.

People say that I am very strong, but sometimes it doesn't feel to me that way.

Now Mr V has said to me – he can't understand. Everyone will always have a chat with me. Every old person we meet. Then I said: 'Mr Sam, I don't know what is so nice about me. I don't know what I radiate. But if someone talks to me and he chats to me, then I talk to him. And if he asks questions, then I answer them.' Now he says . . . He says to the old lady – he can't understand that everyone knows me and everyone wants to talk to me.

The way in which she wishes to conduct herself in relation to others is however clearly evident in her prayers.

. . . then I always ask God to watch over me and to place a guard in front of my mouth before I . . . because I don't want anyone to be hurt.

I ask every day that God must just make me . . . that I must just be a light for the next person. Not only for the next person, but for my children and for my family.⁴⁵

Perhaps most importantly, it is through her unique manner of interacting with and caring for others that Maria creates meaning in her life. Indeed, it is perhaps her greatest strength.

⁴⁵ Matthew 20:28

CHAPTER 5 : DISCUSSION OF FINDINGS

5.1 Overview of discussion

This case study with its focus on poverty and occupation can be viewed and discussed from many angles.

- The findings have been presented as a total of 15 themes and a plot. Aside from those providing background information (see 4.1), each of the other themes contains much that warrants discussion within the confines of that theme. (see 5.2)
- The literature review related to poverty has presented a framework that invites discussion of this specific case. Adopting a **poverty perspective** is deemed particularly important in order to highlight for occupational therapist's the multi-faceted nature of poverty and its devastating effects on those for whom it is an everyday reality. (see 5.3)
- Discussing the findings from an **occupational perspective** is critical if this study is to contribute to occupational therapy knowledge. (see 5.4)
- The assumptions made explicit at the start of the study (3.4.3) will also be discussed briefly. (see 5.5)

(As the discussion proceeds, footnotes will be inserted to highlight instances that inform us of poverty/occupation interplay. Footnotes will not be repeated where similar examples recur.)

5.2 THEME BY THEME DISCUSSION

5.2.1 HEALTH

The discussion here will be confined to Maria's depression, it being considered that a paradox exists in her life story as follows : on the one hand, Maria is a person with an ongoing history of depressed mood and occasional exacerbation into major depressive episodes; on the other, she presents as a remarkably resilient person who is coping with extremely stressful life circumstances. (see also 5.3.2.2, Health)

It is postulated that her well developed coping strategies (see 4.16) are effectively employed to cope with both her depressive condition and the psychological effects of poverty on a day to day basis. The fact that she has a vision for her life, a sense of real purpose, and a range of occupations that allow her to live out the latter while striving to achieve the former, is similarly important in this regard.

Kobasa (cited in Yerxa 1998b) has offered the idea of a 'hardy personality' resulting from research which looked at how people confront unavoidable stresses and shape their lives successfully. She proposed three characteristics that contribute to hardiness, all of which are considered to apply to Maria :

- Commitment : "ability to believe in the value of who one is and what one is doing" (Ibid, p6)
- Control : a tendency to believe and act as *if* one can influence the course of events (p7);
- Challenge : viewing stress as an opportunity rather than as a threat.

It is further considered that, from time to time, the stresses of her situation increase (for whatever reason) to the extent that her coping strategies are no longer effective. It is then that Maria decompensates and her depression presents in a major depressive episode.

5.2.2 *THE AREA THAT WE LIVE IN IS VERY TERRIBLE*

The background information provided on Hanover Park (see 4.2) paints a bleak picture of the area; indeed, it was also my observation (as detailed in this theme) that a general sense of disadvantage pervades the area. Maria's experience of living in Hanover Park correlates closely with the information provided in 4.2.¹

Occupational therapy perspectives of the person-environment relationship have developed considerably over the years. It is nevertheless contended that "professional focus has tended to remain on the immediate and intimate environment of the person rather than on the broader milieu" (Letts et al 1994, p608). This is evidenced by lack of information in the professional literature related to the impact of the environment at neighbourhood/suburb level on occupational performance.

Occupational therapists conceive of environments as dynamic, and are interested in the influence of the environments in shaping occupational performance. Environments have been described in the literature by occupational therapists as enabling vs disabling (Law 1991); enabling vs constraining (Letts et al 1996).

¹ It is noted that Maria's parents-in-law were victims of the Group Areas Act and were moved to Hanover Park in the early 1970's.

These views correlate with that of Toch (1996) who conceptualises person-environment transactions as congruent [when the environment supplies “psychological commodities that people need” (Toch 1996, pxvi)] or incongruent.

Hanover Park, it is contended, represents a disabling or constraining environment²; one, using Toch’s terminology, in which person-environment transactions are incongruent in the main. Further in-depth research focussing specifically on such transactions in Hanover Park, would substantiate such a contention and elucidate a range of constraining factors.

Merton (cited in Jordaan and Jordaan 1998) differentiates two broad types of societal issues/problems that, although universal, may assume distinctive patterns in specific societies or communities : phenomena relating to **deviant behaviour** (e.g. drug abuse, crime) and those relating to **social disorganisation** (e.g. poverty, violence, family fragmentation).

The Key Informant and Maria have both highlighted societal problems³ in Hanover Park relating to each of the above categories. These problems create an environment that is not safe, does not allow for peace of mind, and in which it is particularly difficult for Maria to raise her children:

- She is very aware of the negative elements in the area e.g. random shootings, as well as drug and gang activity.
- She is at a loss to protect her children from situations and people over which/whom she has little, if any, control.

² Poverty/occupation interplay

³ Poverty/occupation interplay

- It is a dilemma to know how to encourage her children to be independent while constantly worrying about their safety.
- Opportunities for children to play and develop are very limited in Hanover Park – both by lack of facilities, as well as safety of facilities that do exist.
- In addition to issues pertaining to physical safety, the psychological effects on children of exposure to social evils is of concern to her.

5.2.3 I DON'T LIVE IN A HOUSE. I LIVE IN A ZINC SHACK

Maria's description of her accommodation (see 4.7) is poignant. As Jordaan and Jordaan (1998) point out : "A *house* is a physical structure, but we speak of a *home* when that physical structure is transformed . . . into something that has special meaning for its occupants. (p644)

Maria's immediate living environment is extremely restrictive, posing both physical and psychological constraints on occupational performance.⁴

The limited space available in her dwelling results in **crowding**, it clearly being insufficient to house four people in a manner which affords each individual some **privacy** and **freedom of choice** in regard to the activities he/she can pursue.

Proshansky et al (1972) point out that crowding is only indirectly related to mere numbers or densities of people. The significant element of crowding "appears to be the frustration in the achievement of some purpose because of the presence of others." (p42) Such frustrations could, in Maria's case, be seen to relate to :

⁴ Poverty/occupation interplay

- Her difficulties in raising her sons as she would like to because of their exposure to their father's drug usage, or altercations between her husband and herself.
- The children's inability to complete homework without interruption.

Physical constraints on occupational performance include :

- Space limitations :
 - There is inadequate space for social interaction e.g. receiving visitors.
 - There is inadequate space for application of disciplinary measures, such as time-out.
 - Spatial inadequacies require that activities of different family members have to be co-ordinated as they can not be done simultaneously.
 - Lack of storage space impacts, for example, on availability of raw materials, ingredients, tools/utensils.
 - Lack of work space for execution of activities e.g. there is no table in her house and only one single work surface in the kitchen. This affects a range of activities e.g. domestic, homework, recreational activities.
- Time factors :
 - Additional time is required for certain activities as a result of, for example, having to collect water, change plugs, pack objects away in order to unpack others.
 - Some activities can not be undertaken at night due to the fact that others in the house are sleeping.
- Noise : There is little opportunity to escape noise from either internal or external sources.
- Poor lighting affects execution of activities at night particularly.

- Poor structural construction results in exposure to the elements (wind, heat, cold, wet).

This accommodation can be seen to :

- impact the occupational form of various occupations;
- restrict opportunities to perform a variety of occupations;
- impact on development of and/or pursuit of interests, as well as the development of and/or use of skills;
- restrict personal space, and concomitantly the opportunity for a family member to be alone (for whatever purpose).⁵

Note is taken of a study by Richter (cited in Jordaan and Jordaan 1998), who found that high density housing can be detrimental to the development of children over the age of six : their exploratory behaviour, and hence learning opportunities, were restricted and interrupted by the presence of too many people.

5.2.4 **ONE DAY IS ONE DAY, THEN I WILL GET MYSELF A HOUSE**

Maria's determination to pursue occupations that she perceives to relate directly to the resolution of a problem she experiences, is noteworthy.⁶ Her involvement in and occupations related to the Homeless People's Federation and the local Hanover Park Housing Savings Scheme, are powerful evidence of her sense of agency.

⁵ Illustration of poverty/occupation interplay

⁶ Poverty/occupation interplay

The resources of most people in the area are overextended, and many other people are in a very similar position i.e. living in abject poverty. It is assumed that there must be some degree of competition for the available resources, and the manner in which these occupations are performed could then be critical in determining who receives help and how much.

5.2.6 *I AM JUST A MOTHER*

The title of this theme reveals how central mothering is in Maria's life. It is in large measure how Maria defines herself. Schein (1995) who studied 30 poor, single mothers in the United States of America found that "Of all the study's outcomes, the most prominent was the priority of the women : they are mothers first. They view the world through the lens of motherhood. Work and all decisions related to it are placed within the context of their role and responsibility as a mother. They do not see themselves as providers, struggling to be the parents within that context. Rather, they view themselves as mothers, and struggle to be providers within *that* context." (p42)

Maria's narrative reveals that she is effectively functioning as a single parent. Her husband is not what she considers to be a good father (see 4.4) and is not actively involved in raising the children.

Maria intuitively knows that the environment in which her children are being raised (both at family and community level) is not conducive to their psychological or moral development.⁸

⁸ Poverty/occupation interplay

At family level, marital discord and poor modeling by her husband are two of her factors that concern her most. At community level, their exposure to the social evils prevalent in Hanover Park, also in their immediate neighbourhood, is a constant worry.

Having insufficient time to devote to her children and their development is an ongoing burden.

Providing adequate care and supervision for her children, particularly when she is at work is perhaps her greatest concern. In this regard, the following are considered noteworthy :

- Maria had a "grootmaak"⁹ sister (as did her mother) – this freed her mother to work while ensuring that her, and her younger siblings', needs were met. Living as she does, far from her parental family, Maria does not have access to an older sister to perform such a function. Her own daughter, who notionally would have been responsible for supervising the younger children after school, does not live with Maria.
- Studies of poor women in developed countries do not reflect the reality of Maria's situation (and it is suggested the reality of other women in developing countries) i.e. of having no-one to care for her children while she is at work. Most of the women in Schein's study (1995), for example, had access to some form of child/day care for their children.

⁹ An older sister who 'raised' her i.e. undertook mothering duties, while her own mother was at work.

5.2.7 *I HAVE VERY GOOD NEIGHBOURS*

The relationships between Maria and her neighbours are extremely important to her and contribute to her sense of belonging and social well-being. Not only does she receive instrumental and emotional support/assistance from this network,¹⁰ but she lives out her need to care for others in the context of her social relationships, thereby gaining much satisfaction.

Rowles (cited in Spencer 1998) developed the concept of sociospatial support systems, identifying a spatial hierarchy of seven zones¹¹ from which different types and intensities of support were derived. (p302) It is primarily in the surveillance (that can be seen from the home), vicinity (up to half a mile radius from the home), and community zones that Maria derives support in the form of :

- “watchful reciprocity” (Ibid, p 302) e.g. the monitoring of children’s movements, as well as daily routines and departures from routines
- friendship marked by recognition of the needs of others; reciprocity, and interdependence; and
- functional or practical assistance.¹²

Interaction with and support from more outlying zones is intermittent, in part because of the logistical implications of distance e.g. the need to use a telephone or transport (with obvious cost implications). Support from these zones e.g. from her family, is likely to be potentially important in times of crisis.

¹⁰ Poverty/occupation interplay

¹¹ The zones are home, surveillance zone, vicinity, community, subregion, region and nation.

¹² Illustration of poverty/occupation interplay

5.2.8 *WHERE PEOPLE ARE SICK AND WHERE PEOPLE ARE HURT*

For Maria, paid employment represents first and foremost an opportunity to fulfil her obligations as a provider. Its importance in this regard should not be underestimated. Concomitantly, however, is a vulnerability to exploitation¹³, and indeed this is Maria's experience in her current position (and was in some of her previous positions) :

- Her work hours increasingly depend on her employer's schedule.
- She is regularly expected to work long hours (09h00 to 18h00, and sometimes later).
- Her salary is often paid late.
- She has not had leave since she started her job (July 2000), nor has she been paid out for her leave.

The above, particularly in respect of work hours, correspond with the findings of Galvaan (2000), who studied the experiences of live-in domestic workers.

Maria has more recently addressed some of these issues with her employer, and this is considered to relate to her increased sense of agency.

Over and above the financial security that her work provides, Maria's narrative reveals :

- the importance she attaches to the relationship between her job and her need to work with people; (see 4.18 Plot)
- the manner in which she undertakes her various work duties;
- the satisfaction she gains from her caregiving activities;
- how she uses opportunities in the work situation to pursue other interests and utilise her abilities. (see 4.14)

¹³ Poverty/occupation interplay

Strengthened confidence in her ability to work with disabled individuals (resulting from her current position predominantly) has led to a desire to further qualify herself in a helping profession. (see 4.17)

5.2.9 *I DO MY THINGS*

Maria's attitude towards occupations included in this theme is thought to highlight two aspects worthy of comment:

- If personally and socially meaningful occupations have the power to engage a person in a powerful and compelling way (Hasselkus and Rosa 1997), then occupations which hold little such meaning (often obligatory in nature) could be understood to elicit a participatory response which is only perfunctory. Said another way, themes of importance to people make particular occupations matter to them and others superfluous.
- Carlson (1996), discussing the potential effects of occupational repetition (tendency to repeat engagement in certain occupations) states "the repetition of relatively unfulfilling occupationsmay, over the long term, indirectly lead to wasted talent and personal mediocrity". (p145)

5.2.10 *I LIKE TO BE BUSY*

Maria likes doing. Her narrative indicates that keeping busy (i.e. pursuing occupations other than those directly associated with her role as mother, neighbour and employee) is important at two levels :

- It serves as a coping strategy, preventing pre-occupation with negative thoughts and feelings (see 4.16);

- It serves as a medium for expression of personal interests, for utilisation of capacities and development or use of skills.

If one considers only her cooking/baking skills, it is particularly interesting to see how Maria has sought opportunities to practice her skills and share her expertise in alternative environments, i.e. away from her immediate domestic environment. Cooking/baking can be seen to constitute expression of an important component of who Maria is.

McAdams (cited in Christiansen 1999) uses the term *selfing* to refer to the process through which an individual unifies, integrates and synthesises selfhood. "To *self* is to maintain the stance of the self in the world." (Ibid, p552) Involvement in such occupations fulfils basic needs related to purpose, efficacy, value and self worth. *Selfing* is responsible for feelings of agency.

5.2.11 *I THOUGHT ABOUT THAT, BUT I DON'T HAVE A CHOICE*

This theme highlights the difficult choices that Maria has to make, most of them directly or indirectly a consequence of or related to her poverty status.¹⁴

Narayan et al (2000) describe the decisions that poor people have to make as "agonizing" (p255) because the options from which they have to choose are often exceptionally constrained. Such decisions are inevitably associated with some or other crisis, and essentially these decisions can be seen as trade-offs – trading one bad thing against another.

¹⁴ Poverty/occupation interplay

Townsend (1997) defines decision making as an occupation that enables us to exert control and power in everyday experiences. Poverty reduces the extent to which poor people are able to exert control and power in their lives; indeed powerlessness is considered an almost defining feature of poverty (see 2.6.3.5.2). It is ironic then that the kinds of decisions poor people do have to make in everyday life, can have such potentially significant consequences.

5.2.12 **THERE IS A WAY HOW YOU AS A PERSON CAN GO TO WORK**

This theme exemplifies Maria's *being*, particularly her strong sense of morality and her spirituality.

Rest's (Rest and Narvaez 1994) model detailing the psychological components that determine **moral behaviour** is helpful in understanding Maria's approach to life. The four components incorporated in this model are :

- Moral sensitivity : awareness of possible lines of actions and how each might affect other people.
- Moral judgement i.e. judging which line of action is just or right (more morally justifiable)
- Moral motivation has to do with the importance afforded moral values when there are other competing values e.g. self-actualisation
- Moral character : "involves ego strength, perseverance, backbone, toughness, strength of conviction, and courage." (Ibid, p24)

Illustrations of each of these components can be found in the data arising from this case study.

More importantly however, is her pervading sense of morality, considered to be the result of all four components interacting in a complex manner. Her response to the situation which arose when one of her neighbours gave birth (as 4.11), is but one example from the data of Maria's moral behaviour.

In many ways Maria's spirituality gives effect to her moral character. It is evident in the way she goes about her life e.g. her kindness, sensitivity to the need of others.

People are drawn to Maria and approach her unexpectedly, a fact recognised by her disabled employer. (as 4.18) These people are often unable to account for why, other than to indicate to her that they felt they had to talk to her. Maria herself has said : *Mr Sam, I don't know what is so nice about me. I don't know what I radiate.*¹⁵

5.2.13 *I DON'T WANT THAT ANY MORE*

Although stated in the negative, this theme details Maria's aspirations for the future.

The Godly life that Maria seeks to live, is not restricted to her relationship with God only. It relates to her understanding of how God wants us to live out our lives.

¹⁵ What Maria actually said was : "Meneer Sam, ek weet nie wat so lekker is aan my nie. Ek weet nie wat straal ek uit nie." Somehow, the English does not quite capture this.

In order to live a better life, she aspires to :

- Live in harmony with others.
- Model family life for her children on that which she experienced while growing up.
- Make use of her particular talents. (She is intuitively aware of her talents and indeed, her potential.)

As the theme title suggests, Maria has identified certain barriers that stand in the way of her achieving her aspirations.¹⁶ It is her very real desire to deal with these barriers in order to create the circumstances that will allow her to live out her potential.

5.2.14 **PLOT : I MUST WORK WITH PEOPLE. THAT IS MY CALLING**

Altruism is the overarching theme of Maria's narrative. It is considered to influence her interaction with others profoundly, and is evident in the manner in which she conducts herself day by day.

Altruism is defined by the Collins Concise English Dictionary as "unselfish concern for the welfare of others". This same definition is used in the American Occupational Therapy Association Position Paper on Core values and attitudes of occupational therapy practice.

The latter goes on to state that altruism "is reflected in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding". (p1085)

¹⁶ Poverty/occupation interplay

Examples of all of the above actions and attitudes can be found throughout Maria's narrative, as she interacts with family members, neighbours and friends, her employer, in her relationship with the man she cares for, and even in her manner towards people she does not know. Monroe (1998) suggests that altruists share an overarching perspective of humanity, a certain way of looking at the world, which she considers thus : "where the rest of us see a stranger, altruists see a fellow human being".

Maria's use of the word "amp" is interesting. The dictionary (Labuschagne & Eksteen 1993) defines *amp* as a 'public office to which someone is nominated, service, post' (p39, translated). Use of this word was clarified with Maria : she sees it as her **job** here on earth, something that she has been **called** (by God and others) to do.

She sees it too as a way to give effect to her Christian beliefs and values i.e. Christians are called to love one another; to treat others as they would like to be treated; to visit the sick; to sympathise with others etc.

Seeing it in these two ways, she is able to create, affirm and experience meaning in life.

5.3 POVERTY PERSPECTIVE

5.3.1 While Maria met the sampling criterion at the start of the study, her income increased to a steady R1400.00 per month in July 2000 when she secured permanent employment. Taking the same poverty line criterion and adjusting for Rand depreciation, the Rand value in July 2000 was R403.00 per month per adult equivalent¹⁷, and thus a household level of R1209.00 per month (based again on three adult equivalents). Her income in July 2000 therefore exceeded the stated poverty line marginally (i.e. she exited poverty), illustrating the concept of **transitory poverty** i.e. movement of people in and out of poverty (May et al 2000). Implicit in the concept of transitory poverty is the substantial risk of falling back into poverty. In Maria's case this could be occasioned by factors such as her inability to work as a result of ill-health; her services being terminated as a result of the death of her employer Mr V. (who is 82 years of age at the time of writing).

5.3.2 Over and above this money-metric measure of poverty, and more importantly, a number of indicators (referred to in Chapter 2) can be used to highlight Maria's poverty.

5.3.2.1 Certainly Maria's income at the start of the study i.e.R280.00 per month on average, was insufficient to satisfy her basic needs, as per Rowntree's poverty measure (see 2.5.2.1).

¹⁷ Personal communication : RJ Koch, Actuary, 28/02/2002. Calculation done using the CPI index for those considered to fall in the expenditure group 'very low income' as per Department of Statistics Consumer Price Index Reports 2000/2001)

Since her income increased to R1400.00 per month, she has been able to meet these needs (accommodation, water, electricity, food, transport) on a more consistent basis : she continues to experience food insecurity from time to time however; and while able to meet her current obligations in respect of accommodation, she does not have sufficient income to cover the costs of the alternative, 'better' accommodation she so desperately wants to acquire.

5.3.2.2 Consideration of **social indicators** (refer 2.5.2.3) is relevant :

Education

- None of Maria's children attended a pre-school class/early learning facility.
- There are indications that the burden of poverty is taken to school¹⁸ e.g. Justin's teacher has identified domestic discord as a potential reason for his poor performance; the children have had to attend school on occasion without having anything to eat before school.

Health

Maria's health problems, and indeed those of her children, are considered to be related to her poverty in part :

- Maria and both sons (more particularly) have respiratory problems (asthma) which are exacerbated by the conditions in which they live i.e. a damp, draughty and cold dwelling.

¹⁸ Poverty/occupation interplay

Additionally, until recently she has not been able to afford to purchase relevant medication in the form of pumps for use at home and school (it being understood that such pumps are not provided by the local clinics/day hospitals).

- Co-incidentally, both Justin and Donovan fall at the 55th percentile as regards height and the 3rd percentile for weight for their ages.
- Donovan has been monitored and treated for developmental delay since an early age. He continues to receive occupational therapy; he presents with a mild speech problem.
- Maria's relationship with her husband has been typified by domestic violence.
- Her younger son has recently been involved in a sexual abuse incident.
- Her arthritis is exacerbated by the physical demands of her job.
- Parallels can be drawn between the psychological dimensions of poverty and the symptoms of Maria's depressive condition.

The experience of ill-being, as described by poor people, is inextricably psychological and depression, loss, grief, worry, overthinking, frustration, anger, alienation, humiliation, shame, loneliness, anxiety and fear permeate their lives. Poverty precipitates and perpetuates mental and emotional distress, which in turn exacerbates the poverty experience. Chronic depression, as in Maria's case, is thus both a consequence of and an aggravating factor in her experience of poverty.

Socio-economic indicators

- Maria's husband has been unemployed for most of the study period and indeed, for most of their marriage.
- Their housing is best described as a shack.
- They do not have access to piped water inside their dwelling.
- They do not have access to their own toilet.
- They do not have access to their own electricity supply.
- They do not have a telephone.

5.3.2.3 According to Klasen's **deprivation measure** (see 2.6.3.4), her household's total deprivation score is calculated to be 3 on a five-point scale with 1 signifying most deprived and 5 least deprived.

5.3.2.4 Viewed against the findings to emerge from the comprehensive participatory research initiative of the World Bank (refer 2.5.6.1 to 2.5.6.3):

- The **complex, multi-dimensionality** of poverty is clearly illustrated in her personal circumstances and the effects it has on her life as well as that of her children.
- Maria experiences **food insecurity** (initially as a major limitation and more recently from time to time), **lacks** adequate housing and has **few assets** (mainly in the form of second-hand household appliances). (Refer Appendix A for a list of all Maria's possessions, bar clothing.¹⁹)

¹⁹ As at 31/07/2001

- The **psychological dimensions** of poverty are illustrated both in her ill-health (her depression particularly), as well as the ongoing stress to which she is subjected in order to 'keep her head above water'.
- **Lack of infrastructure** is not as critical an issue for Maria as it may be for others. Costs associated with accessing/using such infrastructure (water and transport for example) are however a burden. Additionally, safe access to energy i.e. electricity, is a problem.
- She copes with her situation mainly by **relying on her physical and human assets** (e.g. ability to work; a strong value system that influences how she conducts herself), as well as her **social assets** (e.g. strong and mutually supportive relationships with neighbours; a need and ability to care for others).²⁰
- Maria does not experience the 'good life' or well-being as identified by the dimensions of material well-being, physical well-being, security, freedom of choice and action, and good social relations. Indeed, her experience reflects the 'bad life' or ill-being, when viewed against these criteria.
Her aspirations (see 4.17), in contrast, reflect most of the dimensions of the 'good life'.
- Maria is extremely **vulnerable** at many levels, but two **risk areas** stand out viz. her health and her employment status. In the latter regard, having secured permanent employment and with it the opportunity to marginally relieve some of her material needs, she is at risk of losing these gains should her employment come to an end for any reason.

²⁰ Poverty/occupation interplay

5.3.2.5 Insights that emerged in the findings of the SA-PPA (refer 2.6.3.5)

bring to the fore further illustrations of Maria's poverty and its effects :

- **Maria's contact with her own family**, and the support they are able to provide is limited by geographical distance and the costs associated with travelling.

In this regard it is noted that Maria refers to her mother's older sister as her "***grootmaak suster***" (the sister who raised her). Maria herself was effectively raised by her oldest sister, and indeed, this same sister is raising Maria's oldest child. Maria does not have access to support of this nature on a day-to-day basis in respect her two younger children because she lives so far from her family.

- Their housing is inadequate for the size of the family and thus **overcrowded**.
- There are significant pressures on her **time** both in respect of her paid and unpaid work (e.g. child care, running a house).²¹
- **Peaks in expenditure** occur at certain times of the year e.g. when Maria has to pay school fees and ensure that her children have adequately fitting school uniforms.
- The **opportunities** available to Maria are limited and indeed, her ability to make maximal use of those that do present themselves, is compromised.²²

²¹ Poverty/occupation interplay

²² Poverty/occupation interplay

5.3.2.6 The burden of poverty of this family rests on Maria's shoulders (refer 2.5.5). This is illustrated by :

- Her husband's lack of financial contribution even when he has been employed.
- Lack of support (i.e. other than financial) from her husband.
- Her parents-in-law's expectation that she (and not to her husband) pay the rental, water etc.

5.3.3 Viewing the data gathered in the course of the study in this way, graphically illustrates the hardships and deprivations which Maria experiences in her daily life. It helps us to understand the multidimensionality of poverty's influences in her life.

It is important to consider the compounding nature of these hardships/deprivations. As Narayan et al (2000) stress : "While each of the individual dimensions of poverty is important, it is even more important to understand that the dimensions form a powerful web. They interlock to create, perpetuate and deepen powerlessness and deprivation." (p236)

This view illustrates actual experience of poverty, and as such it is considered very useful to occupational therapists.

5.3.4 What the poverty perspective as illustrated above does not tell us, is how (if at all) poor people rise above these hardships; and, equally significant, how they make meaning of their lives.

Little information was found exploring how poor individuals cope/adapt, rise above deprivation and hardship, and/or make meaning of their lives.

Documentation that was found, focussed on:

- Coping from a labour or income-generation point of view (e.g. Grootaert et al 1995).
- Household responses to the erosion of work (de la Rocha undated)
- Coping with the resource demands of ill health (Goudge & Govender 2000)

Similarly this particular perspective does not tell us much about occupation either.

5.4 OCCUPATIONAL PERSPECTIVE

5.4.1 Wilcock's proposal that occupation be seen as a synthesis of *doing*, *being* and *becoming*, arose from her conviction that notions of *doing* inherent in definitions of occupation "give a less than complete idea of the broad concepts that occupation embraces" (Wilcock 1998b, p250). The synthesis is predicated on occupational therapy's "unique understanding of occupation that includes all the things that people do, the relationship of what they do to who they are as human beings, and that through occupation they are in a constant state of becoming different." (Wilcock 1998b, p248)

Some occupational therapy scholars have written about the 'occupational being' (Clark et al 1991, Kielhofner 1997), thereby communicating a link between occupation and the person or *being*. Other scholars have stressed connections between occupation and *becoming* e.g. Fidler 1983; Yerxa 1992 (vide: "every human being possesses potential that can be achieved through occupation" p82). These scholars conceptualise occupation as a distinct entity with, by definition, a performance or doing component, albeit they clearly recognise its powerful potential. Still others have expressed a discomfort, similar to that of Wilcock's, about the ongoing view of occupation within the profession that is "only about the *doing*" (Watson RM 2002, personal communication¹).

No explicit alternative view or description of occupation has, however, been proposed until that of Wilcock.

¹ Personal reflective research journal : 27/02/02 : Occupation
That's right. Never really thought about it in that way before. We see occupation as doing, using words such performing, executing, engaging in, taking part in. That is only part of what occupation is about

Her proposed synthesis as a method of describing occupation, while at the same time elucidating the profession's philosophical underpinnings, is relatively new, and as such it has not been rigorously debated in the profession to any great degree. I believe that it holds considerable promise in assisting our profession to articulate :

- its conceptual basis, for the process of *doing*, *being* and *becoming* describes **how people create themselves through occupation**;
- the nexus between occupation (*doing*, *being* and *becoming*) and both health and well-being.

5.4.2 **Doing** is "the obvious or tangible part of human occupation". (Watson et al 2002)

Each of us *does* a range of activities in the course of a day, week, month or lifetime, and this *doing* provides the mechanism whereby we meet our needs, use our inherent capacities, enjoy ourselves, interact with others, and discover meaning and purpose in our lives (see 2.4.5). *Doing* also creates and shapes society.

Being is about who we are. It is about "being true to ourselves, to our nature, to our essence, and to what is distinctive about us" (Wilcock 1998b, p250), and reflects our values and beliefs, and our spirituality. Our *being* in the present is clearly determined in large measure by our past, but also holds inherent latent potential, a future state of *being* which we have yet to realise. *Being* is closely related to *doing*; indeed in this proposal, *being* is both dependant on *doing* and reflected in *doing*.

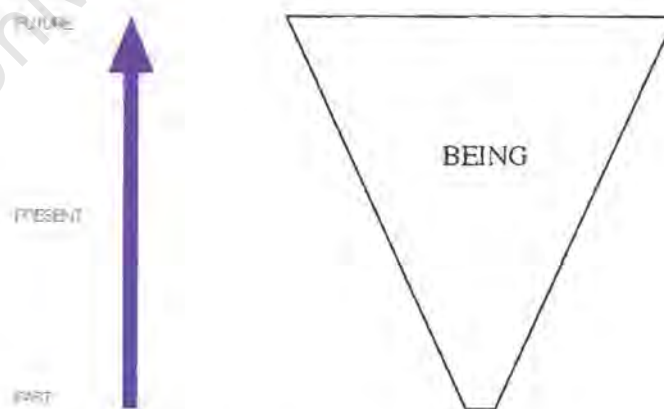
Becoming is a process which is ongoing throughout life. It is about realising a different state of *being* and "holds the notions of potential and growth, of transformation and self-actualisation." (Ibid, p251) *Becoming* is achieved through *doing* and, once again, influences *doing*.

Doing, being and *becoming* are thus interrelated and continuously changing as **each** impacts on the **other**.



The fundamental premise is encapsulated in the statement "**It is through *doing* that humans *become* what they have the capacity to *be***" (Archer, cited in Wilcock 1998b, p253). It is however, important to note that the interaction between the three elements is recursive i.e. what we *become* also impacts on our *doing*, triggering further cycles of change in *being*.

5.4.3 A conceptual overview depicting the relationship between the three elements of *doing, being* and *becoming* over time, has been developed as follows

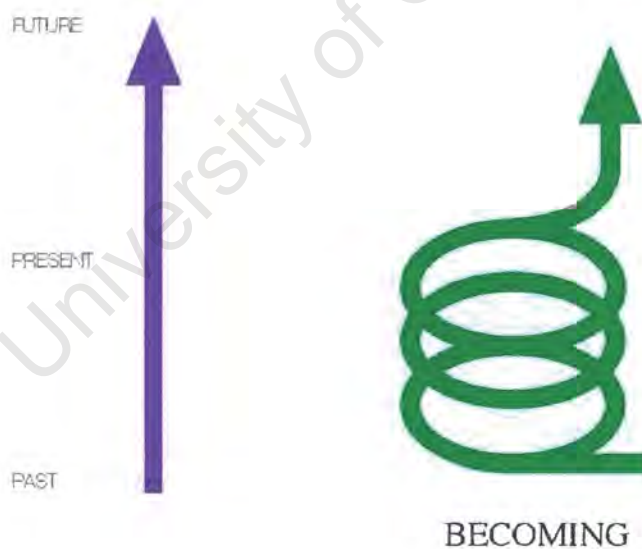


Being is the central element, depicted as an inverted triangle to denote evolution over time, and particularly our inherent potential to be different in the future. A slice through the triangle could be seen to illustrate *being* at a particular point in time.

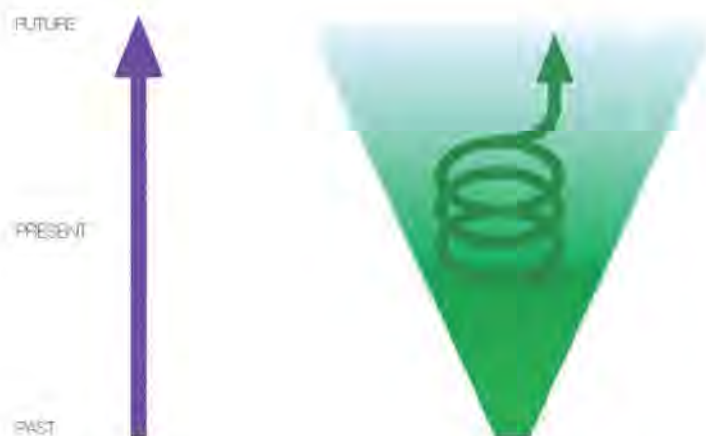


Doing is depicted by the green colour, it's position inside the *being* component representing its intimate relationship to what and who we are. The shading is intended to highlight change in *doing* over time at two levels :

- *Doing* moves from the past, through the present and into the future.
- *Doing* in the past and present is known and open to investigation (denser colour), while *doing* in the future can be predicted to some degree, but not known with certainty (lighter colour).



Becoming is represented by a spiraling arrow to illustrate its nature as a process (ideally upward and outward moving). It too will be positioned inside the *being* component as our *being* is transformed as we *become* (future orientation). The green colour of the arrow was selected to highlight the *doing* foundations of *becoming*. *Becoming* has a strong future orientation.



DOING, BEING & BECOMING

All three elements are in constant interaction, influencing one another recursively.

5.4.4 Application of model to case study data

5.4.4.1 This synthesis will be used to explore occupation as it has emerged in this case study.

Tables 3 – 10 present an analysis of all themes (other than those providing background or contextual data as per 4.1) in respect of *doing* and *being*, having been constructed as an expedient manner of viewing and discussing these two elements and their interrelationship. It will be noted that *doing* has been differentiated around July 2000 when Maria took up full-time employment. This turning in her life not only changed her poverty status (when viewed against a strict money-metric measure – see 5.3.1), but is considered to have impacted significantly on her time usage and resource base, and therefore on her activities and tasks (to varying degrees). *Being*, in its essence, was not affected by the event and hence the single column on the tables.

It is however necessary, even at this early stage, to point to the fact that in adopting an altered occupational role, as full-time domestic/caregiver (*doing* informed by *being*), Maria *became* different. Indeed she *became* what she was well suited to and wishful of *being* : a caregiver and a more able provider.

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Theme	<i>Doing</i> : Activities/tasks to June 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
<p>One day is one day, then I will get myself a house</p>	<p>Occupy much time and require much effort</p> <p>Role as Savings Scheme member</p> <ul style="list-style-type: none"> • Saves (with implied prioritising of use of money to achieve this) (weekly) • Meets with (informally) and encourages fellow members to save • Attends Technical training courses <p>Role as Treasurer</p> <ul style="list-style-type: none"> • Meets with Collectors to receive monies (every Friday or Saturday) • Meets with other Treasurers weekly to attend on associated responsibilities • Bookkeeping tasks • Banking (every Monday) • Deals with queries from members as they arise • Attends Bookkeepers meeting once per month • Completes necessary forms • Attention to checks and balances • Attends training sessions • Assists/teaches other treasurers <p>Role as Convenor</p> <ul style="list-style-type: none"> • Attends Federation meetings (Tuesdays) • Makes notes on progress • Compiles own report • Attends members meeting and presents feedback report (every Monday evening) • Encourages and motivates <p>Other</p> <ul style="list-style-type: none"> • Travels or walks to meetings and bank 	<p>Occupy relatively little time</p> <p>Role as Savings Scheme member</p> <ul style="list-style-type: none"> • Saves (with implied prioritising of use of money to achieve this) (weekly) • Attends member meetings (most Monday evenings, as she can) • Attends Technical training courses (intermittently) <p>City of Cape Town</p> <ul style="list-style-type: none"> • Has investigated this alternative housing source • Has completed application forms via DA • Makes contact with management to ascertain progress (intermittently) <p>Role as employee</p> <ul style="list-style-type: none"> • Negotiates potential housing benefit • Looks for accommodation to rent/purchase • Views possible accommodation 	<ul style="list-style-type: none"> • Is agentic • Follows decisions through with determination • Is trustworthy • Wants something better for herself and her children • Is committed once she chooses a course of action • Hard working • Responsible • Prepared to take a lead • Has basic bookkeeping skills • Can motivate others • Seeks alternative means of solving problems • Is able to weigh up the alternatives of one option against the other (most of the time)

Table 3 : *Doing and being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
<p>That's how I survive. I don't like to go begging</p>	<p>Occupy much time (ongoing++) and requires much vigilance and effort</p> <ul style="list-style-type: none"> • Seeks suitable opportunities to help others • Interacts with others re help she can offer or is asked to provide • Does tasks and chores for others e.g. <ul style="list-style-type: none"> ➤ Goes to shop ➤ Hangs washing ➤ Cares for children ➤ Assists with caring tasks • Seeks alternative ways to reciprocate • Accepts help 	<p>Rarely performed for purpose of survival</p>	<ul style="list-style-type: none"> • Is proud • Is a committed and concerned mother • Values reciprocity • Values hard work • Is vigilant for opportunities • Is thankful for small mercies • Is a good neighbour (also in the Biblical sense) • Is creative/ingenious • Is aware of her strengths
<p>I am just a mother</p>	<ul style="list-style-type: none"> • Prays • Manages money • Shops • Attends on responsibilities related to school <ul style="list-style-type: none"> ➤ Organises iro educational needs ➤ Homework duties ➤ Meets with educators ➤ Attends parent meetings ➤ Watches sport events ➤ Attends presentation ceremonies • Nurtures children • Guides children • Talks to children • Teaches age-appropriate skills 	<ul style="list-style-type: none"> • Prays • Manages money • Shops • Attends on responsibilities related to school <ul style="list-style-type: none"> ➤ Pays school fees ➤ Organises iro educational needs ➤ Homework duties ➤ Speaks with educators (by telephone) ➤ Attends parent meetings (Occasionally) ➤ Attends presentation ceremonies ➤ Makes produce or collects for fundraising purposes • Nurtures children • Guides children • Talks to children • Teaches age-appropriate skills 	<ul style="list-style-type: none"> • Sees her role as mother as an integral part of who she is • Knows what being a mother is all about • Is often stressed by time constraints • Is aware of her children's physical and emotional needs • Will accept help when this is needed • Is aware of the significance of special occasions for children • Tries to do what is right/meet her obligations • Values harmonious family relations • Is aware of the need to love and nurture her children • Is aware of developmental issues/tasks

Table 4 : *Doing* and *being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
I am just a mother (continued)	<ul style="list-style-type: none"> • Plays <ul style="list-style-type: none"> ➢ Board games ➢ Imaginary games ➢ Sports • Facilitates play • Takes children to library • Reads to and with them • Facilitates socialisation with others • Stimulates development • Attends to their health needs <ul style="list-style-type: none"> ➢ Arranges appointments ➢ Accompanies them to appointments ➢ Dispenses medicine ➢ Monitors their health • Disciplines children • Beats children (Occasionally) • Provides for physical and emotional needs • Prepares meals • Supervises children • Protects children • Interacts with neighbours re children's supervision or whereabouts 	<ul style="list-style-type: none"> • Plays (Less often) <ul style="list-style-type: none"> ➢ Board games ➢ Imaginary games ➢ Sports • Facilitates play • Reads to and with them (Less often) • Facilitates socialisation with others • Stimulates development • Attends to their health needs <ul style="list-style-type: none"> ➢ Arranges appointments ➢ Arranges for someone to accompany children ➢ Dispenses medicine ➢ Monitors their health • Disciplines children • Beats children (Occasionally) • Provides for physical and emotional needs • Prepares meals • Supervises children (Weekends) • Protects children • Interacts with neighbours re children's supervision or whereabouts (More regularly) 	<ul style="list-style-type: none"> • Values fun time with her children • Can be creative • Is reflective • Is vulnerable to stressors • Is aware of her children's health needs • Has concerns about raising her children • Worries about them constantly • Can make decisions • Is aware of impact of poverty on children • Is aware of gender issues

Table 5 : *Doing and being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
I have very good neighbours	<p>Role as neighbour (Mostly ongoing through day, evening and over weekends)</p> <ul style="list-style-type: none"> • Watches out for neighbourhood children when at home or in neighbourhood (Ongoing) • Relies on watchful reciprocity of others when at work (Intermittently) • Socialises • Visits neighbours to seek practical help or emotional support • Prays with neighbours • Discusses problems • Seeks protection • Watches television • Borrows clothes • Receives telephone calls • Helps neighbours (in exchange for help received from them in the main) • Provides emotional support • Gives advice 	<p>Role as neighbour (Fairly ongoing in evenings and over weekends)</p> <ul style="list-style-type: none"> • Borrows money • Watches out for neighbourhood children when at home or in neighbourhood (Much less often) • Relies on watchful reciprocity of others when at work (Daily) • Socialises • Visits neighbours to seek practical help or emotional support • Prays with neighbours • Discusses problems • Seeks protection • Watches television (Less often) • Receives telephone calls • Provides practical help to neighbours (Altruism) : <ul style="list-style-type: none"> ➢ Accompanies senior to hospital ➢ Tidies senior's home ➢ Delivers babies • Provides emotional support • Gives advice • Mobilises neighbours to support one another 	<ul style="list-style-type: none"> • Accepts help when this is needed • Is emotionally vulnerable • Needs protection (from time to time) • Is a social being • Values friendship • Values reciprocity • Is sensitive to the needs of others • Is altruistic

Table 6 : *Doing* and *being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
Where people are sick and where people are hurt.	Domestic worker and Home carer (Sporadic) <ul style="list-style-type: none"> • Iron ++ • Wash windows • Prepare meal • Care for hemiplegic man : assist with <ul style="list-style-type: none"> ➢ Feeding ➢ Dressing ➢ Incontinence management ➢ Bathing ➢ Transferring ➢ Moving him • Travel 	Domestic worker and Caregiver (Full-time) <ul style="list-style-type: none"> • Clean • Laundry : washing and ironing • Tidy • Prepare meals (Intermittent) • Change beds • Wash dishes • Care for man with Parkinson's Disease <ul style="list-style-type: none"> ➢ Feed him ➢ Dress him ➢ Deal with incontinence ➢ Bath him ➢ Transfer him ➢ Position him ➢ Encourage and motivate him ➢ Physical exercise ➢ Take him for walks • Travel • Plan (for children particularly) 	<ul style="list-style-type: none"> • Will persevere, even in adversity • Is caring in nature • Has abilities in respect of household chores • Is vulnerable to exploitation • Has an affinity for elderly people and people with disabilities • Is sensitive to the needs and emotions of others • Gains great satisfaction from her job • Has clear career aspirations • Is able to identify steps needed to reach a goal
I do my things	Routine household chores, including : <ul style="list-style-type: none"> • Laundry • Meal preparation • Cleaning • Fetching water • Tidying (++) • Maintenance – home, clothing etc • Travelling or walking • Shopping • Managing money 	Routine household chores, including : <ul style="list-style-type: none"> • Laundry • Meal preparation • Cleaning • Fetching water • Tidying (++) • Maintenance – home, clothing etc • Travelling or walking • Shopping • Managing money 	<ul style="list-style-type: none"> • Is often stressed by time constraints • Has a number of health problems • Is diligent in meeting her financial obligations

Table 7 : *Doing and being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
I like to be busy	<ul style="list-style-type: none"> • Physical games with children • Cooking and baking <ul style="list-style-type: none"> ➤ Studies recipes ➤ Tests recipes ➤ Prepares meals ➤ Cooks for employer • Community activities (Occasional) • Socialises • Teases 	<ul style="list-style-type: none"> • Physical games with children • Cooking and baking <ul style="list-style-type: none"> ➤ Studies recipes ➤ Tests recipes ➤ Prepares nutritious meals ➤ Cooks for employer ➤ Teaches others ➤ Prepares produce for birthday parties (Occasional) • Community activities (Occasional) • Socialises • Teases 	<ul style="list-style-type: none"> • Enjoys physical activities • Has a number of health problems • Is particularly interested in cooking and has considerable knowledge and skills • Is aware of her children's nutritional needs • Is vigilant for opportunities to practice skills/pursue interests • Helps others • Is gregarious • Is fun loving • Has interests she would like to pursue in the future
I thought about that, but I don't have a choice	<ul style="list-style-type: none"> • Makes difficult decisions <ul style="list-style-type: none"> ➤ Weighs consequences of alternatives ➤ Makes choice • Consults medical personnel • Works • Institutes divorce proceedings • Looks for alternative accommodation • Manages money • Speaks out to gangsters • Helps others 	<ul style="list-style-type: none"> • Makes difficult decisions <ul style="list-style-type: none"> ➤ Weighs consequences of alternatives ➤ Makes choice • Consults medical personnel • Works • Looks for alternative accommodation • Manages money • Speaks out to gangsters • Helps others 	<ul style="list-style-type: none"> • Is intelligent • Is under pressure • Feels cornered • Values hard work • Values independence • Suffers exploitation • Compromises her health for a greater cause/benefit • Dislikes hurting others • Values kindness • Will only compromise so far in respect of children's needs • Values harmonious relations • Dreams of a better future • Is prepared to take some risks • Is prepared to be the least for a greater cause/benefit • Is principled

Table 8 : *Doing* and *being*

Theme	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
There is a way how you as a person can go to work	<ul style="list-style-type: none"> • Nurtures children's faith • Practices faith <ul style="list-style-type: none"> ➤ Prays++ (Daily) ➤ Attends church (Sunday) ➤ Attends Bible study/prayer group (Wednesday) ➤ Prays with friends ➤ Reads Bible and devotional material (Daily) • Asks forgiveness of others if she has wronged them • Attends medical facilities • Shares problems with friends • Takes a quiet walk • Tests alternative problem solving strategies • Finds things to do 	<ul style="list-style-type: none"> • Nurtures children's faith • Practices faith <ul style="list-style-type: none"> ➤ Prays++ (Daily) ➤ Attends church (Sunday) ➤ Attends Bible study/prayer group (Wednesday) ➤ Prays with friends ➤ Reads Bible and devotional material (Daily) • Asks forgiveness of others if she has wronged them. • Attends medical facilities • Shares problems with friends • Takes a quiet walk • Tests alternative problem solving strategies • Finds things to do 	<ul style="list-style-type: none"> • Is deeply spiritual • Has a strong Christian faith • Is thankful for the good favours which come her way • Has a strong value system, valuing <ul style="list-style-type: none"> ➤ Harmonious relations ➤ Faithfulness ➤ Using talents ➤ Hard work/effort ➤ Self reliance ➤ Forgiveness ➤ Loving one another ➤ Humility ➤ Determination ➤ Perseverance ➤ Fairness to children • Is reflective • Has developed a repertoire of coping strategies (many based on Biblical principle) • Is agentic in her approach to life

Table 9 : *Doing* and *being*

PLOT	<i>Doing</i> : Activities/tasks to July 2000	<i>Doing</i> : Activities/tasks from July 2000	<i>Being</i> : A woman who :
I must work with people. That is my calling.	<ul style="list-style-type: none"> • Gives advice • Cares for others • Helps others • Supports others • Encourages others • Talks to people • Prays 	<ul style="list-style-type: none"> • Gives advice • Cares for others • Helps others • Teaches others • Supports others • Shares • Encourages others • Talks to people • Prays 	<ul style="list-style-type: none"> • Has had good role models (her mother and oldest sister particularly) • Is guided by a strong sense of morality • Is altruistic • Is compassionate and caring • Is concerned about other living creatures • Is sensitive to the hardships and needs of others • Needs to help others • Can motivate others • Is gregarious • Is appealing to others • Is aware of her human frailties • Has and creates meaning in her life

Table 10 : *Doing* and *being*

5.4.4.2 *Doing*

The tables illustrate in considerable detail the *doing* component² in Maria's life.

The following themes, particularly, provide a rich description of the activities and tasks that constitute her *doing* :

One day is one day, then I will get myself a house.
That's how I survive. I don't like to go begging.
I am just a mother.
I have very good neighbours.
Where people are sick and where people are hurt.
I do my things.
I keep busy.

Changes in *doing* arising from her altered employment status³ are discussed in some detail to highlight how the above tables detail *doing*, as well as how *doing* can change (or remain constant) over time :

- ***One day is one day, then I will get myself a house.*** (Major changes)
 - Time available for activities and tasks associated with the HSS was greatly reduced
 - Other alternatives in respect of securing housing presented themselves.
- ***That's how I survive. I don't like to go begging.*** (Major changes)

The resources at Maria's disposal increased relatively dramatically and became consistently available – both in the form of a steady income and benefits in kind received from her employer.⁴

² Personal reflective research journal : 14/03/02 : Occupation

What such a list of activities and tasks does not tell us is *how* they are performed, the manner in which they are performed. That is where *being* comes in.

³ Personal reflective research journal : 12/03/02 : Occupation

This informs us of the effect of external (or internal) factors in influencing the individual's particular configuration of activities and tasks. Wilcock's proposal does not include this idea. Perhaps this is because I am now **applying** the synthesis to a real person and obviously there are many factors, peculiar to the individual's circumstances, which affect occupation.

⁴ Field notes : 28/02/2002 : Maria's employer had given her a fresh bunch of spinach to cook for her family.

The need to employ a range of activities and tasks for survival purposes has become almost non-existent.

- ***I am just a mother.*** (Subtle changes)
 - Time available for mothering was reduced. Clearly the implications of this are potentially serious.
 - A steady income made it possible for Maria to meet her financial obligations in respect of her children's schooling, and to provide better in their physical needs.
- ***I have very good neighbours.*** (Subtle changes)
 - She became **less dependent** on her neighbours for help with surviving, and more able to help other neighbours in need.
 - She became **more dependent** on her neighbours for assistance with supervising her children while she was at work.
- ***Where people are sick and where people are hurt.*** (Moderate/major changes)
 - The major change in activities and tasks is related to time : initially performed sporadically, these activities are now performed regularly and for extended periods of time
 - The range of activities and tasks has altered moderately : there is a greater emphasis on caregiving now; and a wider range of domestic activities that are performed with less intensity/over a more extended period of time. Maria has more space to pace herself.
- ***I do my things.*** (Moderate changes)
 - Time available reduced significantly post-employment and consequently time usage became more pressured.
 - Meal preparation now presents interesting and rewarding challenges.

Whereas initially the family had to eat whatever was available, Maria is now in a position to plan to meet nutritional needs, and exercise choice as to what to eat when.

- Increased money is available, but with it increased expectations related to meeting financial obligations.
- ***I keep busy.*** (Moderate changes)
 - Mainly in relation to greater opportunity to pursue interest in cooking/baking and utilise associated abilities.
 - Time available for other interests and activities is reduced.
- ***I thought about that, but I don't have a choice.*** (Virtually unchanged)

5.4.4.2 *Being*

A portrait of Maria's *being* begins to emerge as the data contained in the tables are studied theme by theme. Each of the above themes contributes to that portrait (as reflected in Tables 3 – 10), but the following themes are considered particularly important in sharpening the focus :

- ***I thought about that, but I don't have a choice.***

Some of Maria's vulnerabilities are evident, as are the painful truths and conflicting emotions that she has to deal with.

- ***There is a way how you as a person can go to work.***

This theme reflects the core of Maria's being, as exemplified in her spirituality and her inherent moral character (see also 5.2.12). Equally important, this theme reveals coping strategies which she has developed over the years to cope with her situation : these strategies are considered particularly helpful to her in coping with both her poverty and her depression (and strongly influence her *doing*).

The portrait that emerges is of a deeply spiritual woman who is intelligent, sensitive, proud and caring; who has a strong value system, an established set of coping strategies, a wide range of abilities and capabilities (including a particular talent for interacting with others), yet is vulnerable in certain respects.

Glimpses of her potential (future state of *being*) are also evident from the study data, as exemplified by :

- Her reflective ability
- Her intelligence
- Her leadership potential
- Her ability to motivate herself and indeed others
- Her strong sense of what she ought and ought not to do

5.4.4.3 Interaction between *doing* and *being*

Tables 3 – 10 allow us to examine connections between *doing*, as manifested in a range of activities and tasks, and *being* for each theme. What the tables do not tell us however, is how *being* informs *doing* as embodied in the manner in which activities are executed.⁵ The manner in which her *being* informs her *doing*, and how her *doing* reflects her *being*, is illustrated by the following examples :

⁵ Personal reflective research journal : 13/03/02 : Occupation

I think doing and being (and by implication how they interact on one another) may be the crucial components of occupation. What one becomes is so dependent thereon, and certainly unhealthy, negative or detrimental results can occur. Could this be a more adequate definition of occupation?

The ordinary and familiar things (or the activities and tasks) a person does every day that both reflect and impact on his/her personhood and circumstances.

- ***Where people are sick and where people are hurt.***

Her sensitivity and strong need to help and care for others (*being*) informs the way in which she attends to her duties as a caregiver (*doing*) : she is understanding, patient, aware of Mr V's fluctuating ability, gentle encouraging, reassuring.

- ***I have very good neighbours.***

- This theme illustrates, among other things, a shift in Maria's position in the give-and-take that occurs between her and her neighbours.

Initially, her helping (*doing*) was informed by reciprocity (*being*). Her strong sense of what is right and wrong (*being*) prevented her from begging (*doing*); instead, she found some way to 'earn' or pay back what was given e.g. she went to the shop for the giver. Indeed, she actually commonly initiated the exchange by offering her services (*doing*).

As her reliance on her neighbours for food and money diminished, her helping (*doing*) was increasingly reflected altruism and her sensitivity to the needs of others (*being*).

- As her sense of agency (*being*) increased, she attempted to mobilise neighbours (*doing*) to increase support for others (in specific instances). Recursively, when the mobilisation (*doing*) was successful, her sense of agency (*being*) increased.

5.4.4.4 ***Becoming*** and its relationship to/with *doing* and *being*

The last example illustrates very well how *doing* impacts on *being* so that growth/self-actualisation occurs, and the individual *becomes* different.

An increased sense of agency (*being*), resulting from successful mobilisation of her neighbours (*doing*) will increase Maria's confidence to engage in similar actions (*doing*), increasing her sense of agency further (*becoming*) and empowering her (*becoming*).

Over the study period, Maria has changed and *become* different. It is considered that her participation in the research process – talking (*doing*) and reflecting (*being*) on her life and on occupation - has facilitated this (*becoming*) to some degree.^{6 7} She has :

- instituted divorce proceedings and is determined to free herself from her marriage;
- recently challenged her employer regarding late payment of her salary (see 4.16), whereas previously she would not have done so;
- elected to discipline her children differently.

Additionally, she is considering moving out of Hanover Park, albeit she knows that such a move will distance her from her neighbourhood support system.

Her involvement in the study (*doing*) was motivated by her desire to help others (*being*) – as is her pattern of doing things, she saw an opportunity to help someone else, grasped it with both hands and, in the process (*doing and being interacting*) she has been empowered (*becoming*).

⁶ This understanding of the process which has occurred as a result of Maria's involvement in the research process, is supported by the concept of narrative configuration i.e. Maria has created a self-story which has gathered together past actions and events from her life into a coherent and meaningful whole. (Kielhofner 1997; Polkinghome 1996)

⁷ Maria verified, on member checking, that this was indeed so.

The theme *I don't want that any more* tells us of Maria's aspirations for the future and her determination to achieve them, despite the obstacles she anticipates encountering on her way. Her aspirations relate to :

- Her ability to live the kind of life she believes God wants her to;
- Her role as mother : she wants to raise her children in a safe and supportive environment;
- Realising her potential in a helping profession.

Her dreams and aspirations provide direction for her future and will, no doubt, determine many of her actions (*doing*) in the ensuing months and years. Once more the cycle of *doing, being and becoming* will be triggered.

5.4.5 Evaluation of Wilcock's model

Application of Wilcock's model of *doing, being and becoming* as a method of describing and understanding occupation is extremely useful, as has been illustrated above. It enables one to study occupation in a complex and multi-levelled manner.

It's limitation, however, appears to be that it does not take into consideration the myriad of factors which impact on occupation, and indeed on people (thereby influencing their occupations), when it is used to describe and understand the occupations of specific individuals or groups of people.

The discussion of Maria's occupations above (5.4.4.1 – 5.4.4.4) is not complete. It has been possible to discuss her occupations thus far without significant references to the devastating and insidious impact of poverty, or her depression.

5.4.6 Proposed adaptation of model

5.4.6.1 The most pervasive factor influencing Maria's occupations is poverty. A further important influence is depression, albeit only from time to time.

It is considered that Wilcock's proposed synthesis would be enhanced by the incorporation of a fourth element related to **influences**, if it is to be used as a model for describing the occupations of specific individuals or groups of people. Influences may arise from the external (e.g. poverty) or internal (e.g. depression) environment, and may be negative (e.g. poverty and depression) or positive (e.g. opportunity to work full-time).

5.4.6.2 Adapted diagrammatic model



(Red arrows reflect negative influences, and yellow arrows positive influences.)

5.4.6.3 Application of adapted model of *doing, being and becoming* to case study data

Health problems

The theme *Health* brings together data gathered during the course of the interviews regarding Maria's depression⁸, her arthritis and her asthma.

In respect of her depression, this theme highlights the following :

Doing:

- She is not able to mother her children in the same way that she does when she is not depressed. This is evident in her shouting at the children, chasing them from the house and, on occasion, beating them.
- She is unable to motivate herself to do the things she needs to do, and she neglects her domestic chores and personal care.
- She does not have the energy to undertake necessary chores and household activities.
- She initiates activities related to suicidal ideation (when these thoughts arise).
- She withdraws from social interaction.
- She does not attend church.

Being

- Her vulnerability to the ongoing stressors in her life are highlighted (see also 5.3.2.2)
- Her thoughts are negative and she is less able to activate her coping strategies.
- Her coping strategies are ineffective and the emotions associated with depression overwhelm her.

⁸ It will be recalled that Maria was considered to be very depressed at the time of the second interview.

Doing and *being* are once again intimately interactive, but in these circumstances, in a negative manner : there is no possibility of *becoming* (it being understood in Wilcock's model to represent growth and self-actualisation).

Illustrations of the effect of her arthritis on *doing* are contained in other themes e.g. she is no longer able to set her hair herself (see 4.11); she experiences considerable joint pain when she has had to iron for hours on end (see 4.12).

These examples reflect her *being* e.g. ability to accept help when this is necessary; perseverance, even when in pain.

Poverty

While all themes contain some insights into the interplay between poverty and occupation, the following themes most directly inform us of this interplay:

- ***The area that we live in is very terrible***

Living in an environment (suburb) which is deprived and ridden with serious social problems must, of necessity, impact on occupation – it impedes restricts occupational performance.

Doing

Such an environment restricts Maria's activities and tasks and those of her children⁹ :

- Her children cannot move about the neighbourhood unattended to visit friends, or as part of age-appropriate exploration, for example
- They do not have access to parks and playing areas where they can physically exert themselves;

⁹ Hagerstrand (cited in Michelson 1994) highlights the significance of environmental constraints : "Although one can demonstrate opportunity, it is of less priority than constraint; having opportunity to do something is no determinant that it will be done, whereas being constrained can eliminate the possibility entirely. " (p23)

- Family activities that might be undertaken in the evening, outside of the domestic environment, are potentially dangerous.

Being

Concerns about safety (her own and her children's) as well as the effects of exposure to social evils, are ongoing stressors.

- ***I don't live in a house. I live in a zinc shack.***

In similar vein, Maria's domestic environment is a constraining environment.

The manner in which it impacts on both ***doing*** and ***being*** has been detailed in 5.2.3.

- ***One day is one day, then I will get myself a house.***

Doing, especially prior to July 2000 (as reflected in Table 3), is directly related to the consequences of poverty i.e. poor/inadequate housing. Maria's occupations in relation to the HSS are testimony to her sense of agency (***being***). (see also 5.2.4)¹⁰ These occupations not only increased her sense of agency (***becoming***), but also provided opportunity for her to develop other inherent capacities (***becoming***).

- ***That's how I survive. I don't like to go begging.***

Doing and ***being*** (as portrayed in Table 4) are closely linked and have been discussed in 5.2.5¹¹

¹⁰ These occupations, it is suggested, could be seen as discretionary, as opposed to obligatory occupations resulting from poverty e.g. securing food. While many poor people might view/experience poor housing as a given, an inherent deprivation resulting from their poverty (something they can do nothing about), Maria (like other members of the HSS) saw it as a challenge (something she could exercise some control over) : she sought ways to actively address the problem, and initiated occupations which were directed to this goal.

¹¹ Occupations related to securing food and/or money for food are inextricably linked to survival, and can thus be considered obligatory. Exactly what each person chooses to do and how he/she does it, is considered to be influenced by that person's ***being***.

Once again, the strong links between *doing* and *being* are demonstrated in respect of the influence of poverty on Maria's daily occupations. Who and what she is (*being*) is of crucial importance here, for it is her sense of agency, her strong belief and value system, her coping strategies which enable her to cope and indeed, grow (*become*) despite the pervasive impact of poverty.

5.4.7 Concluding remarks

Wilcock (1998b) has concluded that an occupational view of health (see 2.3.3) "can encompass the relationships between *doing* well, *well-being* and *becoming* healthy" (p253). Indeed it is considered that the discussion presented above illustrates this.

5.4.7.1 Maria has medical problems (depression, arthritis, angina, diabetes) that impact on her daily occupations and, from time to time, affect her ability to *do* well.

5.4.7.2 In addition, she is subjected to the ongoing psychological stress of living in poverty. Her experience of living in poverty can be seen to demonstrate numerous injustices as evidenced in restricted opportunities and resources to engage in meaningful occupations

5.4.7.3 Despite this, her *being* exerts a powerful influence on the manner in which she orchestrates her daily activities (*doing*) - both what she does and how she does it – to the extent that she has been able to :

- Cope (to a significant degree) with both her health problems and her poverty;
- Find opportunities, in what others might consider unlikely situations, to exercise choice in relation to participation in activities which :

- meet her needs,
- allow her to utilise and even enhance her capacities, and
- work towards achieving her personal goals;
- Find her place in and contribute to the social fabric of her community;
- Create and infuse meaning into her life;
- Grow as a person.

All of the above are considered to represent *becoming*, an ongoing process of achieving her potential and experiencing a sense of self-actualisation.

5.4.7.4 The fact that she has achieved this level of health (viewed from an occupational perspective) without outside intervention, is considered to be testimony to her indomitable spirit.

5.5 ASSUMPTIONS

The validity of the assumptions (printed in bold) identified prior to data collection (based on literature review as well as personal interpretation of the impact of poverty on human lives) is discussed here in relation to the case study findings.

5.5.1 **Living in poverty affects all aspects of everyday life and significantly restricts the freedom which people have to live out their lives in a meaningful and personally satisfying manner.**

This case study illustrates well the pervasive impact of poverty on all aspects of Maria's life.

Despite this, she has been able to orchestrate her daily occupations in such a manner that :

- She creates meaning in her life.
 - The plot of Maria's narrative (as 4.18) informs us that it is primarily through her interactions with other people that Maria creates and affirms meaning in her life. This is discussed more fully in 5.2.14.
- She gains great satisfaction from those occupations that are informed by her need to, and indeed skill in, interact with others.

The significance of the plot of Maria's narrative is supported by Tryssenaar et al (1999), who studied the occupational performance needs of a shelter population (i.e. a group of homeless people). They found, among other things, that the "power of relationships in people's lives was closely associated with meaningfulness of their lives." (p192)

5.5.2 People living in poverty experience occupational deprivation.

Viewed against the definition of occupational deprivation given in 2.2.6.4, the study data provides ample evidence of restrictions on occupational engagement resultant from Maria's poverty. Despite this, I do not consider that Maria is occupationally deprived : she participates in a rich variety of daily "occupations of necessity and/or meaning". (Whiteford 2000, p201) This is testimony, it is considered, to her sense of agency and her particular ability to see and make use of opportunities that present themselves (often opportunities that would not be viewed by others as having the potential for achieving the express purposes for which she uses them).

The concept of occupational deprivation is relatively new in the profession's discourse, and investigations around the subject thus far have been situated in prisons in the main. There is an implicit assumption in the concept of occupational deprivation (implicit as it has not yet been fully explored in the literature) that restrictions resulting from factors beyond the individual's control will necessarily restrict the individual's development i.e. certain inherent abilities and capacities will not develop.

Data from this study suggests that, despite restrictions on occupational engagement, the individual may find alternative means of or opportunities to develop their inherent abilities and capacities. To illustrate : Most women with an interest in cooking/baking are likely to pursue this interest and develop their skills within the home environment. A few might work in a position directly related to provision of food e.g. catering. Maria's domestic environment and her resources (e.g. access to ingredients, appliances) prevent her from doing so.

5.5.5 It is primarily the responsibility of poor women to sustain the family and its myriad relationships and responsibilities.

The data indicates unequivocally that Maria is responsible for sustaining the family, its relationships and responsibilities. As indicated in 5.2.6, she is effectively functioning as a single parent, her husband providing little financial or emotional support to her or their children.

5.5.6 Poor women have to minimise the impact of poverty on the family while at the same time attempting to generate income in some manner.

This assumption too, is well illustrated by this case study. It is particularly important to Maria to minimise the impact of poverty on her children and concerns in this regard are ongoing. She is particularly aware of the impact that their poverty status and the inevitable effects of living in a poor neighbourhood with inadequate supervision, can have on their psychological and moral development.

Her husband contributes very little, if anything, in the way of financial resources to the family, even when he is employed, and Maria knows that she can not rely on him to alleviate their income-related difficulties at all.

5.5.7 Women living in poverty have and utilise special skills and abilities in coping with effects of poverty while attending to their responsibilities.

Maria's well-developed coping strategies (as detailed in 4.16) have been discussed elsewhere.

In addition to these coping strategies, it is considered that she has :

- A particular ability to identify and make use of opportunities which arise, albeit others might not see the same potential in such opportunities.
- Particular skills relating to her ability to interact with others. These skills have stood her in good stead in dealing with her poverty, while at the same time allowing her to experience meaning in her life.
- An ability to balance occupations of necessity with occupations of meaning.

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CHAPTER 6 : CONCLUSIONS

- 6.1 Poverty is a global phenomenon affecting an estimated 2,8 billion people world-wide and 25% of the population of the developing world. Almost 50% of the South African population are poor or vulnerable to becoming poor. (see 2.6.1)

How people experience and respond to poverty, and make sense of their lives obviously differs from person to person.

This study illustrates one woman's story and explores her response to poverty. It examines the way in which her occupations contribute to and facilitate her response to poverty, while at the same time allowing her to make meaning of her life. Concurrently, the impact of poverty on her occupations is examined.

The case data provides an opportunity for occupational therapists (and others) to hear the voice of a woman and to see – through her eyes – how she views the struggle to find and hold a job, raise her children, be a good neighbour and find meaning in her life, despite the relentless hardships of poverty, and indeed ill health.

Poverty is no longer a completely faceless stranger.

- 6.2 The major limitation of single case study research is that the results can not be generalised. This study is considered to be exploratory in nature, a starting point for occupational therapists in their quest to understand the relationship between poverty and occupation.

The results of this research do not come close to providing an answer to the research question. The results, rather, illustrate how occupational therapists might go about seeking such illumination; highlight some of the many issues which require further investigation; and point 'lightly' to possible indicators for the type of intervention occupational therapy may be able to offer in contributing to the alleviation of poverty.

6.3 In addition to the above limitation, it is appropriate to briefly consider how representative Maria is of poor people in South Africa. While I would speculate that she is not particularly representative¹, the following facts are more enlightening :

- Whereas she lives in an urban area, 71,6% of poor households in South Africa live in rural areas. (see Table 1)
- She lives in the Western Cape : only 3% of South Africa's poor reside in the Western Cape and only 17,9% of people living in this province are poor. (Barberton et al 1998)
- She is a so-called coloured woman : poverty in South Africa is concentrated among black people (61%) (see Figure 1)
- She has a standard 9 level of education : only 23,7% of poor people in this country have a secondary education (see Figure 2)

¹ In my view, her strong sense of agency, for example, appears to contradict evidence available in the literature that powerlessness is a defining characteristic of poverty. Her resilience is another personal attribute that I consider to stand out. The influence of Maria's natal family and childhood experience is also considered to be of significance in the manner in which she conducts herself and approaches life. I acknowledge however that, in view of my limited insight into this complex subject, this is mere speculation.

- 6.4 An **advantage** of case study as a research method, on the other hand, is its unique contribution to the understanding of complex social phenomena. Poverty is such a phenomenon, as is occupation.

Case study research also allows the researcher to “retain the holistic and meaningful characteristics of real-life events” (Yin 1994, p3). As is demonstrated by the model used to discuss Maria’s occupations (see 5.4), this has been most important in the context of the research question : **How** do people living in poverty orchestrate their daily occupations in order to meet their needs, while at the same time infusing meaning into their lives?

6.5 CASE STUDY : MARIA S

6.5.1 This study provides rich data about the life of Maria S, particularly in relation to :

- how her everyday existence is affected by poverty
- what she does every day
- how she meets her needs, and those of her children
- how she has been able to find purpose and meaning in her life.

6.5.1.1 Poverty impacts on her life in a relentless and pervasive manner, although it must be acknowledged that these pressures were marginally relieved when she secured full-time employment.

6.5.1.2 Her daily occupations have been described and discussed in considerable detail, and point to the following :

- Certain occupations such as securing food, are directly and inextricably linked to poverty. These occupations are critical for survival, and can take up much of the person's time and effort.
- Some occupations are directly linked to her poverty status (e.g. her involvement in the HSS), but represent occupations of choice.
- Poverty restricts opportunities for participation in certain occupations.

As a result :

- the development of and/or pursuit of specific interests may be hampered;
- the development of and/or use of skills may likewise, be hampered;
- Poverty impacts on the form of various occupations.
- Poverty imposes psychological constraints on the performance of some occupations.
- While certain occupations are performed for a specific primary purpose, depending on the manner in which they are performed, they may have meaningful subsidiary benefits for the individual.

The environment in which occupations are performed is critical in relation to its enabling or constraining influence on occupation. Whereas the domestic and neighbourhood/suburban environments in which poor people like Maria find themselves are inevitably constraining, availability of a supportive social environment is enabling.

6.5.1.3 The manner in which Maria's occupations serve to meet her needs and those of her children is strongly influenced by her value and belief system, and her particular coping strategies.

6.5.1.4 It is primarily through her interactions with others that Maria finds meaning in her life.

6.5.2 Many factors have been shown to contribute to Maria's particular style/manner of coping with poverty, and orchestrating her occupations in order to meet her needs, develop and use her inherent potential, and find meaning in life. These include :

- Her strong sense of morality and her spirituality (see 5.2.12)
- Her coping mechanisms (see 5.2.1)
- The strong theme of altruism which influences all her interactions with others (see 5.2.14)
- Particular abilities she inherently has or has developed (see 5.5.7)

It is my contention that, should one factor be singled out from the above as an overriding indicator for study by occupational therapists, it is her sense of agency.

The importance of agency², both in general and in the poverty context, is highlighted by the following :

² Literature already in the profession's discourse includes that pertaining to perceived self-efficacy (Gage and Polatajko 1994) and the agentic life plot (Polkinghorne 1996).

- “The capacity to exercise control over the nature and quality of one’s life is the essence of humanness.” (Bandura 2001, p1),
- Human rights is considered to be a language of agency (see 1.3.2.2).

Bandura (2001) discusses direct personal agency (as has been illustrated by this case study), proxy agency, which he describes as being a socially mediated mode of agency (p13), and collective agency. All three hold importance for occupational therapists.

6.5.3 Discussion of the various case study themes (see 5.2) also highlights points of intersection with existing occupational therapy theory, important indicators for future study and/or possible intervention :

6.5.3.1 Coping strategies appear to be important for individuals living in poverty particularly to deal with the psychological effects of poverty. (see 5.2.1)

Coping is linked to adaptation, a mechanism that is considered to be an integral part of the occupational therapy process. Whereas coping implies specific reactions to specific situations, adaptation is a broader conceptualisation of the fit between an individual’s capacities and the demands for performance. (Christiansen 1991)

While clearly adaptation is important as the desired end result, coping and particularly individual mechanisms used for coping, are critical and should be explored further.

6.5.3.2 Kobasa's idea of a 'hardy personality' (cited in Yerxa 1998b), characterised by commitment, control and challenge (see 5.2.1) warrants further investigation.

6.5.3.3 The manner in which certain environments constrain occupational performance has not been studied in depth by occupational therapists.³ While this study has identified lack of community facilities, general deprivation of the suburb, and social problems as factors which constrained Maria's occupations, these are likely to be only some of many pertinent factors.

Toch (1996) encourages researchers to abandon traditional ways of defining environments (that highlight structural or 'outside-perceived' features), and apply "phenomenological approaches to the study of environments". (p11)

6.5.3.4 Organisations like the South African Homeless Peoples' Federation (for the people, by the people) have been very successful in mobilising and empowering large numbers of poor people. Collaboration with such organisations or learning from such organisations would serve the profession well.

³ Studies by French (2001) and Rebeiro (2001) are acknowledged.

6.5.3.5 As already indicated, acquiring food or money to purchase food are inevitable occupations if one is poor.

Maria's story provides valuable lessons for occupational therapists seeking to elucidate their role in poverty alleviation :

- The need to be vigilant for opportunities is critical.
- The manner in which these occupations are performed may determine who gets what and how much.

6.5.3.6 If one assumes that many poor mothers experience similar problems to Maria in respect of supervising, and indeed stimulating, their children, this appears to be an issue which occupational therapy could readily address in intervention programs.

6.5.3.7 Aligned with the above are indications that the more supportive and cohesive the immediate neighbourhood, the greater the benefit to all poor people living in that neighbourhood.

6.5.3.8 The exploitation which poor people experience at the hands of employers (and others) indicates an advocacy role for occupational therapists working with poor people.

6.5.3.9 The study has alluded to the significance of Maria's moral development (see 5.2.12). This, seen in conjunction with her concerns about her own children's moral development (particularly in the kind of area where they live), seems to indicate a role for occupational therapy i.e. helping parents to foster moral development in their children. (see also Berkowitz & Grych 1998)

6.5.3.10 The importance of understanding the meaning of occupation for individuals is highlighted by this study. Not only does it enable occupational therapists to understand the relationship of particular occupations to a particular person's life, but it also provides useful information regarding the occupations that should be included in intervention.

6.6. POVERTY PERSPECTIVE

6.6.1 An in-depth understanding of the conceptualisation of poverty, as well as knowledge of the nature and extent of poverty in this country, is essential in order for occupational therapists to begin to grapple with :

- The complex range of hardships and deprivations that many of their clients experience. (see 1.3.1)
- The devastating repercussions of illness or disability for an individual or household already severely tested by poverty.

Indeed, illness (and by implication disability) is reported as the cause most commonly cited by interviewees participating in the World Bank participatory research initiative, for a downward slide into poverty (even ahead of losing a job). (World Health Organisation and World Bank 2002).

- The identification of realistic, relevant and meaningful occupations to incorporate into therapy with clients who are poor.
- The challenge of taking occupational therapy to the next level i.e. where its unique role in addressing societal influences on health, and indeed on occupation, is defined and practised.
- A social vision for occupational therapy that is appropriate for the socio-economic and socio-cultural realities of South Africa.

6.6.2 It is not within the scope of this study to discuss policies and strategies that are being, could or should be implemented to address poverty and its myriad short and long term consequences.

While reviewing the literature, however, I became aware of the extensive information available that addresses issues related to poverty reduction strategies and community-driven development. While much of this information pertains to policies at national level, there is a significant amount which needs to be studied by occupational therapists in their consideration of where and how the profession might contribute to the critical task of fighting poverty, or assisting/enabling those living in poverty.

The following possible areas for further investigation are suggested 'lightly' as they have not been thoroughly examined :

6.6.2.1 There appears to be resonance between the work of Amartya Sen (a
2.4.2.4) and occupational therapy. (a also Nussbaum 2000)

Sen's approach focuses attention on "people as being the ends rather than the means of growth" (May 2000, p8), and examines "factors that shape the ability of people to realise their full human potential over time".

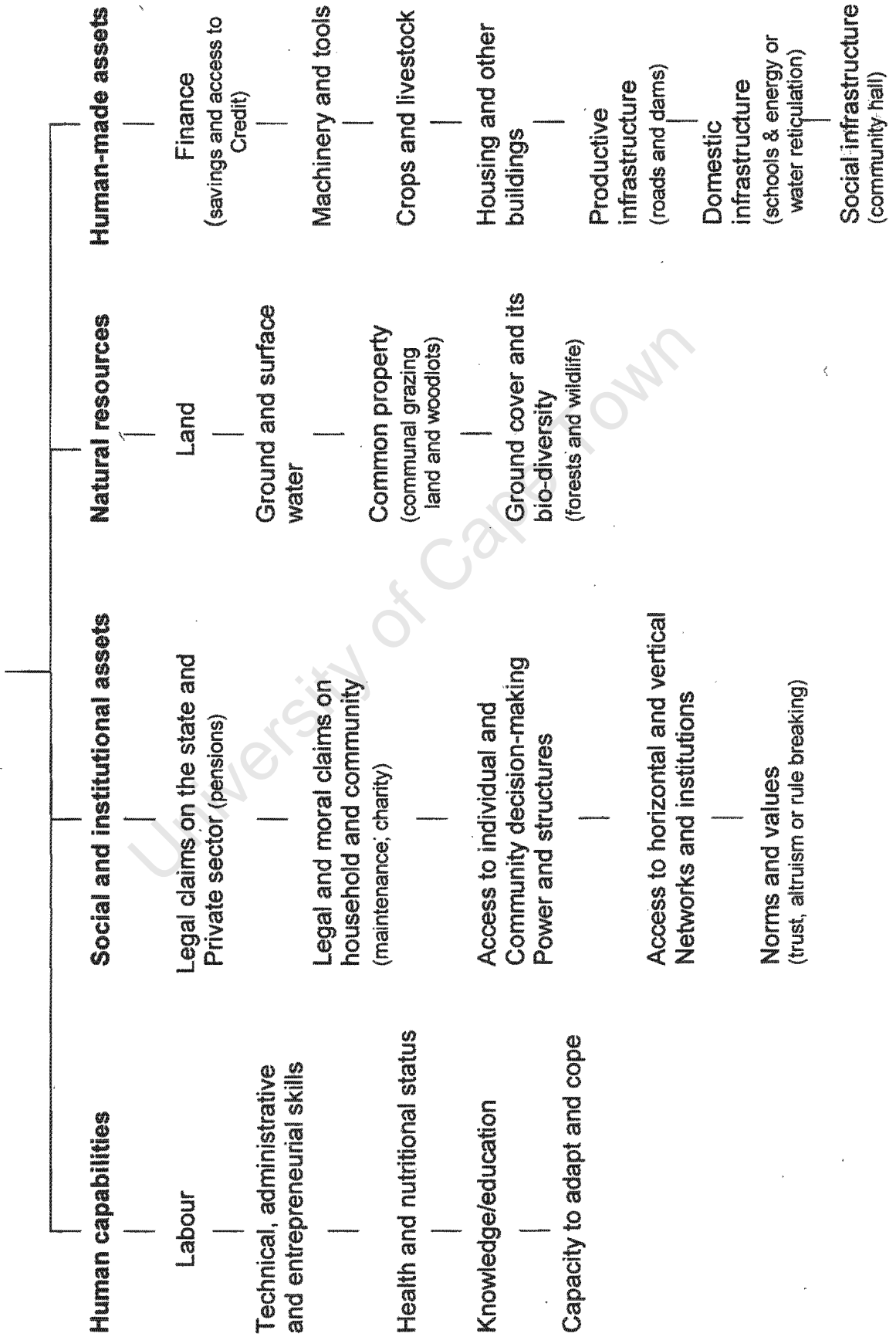
(Ibid, p8) Various elements which are important in the expansion of capability are :

- The assets, claims and resources that are available.
- The activities that can be undertaken to generate a sustainable livelihood
- The commodities and services that are required by people for an acceptable standard of living. (May 2000)

May (2000) contends that at least four broad categories of assets, claims and resources can be identified : human capabilities; natural resources; social and institutional assets; human-made assets. Drawing on the work of various authors, May depicts these components in a "map of the potential 'asset portfolio' of individuals and households". (May 2000, p10)

(Figure 3)

FIGURE 3 : WEALTH BASE OR 'ASSET PORTFOLIO'



The categories of human capabilities and social and institutional assets hold potential for occupational therapy, but should be studied in conjunction with Sen's conceptualisation of poverty, and his particular views on development (Sen 1999).

6.6.2.2 Gender equality and women's empowerment are inextricably linked. Indeed, Cagatay (1998) is of the opinion that "... women's empowerment and gender equality, *although important in and of themselves*, are also poverty issues." (p12) Women will only win equality when they are able to act on their own behalf, with a strong voice to ensure their views are heard and taken into account. (DFID 2000)

The importance of these issues is perhaps best illustrated by their inclusion in the six priority areas of action for poverty elimination, in the policy conclusions of the 1997 Human Development Report of the United Nations.

Occupational therapists need to study gender issues related to poverty and formulate appropriate interventions.

6.6.2.3 Acknowledging that progress in reductions in poverty has been less than hoped for in recent decades, an "enhanced framework for poverty reduction in low income countries" (Klugman 2001, p1) has been drafted by the World Bank for comment.

One of the core cross-cutting issues (alongside participation, governance, gender and environment) is community-driven development, considered to "fill a critical gap in poverty reduction efforts, achieving immediate and lasting results at the grassroots level". (Alkire et al 2001, p2)

Occupational therapists in South African are already involved in development programs working with people with disabilities (in the main), although not a great deal has been written about the subject in our professional literature.

The lessons learned from these programs could usefully be applied in the context of poverty reduction, and more particularly the empowerment of poor people.

6.6.2.4 Social capital is a concept gaining increasing recognition in development discourse, although there is still much debate about its definition and role in promoting development. Social capital is seen to be "not only the sum of the institutions, rules, norms and attitudes that shape the interactions of actors within a society, but the 'glue that holds them together', that which makes a society out of individuals." (Grootaert 1998)

Three key layers of social capital have been identified (Claeson et al 2001) :

- ties within the community, or 'bonding';
- relations between members of different communities, or 'bridging';

- connections between communities and formal institutions, or 'linking'.

The poor, according to Claeson et al (2001) typically have a lot of the first, a moderate amount of the second and very little of the third. Proposed action relates to building on bonding social capital of poor communities to support and forge more extensive bridging and linking ties.

It is considered further investigation of social capital holds promise for occupational therapy practice.

6.7 OCCUPATIONAL PERSPECTIVE

6.7.1 Application of Wilcock's model of *doing*, *being* and *becoming* to this case study has provided a fascinating insight into Maria's occupations.

Particularly it is considered to have highlighted :

- That *doing* entails both what is done as well as how it is done.
- How *being* informs *doing*, and *being* is reflected in *doing*.
- *Being* and *doing* operate at different levels within the person :
 - Agency for example, operates at a complex level and can potentially affect all actions of the individual.
 - Hunger is considered to operate at a lower or simpler level with less insidious effect on *doing*.

6.7.2 Having applied this model, I have come to the conclusion that it is the interaction of *doing* and *being* that describes occupation.

6.7.2.1 Current definitions of occupation (see 2.4.4), and even the elements/dimensions on which there is consensus (see 2.4.5), do not embody the intimate relationship between *doing* and *being*.

6.7.2.2 In practice, occupational therapists make use of a variety of tools to identify the occupations that are an inherent part of each client's daily, weekly or monthly repertoire. Little attention is however paid to the manner in which each person interprets and performs these occupations. Similarly while occupational therapists seek to understand their clients as people, they do not investigate in depth the unique *being* of their clients.

6.7.3 *Becoming* is, in my opinion, a process and an outcome that can, and most often does, occur as a result of the aforementioned interaction i.e. occupation. It does not describe occupation per se, but rather the inherent power of occupation.

It is helpful to consider that certain occupations do not result in *becoming* (either at an individual or community level) as understood in Wilcock's model. Occupational therapy has yet to find an acceptable term to describe such occupations⁴: terms such as noxious, harmful, dissonant come to mind. I am talking here of occupations such as drug dealing, stealing, engaging in casual sexual encounters, gang fighting. Additionally, excessive participation in certain occupations does not result in *becoming* e.g. overworking or excessive video-watching.

6.7.4 This study has further highlighted the desirability of introducing a fourth element to Wilcock's model i.e. related to influences that impact on occupation (both *doing* and *being*). This is particularly necessary when attempting to use the model to describe/tease out the occupations of a specific individual or group.⁵

6.7.5 It is speculated that *becoming* will not occur when the nature or strength of such influences are such that the individual is not able to cope.

6.7.6 We need to be watchful that the concepts of *being* and *becoming* are not exclusively aligned with Western philosophy which affirms individualism (the freedom of the individual both as a fact and as a value) and independence. *Being* and *becoming* must be conceptualised in terms which can be applied to the relevant cultural affiliation of the individual. *Umntu ngamuntu ngabantu*⁶ – a person is a person through other persons (which reflects African traditional thought) – embodies, for example, a different understanding of the nature of persons, emphasising community and interdependence. (Shutte 1996)

The model will have to be applied in a variety of cultural contexts in order to assess its universal usefulness.

⁴ Wilcock (1998a) refers to "occupational risk factors" (p137) but this does not describe specific occupations to which I refer here.

⁵ Personal reflective research journal : 24/03/02 : Final thought on a definition of occupation. **The activities and tasks that occupy a person's time, that both reflect and impact on his/her personhood and circumstances.**

⁶ A Xhosa expression

6.8 FINAL REMARKS

6.8.1 It is not the purpose of this study to make recommendations regarding occupational therapy's role(s) in the larger social and political context. It is however hoped that this study will alert the profession to the need to re-orient practice to address population issues, and provide a starting point for understanding one such issue, namely poverty.

Various indicators for occupational therapy intervention have, however, already been alluded to in the foregoing section.

Returning to the issues raised in 1.3 and 1.4, it is respectfully suggested that occupational therapy should be guided by the following broad principles in considering alternative methodologies which will contribute to poverty alleviation :

- Poverty should be viewed as a human rights challenge.
- So too should health.
- Occupational justice i.e. equitable opportunity and resources to enable people's engagement in meaningful occupations i.e. as part of a fair and empowering society. (Wilcock & Townsend 2000)
- Occupation should be viewed as having transformative potential i.e. "occupation is an active process through which people both experience and organise power." (Townsend 1997, p23)
- Occupational therapy should become an enabling rather than a treating kind of therapy. (Townsend 1993)

6.8.2 Maria's story is only one person's experience. It can serve as one vignette in a collection of case studies to which occupational therapists can refer when working with people living in poverty (Polkinghorne, cited in Price-Lackey & Cashman 1996).

POSSESSIONS (bar clothing, as at 31/07/2001)

APPENDIX A

Item(s)	Details	How acquired	Other information
Beds	1 double (+ headboard) 1 : single	Since marriage Previous Employer	Plans to leave for husband
Clothing cupboard	2		Plans to leave for husband
Fridge	1 (second hand)	Purchased from resident in retirement village	
Stove	1 (second hand)	Purchased from resident in retirement village	
Television set	1 (small)	Purchased	
Washing machine	1 (second hand)	Purchased	
Blankets	3		
Duvet	1		
Comforter	1		
Sheets	2 fitted (single bed)		
Bedspreads	2		
Towels	3	Previous employer	
Tea set (cups, saucers, side plates, jug, tea pot)	2 sets (totalling 8 of each)	Previous Employer	Blue and white
Sugar pots	7	Previous Employer	
Tea pots	2		
Egg cups	8		
Dinner service (dinner & side plates, cups, saucers)	1 (4 of each)	Purchased	White with green stripe
Dinner service (dinner & side plates, cups, saucers)	1 (4 of each)	Purchased	Green

Item(s)	Details	How acquired	Other information
Glasses	3 sets of 6	Purchased	
Cutlery (teaspoons, desert spoons, knives, forks)	8 of each	Purchased (piece by piece)	
Serving spoon	1		
Odd plates	20	Previous employer	
Pots	4	Purchased via friend and paid off over months	
Casserole dishes	2	Gift from friend	
Plastic bowls	Various	Purchased (friend notified her of bargain)	
Trays	3		
Table mats	4 large + 4 small		

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