

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**EDUCATIONAL DECISION-MAKING  
IN AN ERA OF AIDS**

ARIANE DE LANNOY

Thesis presented for the degree of Doctor of Philosophy

in the Department of Sociology

UNIVERSITY OF CAPE TOWN

July 2008



**EDUCATIONAL DECISION-MAKING  
IN AN ERA OF AIDS**

ARIANE DE LANNOY

Thesis presented for the degree of Doctor of Philosophy

in the Department of Sociology

UNIVERSITY OF CAPE TOWN

July 2008



## Table of contents

List of tables.....	7
List of appendices .....	8
Acknowledgements.....	9
Abstract.....	11
<b>Chapter one - Introduction .....</b>	<b>12</b>
1.1. The AIDS-pandemic .....	12
1.2. Predicting the consequences of the pandemic: the persistence of pessimistic hypotheses.....	14
1.3. Defining the research questions .....	18
1.4. A review of theory and research .....	19
1.4.1. Modelling educational outcomes in South Africa .....	20
1.4.2. The importance of ‘class’, ‘capital’ and ‘identity’ in understanding educational outcomes.....	22
1.4.3. International ethnographic work on educational outcomes: theories on academic resistance.....	23
1.4.3.1. Resistance based on social class and gender dynamics .....	23
1.4.3.2. Resistance based on a ‘minority group’ status.....	27
1.4.4. International ethnographic work on educational outcomes: research on academic resilience .....	29
1.4.5. Ethnographic work on school and identity in South Africa.....	31
1.4.6. Examining educational decision-making among Cape Town Youth .....	36
1.4.7. A word on terminology: Identity, future selves and ‘life plans’ .....	38
1.4.7.1. Giddens: identity in a post modern society.....	39
1.4.7.2. Expanding the notion of self: ‘possible selves’ and necessary ‘life plans’ .....	41
1.4.8. Structure of the thesis .....	42

<b>Chapter two - Methodology .....</b>	<b>44</b>
2.1. Qualitative Component .....	46
2.1.1. Data collection .....	46
2.1.1.1. Defining ‘affected’ and ‘non-affected’ youth .....	46
2.1.1.2. Selecting the participants .....	47
2.1.1.3. Selecting HIV-positive caregivers .....	48
2.1.1.4. Interviews.....	49
2.1.1.5. Ethical considerations in data collection .....	51
2.1.2. Data analysis .....	52
2.2. Quantitative Component .....	53
2.2.1. The Cape Area Study .....	53
2.2.2. The Cape Area Panel Study .....	54
 <b>Chapter three - educational decision-making in context .....</b>	 <b>56</b>
3.1. Education in post-Apartheid South Africa.....	57
3.2. Youth’s living conditions.....	62
3.3. Youth (Un)employment .....	65
3.4. Family Arrangements .....	67
3.5. Crime and Violence .....	69
3.6. Youth affected by HIV and AIDS: reviewing literature and research, with a special focus on education .....	70
3.6.1. Changes in family structures: orphanhood and migration .....	71
3.6.2. Increasing needs and decreasing standards of living .....	74
3.6.3. Increases in crime and negative attitudes .....	75
3.6.4. Decline of the educational supply side .....	76
3.7. Conclusion .....	77
 <b>Chapter four – The impact of health and subjective life expectancy on adults’ perception of the value of education .....</b>	 <b>78</b>
4.1. The value of education in South Africa .....	79
4.2. The determinants of the perceived value of education .....	83

4.3. “There is no other way out”: qualitative data on the value of education among HIV- positive caregivers in Cape Town .....	90
4.3.1. Life stories .....	90
4.3.2. AIDS and the perceived importance of education .....	96
4.3.2.1. Education and school as a social space.....	97
4.3.2.2. Education as the only way to a better future.....	98
4.3.2.3. Education and schooling as the road to employment and independence .....	98
4.3.2.4. Education creates the ability to care .....	99
4.3.2.5 The intrinsic value of education: knowledge and empowerment .....	100
4.3.3. Future-orientedness in an era of HIV/AIDS .....	100
4.4. Conclusion .....	101

**Chapter five - testing the impact of health, subjective life expectancy and interaction with peers and parents on educational expectations..... 105**

5.1. Educational Expectations in CAPS wave I.....	109
5.2. Educational Expectations in CAPS wave III .....	110
5.2.1. Modelling the impact of health and SLE on young adults’ educational expectations .....	112
5.2.1.1. Including health in the model .....	112
5.2.1.2. Including subjective life expectancy in the model.....	115
5.2.1.3. Testing the factors of influence on educational expectations .. in CAPS wave III .....	122
5.3. Changes in educational expectations between CAPS wave I and III .....	126
5.4. Conclusion .....	129

**Chapter six - Exploring concepts of death and subjective life-expectancy: understanding young adults’ perceptions of (in)vulnerability ..... 131**

6.1. “It happens all the time”- the reality of death in young people’s lives and futures .....	132
6.2. “It distracts you a bit” – does death become ‘normal’?.....	139
6.3. “We will grow old” – aspirations as a coping mechanism and a drive behind personal decision-making .....	141
6.4. Subjective life expectancy in a South African context .....	145

6.4.1.	“This is how I want to live my life” - Controlling the controllable... 147
6.4.2.	The others’ life expectancy – “they will see if they get to tomorrow” ..... 151
6.4.3.	Losing and regaining feelings of ‘invulnerability’ ..... 154
6.4.4.	Individual differences in interpreting the SLE question..... 157
6.5.	Conclusion ..... 158

**Chapter seven – The stuff that dreams are made of: narratives on educational decision-making ..... 161**

7.1.	Positive educational decision-making: finding one’s pride in a focus on the future..... 163
7.1.1.	Practising the value: choosing individual over group identity?..... 171
7.1.2.	Searching for and receiving guidance and support..... 174
7.2.	Losing focus: stories of negative decision-making in a quest for belonging.... 176
7.2.1.	The ‘others’: Living ‘another culture’ ..... 177
7.2.2.	Wanting to live the fast life: the boys..... 179
7.2.2.1.	Dreaming of success, but without a long-term plan ..... 181
7.2.2.2.	Doubting, but not rejecting the value of education..... 182
7.2.2.3.	Choosing for crime: Instant power and gratification ..... 184
7.2.2.4.	Peer pressure: exerting, resisting and undergoing, all at once..... 186
7.2.3.	Wanting to live the fast life: the girls. .... 187
7.2.3.1.	The definition of ‘success’: escapism..... 189
7.2.3.2.	Not rejecting, yet not acting upon the value of education ..... 190
7.2.3.3.	‘Failing’ support structures ..... 191
7.2.3.4.	The impact of peer culture ..... 193
7.3.	Brittle decisions: the consequences of ‘fragility’ in the young people’s stories 196
7.4.	Conclusion: the rationale behind educational decision-making? ..... 201

**Chapter eight – Educational decision-making in an era of AIDS, narratives of affected youth ..... 204**

8.1.	Affected young adults’ positive choices about education – a strategy oriented towards future success. .... 205
8.2.	‘Fragility’ in educational decision-making..... 211
8.2.1.	The impact of HIV and AIDS on young adults’ lives ..... 212

## Table of contents

---

8.2.1.1. Shock, insecurity, and the search for new support networks.....	213
8.2.1.2. The recognition of increased responsibilities .....	216
8.2.1.3. Understanding “those who have no parents” .....	220
8.2.2. Fragility beyond HIV and AIDS: Shifting, absent or problematic social relationships; the stories of Nosipho and Nobuzwe.....	222
8.2.2.1. Absence of guidance .....	223
8.3. Conclusion: HIV and AIDS as a mediator in educational decision-making?..	225
<b>Chapter 9 - Conclusion.....</b>	<b>228</b>
9.1. Synthesis .....	230
9.2. Caveats and indications for further research.....	239
9.2.1. The qualitative component.....	239
9.2.2. The quantitative component.....	240
<b>Bibliography .....</b>	<b>243</b>
<b>Appendix.....</b>	<b>268</b>



**List of tables**

Table 1	Breakdown of the educational value in CAS	80
Table 2	Distribution of instrumental and societal value in CAS	82
Table 3	Prevalence rates of various illnesses, as measured in DHS, GHS, Census and CAS	84
Table 4	SLE as measured in adult CAS sample	87
Table 5	Relevant details of adult participants in individual interviews	91
Table 6	Overview of variables used in Beutel and Anderson's (2004) and De Lannoy's (2007) models on educational expectations	107
Table 7	Summary statistics of CAPS sample with complete wave I and III data	108
Table 8	Summary of Beutel and Anderson's analysis of CAPS wave I data	109
Table 9	Self rated health among youth in the Cape Town Metropolitan Area	114
Table 10	Summary of results of Thornton and Lam (2007) and De Lannoy (2007) on SLE	116
Table 11	SLE of CAPS 2005 respondents	117
Table 12	SLE of CAPS 2005 respondents	118
Table 13	Summary of regression analyses with educational expectations as dependent variable	125
Table 14	Overview of SLE responses among focus group participants	147

## List of appendices

- Appendix 1 Descriptive statistics on the general perceived value of education in CAS
- Appendix 2 Descriptive statistics on the perceived instrumental value of education in CAS
- Appendix 3 Descriptive statistics on the perceived societal value of education in CAS
- Appendix 4 Distribution of health related questions in CAS
- Appendix 5 Descriptive statistics on the created health and 'ill health' measures in CAS
- Appendix 6 Regression results for 'ill health' in CAS
- Appendix 7 Descriptive statistics on the perceived life expectancy for oneself in CAS
- Appendix 8 Regression results for 'low life expectancy' in CAS
- Appendix 9 Regression results for SLE, by population group, in CAS
- Appendix 10 Regression results for the 'instrumental value of education' in CAS
- Appendix 11 Regression results for the 'societal value of education' in CAS
- Appendix 12 Descriptive statistics on health variable in CAPS
- Appendix 13 Regression results for health in CAPS
- Appendix 14 Descriptive statistics for SLE in CAPS
- Appendix 15 Regression results for SLE in CAPS
- Appendix 16 Regression results for educational expectations in CAPS, full sample
- Appendix 17 Regression results for educational expectations in CAPS, age restricted sample
- Appendix 18 Regression results on educational expectations, controlling for orphanhood
- Appendix 19 Probit regression results on decreased educational expectations
- Appendix 20 World Health Organization Staging System
- Appendix 21 Overview Table of non-affected youth
- Appendix 22 Overview Table of affected youth
- Appendix 23 Information sheets for youth, in English
- Appendix 24 Information sheet for caregivers, in English
- Appendix 25 Consent form for caregivers and youth, in English
- Appendix 26 Interview guide youth, in English
- Appendix 27 Classification and distribution of CAS Household Members' Health
- Appendix 28 Interview guide caregivers, in English

## Acknowledgements

This dissertation would not have been possible without the support and contributions of many people. I would like to extend my heartfelt thanks:

To the twenty young people and ten caregivers in Cape Town who opened up their lives and shared their experiences with me; Special thanks have to go to my 'core respondents' whose names I cannot reveal, but whose support, knowledge, stories and friendship were so essential to this work, and my own life. They spent many hours talking and translating, showing me the way around the townships. They sometimes laughed at my ignorance, were worried about me, but always had the patience to explain and make me more knowledgeable of what life in the research areas was really like.

To the various people at Wola Nani, Nokuthembeka Home Based Care, SAEP, and the Crossroads Health Care Centre, who opened up their doors and gave me space to interview when no other places were available.

To the Centre for Social Science Research (CSSR, UCT) and especially professor Jeremy Seekings, my supervisor, for believing in this research project and offering me a full-time scholarship and space to work, for his input and support, for keeping me going; Thanks also to the CAPS and CAS teams for making me part of them and allowing me to help develop the 2005 questionnaires;

To Dr. Rachel Bray and Lauren Kahn for patiently reading through so many chapters and providing valuable feedback on content and language.

To Shiela, for her many hours of transcribing and her feedback on interpreting the data;

To Jessica, for proofreading the entire document – it was not always easy to put my thoughts in words in what is my third language, and I am grateful to everyone who made corrections to the text;

To all the members of the CSSR who provided input and support along the way;

## Acknowledgements

---

To Mdu, for being my biggest supporter; for his never-ending patience, his understanding and words of encouragement; for keeping his dance in my life when work threatened to take over too much;

To my parents, for their encouragements.

And finally, to my friends, both in South Africa and back home, in Belgium. To Ann and Kris, for taking me into their home when my own home fell apart.

University of Cape Town

## **Abstract**

One of the ways in which AIDS is said to ravage the lives of young people is through its impact on education. Youth and their caregivers might respond to shortened life expectancy by investing less in schooling. No evidence has been presented for this hypothesis, however. Indeed, little is known about educational decision-making outside of a Western, industrialized context. This thesis examines educational decision-making in South Africa, and specifically tests the hypotheses that AIDS reduces the perceived value of education.

The study combines quantitative and qualitative research, all conducted in the South African city of Cape Town. Whilst it proves difficult to model the effects of HIV/AIDS, the quantitative data from both adolescents (who participated in successive waves of the Cape Area Panel Study) and adults (who participated in the 2005 Cape Area Study) fails to provide support for the hypothesis that AIDS leads to a diminished valuation of the importance of education.

Qualitative material was collected through diverse methods, from samples of AIDS-affected and non-affected young adults, and from HIV-positive adult caregivers. The qualitative research shows that young adults make educational decisions as part of a broader process of constructing identities. In a context of 'fragility', youth have to decide who they are and what they want to be. They construct positive 'future selves' that entail the aspiration for a long and successful life, in the course of which they maintain some control in the face of the chaos, hardship and mortality around them. Investing in education is an important marker of this self-control and positive aspiration, and hence their desired identity. HIV-positive adult caregivers also choose to invest heavily in their children's education because they want to equip their children with advantages that will endure after their own deaths. HIV/AIDS might induce stress, insecurity and anxiety, but no evidence was found that it leads either caregivers or youth to make negative decisions about education, or to orient their values, attitudes and behaviour towards the short- rather than the long-term.



## **Chapter one - Introduction**

Numerous studies have indicated the profound and rising impact of HIV and AIDS on children and young adults' lives. This dissertation is concerned with the pandemic's consequences for young people's education. More specifically, it explores young adults' and caregivers' educational decision-making in a context of HIV and AIDS.

### **1.1. The AIDS pandemic**

There is no clear definition in the AIDS-related literature of 'AIDS-affectedness', and exact data on all 'types' of affected youth are not always easy to come by. However, whatever numbers are available paint a dramatic picture.

Estimates of the number of young people between the ages of 14 and 25 living with HIV and AIDS worldwide vary between 10 and close to 12 million. Of these, the vast majority is female, and about one half live in Sub-Saharan Africa (UNAIDS, 2004a, 2004b, 2007; UNICEF, UNAIDS, WHO, 2002). At the end of 2007, UNAIDS estimated there had been more than 2700 new HIV infections per day among youth aged 14 to 25 (UNAIDS, WHO, 2007).

In South Africa, the Department of Health estimates that, in 2006, approximately 18% of adults aged 15 to 49 were living with HIV. Data collected at antenatal clinics indicate HIV-infection levels of approximately 30% among pregnant women (Department of Health, 2007; UNAIDS, WHO, 2007). An estimated 11% of adults living with HIV are in stage four of the disease (as classified by the WHO<sup>1</sup>) (ASSA 2003). Among young adults between the ages of 15 and 24, HIV-prevalence is estimated to be approximately 10%, but with a much higher prevalence among female youth (17%) than among male youth (4%). UNICEF provides similar figures, with an

---

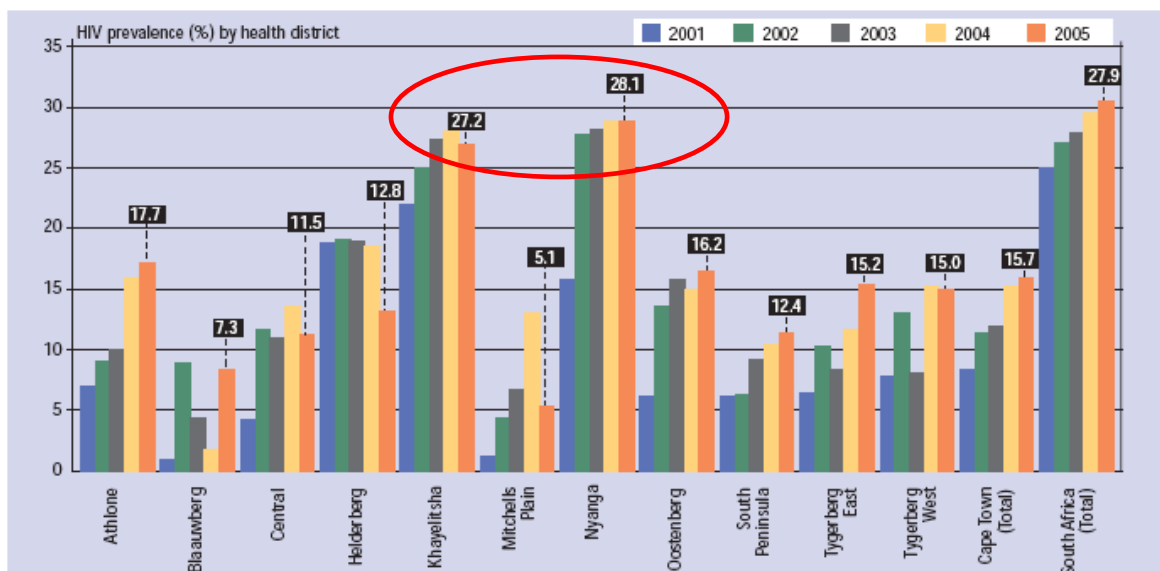
<sup>1</sup> The WHO staging system of the disease includes four stages, with infected people in stages 1 and 2 being relatively asymptomatic, those in stage 3 showing symptoms as recurring diarrhoea, weight loss, and infections of mouth and throat, and those in stage 4 being AIDS sick, showing symptoms as pneumonia, extrapulmonary TB and wasting (WHO, 2005). Appendix 20 provides an overview of the stages and their symptoms.

estimated 5% HIV-prevalence among young males and 15% among young females (UNICEF 2008).

It is further estimated that the incidence rate<sup>2</sup> among young adults was close to 3% in 2006. Among young women between the ages of 15 and 19, incidence rates are estimated to have been as high as 4.2% in the same year (ASSA 2003; UNAIDS and WHO 2007). Calculations based on the full ASSA 2003 model indicate that of all young adults infected with the HI-virus in 2006, approximately 52% were in the first stage of disease, 23% and 21% in stages two and three respectively, and 2.5% in stage four (not on treatment). Approximately 1% of all young people living with HIV are on antiretroviral treatment.

In the Western Cape Province, where the research for this dissertation was conducted, numbers are lower than in any of the other provinces, with a prevalence rate of about 4% among youth aged 15 to 24, and an incidence rate of just over 1% (ASSA 2003). However, in the areas of research, such as Nyanga and Khayelitsha, antenatal clinic data indicate prevalence rates among women aged 20 to 24 of approximately 28% (City of Cape Town, Health Services, 2007).

Figure 1: HIV-prevalence rates according to 2006 antenatal clinic data



<sup>2</sup> Prevalence rate refers to the estimated proportion of people who are infected with HIV, at any given time; incidence rate, on the other hand, refers to the new cases of HIV-infection diagnosed each year (Dorrington et al., 2002)

According to the South African government's report on "Mortality and causes of death in South Africa", comparing number of deaths in 1997 and 2002, there was an increase in deaths among the 15 to 24 year olds of more than 55%, largely due to AIDS-pandemic (Statistics South Africa, 2005).

Younger children are affected by AIDS not so much through direct infection as through the death of their parents or other kin. Data on orphaned young adults in the complete age group 14-25 are scarce, since 'orphans' are usually defined as children below the age of eighteen "who have lost either or both parents from any cause" (Subbarao and Coury, 2004: 6; see also for example UNICEF and World Bank, 2002; Children's Institute, 2001). An estimated 1.2 million children below the age of eighteen in South Africa are believed to have lost one or both parents to the pandemic (ASSA 2003).

The chance of being orphaned as a consequence of the pandemic rises with age, as "AIDS kills parents in midlife after an incubation period of eight to ten years" (Subbarao and Coury, 2004: 22). In the Western Cape, estimates for 2006 show approximately 1% of maternal orphans among two year olds, compared to close to 8% among fourteen year olds, and 9% among seventeen year olds (ASSA 2003).

Documented socio-economic consequences of the pandemic on children and youth range from increasing poverty levels of the household they reside in, increased demands on the children to take on caregiving and income generating roles, migration following the loss of a parent or primary caregiver, to decreased access to health care and education (see chapter three for more details).

## **1.2. Predicting the consequences of the pandemic: the persistence of pessimistic hypotheses**

Some studies have hypothesised that the AIDS-pandemic will affect negatively educational decision-making, not only through its consequences on individual's and households' economic resources, but also by its effects on the more *subjective spheres of decision-making*, i.e. *values, attitudes, and beliefs in the future and in education*. In an influential study of AIDS, Barnett and Whiteside (2002), for example, argue that:

“sick adults may have reduced expectations of the returns of investing in children’s education, as they do not expect to live long enough to recoup the investment... The shorter the time frame that people have, the more short-term risks they take with their health and the less willing they are to risk their limited assets which must be used for short-term survival. They are unwilling to invest in the future. [Someone] who believes he or she will live only 40 years will not invest in education” (p. 202; 273).

Similarly, De Waal hypothesises: “... when adult life span becomes highly uncertain, individuals’ rationale to invest time and resources in their education or training, or to save and invest is less rational” (2002: 9). Bell *et al.*, in their economic modeling on the impact of the AIDS pandemic, presume that parents’ “expectations concerning their children’s future are so bleak as to induce them to roll back investment in schooling to levels not seen since the middle of the twentieth century” (2004: 97). AIDS is also said to have dire consequences for the state of democracy and internal security in South Africa (De Waal, 2002, Mattes, 2003, Schönteich, 1999, Hunter, 1990), in part because AIDS is expected to contribute to anti-democratic and anti-social values and behaviour among affected and orphaned children and adolescents.

It is clearly important to test the validity of such hypotheses. If Barnett and Whiteside’s reasoning was correct, the AIDS-pandemic would have a massive effect on educational deficiencies, and would worsen the already existing inequalities in the educational outcomes among youth in heavily affected countries such as South Africa.

But is it true that caregivers and youth make decisions around education based solely on a narrow and economistic cost-benefit analysis as suggested by these hypotheses? It seems that the above assumptions take a fairly narrow stance on educational decision-making (henceforth EDM). Although purely economic models generally look upon decisions with regards to education as based on a cost-benefit analysis, sociological and ethnographic research has indicated the importance of a wide array of contextual and individual factors on EDM. It is even unclear what effect the pandemic has on people’s perceived or ‘subjective’ life expectancy. Is it really the case that affected youth and caregivers turn to only short term thinking, under the influence of AIDS? Little is known about the impact of AIDS on such subjective factors.

Some indications can perhaps be found in the existing psychological and related literature. Studies have pointed at the likelihood of various psychological problems among AIDS-affected children and young adults, including a heightened risk of the internalisation of problems, such as depression, being more withdrawn, anxious and stressed (Cluver, 2007; Brandt, 2005a), as well as negativity or apathy (LeClerc-Madlala, 1997). Some research indicates that children's hopes and expectations for the future may change after witnessing the death of parents or caregivers (Stein, 2003), and that such children may experience feelings of hopelessness, loneliness, anger and confusion (Wild, 2001). Orphaned children may believe that they do not have any close friends (Cluver and Gardner, 2006). One study of older children between the ages of 11 and 16 who were not yet orphaned found that even "living with an HIV positive mother resulted in a shift in the children's core assumptions about life, fear of death, and a sense of stigma and isolation" (Reyland, Higgins-D'Alessandro & McMahon, 2002, quoted in Brandt, 2005b: 7-8). Yet despite these apparent psychological effects, researchers find no evidence that orphaned youth display unusually exuberant<sup>3</sup> conduct or behavioural problems (Cluver and Gardner, 2006; 2007).

On the caregivers' side, research has also indicated a high risk of "depressive symptoms and general psychological distress" among HIV-positive mothers and women, and the likelihood that these depressive symptoms increase as the disease progresses (Brandt, 2005a: 17-18). However, one of the main concerns of HIV-positive mothers is the future provision for their children. As the illness progresses, many mothers increase their efforts to maintain their role of mother and caregiver (Brandt, 2005b; Van Loon, 2000). A qualitative, Chicago-based study found that most HIV-positive mothers redefined their concept and practices of motherhood in terms of providing additional education and emotional support. When mothers were no longer able to actively fulfil their role of parents, "they still felt responsible for their children's welfare and stressed supervisory functions: One mother explained that being a good mother to her son, who lived with his grandmother, meant making sure he went to a

---

<sup>3</sup> Cluver and Gardner (2006) reported no increased levels of conduct problems; The statistical analyses in Cluver and Gardner (2007), however, found higher levels of delinquency among children orphaned as a consequence of AIDS, but such levels were still below internationally accepted cut off rates. The researchers point at other oppositional findings with regards to conduct behaviour in other international research.

good school. Another mother arranged for her children's adoption so that they could move to a better neighbourhood and attend better schools" (Van Loon, 2000: 159).

The findings of this body of research thus caution against pessimistic hypotheses around the impact of AIDS on EDM. Furthermore, sociological and school-based literatures also tend to suggest the opposite to what the pessimistic hypotheses predict, i.e. that AIDS-affected people – caregivers *and* children - maintain a strong commitment to education in the face of, and perhaps because of, AIDS. In South Africa, household level surveys into the economic impact of HIV and AIDS on households have all found significant increases in the levels of poverty in affected households (Booyesen et al., 2003; Giese et al., 2003; Steinberg et al., 2003). As a result of the increasing strains on their budgets, households sometimes kept children out of school. Older youth was sometimes out of school for longer periods of time, presumably to take care of the ill or to take on income generating activities (Booyesen et al., 2003; Giese et al., 2003). But these studies found no evidence of children being kept out of school because of a cost-benefit analysis that presumed lower returns on the investment in education due to lowered life expectancy. In fact, all of these studies refer to the continuing efforts of families and children to maintain the youths' school attendance: families were found to sell their assets in order to be able to keep children in school, and vulnerable and orphaned children themselves went to great lengths to be able to remain in school (Booyesen et al., 2003; Giese et al., 2003; Steinberg et al., 2003; also Van Blerk and Ansell, 2005, in Malawi and Lesotho):

“Many of these children continue to make an enormous effort to get the best education available to them – working in exchange for school fees or walking for hours each day to get to and from school. For these children, education represents the possibility of escape from their current circumstances. As one child says: “education gives me freedom.” (Giese et al., 2003: 22)

It seems thus that education need not lose its value in the eyes of AIDS-affected people. Yet pessimistic theories have persisted, with the danger of thereby overlooking affected people's strengths and strategies to cope with the challenges that AIDS poses to their daily lives, and of neglecting the needs of these young adults, children and their caregivers who do continue to build their future, perhaps also by continuing to believe in education. By taking an over-simplified, generalising attitude vis-à-vis affected people, one furthermore strongly runs the risk of contributing only to those people's

stigmatisation in a context that is already heavily influenced by fear for the disease and its consequences.

### **1.3. Defining the research questions**

Most of the studies cited above have focused on other aspects of the pandemic besides its effects on EDM, and mention the effects on EDM almost in passing. This thesis focuses directly on EDM, in order to provide a more comprehensive understanding of the process of EDM among young adults in general, and of the impact of the AIDS-pandemic in particular. Concretely, this thesis aims to answer following research questions:

- How do African<sup>4</sup> young adults in an impoverished urban setting make decisions around their education:
  - a. How do they understand the value of education?
  - b. (How) do they act upon that value?
  
- Do HIV and AIDS impact on that decision-making process, and if so, how:
  - a. How do young adults experience and understand rising levels of morbidity and mortality in their environments?
  - b. How do they estimate their 'subjective life expectancy' (SLE), and what factors influence such subjective understanding of longevity of life?
  - c. Does AIDS – through such pathways as reduced SLE and increased mortality in their environment - influence young adults' values and attitudes in life, especially those towards education?

This dissertation moves beyond the narrowly economic way of thinking that informs the pessimistic hypotheses cited above. It draws on an eclectic set of disciplines and

---

<sup>4</sup> This thesis focuses especially on EDM among African youth, as these are the ones most heavily affected by the pandemic, but also those who have consistently lower educational outcomes in the country. I am mindful of the sensitivity and controversy around the use of racial terms in South Africa, as such categorizations are social constructs maintained under the previous Apartheid regime. It is, nevertheless, believed to be essential to recognize these historical constructs in this work, as they continue to carry important social meanings, and explain many of the remaining inequalities in the country. I use 'African' to refer to indigenous South Africans- the African youth and caregivers in my sample all spoke Xhosa. 'Coloured' refers to South Africans of diverse and mixed racial origins, most of whom speak Afrikaans and/or English. 'White' refers to South Africans of European ancestry who received prioritized treatment under apartheid.

theoretical frameworks with respect to EDM, schooling, the impact of death in general and of AIDS more specifically. It relates especially to ethnographic work as that by Willis (1977) and MacLeod (1987) conducted in the UK and the US, that points at the importance of understanding EDM in a broader context of youth 'agency' and 'identity', and to a body of research that has looked into 'academic resilience' .

#### ***1.4. A review of theory and research***

The following sections situate the study of EDM in various theoretical paradigms that point to the shortcomings of negative hypotheses around AIDS and EDM. It first provides a brief overview of the empirical quantitative research into educational inequalities among South African youth. Such studies provide insight into the social correlates of educational outcomes, but do not help to understand the ways in which young people interact with that context, and how they take up agency within it.

International, mainly ethnographic, research has nevertheless indicated the importance of understanding youth as agents within the educational context and regarding educational choices. A second section therefore introduces such international, school-based studies. These have, on the one hand, focused on the construction of 'cultures' or 'identities' of resistance that lead to the reproduction of social (class, racial and gender) inequalities. On the other hand, there is a corpus of work that looks at 'academic resilience' rather than 'resistance'.

No South African research has looked into school and identity in a similar manner. Available studies on the topic have been concerned with the way in which youth identity is constructed within the school context, yet not necessarily with how such would lead to differential educational outcomes. Indications thereof can, however, be found in ethnographic studies of young adults 'growing up' in the New South Africa. These studies are introduced in a third section. The chapter ends with a clarification of this thesis' argument and its theoretical frame of decision-making and identity.

### 1.4.1. Modelling educational outcomes in South Africa

In South Africa, the study of educational inequalities has been dominated by quantitative studies of the socio-economic correlates of grade attainment, drop-out rates, and so on. An extensive part of this South African research has pointed to the impact of family background on students' educational outcomes, sometimes with seemingly contradictory findings.

Several studies have found strong, positive relations between parental levels of education and children's schooling outcomes. Their dependent variables have varied from enrolment to grade repetition or cumulative grade attainment. Mothers' schooling especially has been found to have a large, significant effect on youth's schooling outcomes (see, for example, Anderson et al., 2001; Anderson and Lam, 2003; Anderson, 2005; Case and Deaton, 1999, Lam, 1999). Further, family structure has proven important in numerous ways, and often independent of parental level of education (Anderson and Lam, 2003). Anderson (2005) documented that children living with close relatives are less likely to be behind in their schooling than children who live with more distant kin. Similarly, Cichello (2003) found a significantly negative effect of being fostered by more distant kin on children's enrolment changes, but not of being fostered by close kin; importantly, however, in a longitudinal analysis, Cichello also indicated that such lower enrolment rates did *not* translate into lower long-term school progress of fostered children. In further cross-sectional analyses, Anderson (2000) found that children living with both genetic parents had better results than those living with a single parent, and even more so than those who did not live with either of their genetic parents. Furthermore, a significant positive effect was found of the proportion of years spent living with one's mother on cumulative grade attainment of male African youth in the analysis of longitudinal data (Anderson and Lam, 2003). Other studies have documented that household economics – resource constraint or resource dilution factors – impact negatively on children's and young adults' enrolment chances (Anderson and Lam, 2003; Case and Ardington, 2004; Lewin and Sayed, 2004). In other words: children and youth from more “disadvantaged” backgrounds – i.e. with lower economic resources, lower levels of parental education, and who have potentially lost one or both parents - are more prone to dropping out, lower grade advancement and lower enrolment chances. Some have also pointed to the importance of school and

neighbourhood characteristics for schooling outcomes (Case and Deaton, 1999; Van der Berg, 2006; see chapter three for more details).

However, this kind of research does not clearly explain *why* exactly some factors of family background correlate with lower educational outcomes. It has been suggested that more highly educated parents perhaps place more value on schooling more highly and would therefore be willing to spend more money and other household resources on their children's education, or they might knowingly or unconsciously pass on the message that schooling is important and will lead to a better future for their children; they might understand the interaction between school and family better; furthermore, educated parents might be more capable of helping children with schoolwork, be more inclined to buy or keep books and stationary in the house, or perhaps indirectly provide children with higher language skills. A more direct influence would also be the fact that parents' higher levels of education lead to a higher income and thus a larger budget available for children's schooling expenditure; the families might live in higher income scale neighbourhoods with better and more easily accessible schools, and so on (Van der Berg and Louw, 2006; Lam, 1999). It has further been hypothesised that female caregivers are most likely to fulfil their traditional role of caregiver and therefore enable children to attend school: they are "more likely to invest resources, including time, money and emotional support, in facilitating the education of children living in their households" (Lloyd and Blanc, 1996: 288; also Anderson and Lam, 2003; Case and Ardington, 2004; Case et al., 2004). However, no clear answers have been provided that could explain how and why exactly socio-economic background influences educational outcomes the way these studies indicate that it does. Nor are any indications given as to why some young adults from similarly disadvantaged backgrounds *do* succeed to reach better educational outcomes.

There is, nevertheless, a corpus of international research that provides a more in-depth analysis of the influences of home and neighbourhood factors on educational outcomes. In her work on "how parents help their children get good jobs" in Britain and the United States, Devine (2004), for example, illustrates how middle class parents indeed have more possibilities to 'activate' knowledge. They also have more economic and social resources at their disposal than lower class parents do, when trying to help their children through school and into the labour market. Hence poorer parents and their

children are disadvantaged, despite equally high ambitions as those held by middle class families. Devine thereby draws upon Bourdieu's theory of Cultural and Social Capital.

#### **1.4.2. The importance of 'class', 'capital' and 'identity' in understanding educational outcomes**

Bourdieu (1977; also Bourdieu and Passeron, 1977) defined his concept 'cultural capital' as the knowledge, skills, and general cultural background that are passed on from one generation to another. He argued that such cultural capital differs between children from lower classes and those from upper classes. The family upbringing of upper class children – he asserts – differs from that of lower class children, providing them with the means to succeed in school that are absent in the lives of lower class pupils. Furthermore, Bourdieu saw the 'habitus' (the different spheres of influence) of youth as primarily 'reproducing' existing social positions: youth's aspirations would therefore be mediated by the existing social positions of their parents.

'Social Capital' then, is more concerned with relations and networks of support. The term was used also by Coleman (1988). Relations between people can be thought of as "social resources" that enable them to achieve certain goals: "social capital is productive, making possible the achievements of certain ends that in its absence would not be possible" (Coleman, 1988: 98). In a family context, more specifically, social capital is found in the relations between children and parents; it is often captured in the time spent by parents with their children and the effort put into certain issues or topics. Hence, it is implied that when parents are physically absent, or are present but keep from spending time or building strong relationships with their children, social capital is missing in the children's environment.

International ethnographic work on educational outcomes among working class children has been linked to these theories. Willis (1977), for example, explained the educational outcomes of working class boys on the basis of their low aspirations shaped by their working class position (as we shall see further below). Willis and others do, however, also stress the importance of understanding educational outcomes in view of youths' *agency* and identity. Indeed, the important difference between such studies and

the above-mentioned quantitative studies is that the latter have mainly been concerned with socio-economic correlates of educational outcomes, but have paid little attention to the possibility of children and young adults themselves *acting upon* their context, and potentially making educational choices that will affect their outcomes.

It has become accepted across an array of disciplines that children and young adults are not merely passive recipients of their socio-economic context, but that they also take up agency within that context. In their work on “Youth agency and social context”, White and Wyn emphasise that “young people negotiate their own lives, futures and meanings, but they do so in the context of specific social, political, and economic circumstances and processes” (1998: 314). The following section, therefore, provides an overview of a corpus of research that has looked at youth as agents within the schooling context.

### **1.4.3. International ethnographic work on educational outcomes: theories on academic resistance**

A long-standing tradition of international ethnographic work with young adults has pointed towards the influence of adolescents’ interpretations of their environment and their active creations of identities or ‘cultures’ on schooling outcomes. Some of the most influential studies in this tradition are those by Willis (1977, 1990) and MacLeod (1987, 1995). Both focused specifically on the context of working class young men who exert agency by *actively* choosing to disengage from education and the educational achievement ideology (also Dolby and Dimitriadis, 2004, on Willis).

#### **1.4.3.1. Resistance based on social class and gender dynamics**

In his classic ethnographic work “Learning to Labor: How working class kids get working class jobs”, Willis (1977) described the daily lives in and outside the classroom of twelve young men in the industrial place “Hamertown”. Willis’ analysis was focused primarily on class. He describes how “the Lads” were not passive recipients of their socio-economic context, but actively constructed a “counter school culture”. They rejected what would be the official ideology around education, i.e. that reaching higher levels of education would eventually allow them to achieve a more equal socio-economic position within their society, based on their understanding of and

experience with class subordination in the broader society. “Willis argued that the ability and eagerness of the Lads to resist demonstrated at least a partial (if not sufficient) recognition of their social locatedness and the way in which they were economically situated as members of an oppressed class” (McLaren and Scatamburlo-D’Annibale, 2004). They interpreted academic work as irrelevant to their lives and were oriented towards the prospect of masculine industrial labour. Their form of resistance translated in aggressive masculine behaviour directed against school and teacher authority. It involved all aspects of ‘acting out’, delinquency, disengagement from the teaching content and truancy.

Similarly, MacLeod’s ethnography of Chicago youth in Clarendon Heights noted the rejection of the ideology of upward mobility through education among a group of white working class young men (MacLeod, 1987). MacLeod does point to a difference between the Hallway Hangers and the Lads, in that the first did not distaste ‘white collar jobs’ as much as the Lads. Their view on the future saw “stagnation at the bottom of the occupational structure as almost inevitable” (ibid: 123). Therefore, these young men believed they would be getting “shitty jobs anyway” and did not see the value of investing in their schooling.

Significantly, both the Lads and the Hallway Hangers are white. The Brothers, a second group of young men in MacLeod’s study, are a group of African American young men who, in contrast to The Hallway Hangers, do not so readily display an ‘oppositional identity’. Instead, they maintain high aspirations, positive values towards education and optimism for a better future – as MacLeod points out: much in contrast to what Bourdieu’s theory on ‘habitus’ would have predicted. However, they ultimately do not fare that much better in terms of upward mobility than The Hallway Hangers. Yet, while The Brothers had perhaps not managed to realise their aspirations to the fullest, they had managed to stay away from the paths of substance abuse, crime and unemployment that became part of most of The Hallway Hangers’ lives. In their search for dignity, they had maintained a strong work ethic and attempts to reach higher levels of education, even though they were faced with racism, the prospect of job-insecurity, and low wage pay. The Hallway Hangers on the other hand, paralleling Willis’ lads, had found dignity through resisting dominant social values.

MacLeod emphasised the importance of ambitions, or aspirations, in what distinguished the Hallway Hangers from the Brothers. The Hallway Hangers, like Willis' lads, aspired to nothing more than a working class position and chose their identities and behaviours accordingly. The Brothers' aspirations, on the other hand, were high, and were, according to MacLeod, informed by a combination of the objective opportunity structure, their parents' hopes and the achievement ideology of the school (ibid: 125). In explaining the high aspirations among these African youth, MacLeod points to the fact that many of them had moved into the neighbourhood – some were immigrants from the South – and that they therefore probably saw their chances for upward mobility as 'better' than the ones they and their parents had had in their previous neighbourhoods. The Brothers' outlook "encompasses a sense of improved life chances" that was absent from the lives and minds of the Hallway Hangers (ibid). By acting according to their ambitions, The Brothers managed to stay away from the troubled lifestyles they saw among the Hallway Hangers.

Willis and MacLeod have been criticised for – among other things - their exclusive focus on young men, and for overlooking gender dynamics in identity and culture formation (for example, McRobbie, 1977; see also Gordon, 1984; Dolby and Dimitriadis, 2004; Arnot, 2004). Consequently, a number of (sometimes feminist) school based studies were conducted with young women rather than men, focusing on the existence of gender dominated dynamics in a classroom. They referred to male domination by teachers and boys in the classroom context and the need for girls to find ways of dealing with potential powerlessness in that context. Most of the research into girls' situation in classrooms indicated that the sort of open resistance or rejection of authority as shown by Willis' Lads is seldom found in girls (Öhrn, 1993, 1998). Öhrn (1998) provides a very useful overview of such research, and stresses the importance of understanding girls' use of more covert resistance and even, seemingly, accommodation as a form of resistance.

Öhrn refers thereby to Mac An Ghail's work on girls' resistance which illustrated that girls could "show resistance within accommodation" (ibid: 344). In Mac An Ghail's study (1988) at a sixth form school in England, a group of working class girls called "The Black Sisters" were found to reject school, but not education as such. All the girls were British-born, but some had Indian, other Pakistani or African-Caribbean

parentages. They rejected the racist curriculum and practices of the school, but distinguished themselves from those who were “anti school”, as they valued education as a means to individual social mobility and to gather knowledge. The girls showed their resistance to school by “coming late to school, completing homework late ... and talking together in their own language” (Mac An Ghail, 1988: 27). Yet they chose to achieve, and “by doing so, counter the racist picture of themselves as intellectually inferior” (Mac An Ghail in Öhrn, 1998: 344).

Other studies have shown similar expressions of covert resistance. In her work with working class girls, aged thirteen to sixteen, in Birmingham, McRobbie (1977; 1991) observed girls criticising school authority, yet never violently confronting it. The girls would, for example, “oppose the oppressive structures of the school” by ‘taking turns’ in paying attention in class, or by sitting around in the school lavatories, talking about fashion, magazines, boys, and so on. Yet they would not choose to be violent or to “play truant” as their male peers had been found to do: “School authority was undermined not by resorting to violence in the classroom, or continual truancy... (but by) elevating and living out their definition of ‘femininity’”, an idea that was organised around “romance, pop, fashion, beauty and boys” (Mc Robbie, 1991: 13-24)

In her ethnographic research with white, working class young women in a British college for Further Education, Skeggs (1991) found girls openly countering feelings of subordination by their male teachers by commenting on teacher attitudes, but never to the point that they would jeopardise their education. In a context of male domination, Skeggs found the girls used “flirting and fantasy [as] compensatory tactics to enable [them] to ameliorate the daily humiliation of sexism” (ibid: 127).

Öhrn’s study in a 9<sup>th</sup> grade Swedish classroom concerns “gender and power relations in the classroom setting” (1993: 345). Öhrn conducted observational research and in-depth interviews with girls aged fifteen or sixteen in Goteborg, Sweden. These girls actively contested power relations and pursued their principles within a male-dominated class context. She too found that girls were not openly questioning teachers’ authority. Nevertheless, they would “exaggerate, refine or distort a ‘good pupil’ type-script in order to get control” of their situation and counter “powerlessness”. Working class girls would more readily opt for open confrontation than their middle class peers would:

“working class girls are those more likely to use confrontational scripts, to seek influence and to resist in public” (ibid: 154). Boys on the other hand would gain influence in a classroom by being more assertive and demanding.

The above-mentioned studies offer useful insights in the importance of youth aspirations, and of the active creation of identities and ‘cultures’. Willis (1977) indicated how youth might reject a dominant educational ideology based on (real and perceived) class dynamics. Other studies, for example MacLeod’s (1995) and Mac An Ghaill’s (1988), illustrated that some young people from a specific racial background may choose *not* to reject the dominant ideology, but in some cases adapt forms of resistance against the school as an institution. Some youth, like MacLeod’s Brothers (1995) maintain high aspirations and try to act upon those aspirations. MacLeod’s explanation of the Brothers’ high aspirations resembles Ogbu’s theories of resistance based on minority group status (Ogbu, 1985). The following section describes Ogbu’s work in more detail.

#### **1.4.3.2. Resistance based on a ‘minority group’ status**

Ogbu (1985) developed a theory on an “oppositional identity” among African American learners: an identity construed in opposition to a dominant white society that offers no possibility for upward mobility to those who are not White. Importantly, however, Ogbu’s oppositional identities are not limited to *class*, but explain motivations of “minority group” children. Such minority group youth, Ogbu argues, have been found to do worse at school at *all* class levels (Ogbu, 1992).

Ogbu extensively studied the differences between “minority” and “majority” group educational outcomes<sup>5</sup>. His original research was situated in a multi-ethnic community in California, which comprised of African-, Chinese-, Filipino-, Japanese-, Mexican- and White Americans who sometimes lived in the same areas and went to the same schools (Ogbu, 1974; 1992: 287). The finding that some minority groups did well in schools while others did not, later made him focus also on educational differences *among* minority groups. Based on this and other ethnographic work in the United States

---

<sup>5</sup> Ogbu defines minority groups not in terms of numerical representation but based on “power relations between groups”, in other words those groups who are in a subordinate power relation with another, are termed minorities (Ogbu and Simons, 1998: 162).

and other societies, Ogbu has also emphasised the importance of *agency*: “structural barriers and school factors affect minority school performance; however, minorities are also autonomous human beings who actively interpret and respond to their situation” (Ogbu and Simons, 1998; Ogbu, 1974; 1985; 1990, 1992). He developed the *cultural ecological theory* on minority educational performance, arguing that both the environment within which people live and operate, as well as the way in which people interpret their world and act upon and within it, are factors of great importance for educational outcomes (ibid).

In short, Ogbu defines different types of minority groups: he distinguishes between *voluntary* and *involuntary* minority groups. The former include immigrants who came to a country assuming the opportunities in their new country to be better than those in their country of origin were. The latter includes those who were brought to, or subjected in their countries against their will. Voluntary minority groups regard possible discriminations or other problems within the system or the environment as a consequence of their new status, lack of knowledge of the language, and so on, and thus remain motivated to learn and adapt so as to advance up the social ladder in their new country of opportunity. Involuntary minorities also believe in the instrumental value of education as a means of upward mobility, but their concrete experience with discrimination in educational and other systems, as well as the lack of employment opportunities in their current country leads them to doubt the rewards of education and hard work - much opposed to the belief system of *voluntary* minority groups. Additionally, the need to learn a new language and new skills is regarded as a necessity imposed by the dominant group, one that is aimed not at complementing one’s own knowledge, but at replacing one’s own (group) identity. Consequently, involuntary minority groups develop an *oppositional identity*: “they develop a collective identity defined to a great extent by its difference from and opposition to White American identity” (Ogbu and Simons, 1998: 172). According to Ogbu, this ambivalence around the instrumental value of education and trust in the educational system, as well as the oppositional identity translate into reduced efforts at school of minority group children, hence leading to lower educational outcomes (ibid).

Others have also reviewed the dichotomy between high aspirations among African American youth and their educational outcomes. Ogbu’s theories reflect work by

Mickelson (1990) on what she termed “the attitude achievement paradox” among African American youth. In 1983, the researcher analysed quantitative data collected from almost 1200 American high school seniors. Approximately 60% of her sample was White, while 40% was African American. Mickelson documented multidimensionality in young adults’ educational attitudes and distinguished between African American youth’s “abstract beliefs” in an educational ideology, and their “concrete beliefs” rooted in their experiences with the difficulties of upward mobility and levels of unemployment despite academic credentials in their direct environments. Mickelson claimed that it was this concrete belief that predicted educational outcomes, rather than the abstract beliefs in schooling.

The above theories may explain why some minority groups maintain higher educational values, and even have better educational outcomes than others have, yet they do not explain *intra* racial differences in educational values or outcomes. The question of why some young people from similar socio-economic and racial backgrounds manage to do better than others do, remains. The next section introduces a body of work into ‘academic resilience’ rather than ‘resistance’ that looks into that question.

#### **1.4.4. International ethnographic work on educational outcomes: research on academic resilience**

American and European research has not only investigated ‘oppositional identities’, but also what has been termed ‘academic resilience’ or “academic achievement as a form of resistance” (Gayles, 2005: 251; see also Robb et al., 2007).

The concept of resilience in this context is borrowed primarily from the field of psychology and psychopathology. Developmental psychologist Rutter (1987) defined resilience as a *characteristic* that allowed individuals to succeed despite of, or to recover from adversity. Rutter (1979) examined resilience in his work with children whose parents had been diagnosed with mental illness and observed that most of these children maintained ‘functionality’; he found individual traits and a supportive school environment, in particular, to be protective factors against adversity.

Resilience is thus the *ability* to maintain functionality when experiencing adversity and risk (ibid). It has since also been defined as a *process*, or a *protective mechanism* (i.e. maintaining hope, self-efficacy, goal-orientedness, planning, decision-making, and so on) (see for example Waxman et al., 2003a; 2003b; Morrison and Allen, 2007). Resilience does not stand on its own, it is generally accepted that factors in the home, neighbourhood and school environment have an influence on it (Waxman et al., 2003b; Morrison and Allen, 2007). Furthermore, both individual and environmental factors are important, but so is the *interaction* between these factors. Ahern summarises: “the phenomenon of resilience is a reflection of the relationship between personal characteristics and factors in the environment that result in one’s (i.e. individual or group) ability to meet stress and adversity with coping and adaptation” (Ahern, 2006: 176).

‘Academic resilience’ then, has been defined as the ability to succeed at an academic level, or to at least receive high educational outcomes and maintain motivation, despite a context of adversity that puts youth at risk of lower educational achievement or even drop-out (Alva, 1991; Waxman et al., 2003a; 2003b). Research into academic resilience has focused on both individual characteristics and environmental factors shaping and supporting resilience. Much of this corpus of research is again of ethnographic nature, although quantitative studies have been undertaken to test and quantify the findings of such qualitative work. Most of the studies are with minority group students from lower socio-economic backgrounds, based in the US.

Recurrent in these studies is the identification of factors of influence on academic resilience, such as the presence of a supportive family environment, supportive peers and “important others” as teachers or counselors, and a generally supportive school environment (Alva, 1991; Floyd, 1996; Borman and Rachuba, 2001; Henderson and Millstein, 2003).

Resilience itself is often reflected in a variety of personality traits, such as persistence and optimism (Alva, 1991; Floyd, 1996; Borman and Rachuba, 2001), a more positive self esteem, also with regards to academic achievement (Waxman and Huang, 1996; Borman and Rachuba, 2001), a greater engagement in academic activities and a more positive outlook on schooling (Alva, 1991; Borman and Rachuba, 2001), and higher

levels of achievement motivation (Waxman and Huang, 1996; Gayles, 2005). Resilience is also found among those who are able to combine high achievement alongside a sense of belonging to their peer group (Gayles, 2005).

The research presented in this first section points to the necessity of understanding young adults as agents, with individual traits and beliefs, in their social and educational worlds. Part of the corpus of literature presented has looked at young adults' 'oppositional identity formation': youth 'resisting' the dominant educational ideology, based on class, racial, or gender dynamics. Others have pointed to youth accepting the educational ideology, yet resisting the school as an institution. However, most of that research has investigated subcultures and resistance among *groups* of young people, thereby not explaining possible *intra* group differences. Another stream of research has looked into 'academic resilience' in order to explain why some youth from the same racial, class or minority groups do make it through the educational system, when others do not.

In South Africa, little comparative material is available. There is, nevertheless, a body of research on youths' (racial) identity as shaped within a school context, as well as broader ethnographic work into 'growing up' in the new South Africa, which provides indications on EDM among the country's youth. The following section provides a brief overview of both the specific work on identity, and the broader ethnographic work.

#### **1.4.5. Ethnographic work on school and identity in South Africa**

In South Africa, school-based research with youth has often been concerned with the shaping of identities through and in interrelation with the school setting. The emphasis has thereby been on understanding the process of integration within multiracial schools, and the ways in which youth from different population groups express their identities in such a context.

Using research in a formerly white, now multiracial school, Dolby (2000, 2001) illustrated how youth construct (racial) identities and express differences between themselves and others through a "discourse of taste". The notion of taste is specifically grounded in what Dolby called "global popular culture": elements of fashion and music

that are “not connected to any trajectory related to [African] politics, history or culture in South Africa” (Dolby, 2000:13).

Both Soudien (1996) and later Dawson (2007) studied youth identity as shaped within and interrelation with the school context. Soudien found that African youth in a mostly Coloured school perceived the school (or “Formal”) context as one that aimed at changing their African identity into an “Apartheid Colouredness”. In reaction to that, youth constructed an identity that was at times aggressive, and at times defensive. They did, nevertheless, accept the “othering” within the school context, as they assumed the educational system would provide them with access to “the world of achievement and progress” (ibid: vi). Dawson (2007) refers to a very similar dynamic. Youth in her study were found to express their identities in terms of “race” (skin-colour) and “taste”. But most importantly: she refers to the fact that African parents and learners had “expected to encounter racism at the high school of their choice. However, their parents felt that, despite possible racism, the high school would provide their children with a better education and more opportunities than other schools in their residential areas” (ibid: 462).

Soudien’s and Dawson’s findings reflect the attitudes of ‘voluntary minorities’ as described by Ogbu (Ogbu and Simmons, 1998). Although not a minority in terms of numbers of political power, African people who choose to send their children to schools outside their living areas, may voluntarily assume a minority position. In post-apartheid South Africa, learners and parents are now free to choose what school they attend, or send their children to. It can be assumed that the comparison with their former situation under an Apartheid government is one by which today’s situation of greater freedom and expected equality enforces the belief in education as a way of upward mobility: the belief that the future in a new, democratic South Africa will be better than the past. Thus, it can perhaps be assumed that parents and learners today hold high instrumental values of education and the belief in the possibility of upward mobility.

More general references to EDM in a South African context can also be found in a body of ethnographic work on ‘growing up’ in the new South Africa. Work done in the second half of the 1990s with youth from the impoverished township of New

Crossroads indicates how youth, even when growing up in adversity, can decide to maintain their focus on school and work their way through the educational system. Very recent work with youth in the Masipumelele – Fish Hoek – Ocean View area reported similar findings.

Ramphele (2002) documents the lives of sixteen young adults, boys and girls, growing up in New Crossroads, a township characterised by high levels of poverty, unemployment, informal and unserviced housing. Ramphele describes in detail the stories of two ‘successes’: young people who managed to ‘make something of themselves’ and who managed to get into the stream of upward mobility, despite growing up in a context of extreme poverty, and in a society where institutions as family and school are often blatantly failing to offer support. They were young people with high aspirations, who chose in favour of education – even in a context of school boycotts supported by their peers, or when their families opposed their choice and demanded a contribution to the household income rather than seeing money flow to school fees. Ramphele described the success stories in relation to a society in which ambition and success are often rejected as ‘acting white’ and ‘punished’ by those around them. The youth made often harsh choices that frequently made them doubt themselves and often rendered them outsiders in their communities:

“Bulelwa knew all too well that a good education could be her only ticket out of the poverty of New Crossroads. Staying at a good school meant making a ‘selfish’ decision at the expense of her family’s wellbeing, and against her mother’s wishes. Not making this ‘selfish’ decision could cost her a brighter future. The long-term benefits of being in a better position to improve the family’s welfare would also have to be foregone” (ibid: 41).

Bulelani, the second of Ramphele’s ‘successes’ creatively looked for ways to satisfy ‘competing goals’: his wish to go to a better school and get into higher education, and the need not to place himself outside his circle of peers who supported the ANC school boycott:

“He told me how he managed to convince his peers that his move to Rhodes High was not in any way a reflection of his weakening commitment to ‘the

struggle'. There was general agreement among his peers that most teachers in the township schools were not equal to the task. He suggested to them that by going to a better school he would become a resource for them by tutoring them over weekends. He laughed as he told the story – yet at the time being necklaced to death as a sell-out was a very real threat” (ibid: 51).

Ramphele further refers to the general understanding of schools and teachers in the township as underperforming, and mentions parents’ and learners’ frequent search for schools outside the townships to offer the children better opportunities.

Henderson (1999) also described the lives of sixteen young people growing up in the deprived township of New Crossroads<sup>6</sup>. She described youths’ social context as characterised by “fragility”. She illustrates the elements of fragility in young people’s lives by emphasising the consequences of the low economic standing of children’s households, their experiences of mobility and caregiving, of the levels of violence surrounding them, of power dynamics in sexual relationships and experiences, and by pointing to “senses of self that are continuously being worked upon appealing at times to imaginary ideas of coherence” (ibid: 25-26). Yet within such contexts of fragility, Henderson stresses the ability of youth to maintain a sense of agency. The author points to the actions the children and their families take to achieve often high-set values and (educational and other) aims (Henderson, 1999: p iii).

Henderson’s idea of fragility is that “children’s worlds can ‘shatter’”, yet also that “children’s strength and improvisation in the face of discontinuities [can be maintained] ... Fragility then is linked to fluidity and it is out of a social context characterised by discontinuity and flux that children’s senses of self emerge as multiple and variable” (Henderson, 1999: 25).

Her work includes examples of young adults’ remaining “committed to learning” (ibid: 92) despite their context of adversity and their peers’ support for the student boycott, and of parents sending their children to school to keep them away from the dangers of street life (ibid: 94).

---

<sup>6</sup> Henderson worked with Ramphele on the same project in New Crossroads. The youth described in her study may well be the same ones as those described in Ramphele’s study.

Bray et al.'s (2008) ethnographic work with a large group of school going children and youth from various population groups and areas in Cape Town (Masipumelele, Ocean View and Fish Hoek) equally pointed at the context of hardship for many of the "previously disadvantaged" youth, yet also at the very high (educational and employment) aspirations, especially among African youth. The authors provide examples of parents deciding to send their children to better schools in neighbouring areas, thereby prioritising school fee expenditure over other household expenses.

Stories on *young adults'* EDM, on the other hand, illustrate that such takes place in interaction with the youth's lived contexts of poverty and deprivation. There is the example of a girl who decided to drop out of school. She said later that she wanted to move houses and go to another school. Although she never explicitly mentioned problems in her household, her attempt to move houses and school was apparently dictated by extreme levels of poverty in her family. However, wishing to end the rumours about her household's material deprivation and about her own use of alcohol and drugs, she later returned to her old school (ibid: 281).

The authors further draw attention to the impact of peer pressure on EDM and on young adults' choices not to maintain too many or 'bad' friends, as they would be the ones leading them astray and off the aspired path of education. Trying to maintain an academic career therefore again creates the risk of becoming an outsider in one's peer group. However, at the same time, opting to maintain a focus on schooling "is associated with doing what is 'good' and 'right'. It therefore affords a positive social status for the individual child and his or her family and gives children a sense of – albeit often an illusion – investing energy in ways that will improve their own future and that of their family" (ibid: 295).

Finally then, a recent small study on academic resilience among "black youth in South Africa" should be mentioned (Dass-Brailsford, 2005: 580). Data were gathered by in-depth interviewing, observations, and case studies of sixteen university students, residing in a township near Durban, KwaZulu Natal. Half of the participant group was female, and participants were between eighteen and thirty years of age. All individuals were identified as "goal-oriented, having initiative and motivation, and experiencing the self as possessing a measure of agency" (ibid: 580). Again, findings illustrated the

importance of supportive, warm, and nurturing family environments, as well as the presence of role models, supportive teachers and wider communities, and spirituality for the young adults' possibility to maintain these traits in moments of stress or crisis.

The studies described all point to the necessity of understanding youth as agents within, and in interaction with, their often complex contexts. The remainder of this chapter sets out the specific theoretical approach of this dissertation.

#### **1.4.6. Examining educational decision-making among Cape Town Youth**

Building on the above-mentioned streams of research, this specific study aims to understand how and why young adults make decisions about education. The focus on young adults as decision-makers does not stem from an assumption that they would be making such decisions in isolation. As research has indicated, there is ample interaction between parents, school context, peers, etcetera, around educational decisions. South African studies have illustrated, for example, school choices initiated by parents. However, instances have also been mentioned of youth finding a school of their own choice and of young adults consciously considering their options when deciding on tertiary education (see, for example, Bray et al., 2008; Cosser and Du Toit, 2002; Dawson, 2007; Ramphele, 2002).

More important however, is the notion of agency as applied in the studies described. All have equally indicated that youth actively negotiate their realities and construct their identities: "families, peer groups, classrooms, and schools are primary arenas in which young people negotiate and construct their realities" (Phelan et al., 1991). At school level, adolescents are actively shaping their identities and choosing their behaviour accordingly. Willis, MacLeod, Ogbu and others have indicated that youth may construct an anti-school culture out of a class or migrant background. Others have pointed at youths' choices to 'accommodate' rather than to resist.

Hence I too assume young adults' agency in educational choices. The perspective taken on agency is a *contextual* one, one that emphasises that agency occurs within and in interrelation with the social, economic, cultural and historical context of youths' lives.

In this sense, White and Wyn (1998) refer to the necessity of taking into account the “complexity of young people’s lives and the constant, changing and critical nature of their negotiations with the institution of schooling”, and – as I will argue – also with other institutions that are traditionally assumed to provide support to youth.

Choices, or decisions, pertaining education are hereby defined broadly. In short, I aim to understand why some young people chose to engage, remain engaged, or re-engage with schooling, and why others decide to drop out of an educational institution, or not to invest in their schooling by skipping classes, not doing their homework, or not looking for possibilities to return to school after dropping out.

I will argue that EDM is an integral part of young adults’ identity-formation. Their educational decisions are not based solely on a purely rational cost-benefit analysis as assumed in pessimistic theories around HIV and AIDS. Nor did I find a rejection of the formal educational ideology that would drive young people out of the schooling system and into non-conformist behaviour. Rather, I argue that young adults construct positive images of future selves: their ambitions for future lives are consistently high. These ambitions allow them to maintain their belief in ‘a better future’ – shaped in stark contrast to the concrete experience of life in deprivation of their lower educated parents. However, youth choose different strategies or ‘life plans’ to reach that future. One such strategy implies a long-term focus on success; choosing in favour of education is an intrinsic part thereof. Another one rests on a more short-term wish for the same type of success, however with little or no concrete plans on how to reach that.

Neither the ambition for a future self, nor the choice of strategy takes shape in isolation. Both are constructed in interrelation with youth’s social context, characterised by the dichotomy between the official discourse of freedom and opportunity and their lived experience of daily hardships and deprivations. Ambitions and strategies are created and chosen in a ‘fragile’ context of changing family structures, peer pressures, often malfunctioning schools, increasing levels of violence, illness and death in the communities and the push and pull of a globalised, materialistic society. Indeed, in this dissertation, I will use a slightly different definition of ‘fragility’ that Henderson and refer to it as the compound of inconsistent or ‘failing’ social relationships, economic pressures and inequalities, crime and violence, the temptations and influences of, and

frustrations caused by, a globalised, materialistic society that offers young people today a myriad of choices, yet in the absence of strong guidance and evidence on the outcomes of such choices<sup>7</sup>.

Within such a context, strategies are not static, and the distinction between them not as unambiguous as they may seem. Shifting factors in a context of ‘fragility’ may lead young adults to rethink their choices and plans; many move between different strategies, or create ‘in-between’ versions that leave room for adaptation when necessary.

I argue that, for many, maintaining a strategy focused on education and future success, requires levels of individual resilience that are extremely high. Often, families are unable to support youth with homework or other school related issues. Parents and schools often lack the necessary knowledge to support young adults with the details to make their chosen strategies or ‘life plans’ as detailed and concrete as possible. Many, for example, do not have enough knowledge on what steps to take to actually be able to enter tertiary education. Additional support from more knowledgeable teachers, priests, community workers, local NGOs or peers is, therefore, often a crucial extra factor alongside individual resilience.

#### **1.4.7. A word on terminology: Identity, future selves and ‘life plans’**

Willis described the Lads from a class perspective on identity, but also at one point admitted: “... identity was always more than class, gender or ethnicity, involving a whole set of points about the way you lived, how you fitted in, who you knew, what the myriad of your personal and domestic relations were...” (Willis in Dolby and Dimitriadis, 2004: 5).

Taking a more general perspective on youth and identity in a school context, Sadowski (2003), in the preface to the work on “Adolescents in school”, equally refers to youth

---

<sup>7</sup> I expand on Henderson’s notion, among others, by explicitly taking into account the fact that “the New South Africa” presents these “previously disadvantaged” youth with “a myriad of choices”, and with a belief in upward mobility that places enormous pressures on them. Today, youth have to create their identities and make choices in a context that is equally new to those surrounding them, and who are ‘traditionally’ perhaps expected to provide guidance and knowledge. “The push and pull of a globalised society” is one that is not explicit in Henderson’s work, but which forms a very important factor of influence in both EDM and (sexual or other) risk behaviour.

identity in broader terms of class, race, gender, minority groups, or sexual orientations and summarises: “Collectively, the authors in this volume make a powerful case that much of a student’s success or failure in school – academically, socially, and personally – centers ... on questions of *identity*: “Who am I?” “What kind of student do I want to be?” “What things are important to me?” “What do others expect of me?” “Where do I want to go with my life?” “How do other people perceive me?” Though perhaps not consciously, these kinds of questions weigh especially heavily on the minds of adolescents, who probably wrestle with them more intensely than any other age group” (Sadowski, 2003:1-2).

In using the terms ‘identity’ and ‘future selves’ in this work, I borrow from both psychological and sociological research and theory on identity and the self-concept as with Willis and Sadowski, but refer also to Giddens’ theory on identity.

#### **1.4.7.1. Giddens: identity in a post modern society**

In his theory on “Modernity and self-identity”, Giddens (1991) assumes that individuals, in a post-modern or “post-traditional” society, have the agency to construct their own *identity*. Yet they have to do so in the absence of rigid boundaries that were previously created by tradition and culture. The creation of identity is thereby considered a highly *reflexive* process. It is seen as “a *trajectory of development* from the past to an anticipated future”, consisting of “a complex diversity of choices to be made (with)... little help as to which options should be selected” (ibid: 80). Agency is thus taken in “any action which the agent knows or believes can be expected to manifest a particular quality or outcome” (Giddens, 1991:82).

However, not all choices may be open to a given individual, nor can it be assumed that perceptions and knowledge of possible options would be unrestricted by individuals’ social, economic and structural living environments: “the selection or creation of lifestyles is influenced by group pressures and the visibility of role models, as well as by socioeconomic circumstances ... for all individuals and groups, life chances condition life choices” (ibid: 82; 86). This idea of choices and options being ‘bounded’ was elaborated on by Roberts who mentions “opportunity structures” as those that constrains identity building: “over-arching social structures that shape and constrain

what the individual actor *sees* as a menu of rational choices... People can only choose between what is available to them” (Roberts, 1995, 2003; Robb et al., 2007). Roberts further argues that youth in contemporary, post-modern societies have not yet been freed from the “traditional constraints of their gender, class and ethnic origins” (ibid).

Giddens, however, asserts that even in situations of deprivation, individuals retain the ability to exert agency over their situation, to explore options for different life paths. On creating a “lifestyle” in such circumstances, Giddens states: “Lifestyle habits are constructed through the *resistance* of ghetto life, as well as through the direct elaboration of distinctive cultural styles and modes of activity”, but also “such an exploration ... implies a reflexive shaping of self-identity. The deprivations to which she is subject, however, might make these tasks become an almost insupportable burden, a source of despair rather than self-enrichment” (ibid: 86).

Indeed, Giddens further argues that even in individuals with higher levels of agency and resilience “radical doubt filters in most aspects of day-to-day life, at least as a background phenomenon”. In putting together the “bricolage of their own identities” (Lash in Adams, 2003: 222) in the absence of traditional or cultural guidelines, it is impossible to escape the thought that the strategy or lifestyle chosen is but one of the possible options available, creating always a certain level of anxiety.

Giddens further assumes such feelings of anxiety to become especially pronounced in what he calls “fateful moments”, or moments of personal “crisis”. Such moments are those that “necessarily disturb routines, often in a radical way. An individual is thereby forced to rethink fundamental aspects of their existence and future projects” (ibid: 202-203) (e.g. at times of a death in the family, birth marriage, divorce ...). Especially death constitutes a moment of “incipient loss of control”, a moment at which “it is difficult for the individual to continue to think purely in terms of risk scenarios or to confine assessments of potential courses of action to technical parameters” (ibid: 203).

However, criticism of Giddens and related theories has pointed to the overemphasis on reflexivity and individualisation and at the undervaluing of ‘culture’, also in so-called postmodern societies (Adams, 2003). It has been pointed out that “in overlooking the cultural origins of the concept and value of self-reflexivity more generally, there is a

danger that we might fail to recognise “reflexive thinking” as a conceptual product of Western modernity, not a universally accepted cognitive function” (Beck in Adams, 2003: 226). Others have stated that reflexivity can, in fact, only be understood “within the context of cultural tradition, not outside it” (Alexander in Adams, 2003: 224), and that culture and tradition remain significant for reflexive individuals.

#### **1.4.7.2. Expanding the notion of self: ‘possible selves’ and necessary ‘life plans’**

The concept of ‘possible selves’ is developed within the discipline of psychology. According to Oyserman et al. (2007) the term “has been coined to describe the incorporation of future goals into the self-concept... Possible selves are positive and negative images of the self already in a future state... By providing concrete positive expected and negative to-be-avoided future images, possible selves personalize goals and connect current behaviours to future states. In this way, possible selves improve self-regulatory capacity and make one’s current situation feel meaningful”. (ibid: 479). In several quantitative studies on the relationship between possible selves and academic outcomes among African American students, Oyserman et al. (ibid) found positive correlations between “school focused positive selves” and educational outcomes: “African American middle school boys and girls who have detailed and specific school-focused possible selves *and strategies to attain them* (e.g. go to class, ask the teacher for help) are more likely to do well in school than those who do not (ibid: 481, emphasis added). Indeed, the authors claim that detailed strategies are necessary alongside the view of an ideal self for possible selves to sustain self-regulatory activity. Oyserman et al. (2006) claim that “to sustain ongoing engagement in school, possible selves (PSs) must be linked with behavioural strategies; positive expected PSs need to be linked with strategies to attain them, and feared Ps need to be linked with strategies to avoid them” (ibid: 189). In the authors’ view, social and cultural capital are important for the formation of such detailed strategies. Middle class youth have a stronger and broader support structure in parents, teachers and peers who all value and express the value of school and homework and who can more readily help out when problematic school issues arrive than youth from lower socio-economic backgrounds. “Given lack of easily accessible models or automatically cued strategies, youth may maintain an abstract commitment to education without connecting these PSs to

everyday behavior, expressing high aspirations even as their behaviour reflects avoidance or even flight from school” (ibid: 189).

In their study into adolescent ambitions in the USA, Schneider and Stevenson (1999) apply a similar logic. The authors refer to the importance of ambitions in shaping adolescents’ lives and educational outcomes as emphasised by theories of Status Attainment: “ambitions are an important part of the lives of adolescents. Whether realistic or not, they help teenagers make sense of their lives and their futures. They can use their ambitions like a compass to help chart a life course and to provide direction for spending their time and energy” (ibid: 4). However, the researchers distinguish between those adolescents who have “aligned ambitions” – whereby both educational and occupation goals are complimentary - and those who do not. Adolescents with aligned ambitions, they claim, are more likely to develop what they have termed a “life plan” – a strategy to fulfil the ambitions - that is “coherent with detail and realism” (ibid: 7). Important for the creation of such aligned ambitions *and* concrete and detailed life paths, especially in a postmodern and rapidly changing society that offers youth ever more options to choose from, is the presence of a supportive and knowledgeable structure, mostly provided by both parents and the school. Again, Schneider and Stevenson argue that lower class families and schools with fewer resources are less able to provide adolescents with the necessary knowledge and support than middle class families. However, the authors point out, even those who succeed in creating aligned ambitions and concrete plans, may face disappointments: “planning cannot always protect one from the vicissitudes of life” (ibid: 44).

In conclusion, this chapter has pulled together existing theories and research in South Africa and internationally that can help frame the study of EDM among South African youth. The overview has identified the gap in understanding in South African research of youth as *agents* in their educational careers, the importance of which is nevertheless illustrated in international and ethnographic work. The latter points at the necessity of understanding ‘identities’ and ‘cultures’ of youth, constructed within their complex living context.

### **1.4.8. Structure of the thesis**

This introductory chapter has provided the background to the dissertation, its research questions and the theoretical frameworks and empirical research within which to situate it. The thesis that follows is structured in eight more chapters. Chapter two sets out the methodology. Chapter three provides further contextualisation to EDM in South Africa. Chapter four presents the findings of quantitative and qualitative data on the way in which adults in Cape Town value education for both themselves and their children. The analysis of the quantitative data indicates the difficulties in modelling the impact of the AIDS-pandemic. The qualitative data were collected from a purposefully selected group of HIV-positive caregivers. Chapter five examines the impact of ill health and subjective life expectancy on young adults' educational expectations. The analyses indicate a gap in understanding youths' concepts of life expectancy, and again point at the difficulty of identifying AIDS-affectedness through survey work. Chapter six provides in-depth data on young adults' understanding of death and SLE to help clarify the gaps in understanding identified in the previous chapters. Chapters seven and eight, finally, present the findings of the qualitative work conducted with young adults. Chapter seven presents the findings of in-depth work with young adults who originally self-identified as not affected by the pandemic. Chapter eight presents findings of the control group of affected youth. Chapter nine summarises the key arguments of the thesis.

## Chapter two - Methodology

The study applied a 'mixed method' approach (see, for example, Creswell, 2003), combining qualitative and quantitative research methods. This includes: (1) longitudinal in-depth material from work with affected and non-affected youth, (2) qualitative data from research with HIV-positive caregivers, and (3) quantitative data collected by the 2005 round of the Cape Area Study (CAS), and the 2003 and 2005 rounds of the Cape Area Panel Study (CAPS).

The combination of qualitative and quantitative methods significantly contributed to the understanding of the research topic. The decision to apply methodological triangulation was motivated by several factors. The quantitative component in this study was meant to link up with the economic and sociological traditions of the referred studies on educational outcomes, on the impact of values thereon, and on those dealing with measures of health or (subjective) life expectancy (SLE). The quantitative part thus drew largely on existing theories and hypotheses for the development of a multivariate regression model that could tease out the potential impact of health, morbidity, mortality and AIDS-affectedness on people's educational values and expectations. It aimed at testing measures as SLE and educational expectations used in other studies, at identifying gaps in understanding, as well as at potential generalisability of findings. Especially the latter was considered important in light of the development of policy guidelines.

Quantitative methods, however, are limited in a variety of ways. Firstly, they identify mainly patterns, and overlook to explain possible exceptions. Thus, they do not clarify why some youth from equally disadvantaged socio-economic contexts manage to maintain 'academic resilience' while others do not. Secondly, they do not explain motivations and choices behind the patterns they may identify. For example, quantitative studies that have indicated the impact of family background on educational outcomes, do not explain the choices of youth within such contexts. Finally, they do not explain how young adults *perceive* their background, and how such perceptions may influence choices. The qualitative part was therefore meant to add depth to the understanding of EDM among young adults. It was, furthermore, based on the understanding that very little is in fact still known about young adults' EDM in a South

African context in general, and about the potential impact of HIV and AIDS especially on subjective factors like values, aspirations and expectations, and on decision-making in particular. The longitudinal nature of the qualitative component was decided on specifically to be able to follow young adults through different stages of their lives and their decision-making processes, and to better understand their reactions and choices in 'fateful moments' (Giddens, 1991), and through potential changes in their socio-economic status and 'AIDS-affected' status.

The qualitative component was, furthermore, of specific importance in dealing with the problems of identification of AIDS-affected youth and caregivers, encountered in the quantitative analyses. The original expectation was that both the CAS and CAPS data would allow for the creation of control groups on the basis of AIDS-affectedness identified in the health rosters (see chapters four and five for more details). Very low numbers of HIV-infection or of AIDS-affectedness were reported, however, making the possibility of purposive sampling for the smaller qualitative sample all the more important (see subsequent sections for more information on sampling).

Both research components informed one another: the collection and analysis of data of either the qualitative or quantitative work was conducted iteratively. The fact that the qualitative work started before (early 2005) and then ran alongside and followed up on the quantitative work, allowed not only for pre-testing some of the questions that went into the new questionnaires, but also to later clarify those areas of the surveys that had not been able to elicit satisfying responses. When breaking down the hypotheses on EDM in times of HIV and AIDS, and while analysing and quantifying data on SLE, for example, it became clear that the measure was very poorly understood in a South African context. Specific focus groups were therefore set up to gain better understanding of how exactly young adults responded to the question. Hence, the triangulation of methods allowed for statistical significance to be clarified and for a certain degree of verification of the findings. It was, however, especially aimed at complementing the statistical data by lived experiences of youth growing up in the very specific setting of the townships around Cape Town. As such, it concurs with theories on triangulation that hold that "the value of triangulation lies in extending understanding" (Fielding and Fielding, 1986, quoted in Ritchie and Lewis, 2003: 44). Combining the two approaches was believed to provide a more nuanced picture of

young adults' experiences with and perceptions of their socio-economic, cultural and historical contexts, and the way in which that influenced their EDM and well-being.

## **2.1. Qualitative Component**

The main emphasis of the qualitative work was on understanding both 'affected' and 'non-affected', African young adults' EDM. The participant group consisted of twenty African young adults living in the impoverished settings of the Cape Flat townships<sup>7</sup>.

Recognising, however, that decision-making takes part in a complex context in which parents and caregivers are also part, it was considered vital to at least also gain a basic understanding of caregivers' value of education and their actions around schooling for children. The main emphasis of the work with caregivers was with ten HIV-positive mothers living in the same areas as the young adult. It was conducted before and alongside the collection and analysis of the quantitative data.

### **2.1.1. Data collection**

#### **2.1.1.1. Defining 'affected' and 'non-affected' youth**

As mentioned, there is no clear definition of what exactly 'affectedness' means. In their work around Human Rights and HIV and AIDS, Gruskin and Tarantola have, for example, stated that "people are affected by HIV and AIDS when their close or extended families, their communities and, more broadly, the structures and services that exist for their benefit are strained by the consequences of the pandemic and as a result to provide them with the support and services they need" (Gruskin and Tarantola, 2002: 3). A more concrete description of 'affectedness' can be found by looking at the definition of 'vulnerable' children and young adults, a term often used interchangeably with "affectedness as a consequence of HIV and AIDS" (Richter, Manegold, et al. 2004). Categories of vulnerable children and young adults found in the literature are: children and adolescents orphaned as a consequence of the disease; those who live in a

---

<sup>7</sup> See chapter three for more details.

household where one or more members are ill, dying or deceased as a result of the disease; children and young adults in households that are fostering one or more orphaned child(ren); children whose caregivers are ill, too frail, or too old to truly care for them (ibid). Some also explicitly include those children that have an increased risk of becoming HIV-infected, and those that live in a non-affected household within a heavily affected society (Ebersöhn and Eloff, 2002)<sup>8</sup>. Hence, in countries like South Africa, with high levels of HIV-prevalence, young people are affected in a myriad of ways. Data on the different types of affectedness were presented in chapter one.

In order to try to narrow down certain effects of the AIDS pandemic, I adopted a narrow definition of 'affectedness', and used the snowball sampling technique to reach young adults who are either infected, who are living with a primary caregiver who is HIV positive, or whose biological parent(s) or primary caregiver had died of the consequences of HIV and AIDS.

#### **2.1.1.2. Selecting the participants**

The participants of the study were aged between fourteen and twenty-two, the age cohort that is supposedly in, or has just left, secondary education. In the year preceding the first contact, all had made significant decisions about their education. The young adults were either from Khayelitsha, Nyanga, Gugulethu, Philippi, New or Old Crossroads: African townships that constitute the majority of low-income, urban settlements around Cape Town. Among the highest rates of HIV-prevalence are estimated in the African 'Cape Flats' areas.

Two core respondents were first selected through the author's earlier work with the non-governmental organisation Southern African Environmental Program (SAEP)<sup>9</sup>.

---

<sup>8</sup> In the context of working towards a generally accepted definition of vulnerability, many point to the necessity of not losing sight of other groups of vulnerable children, including also "the internationally recognised categories of street children, children exposed to strenuous labour, children engaged in sex trafficking, commercial sex work and children affected by armed conflicts" (Unicef and World Bank, 2002: 13). However, for the purpose of this paper, I will restrict myself to the category of children and young adults who are considered affected or vulnerable in the context of HIV and AIDS.

<sup>9</sup> The Southern Africa Environment Project (SAEP) is a non-governmental, educational organisation that was founded in the United States in 1994. It has always had a South African branch, and has, since 1999, focused mainly on "education and leadership development and environmental improvement" in Philippi, Nyanga, Crossroads and Gugulethu. It offers academic support in various schools of the townships, and

Both were highly motivated young women who had just rewritten their matriculation exams to better their results and who, at the time of the first interview, had entered application procedures at the University of Cape Town and the University of the Western Cape. Other respondents were selected through snowballing: the intention was to reach a number of young people from the same socio-economic background, possibly friends or students at the same school, sharing a number of comparable stressors such as peer pressure and school circumstance, some of whom have made similar decisions to remain in school, others who dropped out. As such, all of the ‘non-affected’ participants were selected, as were some of the ‘affected’ youth, who disclosed their status during the first interview rounds.

To complete the sample of 10 affected young adults, however, some were contacted through home-based care services and specific AIDS-related services available to the inhabitants of the area of research. Some of the affected youth were thus contacted with the help of Wola Nani<sup>10</sup> in Khayelitsha, Nokuthembeka Home Based Care<sup>11</sup> on the border of Gugulethu and Nyanga, and the Crossroads Health Care Centre. Of the AIDS-affected youth, two were HIV-positive, four were living with their HIV-positive mothers, and five had lost their mothers to the disease.

### 2.1.1.3. Selecting HIV-positive caregivers

The HIV-positive caregivers were selected through Wola Nani and from the Bambanani Women’s Group<sup>12</sup>. The majority of them were living in Khayelitsha at the time of the

---

organises classes in debating, journalism, poetry, computer literacy, etc. It also offers high school graduates a chance to join the organisation as interns to help out with the academic support in the schools, and at the same time enabling them to study and work towards rewriting their matric exams to better their results ([www. saep.org](http://www.saep.org)).

<sup>10</sup> Wola Nani is a Cape Town based, non-governmental organisation (NGO) established in 1994, which sets up programmes “to help HIV+ people in the local community cope with the emotional and financial strains brought about by HIV and AIDS” (Wola Nani, 2005). Activities organised by the NGO include support groups, income generating activities for some – but not all – of the people in those support groups, distribution of food parcels, etcetera (Wola Nani, 2005).

<sup>11</sup> Nokuthembeka is a home based care organization established in 1997. It aims to “provide a holistic approach to care”, sets up interventions in case of “family social problems”, and distributes food parcels to families in need (personal communication with the coordinator of the organisation).

<sup>12</sup> A group of HIV-positive women who have been working with the University of Cape Town (UCT) since 2001. Originally, the group was central to another AIDS-related intervention: The *Longlife* AIDS-Art advocacy programme. This intervention was initiated by the AIDS and Society Research Unit

interview. I had originally aimed at selecting caregivers, independent of gender, of either their own biological children, or children under their care, living in their households. However, in practise, I selected mothers of children of school going age, all of whom were HIV-positive. Within the sample of women who were individually interviewed, two were on antiretroviral treatment, three were not. However, given the intrinsic nature of the sample, i.e. HIV-positive caregivers who were all to some extent involved in support groups, all women obviously had a good knowledge of the disease, and of the existence and accessibility of antiretroviral treatment.

As a result of their participation in support groups, both caregivers and some of the affected youth may also have been more used to talking about their feelings than other HIV-positive caregivers, or affected youth may perhaps be. I am aware of the fact that this has undoubtedly created a bias in my sample, but I nevertheless believe the findings of this study can shed valuable light on the research questions mentioned and can be of help in further hypothesis development.

#### 2.1.1.4. Interviews

All the interviews<sup>14</sup> were aimed at gathering narratives that would allow a deeper understanding of youth and caregivers' life histories, their relationships with significant others like siblings, parents and teachers, their experience at and perceptions of school, and the broader communities, their insights in and experience with the AIDS-pandemic, and very specifically their choices around schooling<sup>15</sup>. As the data collection took place over extensive periods of time in iteration with the quantitative work, the interview schedule was sometimes adapted slightly on the basis of new understandings.

---

(ASRU) at UCT and Medicins Sans Frontiers (MSF) in 2001 and was aimed "to support the AIDS treatment agenda by publicising the life narratives and art of HIV-positive people" (Almeleh, 2004: 1). The programme resulted in a book, *Longlife: Positive HIV Stories*, launched in 2003; the Bambanani Women's Group has since then been presenting their works of art (i.e. life size bodymaps) "at lectures, conferences, on radio, in the print media, universities and exhibitions." (Almeleh, 2004:6).

<sup>14</sup> See appendices 26 and 28 for the interview guides used with young adults and caregivers respectively.

<sup>15</sup> I conducted all interviews myself. Where language proved a problem, a fieldwork assistant would translate each question I asked, and every answer the respondents gave. Interviews with caregivers took place early 2005. The interviews and "follow-up" work with the young adults started at the very end of 2005, and ran until the beginning of 2008, when a final "wrap-up round" was organized.

Also, as was to be expected and soon became very clear, data collection through a ‘one off’ interview of about an hour and a half yielded far less rich data than the hours spent in the car with the core respondents trying to find the other participants. Hence additional activities were introduced over a longer period of time, next to the already planned follow-up contacts. Especially in the final year of data collection, and informed also by the young adults’ frequent complaints that there was “nothing to do” in the townships, I regularly invited participants to accompany me to activities in their areas ranging from hip hop jam sessions to theatre show cases of local groups and outings to the beach in Cape Town. Not all participants joined for every activity, a ‘loyal’ group soon formed and would themselves often keep in touch with me, sending me short updates of their lives via email or through a short phone conversation, inviting me to birthday drinks or theatre show cases they had themselves now discovered. Other participants who were less attracted to or available for the extra activities were followed up on via phone calls and a house visit.

All respondents were also invited to take part in a final ‘wrap up round’ of focus groups that would discuss topics that had been identified as needing more understanding. Unfortunately, not all participants were able to make it to that last round, and only ten of them eventually took part in the discussion groups. These groups were also deliberately kept small to elicit more in-depth discussion around the topics. They can perhaps not be considered ‘traditional’ focus groups in the sense that respondents would not have known each other (see references on focus group work in, for example, Bernard, 2000): all participants had been part of previous research and some had met during certain participatory activities.

In summary, the qualitative component of this study consisted of more than just in-depth individual interviews, but also cannot be considered a ‘traditional’ ethnography, as such would have implied a much deeper immersion in the daily lives of the young people, the interaction with their parents, peers and ‘important others’. Such ethnographic work would have undoubtedly enriched my understanding of the choices and decisions taken by the youth, whereas I now remained largely dependent on the stories they *chose* to tell me and the details they chose to keep silent. However, combining both the quantitative and the qualitative meant that not enough time and resources were available for a qualitative study of that nature. Moreover, the mere fact that I was almost automatically an outsider in the areas of research, and that

accompanying research assistants as well as cooperative NGO and community workers would regularly fear for, and warn about, my safety, was an additional motivator to choose not to spend more time in the Cape Flats. Nevertheless, very intensive periods of fieldwork with many long days were spent in the area between Langa and Khayelitsha, and many long talks were conducted with who ever would join me in the car on some of those days, clarifying aspects of township and African life that were completely unfamiliar to me before this research and my time in South Africa.

Furthermore, the language barriers prevented me from a total integration in the area: my knowledge of isiXhosa is basic and never sufficient to fully grasp a conversation. Whenever necessary and deemed appropriate by the respondents, Xhosa speaking fieldwork assistants accompanied me to the study introduction and/or the interviews<sup>16</sup>.

#### **2.1.1.5. Ethical considerations in data collection**

Prior to the start of the study, the methods and ethics of the research were approved by the University of Cape Town.

Written, informed consent<sup>17</sup> was obtained from all participants, including for the audio taping of the interviews. For those respondents younger than eighteen, consent was obtained also from an adult caregiver. Young adults who took part in the later focus groups were again asked to sign a separate consent form, indicating also the necessity of respect for each others' opinions, and of maintaining each other's confidentiality. Participants were informed that they could decide to end the interview or being part of the study at any given time.

All interviews were conducted in an informal, conversational approach. At all times, special care was taken not to ask too sensitive or threatening questions.

As I was aware of the fact that some of the respondents might not have disclosed their HIV-infected or affected status to their household or their community, the project was

---

<sup>16</sup> The sole role of the fieldwork assistants was to help when translation was needed. In the rare cases that participants indicated they felt more comfortable to talk to me only, no assistant was present.

<sup>17</sup> See appendices 23, 24 and 25 for the English version of the information sheets for young adults and caregivers, and the consent form for both young adults and caregivers.

introduced as a study into the impact of general health and illness on people's values and decision-making processes. Respondents' status was never disclosed to others, unless initiated by the participant him or herself. This was especially important also in the longitudinal work with the young adults who would occasionally be part of certain social activities together, or who would be participants in focus groups.

All participants received a supermarket voucher to acknowledge their contribution to the research. All will also be invited to attend a final feedback session at the conclusion of the research.

With regard to maintaining confidentiality and anonymity of the research participants, pseudonyms are used throughout this thesis. All respondents gave consent for their words to be used in quotes in this dissertation.

### **2.1.2. Data analysis**

All interviews were tape recorded and later transcribed. Field notes were kept after each interview, and used as complementary material during the analysis. Analysis of the data was guided by Miles and Huberman's approach (1994) to data analysis. I opted for this approach as I found myself struggling with the original Grounded Theory's idea that one should be able to conduct the analysis purely inductively, with theory emerging only out of the text (Babbie and Mouton, 2001: 498). Miles and Huberman (1994) accept the fact that studies and analysis may be driven by previously gained and developed (theoretical) knowledge, concepts and questions, an approach I found fitting the combined, iterative quantitative and qualitative approach of this study. I followed the procedure of first and second level coding and pattern coding described by Miles and Huberman (ibid).

First-level codes were sociological concepts known from previous research and literature review, or were constructed on the basis of *in vivo* terms. First-level codes were mostly descriptive, but sometimes interpretative. Segments of text were mostly assigned to more than one code. Fine, first level codes were, for example, *Instrumental value of education; Dreams; Combining competing goals; Ending friendships*, and so on.

While reading through the transcripts, short notes or memos were kept that helped with the development of preliminary hypotheses on how EDM was taking place. I then moved on to second level coding by adding what Miles and Huberman call “pattern codes”: “explanatory or inferential codes, ... that identify an emerging theme, configuration or explanation” (ibid: 69). I looked for possible clusters and hierarchies in the data. Hence, I created, for example, the important thematic cluster *educational decision-making* with first level codes *influence\_decision\_making* and *-consequence\_decision\_making*. *Influence\_decision\_making*, in turn, clustered, among others: *dreams*, *long-term orientation*, and *belief in upward mobility*, as well as *pregnancy*, *loss of caregiver*, *lack of knowledge*, and so on. I continued in that manner to eventually conclude with interrelations and patterns that could guide explanations for EDM.

The records of the focus groups were analysed in a similar way, looking at the contributions of each individual respondent, yet never losing sight of the context and dynamics of the group as a whole.

## **2.2. Quantitative Component**

The quantitative component of the research made use of data collected through the Cape Area Study (CAS) and the Cape Area Panel Study (CAPS).

### **2.2.1. The Cape Area Study**

The Cape Area Study consists of a series of surveys conducted within the larger Cape Town Metropolitan Area. CAS has collected data in 2000, 2002, 2003 and 2005 on various social, economic, political and demographic aspects of life in contemporary Cape Town. In 2005, a sample was drawn using two stage cluster sampling, with first a selection of enumeration areas (EAs) based on the data provided by Stats South Africa, subdivided in three racial population groups: ‘African’, ‘Coloured’ and ‘White’. Twenty ‘African’, twenty ‘Coloured’ and twenty five ‘White’ EAs were selected. The second stage of the sampling consisted of the selection of households within each EA. CAS defined a household as “a group of people who eat from the same pot daily”.

Interviews were conducted with that individual in the household who was at least eighteen, and whose next birthday was closest to the date of interview.

The 2005 round of CAS was especially designed to gather further insight into aspects of inequality and diversity in the city. The household roster gathered information on, among others, household monthly income, household structure and level of education achieved. In light of this specific doctoral study, questions around educational values, attitudes to life, SLE, and so on, were inserted in the 2005 questionnaire. Further, a health roster was developed, by means of which respondents were asked to describe all household members' health. Interviews were completed with one person aged eighteen or older in a total of 1205 households. After data cleaning, data of 1195 respondents became available for analysis (for more details, see Seekings et al., 2004a; 2005).

### **2.2.2. The Cape Area Panel Study**

CAPS is a longitudinal panel study of a representative sample of young adults growing up in the Cape Town Metropolitan Area (Lam and Seekings, 2005). It collects data on a range of topics central to young people's lives and their transition to adulthood, ranging from education, employment, sexuality and reproductive health to interaction with significant others.

CAPS started in 2002 with a first round of interviews with 4752 young adults aged fourteen to twenty two, in just over 3300 households. The survey went back to the same sample of youth until 2006. Wave two was spread over 2003 and 2004. Data used in this study were mainly wave three data. These were collected in 2005 and consisted of interviews with 3536 young adults and 2341 households (Lam et al., 2006).

The original CAPS household sample was drawn through a two-stage process. The first stage entailed selecting areas of Cape Town. First, the enumeration areas (EAs) used for the 1996 Population Census were divided into three strata according to whether the population of each was predominantly African, Coloured or White. Primary sampling units (PSUs) with at least 25 households were selected. The second stage of the sampling design entailed selecting households within the selected PSUs. In African and White Census Enumeration Areas, households were oversampled in order to get an

equal number of African, Coloured and White young adults in the sample. When weighting the data for this oversampling, as well as for non-response of household and young adults, results of CAPS can be considered representative for the Cape Town Metropolitan Area (for more technical details regarding the survey design, see Lam et al., 2006; 2007; see later sections of this thesis for more information on attrition between the waves).

In various degrees of specificity, wave 1 and 3 contained questions on health and on EDM. In wave 3, again more specific questions for this particular doctoral study were developed, with special attention to health, HIV and AIDS, and factors of influence on educational values and expectations.

More specific details on both the Cape Area Study and the Cape Area Panel Study can be found in the technical document relating to the studies (Seekings et al., 2004; 2005; Lam et al., 2006; 2007).

University of Cape Town

## Chapter three - Educational decision-making in context

“Similar as South Africa might be to many other places in the world, there are few countries where growing up demands so much ‘head work’, especially, but not only, for the majority of its young people who are black. African adolescents... carry the double burden of poverty and cultural alienation.” (Soudien, 2007: 18)

The previous chapter pointed to the importance of understanding young adults as agents within, and in interaction with the conditions of life surrounding them. The value of education and EDM among South African youth will, in many ways, relate to the manner in which they perceive their socio-economic, racial, historical, and future context, and how they define themselves within that context. This chapter therefore sets out to describe some of the circumstances shaping – especially African - young adults’ lives and EDM in South Africa today.

The data gathered in this chapter illustrate that the ‘fragility’ as described in Henderson’s work (1999) and the hardships discussed in Ramphele’s book (2002) are in many ways still very present in African youth’s lives today. Changes in material provisions might, according to recent community surveys, be rapid in some respects, but many youth still grow up in impoverished situations, within changing and sometimes unsupportive family structures, in communities heavily affected by unemployment, crime, violence and HIV. At the same time, these are young people growing up in a globalised world, and in a country where the dominant discourse is one of potential upward mobility for previously disadvantaged people, through interventions like ‘Affirmative Action’ and ‘Black Economic Empowerment’. This amalgamation of factors provides the background to young people’s EDM discussed in later chapters.

General, national background data will be provided; however, given the research setting, the emphasis will often be on the situation pertaining to youth within the Western Cape, and the Cape Town Metropolitan Area in particular. Specific data for the townships in the ‘Cape Flats’ that constituted the research setting of the qualitative data will also be provided.

Further, given the focus of this thesis on African youth’s EDM, special attention will be given to these youth’s living circumstances. The emphasis on young African people has

been explained earlier. However, with Willis' class-based analyses of EDM in mind, it is important to note that in Cape Town, 'race' still functions largely as a proxy for 'class' (Seekings, 2007; Bray et al., 2008): the opportunities open to people, and, for example, the access to services, are still very much determined along racial lines, even though the relationship between 'race' and class is changing (Nattrass and Seekings, 2001). Hence also the emphasis along racial lines in this chapter. Where class is important, it will be mentioned.

In a first section, this chapter briefly explains the educational situation in the country and in Cape Town. It then moves on to provide an overview of the remaining inequalities in living conditions of youth, followed by youth labour market participation and unemployment, family arrangements and neighbourhood crime and violence. In a second section, more attention will be paid to the AIDS pandemic and its (possible and already proven) influence on all of the above.

### **3.1. Education in post-Apartheid South Africa**

Education-related research in South Africa cannot overlook the historical and present context within which values around education have been and are being shaped. Under Apartheid, education was racially segregated (into 'Black', 'Coloured', 'Indian' or 'White') and discriminatory, with far fewer resources flowing to 'Black' schools than to 'White' schools, and 'Black' pupils being allowed only a lower level of education than their 'White' or 'Indian' peers (Jansen and Taylor, 2003).

In abandoning its Apartheid past, South Africa chose to install basic education as a right for all citizens; the ANC government declared education as one of the "decisive drivers of the country's efforts to build a winning nation" (Thabo Mbeki, quoted in Statistics South Africa, 2007: 28). A single educational system<sup>13</sup> was installed. It included compulsory education for all children from the age of seven until the age of fifteen (or until the learner

---

<sup>13</sup> There are four years of elementary school, followed by four years each of middle and high school. In order to gain access to higher education, students must pass the Matric exams at the end of grade twelve. Once students have passed these exams with the required average, they are eligible to apply to either a university or a technikon. Students generally enter higher education between the ages of 18 and 20.

reaches grade 9, whichever occurs first), thereby for the first time making education compulsory also for the African majority.

However, despite all good intentions, high public expenditures on education<sup>14</sup>, fairly high enrolment rates,<sup>15</sup> and progress in educational attainment, many inequalities remain within the South African schooling system. Various studies indicate high absenteeism and repetition rates, high levels of dropout, and lower levels of grade and skills attainment among children from African and Coloured communities (Crouch, 2005; Lam and Seekings, 2005).

Crouch (2005) illustrates, on the basis of national, 2003 General Household Survey data, that, at the age of seven, 92% of African children are enrolled in school, as are 95% of Coloured and 98% of White children. At the age of eighteen, however, only 77% of African youth, 47% of Coloured and 87% of White youth are still in school. African and Coloured youth thus leave school earlier. Among African youth, a majority nevertheless persists through the educational system, but, as Crouch points out, they do not necessarily achieve the same levels of education, as there is a considerable amount of repetition (see also Anderson et al., 2002; Bray et al., 2008), and youth do eventually leave school having completed lower levels of schooling than their White peers. Those who do make it through the educational system often leave school without having acquired the necessary skills.

Data from Cape Town confirm this trend. Analyses of data collected by various waves of the Cape Area Panel Study (CAPS) have indicated that grade attainment differs greatly between African children and their White or Coloured peers. At the age of six, almost all children from the different racial groups that are in school are in the same grade. African children, however, fall behind White and Coloured pupils almost immediately. By the age of fourteen, White and Coloured children are one grade ahead of their African peers. By the age of nineteen, White adolescents have completed an average of twelve grades,

---

<sup>14</sup> The post-Apartheid government has reallocated public funds from formerly 'white' to formerly 'black' schools so that the latter could improve their infrastructure and decrease their pupil-teacher ratios. According to UNDP, South Africa spent 5.6% of its GDP on education in the period between 1999 and 2001. As a matter of comparison: the United States spent 5.6% of its GDP on education, the United Kingdom 4.6%, for that same period. In the period 2002-2005, spending had slightly gone down to 5.4% (UNDP, 2008).

<sup>15</sup> The 2007 Community Survey found that 74% of all 5 to 24 year olds were enrolled in some type of educational institution. According to UNDP, the net primary enrolment ratio for 2005 was 87 %; the net secondary enrolment ratio was 62 %. The ratio of girls over boys in primary education is an estimated 0.96, one of Africa's lowest gender disparities in education (UNDP, 2008; Cf. also Jansen, Taylor, 2003).

whereas Coloured adolescents have then completed just over ten grades. African adolescents do fall behind, but also stay in school longer, and at the age of 22 reach the same average grade attainment as Coloured adolescents (Lam, Seekings, 2005). However, at the age of 22, approximately 50% of African adolescents are out of school, without having completed their matric exams. Those who do remain in school, will most probably eventually leave having acquired lower skills than their White peers in richer areas: CAPS 2002 data show persistently lower scores on numeracy and literacy tests for adolescents in poor areas (Bray et al., 2008: 225-226).

One of the reasons behind these unequal outcomes is the remaining difference in quality of schooling offered in the different neighbourhoods: public schools are indeed subsidised by the government, but those schools with learners from higher socio-economic backgrounds can supplement such subsidies with higher school fees than those with learners from a poorer background<sup>16</sup>. Evidently, schools in poorer areas will find it difficult to maintain the same standards of quality as those in richer ones, and remain with higher pupil-teacher ratios, infrastructure of lower standard, less (and less skilled and less motivated) teacher staff. This is especially worrisome as quantitative research investigating the impact of school quality on schooling outcomes has indicated the influence of such general school quality, and of teacher qualifications, teacher motivation and teacher-pupils ratio in particular, on educational outcomes (Crouch and Mabogoane, 2001; Simkins and Paterson, 2005; Van der Berg, 2006).

The shortcomings of the educational system in the country are well documented. The Department of Education, for example, keeps track of the infrastructure provisioning for schools through the National School Register of Needs Survey (SRN). In 2002, 35% of all school buildings were classified as 'weak' or 'very weak'; approximately 35% of all South African schools were without telephones; 29% had no access to potable water, and in some provinces this percentage even went up to approximately 42%; 45% of all schools nationwide had no access to electricity; 9.2% had no access to toilets (author's own analysis SRN 2002 data; see also The Children's Institute, 2006). The situation in the Western Cape is better, with only 2% of the schools without access to potable water, and 3% without electricity. Still, the schools in the poorer African townships are always in

---

<sup>16</sup> In 2006, the government committed to implementing a 'no fee school policy' for primary schools in the poorest areas of the country, in order to help address the problems of those pupils who are too poor to pay the required school fees. The government allocates R530 for each learner in a designated 'no fee' school.

much worse conditions than those in affluent White areas (School Register of Needs Dataset, 2002; see also Bray et al., forthcoming). Furthermore, in 2000, it was estimated that the number of un(der)qualified teachers in the South African educational system was at a level of 22%; the Western Cape rate was 11% (Bot, 2001).

Classrooms, especially in poorer areas, are often overcrowded. In a study on “factors affecting teaching and learners”, close to 60% of educators in urban informal areas indicated teaching classes of more than 46 students (Phurutse, 2005). Figures for the Western Cape indicated that more than 70% of educators were teaching classes of more than 36 learners – problems that are not only due to a shortage of resources, but also to school mismanagement (*ibid.*; Bray et al., 2008). Furthermore, although there are several reports of individual teachers making great efforts to guide, help and supervise their pupils, there are many others on high numbers of unmotivated teachers who do not manage to keep often unruly pupils under control, do not teach the classes, or simply remain absent (Bloch, 2008; Moleke, 2006; Bray et al., 2008). A study by the Human Science Research Council confirmed the reduced motivation among teachers: large numbers of educators indicated that they were considering leaving their jobs because of job dissatisfaction, high stress levels due to violence in schools, large classes and the consequences of HIV and AIDS (Hall et al., 2005). A powerful illustration of the vicious cycle created in a learning environment in poorer areas, can be found in Bray et al. (2008). Observations of classrooms in the Coloured township of Ocean View illustrated how being taught by unmotivated teachers evoked unruly behaviour among the youth, in turn leaving the teachers even more frustrated.

Furthermore, apart from a shortage of resources, many schools are also prone to problems of violence, gang-related crime, drugs and alcohol (Bennell et al., 2002; Brookes, Shisana et al., 2004; Burton, 2008b; Giese, Meintjes et al., 2003; Human Rights Watch, 2001). The recent ‘National Schools Violence Study’ by the Centre for Justice and Crime Prevention (CJCP) found that “15.3% of all learners between grades three and twelve had experienced some form of violence while at school” (Burton, 2008b: 1). 5.8% of learners reported having experienced incidents of physical assault at school; 4.8% of girls at secondary school were likely to have been sexually assaulted or raped. More than 30% of secondary school learners said they personally knew people who had brought weapons as knives and guns into school. Of particular concern is the fact that young people are not

only victims but also perpetrators of crimes at school: fellow classmates and peers were mostly indicated as perpetrators (Burton, 2008a; 2008b).

In the Western Cape, the Department of Education set up the “Safe Schools Programme” at the beginning of 2006, in an attempt to deal with the problem of violence and lack of safety in school (Kassiem, 2006a). The programme provided approximately one hundred schools with security infrastructure, including “remote controlled gates with CCTV cameras, intercom systems, safety drills and burglar bars” (*ibid.*). However, towards the end of 2006, newspapers in the province headlined “Schools unsafest place for kids”. Testimonies provided at the South African Human Rights Commission on violence in schools “referred to weapon-wielding pupils, drug binges during breaks, and pupils inflicting violence, as well as the rape of teachers” (Kassiem, 2006b). One of the incidents mentioned by one of the respondents and the newspapers, was the attack on one of the pupils at Oscar Mpetha High School in Nyanga, in November 2006, in which outsiders to the school had jumped the school’s fences and stabbed one of the learners in his classroom. Security officials had been present in the school but unable to stop the attack (incident mentioned in interview with Alutha, 2006; cf. also Kassiem and Ka Nzapheza, 2006).

The experience with violence at school can have a significant impact on the learners’ perceptions of – and therefore emotions, and decisions about - schooling. The South African Human Rights Commission (2006) conducted its ‘Inquiry into School Based Violence in South Africa’ following its belief that “the results of (sexual, gang and other) school based violence are reflected by the large number of school drop-outs, academic underperformance, increased risk of teenage pregnancy and the transmission of HIV and AIDS amongst youth and overall community disintegration” (p. 3). The CJCP equally assumes that children and youth’s experiences with school violence can result in “fear of school and of their classmates, (and) the inability to concentrate on learning” (Burton, 2008b: 1).

School quality may impact on young adults and caregivers’ decisions around, among others, the choice of school to go to (see, for example, Bray et al., 2008). Whilst the precise situation is undocumented, in many parts of the country zoning regulations have been relaxed, and many parents and children decide to attend schools outside of their

immediate neighbourhood'<sup>17</sup>. And indeed, many do, often in search for better educational opportunities than the ones offered in their neighbourhood. Examples of parents sending their children to schools outside the townships, and of African or Coloured young adults themselves choosing formerly 'White' schools because of a 'better quality' of education offered were mentioned in the previous chapter (Ramphela, 2002; Bray et al., 2008) and were also found among the participants of this study (see chapters seven and eight).

For those who do not have the means to go to schools, or to send their children to school outside their immediate environment, the picture seems bleak. Bloch (2008: 8) points out:

“For a majority, lack of quality education dooms them to marginalisation and exclusion from the schools, universities and colleges that should give them access to a better life. Put harshly and in a pointed form, education tends to reinforce the social and economic marginalisation of the poor and vulnerable in South Africa, and reinforces their position at the survival end of the second economy with few prospects for movement or further development.”

It is unclear what exactly this reality of poor quality education does to youth's EDM or value system. One can wonder whether it leads them to an oppositional culture similar to Willis' Lads, or to higher levels of apathy, or rather to higher degrees of attempting to gain better levels of schooling.

Apart from this school context, however, there are other factors shaping young adults' values and EDM. Following sections provide a further overview.

### **3.2. Youth's living conditions**

According to Statistics South Africa (2007), the majority of South Africa's youth lives in urban areas. In all provinces of the country, migration trends indicate ongoing tendencies among those in poorer, rural areas to move into urban areas. African youth comprise the majority of those in rural areas, but more than half of young African people also live in urban areas.

---

<sup>17</sup> However, schooling is not completely free of zoning. According to the National Education Policy Act (1996), “feeder zones” may be established by the Head of Department, and “after consultation with representatives of governing bodies... in order to control the learner numbers of schools and co-ordinate parental preferences”. A learner who lives outside the feeder zone may nevertheless seek admission at whichever school he or she chooses (South African Schools Act, 1996).

CAPS data indicate that in very poor African neighbourhoods of Cape Town, approximately 55% of the adolescents were born outside of Cape Town; the majority of them were born in the Eastern Cape. Among the age cohort of the twenty year olds, 20% migrated to Cape Town at the age of twelve or more. Often, this youth migration is driven by a search for better educational opportunities.

Despite significant progress in some of the service delivery over the last few years, African youth still live in more impoverished circumstances than their Coloured and White peers and often lack access to the most basic amenities. In the Western Cape, although a 'wealthier' province and housing less African youth than, for example, the Eastern Cape (Bhorat et al., 2004), the situation of many African youth and their families is still dire. Census 2001 data showed that close to 50% of African families in the province lived in informal dwellings (compared to 6% of Coloured and 0.4% of White families); General Household Survey (GHS) data of 2006 show that still 45% of African households live in informal dwellings. Access to services has nevertheless increased, with now 84% of African families using electricity for lighting purposes, compared to 68% in 2001 (Statistics South Africa, 2008).

The 2001 Census data revealed poverty-stricken, overpopulated situations for all the townships that feature in this study. Between 40 and 60% of the houses in the area were informal dwellings or shacks in 2001. Approximately 35% of all households did not have access to piped water within their dwelling or yard. More than a quarter of the households lived without a flush or chemical toilet and approximately 22% of all households lived without electricity.



Informal settlements in Khayelitsha – source: <http://goafrica.about.com/>



A 'serviced' area in Khayelitsha, own picture



### **3.3. Youth (Un)employment**

In its attempt to rectify the racial inequalities created under the Apartheid regime, the new South African government did not only implement changes in the educational system and in the service delivery to poorer areas. The ANC government also developed various policy initiatives to address the historically created racial inequalities in the labour market. As Moleke (2006) points out: African youth are now able to access jobs that were previously reserved for White South Africans only. Interventions have been aimed at creating job equity (by, for example, the Employment and Equity Act, 1998) and at decreasing the levels of unemployment (by, for example, the Growth, Employment and Redistribution Programme 1996) (Department of Finance 1996; Moleke, 2006; Pauw et al., 2006; see also [www.labour.gov.za](http://www.labour.gov.za)). The intention to provide better opportunities and upward mobility for *all* – also African people - was also voiced as such. This has undoubtedly created the belief among many of the public that their (and their children's) lives can and will only change for the better in future, regardless of them being HIV-affected or not.

However, contrary to the intentions, unemployment in the country has only continued to increase since 1994; depending on the definition used, it ranges from 26% to 40% (Moleke, 2006; Pauw et al., 2006; Seekings et al., 2004b). The increase in unemployment rates seems mostly due to structural shifts in the country's economy of the past decade: economic development, technological progress, trade liberalisation and an increase in labour costs have led to a move to tertiary labour sectors, thereby increasing the demand for skilled labour at the cost of unskilled (Pauw et al., 2006). Indeed, formal employment of unskilled labour has dropped significantly since the end of Apartheid. The situation of the poor, unskilled African labour force has seen little or no change, whereas African elite and middle classes have seen an accelerated growth (Seekings et al., 2004b). Unemployment is highest among those with less than grade 12 levels of education (*ibid*; Moleke, 2006; Pauw et al., 2006). Quantitative research has indicated that higher levels of schooling lead to higher chances of becoming employed - tertiary education increases the probability of finding work for both African males and females, for example (Bhorat and Leibbrandt, 2001) – and that the return to schooling increases with each year of education attained (Keswell and Poswell, 2002; Anderson et al., 2001).

The value people attach to education, and the decisions they make regarding their or their children's schooling in this country, may thus be driven by the described realities of unemployment among those with lower levels of schooling and of improved chances of employment with higher levels of schooling.

However, young adults (aged 15 to 34) are those experiencing the highest levels of unemployment, with African youth remaining the most disadvantaged (Mlatsheni, 2006). Among African youth aged fifteen to thirty, an estimate of close to 60% is unemployed (Lam et al., 2005). In the Western Cape Province, youth unemployment is estimated at about 50% (Ministry of Finance, 2005). According to the Census 2001 data, the official unemployment rate in the area of the Cape Flats ranges between 50 and 60%, and of those who have work, the majority are employed in either "elementary occupations" (40%), or as a sales person (15%) or craft trade worker (13%).

And, despite relatively low levels of unemployment among graduates with secondary and tertiary qualifications, such levels have also seen a stark increase since the end of Apartheid. Moleke (2006) and Louw et al. (2006) hypothesise that such is a function of, among others, the fact that "too many students are graduating in areas with low unemployment probabilities" (p. 28), for example, arts and humanities, rather than the more technical sectors like engineering or medicine for which employment prospects are much higher. This may indicate that young adults' and parents EDM is not so much guided by an understanding of the labour market requirements and opportunities for employment but by a more intrinsic interest in certain subjects.

Furthermore, youth graduating from historically 'Black' institutions face higher levels and longer periods of unemployment. The same sources refer to the fact that employers perceive the quality of education offered at such institutions to be of inferior quality and prefer graduates from formerly 'White' institutions, thereby rendering African youth more vulnerable to unemployment (Moleke, 2006; Louw et al., 2006.).

Researchers have pointed to the fact that high levels of youth unemployment and increasing levels of unemployment among graduates may lead to a growing belief among youth that "education would not necessarily improve their chances of finding employment" (Vally, in Irinnews, 2006; also Louw et al., 2006), thereby potentially influencing youth's value of education and EDM (also Bloch, 2008).

### **3.4. Family Arrangements**

Research has indicated the importance of living arrangements on children's and young adults' immediate well-being and longer term development. In South Africa, studies that look specifically at educational outcomes have, as mentioned earlier, pointed to the impact of household structure, time spent with biological parents, and so on, on schooling outcomes (see, for example, Anderson et al., 2001; Anderson and Lam, 2003; Anderson, 2005; Case and Deaton, 1999, Lam, 1999). Ethnographic work with children and young adults has, furthermore, pointed to the 'potential buffer' that household dynamics can provide against pressures in the youths' wider environment (Bray et al., 2008). This section therefore provides a short overview of living arrangements and family 'fluidity' in South Africa, and among African families in Cape Town in particular.

Surveys and ethnographic work have indicated that multiple and 'fluid' (i.e. changing) family forms, with different caring responsibilities, co-exist in South Africa (Bray, 2003). This finding also holds, more specifically, within the Cape Town Metropolitan Area: data from the Cape Area Panel Study (CAPS) reveal a great diversity of household types. Household size is generally not large, with the average being 4.2 people per household (calculations with CAPS data). This rather small household size does not, however, imply that the majority of households would be nuclear. Whereas nuclear households are indeed the norm among White and Coloured young adults, one in four African young adults was found to live in "the extended two-generation household": a household which consists of the young adult, his or her parent(s), perhaps (a) sibling(s), and a more distant relative (Calculations with CAPS data). In Khayelitsha, one of the areas of this study, the average household size is 5.45, slightly larger thus than that of the complete CAPS sample but in line with the size of low income African households in the sample (i.e. a household of approximately 6 people: Bray et al., 2008). Again, the most common household type in Khayelitsha is the extended two-generation household (calculations with CAPS data).

Research has further indicated the importance of time spent living with both or at least one biological parent (Anderson, 2000; Anderson and Lam, 2003). However, a large number of South African children do not live under (double) parental care. In Cape Town, less than half of all adolescents live with both their biological parents, and it is especially unlikely for children in poorer households to live with both parents (Bray et al., 2008). Family structures vary considerable across class *and* racial groups: Anderson and Lam

(2003) point out that the proportion of life spent living with both parents is less than 50% for African youth, compared to 82% among White youth (see also Bray et al., 2008). Considerable numbers of children grow up without fathers present, with figures on Cape Town as high as 36 % (Anderson and Lam, 2003; Bray, 2003; Bray et al., 2008). Figures for Khayelitsha paint an even more dramatic picture, with 56% of children under the age of 18 living without a father (calculations with CAPS data). A smaller, but still significant, proportion of children live without a mother: Bray mentions between 5.2% - 12.9% (Bray, 2003), but CAPS figures show 26% for children under 18 in Khayelitsha (calculations with CAPS data). Other surveys found that half to three quarters of South African households are female-headed and that no more than 12.5% of these women have a co-resident partner (Brandt, 2005a; See also Russell, 2003).

Moreover, research has indicated that the majority of maternal orphans do not live with their biological fathers, and that most children who become orphaned as a result of HIV/AIDS, are cared for by members of the extended family (Case and Ardington, 2004; Bray, 2003). More details on living arrangements of orphaned children and youth are provided in a later section on the AIDS pandemic.

However, ethnographic research has indicated that the *quality* of the parental relationship with children and youth is perhaps even more important than actual residence for children's well-being. Bray et al. (2008) point to the fact that the *emotional* presence or absence of parents (or of parent-figures) is of importance. The researchers found that children and adolescents in their sample invested time and resources in "retaining connections" with parents, whether they do or do not live with them (p. 62). However, less children recount frequent or intimate interactions with their fathers, especially when fathers are not co-resident. Mothers are more often depicted as 'heroes' and role models. Relationships within the household are, however, not always optimal, with 20% of young adults in the CAPS sample recounting physical violence in the home, and another 20% stating they live with adults of whom they are afraid they might 'hurt them' (Bray et al., 2008). These are all elements that might influence the youths' ability to, for example, discuss school and schooling decisions in their home environment.

### **3.5. Crime and Violence**

Neighbourhood factors have been shown to influence young adults' educational outcomes (Lam, 1999; Lam et al., 2008). One of the factors that may increase the difficulty of creating, for example, a stimulating learning environment, is the level of crime in a community.

Press and research covering of incidents in South Africa clearly indicates the concerns with high levels of crime and violence. Figures on leading causes of death for the whole of the Western Cape indicate that homicide or violence was the leading cause of death for men in 2000 (Bradshaw et al., 2005). According to the Western Cape Government data for Khayelitsha and Nyanga, two of the townships that were part of the research setting, assault of any nature was the second leading cause of death (accounting for 14% and 16% of deaths in the respective areas) in the period between 2002 to 2005 (City of Cape Town, Health Services, 2007). Recent crime statistics revealed Nyanga as reporting the highest number of murders in the country ([www.iol.co.za](http://www.iol.co.za), July 2008).

The 2003 National Victims of Crime Survey indicated that 23% of South African adults had been victim to crime and violence in the year preceding. The National Youth Victimization Study (Leoschut and Burton, 2006) indicates that children and youth are almost twice as likely to be victims of crime than adults in the country: over 41% of the 4409 respondents of the survey had been victimised. One in six young people had been victim of assault. Young men are more at risk of victimisation than women and those living in urban areas more so than those in rural South Africa.

Not only were youths direct victims of crime, large numbers of them were confronted daily with high levels of violence, anti-social behaviour and illegal activities, either at their homes or in their direct environments. In an earlier section, high levels of violence at school were already mentioned. Furthermore, approximately 10% of children and youth reported having caregivers or parents who had been in jail and close to 20% reported having siblings who were or had been in jail. More than half of the respondents reported having seen someone intentionally hurting someone else in their communities, and more than one in ten had seen family members intentionally hurting another family member. Often, weapons were involved (ibid).

The researchers point to the fact that crime and violence, through their omnipresence have become normalised in young people's lives: "almost one in five children or youth had considered engaging in acts that constitute a crime" (Burton, 2006: 4). Half of those who expressed such thought had also acted upon the thoughts (ibid).

The presence of violence and gang related activities in the youth's environment can impact on EDM in many ways. Some may be too shocked or scared by the violence encountered in school, to continue going to school. Some may be tempted to join a gang over staying in school. Various policy documents have expressed concern over the fact that many of the youth who drop-out of school would join in violent crime and become part of the growing numbers of gangs in the country, in a search for status and a flight from boredom (see, among others, Moleke 2006; Burton, 2007). Chapters seven and eight will provide more details on the dynamics encountered among the participants of this particular study.

### ***3.6. Youth affected by HIV and AIDS: reviewing literature and research, with a special focus on education***

HIV and AIDS affect youth in South Africa in a variety of ways. It may also affect EDM through a variety of pathways, influencing all of the above-mentioned factors. Infection and consequent mortality rates are high and increasing among youths (see chapter one), and may lead to higher absenteeism and lower enrolment numbers; increased numbers of orphaned children may see their education jeopardised when the loss of a parental 'safeguard' for education is lost and foster parents show lower willingness to invest in the children's schooling; increasing poverty levels of the households youths reside in may lead to the need to decrease levels of investment in education in order to cope with, for example, increasing health care costs, and to increased demands on youth to take on caregiving and income generating roles; migration following the loss of a parent or primary caregiver may pull youth and children out of school; loss of a parent or primary caregiver may lead to emotional scarring making it more difficult for youth to concentrate on schooling, or to decreased nutrition and health, which in turn affects youth and children's ability to learn; decreased levels of life expectancy may lead youth and their caregivers to lose sight of the long-term value of education (for a complete overview of the potential impact of the AIDS pandemic on the educational demand and supply sides,

see, for example, Barnett and Whiteside, 2002; Bennell et al., 2002; UNICEF and World Bank, 2002). This section pulls together available data to illustrate the various ways in which youth are affected by the pandemic, other than the high prevalence and infection rates presented in chapter one.

### **3.6.1. Changes in family structures: orphanhood and migration**

General figures on orphanhood were mentioned in chapter one. In South Africa, Richter's analysis of household survey data indicated that maternal orphaning in the country has doubled over the last ten years (1.5% in the 1995 October Household Survey compared to slightly more than 3% in the 2005 General Household Survey), as has double orphaning (1.6% percent compared to 3.1% in 2005), while paternal orphaning has remained fairly steady (11.8% in 1995 versus 11.4% in 2005) (Richter, 2006). In an analysis of eleven nationally representative surveys conducted between 1993 and 2005, Ardington (2007) indicates that maternal orphanhood increased from 2% in 1993 to 7% in 2005; the number of children who had lost a parent has increased from 9% to 17%. The South African Actuarial Society estimates that the number of orphans in South Africa will increase to approximately two million maternal orphans under the age of fifteen, and three million under the age of eighteen by 2015 (Johnson and Dorrington, 2001).

As mentioned, it is not clear what percentage of *young adults* are or will be orphaned, but findings indicate that orphan rates increase with age (Ainsworth and Filmer, 2006; Ardington, 2007). Ardington's findings indicate that "by the age of 17, over a quarter (29.4%) of children have lost their father, 12.9% have lost their mother and 7.4% are double orphans" (Ardington, 2007: 10). It can thus be assumed that in older cohorts, orphan rates still increase.

As a result of the growing number of orphaned children, it has often been suggested that the number of child-headed households is on the increase in the whole of Sub-Saharan Africa (UNICEF and World Bank, 2002), and that the extended family network is under considerable strain (see, for example, Ardington, 2007; Bray, 2003). Findings on the number of child headed households, however, appear contradictory: some research indicates that the assumed high number of such households might be over-estimated. In the 'National Household HIV prevalence and Risk Survey of South African Children', the

Human Science Research Council (HSRC) found that less than 1 percent of all households<sup>18</sup> was headed by a child between twelve and eighteen years of age (Brookes, Shisana et al., 2004). Similar results have been found by Hosegood and Ford (2003) when studying household structures in South Africa: of a total sample of 10,296 households, less than 0.5% were headed by a person below the age of 20, and only two were headed by a child younger than the age of 15.

One hypothesis behind these relatively low figures is that, although at a certain stage after the death of the children's parents, child-headed households might be formed, the children are still 'absorbed' by the extended family network or the wider community at a slightly later stage. Indeed, Ardington (2007) noted that vast numbers of maternal and paternal orphans were living in a grandparent headed home (respectively 47% and 31% in 2005). Over half of all double orphans too, were found to live in a grandparent-headed home, followed by 40% who lived with other relatives and less than 2% living in a household headed by a non-relative. The extended family network thus appears to continue to accommodate the rising numbers of orphaned children.

While many of these children may find safe, caring and happy home environments within their extended care network, there is a substantial amount of literature that looks especially at how orphaned children's education is or may be hampered. Apart from potentially living in poorer economic circumstances (Ainsworth and Filmer, 2006; Case and Ardington, 2004; 2006; Case et al., 2004; Ardington, 2007) some instances have been recorded of discriminatory treatment, exploitation, neglect and abuse of children living with caregivers who are not their biological parents, but who might be in control of the household resources (Case and Ardington, 2004; 2006; Case et al., 2004). This might result in a serious impediment of the access to education of the children living in these households (Giese et al., 2003: 47-72; Human Rights Watch, 2005: 27-31; Richter, 2006).

In South Africa, a study by Case and Ardington (2004) analysed data of over 100,000 people in 11,000 households that were collected in a demographic surveillance area in Kwazulu-Natal (KZN) since 2000. Findings indicate that among the children aged six to

---

<sup>18</sup> In the original question to determine the number of child-headed households, 12 to 18 year olds were asked who was the head of their household. 3% Of the children answered they were, but this figure had to be corrected because not all households had children in the age group 12-18 and some of the children were from the same household. (Brookes, Shisana et al., 2004: 23).

sixteen for whom both parents' vital status was known, maternal and double orphans were significantly less likely to be enrolled in school than their non-orphaned peers. Paternal orphans were also disadvantaged in enrolment, but unlike maternal orphans, most of that disadvantage proved due to the poorer economic status of these children's households (Case and Ardington, 2004). Ardington (2007), in her analysis of eleven nationally representative surveys, also found that orphans, and maternal orphans in particular, are at risk of lower educational outcomes. Again, paternal orphans' educational deficit seemed to be explained more by the households' lower economic status.

The exact dynamics responsible for under-enrolment of maternal orphans remain unclear. Ardington (2007; also Case and Ardington, 2004) argues that it might be the loss of the mothers' 'safeguarding' role that leads to lower enrolment. Equally, Human Rights Watch (2005) in a qualitative study with "dozens of children affected by HIV and AIDS<sup>19</sup> and their caregivers" in Kenya, South Africa and Uganda, concludes that, apart from a decreased household income as a consequence of parental death, the children's loss of someone who was willing to fight for them in the community and within the extended family were the strongest reasons behind under-enrolment and drop-out of the children (ibid).

Little is known about EDM among orphaned youth. Some have, however, suggested that "orphans have particularly strong material and emotional/psychological incentives to attend school. ... attending school is an important life of leading a 'normal life'." (Bennell et al., 2002: 54; see also chapter one).

As poverty, illness and mortality rates increase, changes in household structure become evident, not only when looking into the situation of orphaned children and youth. Research has indicated that mothers may leave their own households to go and care for ill relatives elsewhere. Children, too, have been found to migrate in response to the pandemic, sometimes in order to go and look for work, or to care for sick family members, sometimes after the death of one or both of their parents, to go and live with other caregivers within the extended family or with foster parents (Bray, 2007; Young and

---

<sup>19</sup> Children affected by AIDS were defined by HRW as individuals under the age of eighteen who (a) were living with HIV/AIDS, (b) have lost one or both parents or guardians to AIDS, or (c) have one or both parents or guardians suffering chronic illness due to AIDS. Children who have lost either one or both parents before the age of eighteen are considered orphans (Human Rights Watch, 2005: 6-7).

Ansell, 2003; Hosegood and Ford, 2003). Hosegood and Ford (2003) noted that children in households that had experienced adult mortality due to AIDS were more than 1.6 times more likely to migrate during the year (also Steinberg et al., 2003). Some children have been found to migrate into street life (van Blerk and Ansell, 2005). Apart from people moving out of households, some may also join in order to take on the role of the deceased household member (Haacker, 2004).

Migration can obviously lead to disruption of youths' education. However, HIV-positive parents have also been found to consciously move previously non-resident children into their households, in order to be able to provide better care for them – including education - and to “ensure they have the skills to survive on their own should they die” (Bray, 2007: 1).

### **3.6.2. Increasing needs and decreasing standards of living**

It is estimated that the number of people worldwide living in poverty has increased by at least 5% as a consequence of the AIDS pandemic (Nattrass, 2004; Whiteside, 2002).

In South Africa, a growing body of research has indicated that HIV and AIDS indeed mean “the tipping point from poverty into destitution” for already poor families: illness and death following HIV-infection within a family lead to increased costs for (health) care and possibly funerals, alongside decreased financial resources when breadwinners fall ill or pass away (Booyesen et al., 2003: 12; Gould and Huber, 2002; Human Rights Watch, 2005; Nattrass, 2004; Steinberg et al., 2003; The Children's Institute, 2001; UNAIDS et al., 2002).

Booyesen et al. (2003), for example, collected data on the impact of HIV and AIDS on income and expenditure of households in a rural and an urban setting in the Free State province in South Africa. This longitudinal study collected details on, among other, household economics and household structure from a cohort of households that were affected by the disease, and a comparison group of non-affected households. It was found that affected households generally faced higher unemployment burdens and had to divide household resources between a larger number of people. Illness and morbidity within the household was likely to crowd out savings in favour of expenditure on health care and/or

funerals (Booyesen et al., 2003). Affected households were saving approximately 40% less on a monthly basis than non-affected households.

Similarly, Steinberg et al. (2003) analysed survey data of about 770 AIDS-affected households in various parts of South Africa, and found that almost two thirds of all households in the sample experienced a loss in income as household members diverted away from being income generators to caregivers, and AIDS-sick people were no longer able to contribute to the household finances.

Apart from a direct loss of income and increased expenses, households may come under further strain if the pandemic proves to have a negative impact on the labour market. Indeed, firms may decide to cut back on jobs after the losses of several of their infected employees, or to cut back on especially lower skilled personnel (as HIV prevalence rates are highest among the un- or low skilled), thereby increasing unemployment and thus inequality even further (for an extensive analysis of the potential impact of the AIDS pandemic on the labour market and economic growth, see Natrass, 2004).

### **3.6.3. Increases in crime and negative attitudes**

The hypotheses that this thesis started out looking at suggested that the growing numbers of orphaned children in heavily affected societies as South Africa would not only pressure the extended family network, but would most probably also lead to a decreased level of value socialisation, and a rising level of crime and insecurity. It is believed that people's rational decision-making may, furthermore, alter under the influence of a strongly declining life expectancy as a consequence of the pandemic. This might "recalibrate the context of citizens' rational decision making, in particular reducing the incentives for co-operative behaviour and increasing incentives for opportunistic behaviour" (De Waal, 2002: 5; also Barnett and Whiteside, 2002; Schönteich, 1999).

However, chapter one provided findings of research that cautions against such pessimistic hypotheses. Other researchers have also indicated that the hypotheses may be unfounded. In her review on the social consequences of orphanhood in South Africa, Bray (2003) rejects the apocalyptic thinking and warns against de-contextualised approaches to groups of vulnerable children: she asserts that the fears for the consequences of orphanhood are

informed by dominant, Western conceptions of childcare and family structures, without taking into account long standing traditions of childcare in an African context of often ‘fluid’ household dynamics. She further points at the need to understand how children and families in reality experience their circumstances and to not ignore children’s resiliency also in the face of adversity. A similar reasoning is found in Pharoah (2005).

#### **3.6.4. Decline of the educational supply side**

Finally, HIV and AIDS can impact on EDM through its consequences for the educational supply side. It is generally assumed that prevalence rates among teachers are high, although it has for long been very difficult to obtain exact figures on HIV-prevalence rates among educators. Available figures often differ from one source to another (see for example UNAIDS and WHO, 2005; UNICEF and World Bank, 2002). In South Africa, the need for reliable data to allow correct planning of educator supply, led the South African Education Labour Relations Council and the National and Provincial Departments of Education (DOE) to commission an extensive study into the health of the country’s teachers. The results indicated a 12.7% HIV-infection rate among those educators that gave a specimen for HIV-testing. With 21.4%, prevalence was proven highest among educators aged 25 to 34. The figures were disaggregated by population group, showing a prevalence of 16.3% among Africans and less than 1% among Coloured and White educators.

The South African ‘Mobile Task Team’ (MTT) analysed data from the government’s Personnel Salary System (PERSAL)<sup>20</sup> from 1997/1998 to 2003/2004, and found an 81 percent increase of educator mortality between the years 1997/1998 and 2002/2003. Rates were highest among 20 to 49 year old African educators (Mobile Task Team, 2005).

However, high prevalence rates among teacher staff are expected to influence the educational system not only because of increased numbers of death following infection, but first and foremost because of an increased level of illness and consequent absenteeism among educators: the MTT also looked into sick leave and found a “steady increase in

---

<sup>20</sup> As PERSAL does not include data on the full time College and School educators that are employed by school governing bodies, the study covers not the whole, but approximately 92 percent of the South African teaching force.

sick leave” during the period from July 2000 to April 2004<sup>21</sup> (Mobile Task Team, 2005: 46 – 52).

Frequent illness and increasing death rates clearly prevent continuity in teaching and will increasingly put pressure on the entire educational supply system. A further decline in educational ‘quality’ could erode people’s educational values and influence EDM.

### **3.7. Conclusion**

This review has introduced key factors in the context within which young adults and caregivers – whether affected by AIDS or not – in South Africa have to make educational decisions. I believe many of those can be summarised as what Henderson (1999) termed – and I redefined - ‘fragility’ in young adults’ lives (see chapter one). The disadvantages and inequalities for many African youth are still very tangible. Their circumstances still include lower educational outcomes, higher levels of poverty, higher numbers of ‘failing’ schools and very high levels of crime, violence, and HIV. AIDS is clearly another, large factor within the compound of ‘fragility’, but it is obviously also only one of a larger set of influences. In this respect, a quantitative study into the “perceived social context of AIDS” in an African township in Cape Town found that people perceived AIDS as “a serious problem in the townships”, but also as “less serious than crime and not different from violence and unemployment” (Kalichman and Simbay, 2003).

Subsequent chapters will present findings of empirical research that was aimed at understanding in more detail how African youth make decisions about education within and in interaction with their ‘fragile’ contexts.

---

21 Most sick leave days were taken in Kwazulu Natal (57%), followed by the Western Cape (23.6%), but it was not entirely clear whether the data were correct, and whether all provinces had understood the capturing instructions for “temporary” and “permanent incapacity leave” correctly, and had captured the data to the same extent, or whether there were discrepancies between the way in which the provinces approved and awarded incapacity leave (Mobile Task Team, 2005: 46 – 52).

## **Chapter four – The impact of health and subjective life expectancy on adults' perception of the value of education**

"I have to study, I have to do something, that's what my parents said, I have to do something." (Noluthando)

"My aunt, my uncle ... all of them [are involved with my schooling]. If, like, at home, my uncle he will ask 'how's things, how's school, how's everything?' He was the first one to wish me good luck for my exams..." (Lindelwa)

Adult caregivers play an important role in educational decision-making, both directly and in terms of their influence on adolescents. Ramphele (2002) and Bray et al. (2008) document a range of roles played by adults, especially mothers, for example with respect to the choice of school and encouragement or pressure to persevere with school work. Adult influences can also be negative. Research in other African countries shows that caregivers who view schooling as unimportant or unnecessary for their children's (social, emotional or financial) well-being might decide to keep children out of school (for example, Buchmann, 2000) or provide less concrete support to their children's efforts in school (Galper et al., 1997). Parents who attach little value to schooling may influence negatively their children's values, and hence their efforts and decision-making (Corsaro and Rosier, 1992; Noack, 2004; Eccless and Wigfield, 2002; Chavous et al., 2003). Schneider and Stevenson (1999) pointed to the important role of caregivers in the USA in the development of 'future identities' among youth and the choice and construction of matching 'life plans' that include an educational path to reach the aspired self.

One mechanism through which AIDS might have a negative effect on education is through producing negative attitudes among parents or other caregivers towards the education of their children. This chapter examines the effects of poor health and 'subjective life expectancy' (SLE) on the value that caregivers attach to education, through the analysis of both quantitative and qualitative data collected among adults in Cape Town. The quantitative analysis entails modelling the effects of poor health and SLE on the value attached to education, whilst controlling for a range of other social, demographic and economic variables. A summary of descriptive statistics is followed by multivariate logistic regression analysis. The quantitative analysis is followed by analysis of qualitative research conducted with a group of female HIV-positive caregivers.

Interviews and group discussions with these women focused on their educational values, how these were translated into action, and the potential impact that their health and reduced SLE would have on both their values and behaviour.

#### **4.1. The value of education in South Africa**

Although there does not seem to be any existing South African research directly on the 'value of education', research into other topics does provide some pointers. Ethnographic studies such as those by Ramphela (2002), Henderson (1999) and Bray et al. (2008) indicate the effort invested by parents and youth into finding the best possible schooling opportunities. Studies of AIDS have also recorded the commitment of AIDS-sick adults to keep children and young adults in school (Booyesen et al., 2003; Steinberg et al., 2003; Giese et al., 2001). Existing survey data proves less useful. The international World Value Survey (WVS) and the South African Social Attitudes Survey (SASAS) provide further evidence that education is viewed as important in general terms, but neither probes the value attached to education in any detail.<sup>22</sup>

The 2005 Cape Area Study (CAS) included a more focused set of questions on educational values (as well as on EDM and other relevant topics). These began with the very general question "*Do you think education is very important, important, or not important?*" There followed a number of further questions designed to distinguish between 'instrumental' and 'societal' dimensions of the value of education.

Almost all CAS respondents believed that education is either 'very important' (95%), or 'important' (5%). There were only small and statistically insignificant differences between different sections of the population defined in terms of age, education or employment (as Kivilu and Morrow (2006) also found, using their SASAS data).

---

<sup>22</sup> WVS data show that most South Africans disagree with the statement that *University is more important for boys than girls* (World Value Survey, 2008). The 2003 SASAS shows overwhelming consensus across all social groups that education should be compulsory for all children up to and including grade 12, that schools should be racially mixed, and girls should not be discriminated against (Kivilu and Morrow, 2006).

Table 1<sup>23</sup> Breakdown of the educational value measured in CAS, ranked from highest levels of endorsement ('strongly agree' and 'agree') to lowest

<i>You should get an education because...</i>	<i>Strongly agree</i>	<i>Agree</i>	<i>Neither</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1. Pupils learn skills that will help develop the country (%)	51	43	3	3	1
2. An educated person has a better chance of finding an interesting job (%)	44	45	6	4	1
3. You have no future without education (%)	49	34	6	11	1
4. An educated person can earn more money (%)	40	39	13	6	2
5. Educated people can take better care of their family (%)	37	41	11	8	2
6. Educated people are admired by others (%)	29	45	20	6	1
7. Children learn to have respect for one another in school (%)	26	43	17	13	2
8. Going to school keeps children away from crime (%)	30	39	12	15	5
9. School is where you learn to be disciplined (%)	27	40	14	16	3
10. Educated people cannot be discriminated against (%)	19	28	20	27	6

<sup>23</sup> Cases where the total does not equal 100, are due to rounding of the numbers.

There was also little variation with respect to some of the subsequent questions included in CAS (see table 1). Most of the statements expressing an 'instrumental' value to schooling elicited general agreement. No less than 95% of all respondents agreed or strongly agreed with the statement that 'pupils learn skills that will help develop the country', and this agreement is high among all population groups. Close to 90% believed an education is beneficial when looking for 'an interesting job' and over 80% strongly agreed or agreed with the statement that someone has 'no future without education'. Again, this agreement holds across the population groups, but with White respondents expressing a slightly lower endorsement (77% agreed or agreed strongly).

On the other hand, 'Educated people cannot be discriminated against' elicited disagreement among the highest number of respondents (33%), and this is again true for all population groups. Statements about crime, respect and discipline also evoked higher levels of disagreement (19%, 14%, 19% respectively), perhaps pointing at people's more concrete understanding of the possible role of education in their communities: crime rates in South Africa are high, seemingly independent of the also high (especially primary school) enrolment rates. Highest disagreement was found among the Coloured respondents.

Factor analysis and reliability analysis were used to establish whether or not all questions measured the same value of education. Based on the results of these analyses<sup>24</sup>, two

---

<sup>24</sup> Considering the logic behind some of the questions' wording, I considered the possibility of existing correlations between questions 2, 4, 5 and perhaps also 1, as these refer to the more instrumental side of education that was also identified through the qualitative work presented later in the chapter. I further assumed that questions 7, 8 and 9 might be correlated, as they all reflect the idea that school is where you learn some sort of respect or discipline. Questions 6 and 10 seemed more reflective of society and might be correlated as well. I was uncertain about question 3, as this would, according to the Mickelson's theory, almost certainly have tapped an abstract value, but the statement often came up with a concrete interpretation in my qualitative work, and definitely seemed to gain a concrete definition in Francis and Archer's study (2005).

Firstly, Principal Component Analysis extracted two components, one of which was made up of almost exactly those items that were earlier described as instrumental, for the sake of the analysis named "develop\_country" (question 1), "interesting\_job" (2), and "more\_money" (4). The "better\_care" (5) item was not identified as correlating with this underlying factor, but, interestingly, the "no\_future" (3) one did. All items were placed together in the first factor, however, showing stronger correlations.

Looking for further clarification, Maximum Likelihood Analysis and Oblimin Rotation were run. Again, two factors were identified, one of which was made up of what we called instrumental items, this time even potentially adding in "better\_care". The Eigenvalue of this factor is, however, only 0.60, but correlations with the underlying factor appear stronger than in previous analyses and Chronbach's Alpha showed a reliability of .78. The second factor contained all other items, as well as the 'better\_care' one, has an Eigenvalue of 3.52 and Chronbach's Alpha of .73.

indices were created: one expressing an instrumental value, the other one a more ‘societal’ one.<sup>25</sup> Distributions of both the instrumental and societal indices are recorded in table 2. Overall, there is stronger endorsement of the instrumental value of education than of its social value: there seems more certainty about the benefits to the child than the benefits to society<sup>26</sup>.

Table 2 Distribution of the ‘instrumental’ and ‘societal’ values of education among CAS respondents

Classification	Description	Distribution	
<b>Instrumental value</b> (n=1172)	Sum of values/5 expressed in questions that refer to the role of education in:  <ul style="list-style-type: none"> <li>- being able to develop the country</li> <li>- getting an interesting job</li> <li>- being able to take better care</li> <li>- earn more money</li> <li>- have ‘a future’</li> </ul>	1	0
		2	1.3
		3	11.8
		4	51.8
		5	35.2
<b>Societal value</b> (n=1127)	Sum of values/5 expressed in questions that refer to the role of education in:  <ul style="list-style-type: none"> <li>- teaching children respect</li> <li>- keeping them away from crime</li> <li>- teaching them discipline</li> <li>- preventing discrimination</li> <li>- gaining admiration</li> </ul>	1	0.4
		2	7.7
		3	29.2
		4	46.2
		5	16.4

African respondents are a little more emphatic than their White or Coloured peers in their endorsement of both the instrumental and societal values of education, but the differences are not large. For example, 72% of African respondents endorsed the societal value statements, compared to about 60% of both Coloured and White respondents. Differences by age or employment status, or between parents and non-parents, were very small.

Based on these results, two indices were created: one expressing an instrumental value, the other one a more societal one. Although rating less strongly with the underlying factor, the ‘better\_care’ item was also included in the instrumental index, as the instrumental aspect of being able to take (better) care of others by having had (a certain level of) education clearly also did come out of the in-depth interviews presented later in this chapter. The various variables making up the indexes were recoded so that 1 expressed strongest disagreement and 5 strongest agreement.

<sup>25</sup> Although rating less strongly with the underlying factor, the ‘better\_care’ item was also included in the instrumental index, as the instrumental aspect of being able to take (better) care of others by having had (a certain level of) education clearly also did come out of the in-depth interviews with caregivers presented in the second half of this chapter.

<sup>26</sup> For a complete overview of the descriptive statistics of the two value indices, see appendices 2 and 3.

Insofar as there are any differences, these are the inverse of HIV-prevalence. The fact that more African adults than Coloured or White respondents express agreement with both instrumental and societal values of education, is a first indication that a population group or community most heavily affected by the AIDS-pandemic does not seem to be losing its belief in schooling. In line with Mickelson's theory (1990) on abstract and concrete values, one could wonder whether we had perhaps tapped a more abstract value among African respondents than among those of other population groups. Indeed, this is also the population group which, due to historical reasons, has had little direct experience with education that was of such quality that it could be instrumental to them. Later qualitative work will, however, indicate that African people's valuation of schooling is grounded in their concrete experience of deprivation of education.

#### **4.2. The determinants of the perceived value of education**

These indices measuring the value of education were used as dependent variables in multivariate regression analyses.<sup>27</sup> In order to analyse the effects of HIV/AIDS, poor health and SLE, however, it was first necessary to measure these, which proved far from straightforward.

Like most surveys,<sup>28</sup> CAS did not conduct any medical examination of its respondents, but rather sought to establish health status through asking respondents to rate their health on a scale ranging from *poor* to *excellent* and to list any diseases or symptoms they suffered from. Not one CAS respondent reported being HIV-positive, and only one out of a total of almost 5,000 members of the respondents' households was said to be HIV-positive. Self-reported medical conditions from CAS are compared to other surveys in Table 3:<sup>29</sup>

---

<sup>27</sup> I created binary variables for both indexes, coded 1 when larger than 3.5.

<sup>28</sup> For example: the Demographic and Health Surveys (DHSs) conducted by the Department of Health or the General Household Survey (GHS) conducted by Statistics South Africa.

<sup>29</sup> Findings from the CAS data and the constructed general health measure have been compared to the figures on the health status of people in South Africa and in the Western Cape specifically, in order to ensure having created a robust and reliable health variable. An overview of these comparisons and the logic towards building an HIV-affected and general health measure is provided in De Lannoy, 2007a. An overview of the results of all health-related questions is given in appendix 4.

Table 3: prevalence rates of various illnesses, as measured by DHS, GHS, census and CAS

Prevalence of clinical conditions	DHS 1998		GHS 2004		Census 2001		CAS 2005	
	SA	WC	SA	WC	SA	WC	Cape Town	
							Total	Resp
High blood pressure	14%	15.6%					5%	9.9%
Heart attack or chest pains	4.8%	4%						
Stroke	1%	1.7%						
High blood cholesterol or fats in the blood	1.3%	2.4%						
Diabetes or blood sugar	2.9%	4.1%	0.6%	0.8%			2%	2%
Bronchitis	4.2%	10.5%						
(Breathing problems including) asthma	3.8%	5.41%					4%	5%
TB	2.2%	2.8%	0.7%	0.6%			0.6%	1%
Cancer	0.4%	1.2%					0.3%	0.5%
HIV/AIDS			0.1%	0.1%			0.02%	0%
Other sexually transmitted disease			0.04%	0%				
Problems with sight, hearing or speech					0.4 – 1.7%	0.7 – 1.3%	1%	1.7%
Physically handicapped/ Physical disability					1.54%	0.9%	0.6%	0.8%
(Depression or) Mental problem			0.3%	0.4%	0.8%	0.4%	0.5%	0.5%
Flu/acute respiratory tract infections			6.1%	4.2%			7%	9.5%
Diarrhoea			0.4%	0.2%			0.8%	1%
Severe trauma			0.2%	0.3%				

CAS did probe for possibly AIDS-related symptoms. Even taking these as a measure of AIDS, only 1.3% of the households in the sample were AIDS-affected. Even a very pessimistic outlook on the potential difficulty of identifying affected people through the survey would not have anticipated these extremely low numbers: more than 4% of the Western Cape Province population is estimated to be in a pre-AIDS stage, and the National Mortality Surveillance System finds that, as of 2004, the leading cause of premature death in the Cape Town Metropolitan Area is AIDS-related death (Groenewald et al., 2007). Little other explanation for these results can be found than a high level of

discomfort on the respondents' part when answering these questions, or an ignorance of HIV-status among many of the respondents<sup>35</sup>.

The option of working with an 'HIV-positive' or 'AIDS-affected' variable was abandoned as a consequence of the low self-report and difficulties to construct an 'affectedness' variable. Instead, the respondents' responses regarding their own health in general<sup>36</sup> were used to construct a general and composite measure of 'ill health'<sup>37</sup>. Using this measure, 26% of respondents reported poor health, and poor health is more common among older respondents, those who are unemployed, the less educated, and those in poorer households. Poor health is also more prevalent in the Coloured than in the African or White population group<sup>38</sup>.

Multivariate logistics regression models<sup>39</sup> using respondent level health data as a dependent variable indicated age as a significant, positively associated factor with the possibility of ill health; in other words, the odds of (experiencing/reporting) 'ill health' increase as age increases. Monthly household income, on the other hand, had a significantly negative effect: for every increase in income bracket, the odds of ill health decreased by a factor of 0.84. Gender and population group had no significant impact, nor did neighbourhood or household characteristics, but a feeling of control in people was also

---

<sup>35</sup> During the course of the fieldwork, interviewers reported levels of discomfort among respondents who suspected the health-related questions might be probing HIV-infection. Feelings of a right to privacy and AIDS-related stigma may have prohibited open answers to these questions.

<sup>36</sup> Using the respondents' answers on the health of other household members left room for measurement error: the respondent's answers for him or herself can be expected to be much more accurate than his or her knowledge on certain health problems of other members of the household. One can, for example, imagine a respondent who is an aunt of some of the children in the household, not knowing exactly whether or not the children had perhaps had flu, or whether or not some of the other household members have been having severe diarrhoea in the past 6 months. Hence, as respondents' replies regarding their own health are considered to be at least slightly more accurate, respondent level data only were used to create the ill health.

<sup>37</sup> See appendix 27 for the classification and distribution of household members' health. The binary 'ill health' variable subsequently created, used only the respondent level data. It was coded 1 when the health measure equaled 'poor health', or equaled 'good health' but the respondent reported the expectation that his or her health would deteriorate. It was coded 0 when health was rated 'good' and expected to stay equal or improve, or rated 'excellent'. For a more detailed description of the variable creation, see De Lannoy, 2007a: 33-34.

<sup>38</sup> Descriptive statistics on the health and 'ill health' variable are presented in appendix 5.

<sup>39</sup> Logistic regressions are run in order to get odds ratios; an odds ratio is the probability of something happening to the probability of something not happening. In the 'ill health' regression, we thus get the odds ratios for respondents having 'bad health'. When the odds ratio is over 1, the odds of having a bad health increases as the predictor increases. When the odds ratio is less than 1, the odds of having bad health decreases as the predictor increases.

significantly and negatively associated with ill health. Appendix 6 provides the regression output table.

CAS also asked about SLE. Respondents were asked whether they expected 1) themselves and 2) their children to be alive at various ages from 40 years up to 80 years<sup>40</sup>. The answers to these separate questions were later combined into one variable summarising 'subjective life expectancy'<sup>41</sup>.

Table 4 shows that most – more than three-quarters – of our respondents said that they were confident of living until at least the age of 70 years. Another 11% said they expected to live to the age of 60 years, but were uncertain about reaching 70. In short, the respondents in CAS 2005 expected to live to old age. If a respondent is already older than forty, it is meaningless to ask whether he or she expects to live to that age. The optimistic life expectancy reported in CAS is not, however, a product primarily of the fact that many respondents have already reached middle or old age. Older respondents did report higher life expectancy, but even among the younger respondents, life expectancy was high: among young adults, aged between 19 and 22 years, almost 72% reported a life expectancy of 70 years or more. Among 23 to 30 year olds, almost 76% reported a life expectancy of more than 70 years.

There is no indication that, in precisely those age groups that are hardest hit by illness and death as a consequence of the AIDS-pandemic, people have a diminished SLE. It is possible, of course, that respondents were unwilling to share with the CAS interviewers their fears and uncertainties. However, the qualitative work with HIV-positive caregivers reported on in a later section of this chapter will show that even in more comfortable settings, many HIV-infected people do not admit to a dramatically reduced SLE.

The reported life expectancy of CAS respondents is at odds with estimated life expectancy trends in South Africa as a whole. Life expectancy at birth in South Africa is estimated to be fifty years or less (UNAIDS and WHO, 2005; UNDP, 2003), although it is

---

<sup>40</sup> When taking this question on in the CAS questionnaire, we were wary of the fact that this question might not evoke true or honest answers; we originally feared that people would feel offended by a question asking them how long they and their children expect to live. Different versions of the question were therefore extensively piloted before we opted for this one, which seemed to be both clear and inoffensive.

<sup>41</sup> If a respondent expected to be alive at the age of 40 but not at 50, then the value of '40' was entered for the composite variable. If someone expected to be alive at the age of 40 but answered 'don't know' to all the following ages, the value 'uncertain above 40' was entered. Appendix 7 provides an overview of the descriptive statistics of the variable.

significantly higher in the Western Cape. Even in the Western Cape, however, the ASSA model predicts that about one in four women aged 15 years and 39% of men of this age will die before their 60<sup>th</sup> birthday (Dorrington et al., 2006). Yet more than half of the CAS respondents expect to still be alive at the age of 80. No less than 86% of the African sub-sample reported an SLE of 70 years or more, which is especially surprising as this is the population group that is hardest hit by the AIDS-pandemic and sees most young people die as a consequence of the disease.

Table 4 SLE distribution as measured in CAS

<i>Subjective life expectancy</i>	<i>Total (%)</i>	<i>African (%)</i>	<i>Coloured (%)</i>	<i>White (%)</i>
Below 40	0.1	0.3	0	0
40	0.4	0.3	0.5	0
Uncertain above 40	1	1.3	1.4	1
50	0.8	0.3	1.2	1
Uncertain above 50	3	1.8	6	1.4
60	3	1.6	3.1	3.3
Uncertain above 60	11	1.6	13	14
70 and above	78	86	70	77
Unknown	3	1	3.8	1.9
total	100	100	100	100

Multivariate logistics regressions were run to identify the factors influencing SLE,. A new binary measure for 'low life expectancy' was used as the dependent variable. Approximately 20% of respondents expressed such 'low SLE'<sup>42</sup>; less than 14% of African respondents expressed a low SLE. As with the analysis of health, different regression models were run, always including the 'ill health' variable. Appendix 8 includes the regression model output.

Findings of the final regression show that ill health, age and a strong belief in future opportunities are highly significant indicators of SLE, within the pooled sample (i.e. not disaggregated by population group). It is unsurprising that age is correlated with a reduced probability of lower life expectancy, given the cross-sectional sample. Age clearly needs to be controlled for in these regressions. Ill health increases the odds of expressing a lower life expectancy by a factor of 3, controlling for other factors. This might be interpreted as

<sup>42</sup> The 'low SLE' variable was binary, coded 1 when respondents expressed an SLE of less than 70 years. The number of observations would have become too small if I would have lowered the 'cut off' age to for example less than 60.

a first indication of the validity of the aforementioned pessimistic hypotheses. However, as will be shown below, in the most heavily AIDS-affected African population group, the relationships between the variables do *not* hold. A correlation between a belief in future opportunities and SLE might indicate causality in either direction; I will return to this in my discussion of the findings from qualitative research among adolescents in chapter six. In a simplified model including only household monthly income as an indicator of socio-economic status, income correlated significantly and negatively with a low SLE (put differently: a higher income correlates with lower odds to express a low SLE). This may be explained by the fact that those who have a higher income can undoubtedly spend more on a healthy lifestyle.

As HIV and AIDS affect the different population groups in South Africa to different degrees, and thus perhaps also the life expectancy held by the different groups, the final regression model was run also separately for each population group. It should be noted that sample sizes become rather small (especially in the White population group) and confidence intervals become large in some cases, so care should be taken when interpreting these results. Neither health status nor age has a statistically significant effect on life expectancy in the African sub sample, whereas it does with White respondents. Apart from age, the only factor that shows a significant, negative impact in the African sample, is a high feeling of control in life – this is again consistent with the findings of the qualitative data of both adult caregivers (see below) and young adults (see chapter six). Appendix 9 presents the regression model outputs by population group.

In sum, the multivariate regression results provide some support for the hypothesised correlations between poor health and lowered SLE, but only for white respondents: i.e. for that section of the population with the lowest HIV-prevalence rates. Among African respondents, SLE is high – indeed, much higher than is consistent with real and projected data on life expectancy in South Africa – and there is no correlation between health and life expectancy, as we have measured them in CAS.

Having developed measures for health and SLE, we can now return to the analysis of the value attached to education and see whether this is affected by health and SLE. Appendix 10 reports the results of a series of multivariate logistic regressions<sup>43</sup> in which the

---

<sup>43</sup> Logistic regressions are run in order to get odds ratios; an odds ratio is the probability of something happening to the probability of something not happening. In the 'educational value' regression, we thus get

measures of the value attached to education are regressed against the health and SLE variables, controlling for various selections of other social, demographic, economic and attitudinal factors.

In *none* of the regressions did ill health or SLE show up as having a significant impact on the instrumental value of education. In the final regression, only a belief in future opportunities and traditional gender beliefs were significantly and positively related to the instrumental value, indicating that it is not illnesses but people's views on life and the future, as presumably influenced by history, culture and the socio-economic context within which they live, which have an impact on the way in which they value education and hence on the way they make decisions around education.

When simplifying the model by including either education or household income, the results suggest that both higher levels of education and higher incomes correlated *negatively* with the instrumental value. At first, this seemed counterintuitive, yet it is possible that poorer and less educated people have a stronger belief in the instrumental value of education, as their returns to education would be high. Indeed, this resonates with qualitative findings presented hereafter. The HIV-positive mothers in the qualitative sample used their lower income as a very concrete reason for their high instrumental value of education.

The same regressions were run with the *societal* value of education as the dependent variable (see appendix 11). Again, health and life expectancy for oneself did not have a significant impact on the value. However, low life expectancy for children does significantly and negatively correlate. Controlling for all other factors, being White clearly raises the chances to a higher value. Also, a high belief in future opportunities and traditional gender beliefs are again positively associated with the value.

There thus seems very little evidence supporting the pessimistic hypotheses in these data, a finding also supported by those of the qualitative data presented in the next section.

---

the odds ratios for respondents expressing a 'higher instrumental value' (see UCLA Academic Technology Services, 2008 for more details).

### **4.3. “There is no other way out”: qualitative data on the value of education among HIV positive caregivers in Cape Town**

Given the difficulties in identifying affected and infected caregivers through the survey work, the qualitative work with a purposive sample of HIV-affected caregivers became all the more important. This section presents the findings of qualitative research conducted at the end of 2005 with ten affected caregivers<sup>39</sup>. Intrigued by the negativist hypotheses around the impact of AIDS on people's value of education and the analyses of the CAS data that supported no such hypotheses, I wished to understand how HIV positive mothers valued education, how their valuation translated into action for both themselves and their children, and how these women thought about their own life expectancy. The data are presented in the form of concise life stories, followed by a thematic analysis that focuses on these women's 'value of education'.

#### **4.3.1. Life stories**

Providing brief life stories for the women who participated in the individual interviews allows us to understand better the contexts within which they answer specific questions about the value they attach to education and their actual behaviour with respect to their children's schooling. All of the narratives below illustrate the severe material and sometimes also emotional deprivation that characterised both their childhoods and their present day lives. I first present the cases of three women who consciously decided to safeguard their children's education; two of those three look for ways to provide their children with more than what they assume to be 'township education': one of the children is in a multiracial school, one has been given the freedom to himself look for a 'Coloured' (and in future potentially a 'White') school that he believed was better than the 'African' ones in his neighbourhood. I then consider the stories of two mothers who not only take an active role in securing their children's schooling, but who have also decided to invest in their own education, hoping that will enable them to, in the short term, find employment and, in the long term, provide their children with better opportunities. All of

---

<sup>39</sup> The data presented here draw very heavily on the individual interviews with the five HIV-positive mothers contacted via Wola Nani. However, where suitable, reference is made also to the focus group discussion conducted with the five women of the Bambanani Group.

these women act so as to secure their children’s education and thereby ‘better futures’ in a context that renders uncertain how long and how well they can provide care.

*Table 5 Relevant details of participants in the individual interviews*

		<b>Nobahle</b>	<b>Nosipho</b>	<b>Lungelwa</b>	<b>Nokutheta</b>	<b>Xoliswa</b>
<b>Demo-graphics</b>	Age	31	35	31	33	23
	Gender	Female	Female	Female	Female	Female
	Relationship	Single	Married	Single	Married	Single
	Children	2	2	2	2	2
	Employment	Unempl.	Unempl.	Unempl.	Unempl.	Unempl.
<b>Household structure and resources</b>	Size	3	3	8	4	3
	# adults	1	2	5	2	1
	# children	2	1	3	2	2
	Resources  Note: all women also received food parcels from Wola Nani	Child support grant	Husband’s income  Grants	Brother’s income  Mother’s income  Child support grants  Disability grant	Husband’s income  Child support Grant	Child support grant  Sister’s support
<b>HIV status and treatment</b>	Diagnosis	2002	2000	2002	1994	2002
	ARV	No	Yes	No	Yes	No
<b>Education</b>	Highest level	Standard 6	Grade 12	Grade 12	Standard 8	Sub-B
	Currently studying	Yes	No	Yes	No	No
	Children in school	Yes	Yes	Yes	Yes	Yes

### **Nosipho**

Nosipho is a 35-year old, married woman who lives in a shack in Khayelitsha, together with her husband and her six-year old son, the younger of her two children. The other child, a daughter of thirteen, is staying with Nosipho’s aunt in the Eastern Cape – like Nosipho herself, when she had been growing up. Nosipho first became pregnant whilst she was in her matric year. She passed matric, but failed in subsequent attempts to study further. At the age of 23, she was sexually abused by a family friend and, as she says herself, she started to “act out, badly”. Her aunt persuaded her to move to Cape Town to find work, but to leave her daughter behind in the Eastern Cape. Despite being separated,

Nosipho and her daughter seem to talk often on the telephone. They discuss personal matters including HIV. Since Nosipho disclosed her status to her daughter, the daughter always asks how Nosipho is feeling and, when she is visiting, she checks whether Nosipho takes her medicine. They also seem to discuss regularly how important education is and how the daughter is doing at school. Nosipho sent her daughter to a multi-racial school that she perceived of higher standards than 'African township schools'. She "encourages her [her daughter] that she must not play, she must read, because I want her to pass ... I want her to be something I failed to be". Within that discourse of reaching a 'better future', there is also the necessity to do as well as possible in a short frame of time, so that the child will eventually be able to look after herself, and her little brother: "even if I die, I'll know that you are somebody, you can take care of your brother".

Nosipho's younger child goes to a non-mixed school in Makaza (Khayelitsha), but Nosipho's ambitions are to send him to a multi-racial school as well. Nosipho's care for the boy seems to take a predominantly emotional and material form. There seems less motivational interaction around education, perhaps simply because she considers him too young. But Nosipho says that she wants him "to take school seriously ... to respect elders, and to take care of [himself]."

As part of my interview with her, I asked Nosipho to tell me a story about an imaginary girl or boy aged about 13 who was not in school, Nosipho weaved a story about a child who lived with his mother and stepfather, but was not recognised by the stepfather as his own son and was therefore treated less favourably by both his mother and his stepfather. In the story, the child feels that he does not belong at school (because does not have the right books or clothes) or at home. He eventually moves to a friend's home where "he will get care", but later still takes to the streets to "meet other kids". It is not clear how far Nosipho is projecting her own feelings and fears about her current husband possibly rejecting or at least not supporting her children. It is striking how, in the story, the imaginary child seeks a home away from her immediate 'family'. Perhaps by deciding to keep her daughter in the Eastern Cape, Nosipho is able to ensure the child has a stronger bond to the family than she would have experienced, had she moved in with Nosipho and a man who is not the child's father.

### **Nokutheta**

Nokutheta is a 33-year old, married mother of two boys. She spent most of her childhood in the Eastern Cape with her grandmother, but dropped out of school at the age of thirteen due to a lack of money to pay for the fees. Although her grandmother tried, she was far from able to satisfy the (basic) needs of all of the children who were under her care. Nokutheta decided to go to Johannesburg with a friend, to find a job and thus help support the family in the Eastern Cape. She failed to find a permanent job, but did find temporary work and boyfriends who could support her, and she sent money back to her family in the Eastern Cape, where the money was used, amongst other things, for food and to send younger siblings to school. After two years she returned to the Eastern Cape, and decided to return to school, “but the thing was money, there was no money at all”. Nokutheta eventually managed to finish grade 10, but then fell pregnant and dropped out: “That was it, I couldn't move, I went back to suffer again.”

At the age of 18, she left for Cape Town to look for a job, leaving her son with her mother and posting money whenever possible: “My younger sister was still at school and then I would send her money until she's ... she's finished now.” Her mother and son later joined her in Cape Town. Today, Nokutheta is married and has just become mother to a second child. She says that she has strong and close relationships with her children. Nokutheta has disclosed her status to her older son, who has now adopted a care-giving role in relation to her, asking her regularly how she is feeling, whether she is not ill, and so on. Of her husband she explicitly says: “he loves my child like he was his own”, and it is clear that both adults in the house will go to great lengths to satisfy the children's needs.

Nokutheta seems to focus on the intrinsic value of education. There is the instrumental side (“you can get work easily if you are educated”), but also, repeatedly: “you can read and do things ... you read and write.” She values highly the education of her children, and also allows them a role in decision-making. For example, when her older son said that he no longer wanted to go to school in Khayelitsha (where “education is poor”), Nokutheta left the choice of a new school up to him. “My child go [goes] to Salt River, and he came back and he said that he found the school”. The boy is now attending school in Salt River, despite the cost. He now wants to move to a “white” school, because there is too much crime and dagga-smoking at the school in Salt River. Although she has been very ill, Nokutheta is adamant that she will go to lengths to ensure her child's education: “I like

him to have what he wants, no matter I have nothing, but I'm trying my best ...". "Every day I'm praying for God to give me more years, for me to survive, at least for one of my children to achieve, mainly him, then this one will (care for ) that one."

### **Xoliswa**

Xoliswa is a 23 year old mother of twins: a boy and a girl of ten. They live in a shack in Khayelitsha. Through our translator, she explained that "she can't find a job, because she's not educated. And her heart is very sore about that. When she wants to ... go to look for a job, she can't go because she can't say anything in English to anybody".

Xoliswa herself grew up in the Eastern Cape in a poor household where there was never enough money to pay school fees. She is very aware of the costs of dropping out of school because she did so at a young age. For people like her, she says "when the other friends go to school, they're always at home ... just staying at home doing nothing, don't know how to write, don't know how to do anything ... Their friends were educated and go to school each and every day, but them, they are just staying at home doing nothing ...". Xoliswa fell pregnant at the age of thirteen. Soon after this, she and her younger brother moved to Cape Town to live with their older sister.

Xoliswa described her relationship with her own children as very close and caring, with a lot of interaction, especially regarding their education. She believes that education is necessary for a "a better life": "she wants them to be educated, they can work after that, ...; if one of them needs help, they can help each other ...". Her children must have the opportunities that she was denied, to learn to read and write, to be able to communicate, thus being capable of asking for help or looking for a job, and, in particular, helping other people. Her illness seems to have strengthened this resolve.

Xoliswa says that a good carer stays together with her children and "tells them what is wrong and right... sit down and talk to your children." A caregiver should also provide material care: "you must try by all means to give your child ... everything ... that he or she needs."

## **Nobahle**

Nobahle is a 31 year-old, single mother of two boys. She was born in the Eastern Cape where she spent most of her childhood years in her grandmother's home, together with her two brothers and sister. Her mother was absent most of the time, but returned to the house and the children when Nobahle was about 17. Just before that, Nobahle and the other children had been through a period of moving from one aunt to another, trying to get used to the different sets of rules maintained in each of the families. Nobahle described the bond between her and her mother as weak, and as uncaring. More than once, her mother claimed she did not understand the necessity of Nobahle going to school. At the age of 19, Nobahle finished Grade 9, but her mother did not allow her to continue her education, despite attempts by her school principal and teachers to convince her mother of the necessity to do so, and even to look for alternative ways to fund Nobahle's schooling.

Nobahle left the Eastern Cape in 1999, together with her younger son, to come and look for a job in Cape Town, leaving the older boy under the care of her mother. Four years later, in 2003, she went to fetch her firstborn and now lives with the two children in a shack in Khayelitsha. Nobahle says the relationship with her oldest boy has been a bit problematic, as she had to forge ties with him again after four years of absence. She tries to (re-)build a bond by talking and interacting with him a lot, and frequently seeks advice from counsellors and from school on how to interact with him. Such a conscious effort to forge bonds with a child after a separation is, she says "new to our culture..". The two boys are in school in Khayelitsha. There appears to be a lot of interaction between the school and the parents, and between Nobahle and her children when she tries to stimulate them to do well in school.

Nobahle says that being HIV-positive has brought her and her children closer: "Me as a parent, I want to embrace my children as much as possible, just to reassure them that whatever happens, I love them. ... To always spend as much time as possible with each other ... I'm trying to prepare them for when I'm not here." Education, for Nobahle, is something that she has been deprived of, just as she has been deprived of a strong bond with her mother, or another caring and truly understanding, motivating parent or carer. She is determined now to be a different kind of parent to her own sons, and turns to others for advice on how to do this. For example, before disclosing her status to her son, she sought advice within the support group. Although Nobahle is a very outspoken and

seemingly very confident woman, she frequently expressed concerns about the future and who would be taking care of her children when she would no longer be there. She pushes her older son, especially, to do well in school so that when she dies, he will be able to take care of himself and his brother.

### **Lungelwa**

Lungelwa is a 31-year old mother of two sons. She spent a happy childhood with her grandparents in the Eastern Cape, until her grandfather died. Aged eleven, she moved to Cape Town, to come and live with her mother, stepfather and aunt. She passed matric but was unable to get a bursary to study further. Lungelwa has very positive memories of her time at school.

Today, Lungelwa lives in a large, extended family household, together with her brother and his wife, her sister and her children, a cousin, and others. The situation is stressful because “she has to be mother to all of them” – and she has considered moving out with just her two children. She is also adamant that she does not want a husband: she wants to make it on her own, just herself and her children.

She wants her children to “get each and everything that they want” and aspires to satisfy all their needs “like clothing, eating, and when they are sick”. Lungelwa herself is now studying again: “I am doing this for my children and for my own sake, you know, to give them a better future. ... so that they mustn't be poor like me when they grow up”. Her illness seems to have made all aspects of caregiving more important: “I always pray to God that he can keep me long to raise my children”.

#### **4.3.2. AIDS and the perceived importance of education**

All of the participants in the individual interviews were unemployed, and living in impoverished situations. Their life histories reflect instances of physical abuse and emotional deprivation, of ‘fluid’ household and care structures, of severe material deprivation and eventual school drop-out. Their stories show many ‘fateful moments’ (Giddens, 1991) that caused them to temporarily ‘lose balance’ and struggle to find solutions. Yet all also show high levels of resilience – the ability to ‘bounce back’ after

moments of crisis. All of the women had, for example, made plans for themselves around how to be the best possible caregivers to their children.

All of these women saw education as being very important. They identified several different dimensions of education, many of which, especially the instrumental ones, seem to form very intrinsic parts of the way in which they view themselves as caregivers. Other dimensions, such as the idea of school as a 'social space' were, as illustrated below, to a large extent related to the background of poverty and inequality, and the ability to - just for part of the day - escape the hardships of everyday life at home. These different dimensions are reflected in the ones used to analyse the quantitative data presented earlier.

#### **4.3.2.1. Education and school as a social space**

These women generally viewed the schools they themselves had attended as happy and social environments, where children felt they belonged and could escape from difficult home environments.

- “It was nice, we were all from the same background, there was no rich or poor...” (Nobahle)
- “I met friends. We shared food, but also stories. ... I forget how I am treated at home...” (Nosipho)
- “It was nice there...” (Lungelwa)

When they, for whatever reason, were no longer able to go to school, they felt lost and excluded from that important social network.

This is not an uncommon view of schooling. Other, school-based research has found that, for many children, school is what it has been to the mothers in my sample: a social place to be among friends, notwithstanding problems of physical security in many schools (for example Bennell et al., 2002; Giese et al., 2003).

#### **4.3.2.2. Education as the only way to a better future**

Apart from the social dimension, education has a very strong instrumental value. When asked why exactly the women thought that education was 'very important', all of them in one or other way referred to the fact that education was 'the only way to gain a better life', a better future – a view shared by participants in my focus group and in the CAS survey.

When analysing the quantitative data, I wondered how abstract this value was. The in-depth interviews reveal a very concrete understanding of the importance of education. These women reflected on their own disadvantaged backgrounds, and wanted their children to do well in school so that their children could succeed where they themselves had failed:

- “Without education, you can go nowhere... You need to be educated to have a better life, there is no way out..” (Nobahle)
- “There is no future without education” (Nokutheta)
- “I want her to be something I failed to be”(Nosipho)
- “I want him to go where I couldn't reach” (Nokutheta)

Two of the women (Nobahle and Lungelwa) had decided to return to school themselves, not simply despite their illness but perhaps even because of it:

- “I am doing this for my children and for my own sake... to give them a better future. The future I didn't have when I was at their age.” (Lungelwa)

These caregivers believe in the possibility of upward mobility for their children, and for themselves, through the 'path' of education. In interviews, these women did not mention any barriers to such upward mobility – perhaps because the interview guide did not prompt for these, perhaps because their belief in an ideology of achievement “mystifies structural constraints and encourages high aspirations” (MacLeod, 1995: 125).

#### **4.3.2.3. Education and schooling as the road to employment and independence**

Within the same instrumental dimension of education, is the fact that getting an education is the only way to find at least “a job”, but especially “a good job”. Again, this evaluation

of education seems to a large extent based on the caregivers' own context of unemployment: it is due to the fact that they themselves dropped out of school, or never completed higher levels of education, that they are now unemployed. They now desperately want their children to do so much better than they have done and do now:

- “I want them to be educated so that they can work after that” (Xoliswa)
- ‘My children must have better education, so that they can have better jobs’ (Nosipho)

This dimension is also again one of the reasons why two of the women have started some form of education for themselves. As Nobahle states:

- “I started home-management courses so that I have better chances of finding a job” (Nobahle)

The above-mentioned dimensions of education should not come as a surprise. They are acknowledged by other studies (Watson-Gegeo, 1992; Corsaro and Rosier, 1992). There is, however, one more, frequently-mentioned aspect of education that may be somewhat more surprising: education as a means to care.

#### **4.3.2.4. Education creates the ability to care**

The fact that getting and completing (a high level of) education would create the ability to care came up several times in the conversations, not only in the sense that one child would be able to care for his or her sibling(s), but also for others in need.

- “You’d better study hard, so that ... even if I die, I’ll know that you are somebody, you can take care of your brother ...” (Nosipho)
- “I want them to be educated so that they can help each other.” (Xoliswa)
- “Education is very important ... I would like them to grow up and ... care about other people, the poorer people.” (Nokutheta)

This seems very much related to the caregivers' need to prepare the children and themselves for the time when they will no longer be able to perform their caregiving tasks. Education becomes the key to succession planning: within the context of AIDS and the uncertainty about who will be taking on the care for the children after the mother has

died, the caregivers wish to prepare their children for an independent life in which they will be able to take care of themselves and each other.

#### **4.3.2.5 The intrinsic value of education: knowledge and empowerment**

These women also see education as having an intrinsic value, that is knowledge is valued for its own sake in addition to its instrumental value. Whereas the instrumental dimensions of education were very clearly used as arguments for why their children should be in school, this more intrinsic element came up mainly in the women's stories of why they themselves had liked school, and why they would have wanted to stay in school themselves:

- “I like it: you read and write...” (Nokutheta)
- “I have to go to school, I will have more knowledge. ... At school, I meet new ideas ...” (Nosipho)

#### **4.3.3. Future-orientedness in an era of HIV/AIDS**

All participants were women who in some way had learned to deal with their uncertainty and questions around their disease through a support group. They had a fair level of knowledge of the disease and its course. They had knowledge of and access to antiretroviral treatment, but nonetheless saw their life expectancy – and hence the time frame within which they could act as caregivers – as uncertain. As Nobahle says:

- “I don't know how much time I have on this earth. ... I try to avoid thinking about the future, because it's now frightening, uncertain ...”

These women act with a sense of urgency, a need to achieve and give as much as possible in whatever time remains. Nobahle continues:

- “You need to use this time while I am still alive to push ... to try and pass every class, so that by the time I die, at least you are somewhere”

Nobahle and Lungelwa both situate their own decisions to study further within this narrow time frame: it is because they may have little time that they need to improve the likelihood of finding a job and thus provide better for their children.

- “I want to be working ... I pray for a job, so that I can help my kids. My children, they are supposed to be in school, also, I don't want to get sick while the children are in school.” (Xoliswa)
- “If I can at least get a job, just to, to provide for them ... It's an uphill battle even to keep them in school ... So I wish they can get an education ... Even if I'm not around, if only they can find education. Because I don't want them to suffer or struggle as I did in life ... I hope God can give me enough time so that he [her son] can grow up and be independent.” (Nobahle)
- “I'm dreaming about having a job ... I will (be able to) afford to buy food and (satisfy) the needs of my children. ... Everyday I'm praying to God to give me more years, for me to survive, at least for one of my children to achieve.” (Nokutheta)
- “I hope to give them a better education. I always pray to God that he can keep me long (enough) to raise my children, ... I want to do everything they want, like school, ...” (Lungelwa)

The finding that HIV-positive women invest *more* in education and other aspects of caregiving contradicts the apocalyptic hypothesis that prompted my research, but accords with other studies. In a study on the psychological experiences of HIV-positive mothers and women caregivers, Brandt (2005b; 2007) found that concerns regarding their children were high among HIV-positive mothers and that that was “perhaps the issue which most compelled the women to confront the potential implications of their HIV status.” Analysis by Bray and Brandt (2005) of ethnographic data similarly found that parents wished to achieve as much as possible for their children while still alive. The findings were also corroborated by those of a Chicago-based study into motherhood in a context of HIV and AIDS (Van Loon, 2000).

#### **4.4. Conclusion**

This chapter used both quantitative and qualitative data on adults in Cape Town to test the validity of the hypothesis that interest in educational investment would decline as a result of the lowered life expectancy caused by HIV/AIDS. I found no evidence of AIDS having

a negative effect on the value African people attach to education. The quantitative and qualitative data confirm a generally high value of education among adults in Cape Town, a value that may have more than one dimension. The belief in the instrumental value of schooling is high both in the general CAS sample and the purposive sample of HIV-positive caregivers, and may well reflect a general, strong belief in South Africa's present opportunity structure for African youth. Further, SLE as measured in the quantitative data is very high, especially in the section of the population that is most affected by AIDS. None of the women in the qualitative sample expressed a low SLE, but they expressed more uncertainty about how much longer they had to live. That uncertainty did not, however, lead to apathy or a loss of willingness to invest in their children's future. Rather, their decision-making became more urgent.

The qualitative data indicated that HIV-positive mothers are, in fact, strongly inclined to invest in their own, and especially their children's, education. Rather than becoming passive and resigned, these women seek ways to adapt and cope with the changing realities they are faced with. Providing education to their children is, in their minds, one way of doing so.

From the caregivers' stories, it became clear that the will to educate and to be educated, is, in fact, very much value-based and future-oriented. Expectations about the 'return on investment' were present in the sense that caregivers hoped their children would find decent jobs and would be able to provide for themselves and their own households later, but no reference was made to parents expecting to recoup the investment to their own immediate benefit. The multi-dimensionality of care resonates in these mothers' stories, in that providing their children with education is one way in which they wish to answer all different levels of their children's needs (i.e. social, emotional and developmental). My findings are consistent with those of other national and international studies that look explicitly into the concept of care, and the impact of HIV/AIDS thereon. Being able to provide for children's 'basic needs' and 'education' was frequently mentioned by HIV-positive caregivers when asked what 'good care' would imply to them (Bray and Brandt, 2005; confirmed also in Van Loon, 2000).

It is important to note that, in all of the cases presented, the HIV-positive status of the women was but one of the many stressors in their lives. The disease was only one factor in a complex set of influences on these women's uncertainties, values and actions. Material

deprivation and uncertainties of support networks in their past and present shape, for example, their present day firm beliefs in education as 'the only way out'. Resonating with this, in her study into psychological well-being of HIV-positive caregivers, Brandt (2007) also found a "reduced salience of HIV", whereby "HIV was generally in the background rather than the foreground" (p. 214): "What was clearer was that illness and HIV was not the centre of women's lives unless they were actively ill and not receiving antiretroviral therapy, and even for these women, things would shift in time. If there was a constant in the narratives ... it was that these were women that knew poverty well, and that this was a context that legitimately edged HIV toward the margin of their lives" (ibid: 224).

At the same time, however, it is clear from these mothers' stories that they are also very much aware of the fact that their HIV-positive status will eventually lead to a 'changing circle of care' for their children, but that they are not really confident about what exactly that will mean for their children. Whereas the reliance on extended family networks did not seem evident from the mothers' stories, teaching children 'to be independent' was clearly an important part of preparing the children for a successful life after their mother's death. These women try by all means to provide their children with the necessary intellectual, emotional and social resources, so that they will hopefully be able to cope with these changes and, if necessary, to take care of themselves and one another. Education clearly plays a very important role in all of this, and some will go to great lengths to provide their children with the best possible education, for example sending them to (expensive) multi-racial schools, and schools outside the township system.

The findings of both the quantitative and qualitative work presented are a first indication of the need to refrain from over-generalised hypotheses about the impact of HIV/AIDS on people's values and views on life. It was, however, difficult to draw relative conclusions about the educational value or decisions on the basis of this material: unfortunately, no in-depth interviews were conducted with non-affected women, so the statements of these HIV-positive women could not be compared to the value non-affected mothers would attach to schooling, and the identification of people with 'ill health' was not unproblematic in the quantitative data. This gap in work with adults informed the structure and methodology of the work with young adults which forms the bulk of this thesis' material.

Indeed, the longitudinal nature of my work with young adults offered the opportunity to study the transitions in and out, and through the educational system over an extended period of time. It therefore permitted analysis of the way in which young adults potentially alter their values of schooling, the way in which they do or do not 'follow up' on their values and aspirations by concrete plans and actions, and the subjective and objective experiences that lead to possible changes in such values and actions. It further allows for the observation of the way in which the impact of the AIDS-pandemic progresses over time. By working with a 'control group' of non-affected and affected youth, it also became possible to tease out in more detail the influence of 'AIDS-affectedness' alongside other social, economic and psychological factors that constitute 'fragility' in young adults' lives.

University of Cape Town

## **Chapter five - testing the impact of health, subjective life expectancy and interaction with peers and parents on educational expectations**

“... if you want to earn good money you have to have some level of education and matric will not work for you. With matric certificates you just get the menial jobs and they don't pay well.” (Noluthando)

Chapter four used both quantitative and qualitative data to test the hypotheses about the negative effect of health or SLE on educational values. No evidence for such effect was found. In fact, in the most heavily AIDS-affected, African population, belief in the instrumentality of schooling was high, and SLE was higher than in the Coloured or White subsamples. Purposively sampled HIV-positive caregivers also expressed a high belief in schooling. Their decisions and messages around education for their children were always positive, grounded within the concrete experience of a life in poverty and the wish to provide their children with better future possibilities. Their HIV-positive status did not render their decisions more short-term oriented, but rather added a sense of urgency to them, as they wished to help their children through as much education as possible in the time left to them.

This chapter again provides quantitative data to test the hypotheses around a negative impact of AIDS on educational values and decision-making. Youths' educational expectations are thereby used as proxies for their willingness to invest in schooling. Indeed, it can be assumed that “(educational) expectations indicate an individual's orientation towards the future” (Beutel and Anderson, 2004: 3). Thus, if HIV and AIDS would impact on young people's SLE and views on the future, one could expect to see a negative impact of that also on their educational expectations. The analyses therefore study the factors of influence on youths' educational expectations, including in the models variables for health, AIDS-affectedness and SLE.

Analysis of data collected by CAPS shows that young people in Cape Town in general express high educational expectations: close to 50% of youth aged sixteen to twenty-five replied that they expect to complete under- or postgraduate education. Of the youngest age cohort (sixteen to eighteen), close to 60% expressed that belief. A higher percentage of

African youth express the expectation to complete an undergraduate degree education (48%) than either their Coloured (25.7%) or even White (37.8%) peers. Even among the oldest cohort of twenty-three to twenty-five year old African youth who, by 2005, were not in school and had not completed their matriculation year, still 42% expressed the expectation to complete *at least* some post-secondary education.

These quantitative data resonate with the in-depth work with African youth in the Cape Flat townships, presented in later chapters of this dissertation, which found that adolescents hold very high expectations and aspirations for their future lives, almost always including high educational aspirations. These findings have also been corroborated by extensive research in other parts of the Cape Peninsula (Bray et al., 2008).

Findings further show little measurable influence of the AIDS-pandemic on expectations: as said, youth of the most heavily affected African population group express the highest expectations, and the highest SLE. Levels of reported AIDS-affectedness are again very low. Self-rated health, yet not AIDS-affectedness or clinical conditions, correlate significantly with expectations. However, not unimportantly, the perceived risk for HIV infection does have a significant impact on educational expectations of African youth, but levels of such perceived risk in the sample are low. Finally, findings indicate that African youth base their educational expectations mostly on interaction around schooling with their mothers and peers, but take less notice of possible socio-economic barriers to schooling.

This chapter first presents earlier analyses of CAPS data by Beutel and Anderson (2004). These researchers' work illustrates the impact of independent variables most often used when analyzing educational expectations. My own analysis expands upon Beutel and Anderson's model (ibid), by including the for this thesis important factors of health, SLE, HIV-affectedness, and experiences with death and illness in the family. Table 6 provides an overview of independent variables used by both Beutel and Anderson and myself. After summarising these researchers' findings, the chapter proceeds to describe CAPS wave III data, and variables expressing health and SLE. Sections thereafter present findings of multivariate regression models taking educational expectations as a dependent variable, and including health and SLE as independent variables in all models. For my descriptive and regression analyses, data were used of only those young adults that had complete

individual and household level data in both wave I and III (n=3405) of CAPS. Table 7 provides an overview of summary statistics of the sample of complete wave I and III CAPS data.

Table 6: summary of independent variables used in the analyses on educational expectations

Beutel and Anderson (2004) – wave I	De Lannoy (2007) – wave III & change
<b>Status Attainment Theory/ Family and school performance variables:</b> <ul style="list-style-type: none"> <li>- highest level of education of parents</li> <li>- household composition</li> <li>- young adults' academic performance</li> </ul>	<b>Status Attainment/ Family and school performance variables:</b> <ul style="list-style-type: none"> <li>- household monthly income</li> <li>- household composition</li> <li>- young adults' academic performance</li> </ul>
<b>Family Social Capital:</b> <ul style="list-style-type: none"> <li>- frequency parent-child discussions of personal matters</li> </ul>	<b>Family Social Capital:</b> <ul style="list-style-type: none"> <li>- frequency of time spent with biological parent</li> <li>- amount of time parents spent on talking about educational matters with the young adult (1 <i>never</i>– 4 <i>often</i>)</li> </ul> <b>Broader Social Capital/ peer influence:</b> <ul style="list-style-type: none"> <li>- Most friends continued to study (dummy, 1 for <i>agree</i> or <i>agree strongly</i>)</li> <li>- Encouragement of close friends to study (ibid)</li> <li>- Some or most of friends continued to study (ibid)</li> </ul>
<b>Demographics:</b> <ul style="list-style-type: none"> <li>- Age</li> <li>- Gender</li> <li>- Population Group</li> </ul>	<b>Demographics:</b> <ul style="list-style-type: none"> <li>- Age</li> <li>- Gender</li> <li>- Population Group</li> </ul>
	<b>Health</b> <ul style="list-style-type: none"> <li>- self rated health (1 for <i>poor</i>, 5 for <i>excellent</i>)</li> <li>- improved, deteriorated or equal health status (dummies, change wave I to wave III)</li> </ul>
	<b>Experience with death in household and family</b>
	<b>Subjective life expectancy</b>
	<b>'Affectedness'</b>
	<b>Perceived risk for HIV infection</b>
	<b>Orphanhood</b>

Table 7: summary statistics of the CAPS sample

<b>Summary statistics</b>		
	Observations	%
African	1,364	43
Coloured	1,539	48
White	325	10
Female	1,753	54
Often discussing education with mother	1419	48
Often discussing education with father	878	36
Friends continue to study	1643	59
Friends encourage study	1657	58
Friends intend to study tertiary	1920	61
Affected <sup>1</sup>	459	14
Household death <sup>2</sup>	417	13
Maternal orphan	156	5
Paternal orphan	592	19
Double orphan	104	3
No perceived HIV risk	1523	47
High perceived HIV risk <sup>3</sup>	236	7
Poor health	36	1
Excellent health	1370	43
Deterioration of health	964	30
Subjective Life Expectancy (SLE) $\geq 70$	1835	61
	Mean	St Deviation
Age	20.5	2.46
Years of education	10.53	2.18
Per capita income	1451.28	2531
Number adults in house	3.43	1.61
Number children in house	1.61	1.42

<sup>1</sup> This is a different 'affected' variable than the one in CAS. CAPS included questions on whether or not respondents knew someone who was either HIV positive or who had died of AIDS, and asked how that person was related to the respondent. I decided to take into account those who identified such relationship as either a close relative or a spouse/partner, so as to be more sure of the 'concreteness' of affectedness. Within the African CAPS sample, 28.2% were identified as 'affected', compared to close to 4% in the Coloured and 2% in the White sample (but the White sample size is very small with only 312 respondents).

<sup>2</sup> It was my original intention to include a more specific variable expressing the experience of either a maternal or paternal death, and even whether that death was premature (i.e. happened before the parent reached the age of 60) but sample sizes became too small for that. Hence only the *household death* variable was included in the regression models to follow.

<sup>3</sup> Within the African subsample, close to 10% assumed a high risk for infection, compared to 6% within the Coloured and 2% among White young adults.

## 5.1. Educational Expectations in CAPS wave I

In both wave I and III, CAPS asked all its respondents: “As it stands now, how much education do you think you will complete?” Reply options allowed for students to indicate the exact level of studies they expected to complete - ranging from less than matriculation, to for example “grade 9”, or a “university postgraduate degree” – or to indicate that they “don’t know”. Parents were also asked how much education they expected their children to complete. Answers were coded in the same way.

The variables used by Beutel and Anderson (2004), and their relevant findings, are set out in table 8. Both parents and children expressed high educational expectations independent of the population group they belong to, with just over 60% of young adults expecting to complete at least some form of post-secondary education. African youth had higher educational expectations than their White and Coloured peers.

Table 8: summary table of Beutel and Anderson’s analysis of wave I CAPS data

Beutel and Anderson (2004) – wave I	Pooled sample	By pop group
<b>Status Attainment Theory/ Family and school performance variables:</b> <ul style="list-style-type: none"> <li>- highest level of education of parents</li> <li>- household composition</li> <li>- young adults’ academic performance</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Parental level of education</b> was significantly and positively associated with young adults’ educational expectations</li> <li>- History of <b>school failure</b> was negatively significant</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Younger children</b> in the household were negatively significant for <b>Coloured</b> youth</li> <li>- <b>Number of adults</b> was positively significant for <b>African</b> youth</li> <li>- <b>Parental level of education</b> was significant for African and White respondents, marginally negative for African youth</li> </ul>
<b>Family Social Capital:</b> <ul style="list-style-type: none"> <li>- frequency of discussing personal matters with a biological parent</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Frequency of discussing personal matters</b> was <b>negatively</b> but only marginally significant</li> </ul>	<ul style="list-style-type: none"> <li>- <b>African</b> young adults who had <b>more frequent discussions with mothers</b> had significantly <b>lower</b> expectations</li> </ul>
<b>Demographics:</b> <ul style="list-style-type: none"> <li>- Age</li> <li>- Gender</li> <li>- Population Group</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Age</b> was significantly &amp; negatively related to young adults’ educational expectations</li> <li>- Being <b>African</b> was positively significant;</li> <li>- Gender had no significant impact</li> </ul>	<ul style="list-style-type: none"> <li>- <b>African and Coloured</b> young adults who were <b>older</b> had significantly <b>lower</b> expectations</li> <li>- Gender had no significant impact</li> </ul>

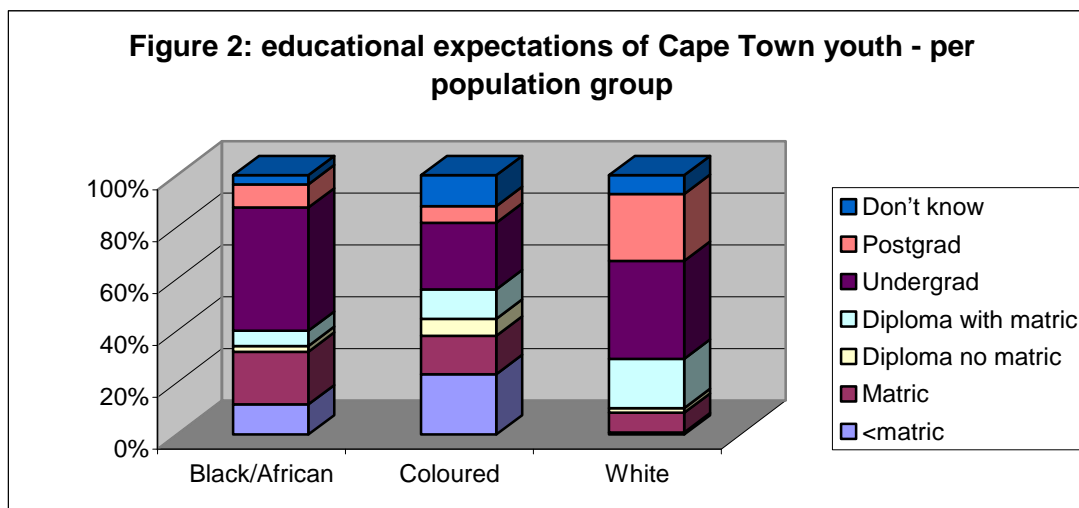
The researchers had expected to find some effect of variables expressing family social capital (see chapter one), and for example of parents’ highest levels of education. Within the pooled racial sample, some evidence for that was found. However, when looking at the sample of African youth in particular, they found *negative* relationships between parents’

levels of education and youths' educational expectations and between parent-child interaction and expectations. Many questions thus remained unanswered. Beutel and Anderson pointed to the need to look for additional measures of family social capital, rather than just including parental-child interaction, and to take into account other potential factors of influence.

## **5.2. Educational Expectations in CAPS wave III**

As mentioned, close to 50% of the CAPS respondents in wave three expressed the expectation to complete under- or postgraduate education. A higher percentage of African young people expected to complete an undergraduate degree education (49%) than either their Coloured (26%) or even White (38%) peers. However, as much as 26% of White young adults expected to get a postgraduate degree, compared to a much lower 9% of African and 6% of Coloured youth. Expectations were especially high among the younger age cohort of all population groups, but remained, for all ages, higher among African youth than among their Coloured or White peers. 57% of African sixteen to eighteen year olds expressed the intention to complete an undergraduate degree, compared to (still) 50% of twenty-one to twenty-two year olds. These wave III findings resemble those of Beutel and Anderson (2004).

Further bivariate analyses indicate that, of those young people who have lost either both their parents or their mother, close to 44% expect to receive less than matric or just matric level education, compared to less than 30% of non-orphaned children in the sample. The proportion of maternal orphans who expect to complete their schooling to a postgraduate level is less than half of the non-orphans (almost 5% compared to close to 11% respectively). Paternal orphans' expectations seem slightly less affected by the death of their parent than maternal or double orphans, with still 8% believing they will reach a postgraduate degree, and 39% who expect to reach less than or only just matric. These data may reflect a trend also indicated by Case and Ardington (2004) and Ardington (2007). Case and Ardington, using longitudinal data from Kwazulu Natal, found that maternal orphans were less likely to be enrolled in school than non-orphaned children were. Ardington, in an analysis of South African surveys, finds that orphaned children are at risk of lower educational outcomes, with the loss of a mother always of greater significance than of a father.



Apart from orphanhood, parental residence has a significant effect on educational expectations, with 39% of those young adults who do not live in the same household as either of their parents expecting to complete less than or just matric level education, compared to 25% of youth in the same household as both parents. Not only the presence of mothers thus, but also the possibility of perhaps finding support with one or both one's biological parents influences young people's educational expectations. This is again in line with findings of Ardington's analyses (2007).

The majority of young people who dropped out of school – i.e. left school before taking their matric exams – expressed the belief that they will maximally reach matric level, compared to a vast majority of those who were still in school in 2005 expressing the belief that they will reach either undergraduate or postgraduate levels of schooling. However, still 36% of those who had dropped out by 2005, expressed the expectation that they would complete some form of post-secondary education.

Finally, household monthly income correlates significantly with young people's educational expectations. The educational reality is such that a higher proportion of youth in households with a higher income have passed their matric, or are still in school, as compared to higher levels of drop-out in poorer households. Therefore, it may not be surprising to find close to 43 to 44% of young people in households that earn less than R3000 per month expecting to complete only matric, compared to 16% of youth in the income bracket R8000 to R20000 per month. However, an almost equal proportion of 39

to 43% of youth in the poorest households expects to complete tertiary education to an undergraduate or postgraduate degree. This again seems to reflect the dichotomy between those who express their expectations based on the realities of their everyday life, and those who maintain high expectations – or perhaps rather aspirations – despite the hardships around them.

### **5.2.1. Modelling the impact of health and SLE on young adults' educational expectations**

After the bivariate analyses, multivariate regression models were run to investigate the factors influencing youth's educational expectations in more detail. All models included variables for health and SLE. The following sections first describe these variables in more detail and as dependent variables. The final section of the chapter will then present findings of the OLS regressions including them as independent variables for educational expectations.

#### **5.2.1.1. Including health in the model**

Participants in CAPS, as in CAS and many other surveys, were not asked to take part in a medical examination that could have determined their state of health. Health data were collected through self-report questions on general health, and by means of a list of possible diseases and symptoms very similar to the questions inserted in CAS.

The majority of youth rated their health *very good* or *excellent*: with a total of 78% among White, 60% among Coloured and 61% among African young adults. Significantly, the population group that is hardest hit by the HIV-pandemic has the highest proportion of respondents rating their health as *excellent* (more than 46% of the African youth) – a finding similar to that in the adult CAS sample. It should of course be kept in mind that the AIDS-pandemic is not in the same advanced stages in Cape Town as it is in the rest of the country: it is estimated that only about 4% of *youth* between the ages of fifteen and twenty-four in the Western Cape are HIV-positive, with approximately half of those in the asymptomatic stage one of the disease, and only 2.4% of HIV-positive youth (or 0.09 % of all youth) in stage four (data from the full ASSA 2003 model). Nevertheless, antenatal clinic data of the Western Cape indicate very high prevalence in poor African areas (see

chapter one). The proportion of youth infected in those areas can thus also be expected to be significantly higher than the general 4% for the province.

It is possible that the 7% of African youth rating their health as *poor* or *fair* include those who are HIV positive, but there is no definite way of knowing this. Self disclosed HIV-status is extremely low in the sample, with less than 0.2%.

Due to time and space constraints, and given the disappointing results of the CAS symptoms list of AIDS-related diseases, the CAPS 2005 survey did not include a list of symptoms that would have allowed us to at least try to identify infected or affected youth. Therefore, no measurement of HIV-status was included in any of the following regressions.

In total, only 6 to 7% of Cape Town's youth rate their health as only *fair* or *poor*. This is a considerably lower proportion than found in adult samples<sup>40</sup>, but in line with findings that show that an increase in age sees a significant increase also in the reporting of 'ill health' (see chapter four and De Lannoy, 2007a: 59-60 for more details). Table 9 presents an overview of self-rated health in the CAPS waves I and III, broken down by population group.

Appendix 12 provides an overview of the descriptive statistics on this self-rated health variable. Population group correlates significantly with health, as does socio-economic status as measured through household income and level of education. These findings resonate with CAS data and with descriptions of poverty and well-being in South Africa (See chapter four and De Lannoy, 2007a ; also Bhorat and Kanbur, 2005).

---

<sup>40</sup> The World Value Survey (WVS), the South African Social Attitudes Survey (SASAS), and the Cape Area Study (CAS) 2005 all contained a very comparable health scale. In CAS 2005, for example, 13% of respondents rated their health as 'fair', 5% as 'poor'. In SASAS 2003, 12% of respondents rated their health as 'poor', 4% as 'very poor'.

Table 9: self rated health among youth in the Cape Town Metropolitan Area

	Poor	Fair	Good	Very Good	Excellent
<b>African</b>					
Wave I	1	6.2	32.1	14.2	46.5
Wave III	2.3	5.1	31.6	14.7	46.3
<b>Coloured</b>					
Wave I	0.9	6.6	31.8	23.9	36.9
Wave III	0.5	5.5	34.2	20	39.8
<b>White</b>					
Wave I	0.6	4.8	29.5	34.5	30.7
Wave III	1.1	4.4	15.8	33.3	45.5

Multivariate regression models<sup>41</sup> were run on health status to identify the determining factors (or correlates). In the final model, being Coloured, being female, and having lower levels of education are significantly and negatively associated with self-rated health, controlling for all other factors. An overview of the determinants included in the final model is presented in appendix 13. It is not clear why race remains significant for the Coloured young people in the sample, after controlling for both income<sup>42</sup> and level of education - but not for African youth, controlling for income<sup>43</sup>. In general, a higher level

<sup>41</sup> I ran ordered probit regressions. Ordered probit regressions are used when trying to model the determinants of a categorical variable that takes on more than two values, e.g. in our case, the health variable, but later also the SLE and educational expectations one. The various values of the categorical variable have a certain order, meaning: "excellent" is higher in value than "very good", or "good", but we cannot assume that the intervals between these adjacent categories are equal. It is because of that uncertainty that some argue that the use of OLS is not justifiable with ordinal outcomes (see e.g. Scott Long, 1997: 114-115; see also Natrass, 2005: 36).

<sup>42</sup> The independent variable *income* was included first as dummy variables expressing income brackets as captured in CAPS wave I, then as a continuous variable with several categories; Significances and directions thereof remained the same; the regression table in the appendix only includes the results of the continuous variable.

<sup>43</sup> Unfortunately, CAPS 2005 did not include a medical examination of respondents. It was thus impossible to control for 'measured' or 'actual' health in this model on 'self-reported' health. In other words: it is not possible to tell, from this analysis, whether the lower self-reported health might be due to actual worse health among Coloured respondents. National burden of disease studies do indicate that Coloured men and women

of 'negative reporting' is noticeable in the Coloured young people, with, for example, also lower levels of educational expectations and life expectancy (see the following section). In those cases, equally, the models applied to explain the differences do not seem to capture the complex background to the higher degrees of what could perhaps be called pessimism. On the other hand, a general 'optimism' among African respondents has become noticeable throughout this dissertation, with consistently higher levels of, for example, SLE, educational expectations, and thus also higher levels of 'excellent health'. I will argue that such optimism is a coping mechanism of African youth that allows them to deal with the complexity of their living environments; one that is clearly not applied within the group of Coloured youth.

Apart from the general health question, CAPS did also include a concise list of clinical conditions. As in CAS, however, very low levels of such conditions were reported, with only 6% of youth in wave III reporting that they suffered from one of the listed problems<sup>44</sup>. The small number of positive replies makes a potential *clinical conditions* variable not very robust and was therefore not taken into consideration as an independent variable in the regression models in later sections of the chapter.

### **5.2.1.2. Including subjective life expectancy in the model**

CAPS wave III included questions that asked young adults whether they expected to still be alive at the age of 30, 40, and so on, up to 80. Thornton and Lam (2007) used these data for preliminary analyses on determinants of SLE. Table 10 shows the variables they used in their regression analyses and their matching results. Self-reported health had a significant and negative effect on subjective life expectancy. Being male had a significant and positive effect. Being Coloured had a significant and negative effect. Years of

---

might be more prone to certain diseases than African people, but not compared to White people (Bradshaw and Steyn 2001). Still, that does not explain why a general self-rated health variable would remain significantly lower among Coloured young respondents, compared to White respondents (the omitted 'race' category in this regression was White).

<sup>44</sup> CAPS wave III asked respondents whether they had any of the following: tuberculosis, other respiratory problems, physical handicap, problems with sight, hearing or speech, mental problem, HIV/AIDS, other sexually transmitted diseases, diabetes, heart disease, cancer, epilepsy or fits. Diseases were ticked off in the case of a positive reply (n=235), other instances are missing, but it cannot automatically be assumed that all missing values would have been negative replies. For this reason, I decided not to create a dummy variable for this and exclude clinical conditions from the regression models.

education completed were positively significant in the White subsample only, as was employment in the Coloured subsample.

In line with the work already done on these variables by Thornton and Lam (2007) – and myself when analysing the adult CAS data (See chapter four; De Lannoy, 2007a) - I combined the answers to the separate questions about life expectancy into a single variable. When a respondent expected to be alive at the age of 30 but not at 40, the value of '30' was entered, and so on. Whenever a respondent was sure to still be alive at the age of 30, but answered "don't know" to the age of 40, this too was captured as subjective life expectancy of 30<sup>45</sup>.

Table 10: summary of results of Thornton & Lam (2007) and De Lannoy (2007)

Thornton and Lam (2007)		De Lannoy (2007)	
<b>Age</b>	-	<b>Age</b>	Negatively sign in African sample
<b>Gender (Male)</b>	Positively significant	<b>Gender (female)</b>	Negatively sign in African sample
<b>Population Group</b>	Coloured negatively sign	<b>Population group</b>	Coloured negatively sign
<b>Years of education</b>	Pos significant in White sample only	<b>Level of education ya W III</b>	Negatively sign in Coloured
<b>Numeracy score</b>	-	<b>Income</b>	Pos sign in pooled sample, African & White pop group
<b>Employment</b>	Pos significant in Coloured sample only	<b>Perceived HIV risk</b>	Negatively significant in African sample
<b>Perceived HIV risk</b>	Marginally sign in pooled sample, not in African population	<b>AIDS 'affected'</b>	Insignificant also in base models
<b>Self reported health</b>	Poor health negatively significant in all pop groups	<b>Self reported health</b>	Better health positively significant in pooled sample and African and Coloured pop group
		<b>Household death</b>	Negatively significant in African sample
		<b>Orphanhood</b>	Paternal orphanhood negatively significant in pooled sample

<sup>45</sup> This is slightly different from the approach to the CAS data, where I kept the uncertain variables separate, and where I eventually used a variable "low life expectancy" as the dependent variable in regression models. However, given the unclear results of those analyses, and in order to be complimentary to the work of Thornton and Lam, I here decided to follow a similar variable creation system to theirs and to "count those who are unsure about living up to a specific age the same as those who are certain they will not live up to a certain age" (Thornton and Lam, 2007: 8).

Table 11 shows that a large number of young adults are very optimistic about their life chances, with more than half of them (60%) expecting to live until at least the age of 70. Almost half (48%) expected to be alive at the age of 80.

Table 11: Subjective life expectancy of CAPS 2005 respondents

Life Expectancy	Distribution (n=3018) %
Below 30	0.2
30	4.4
40	5.5
50	12.3
60	16.9
70	12.5
80	48.2
Total	100

Thus, at first sight, belief in longevity of life seems high among these young people, especially compared to the projections on life expectancy for a country as heavily affected by HIV and AIDS as South Africa.

Thornton and Lam (2007: 7) assumed that the difference between SLE and projections in life tables as those of, for example, the World Health organization was perhaps because life tables are calculated for the South African country as a whole, while youth in Cape Town may live in wealthier areas. However, ASSA 2003 calculated for the Western Cape in particular a life expectancy at birth of an estimated 61.5 years, and 64.9 years at the age of 20 (ASSA 2003 full model), still far below the expected 80 years of life among a large proportion of the Cape Town youth.

At the same time, a minority (22%) of the young CAPS respondents believes their life expectancy to be 50 years or less, thus below the one predicted by ASSA. However, when breaking down the variable so that 'uncertainty' is also reflected, it becomes clear that most of the 'below 50' responses are in fact 'uncertain' rather than a firm belief not to be alive at the age of for 50.

Less than 10% of African youth thinks they will not live until the age of 50, and again, the majority of that belief (over 7%) is captured by 'uncertainty' rather than the firm belief they will not live till 50.

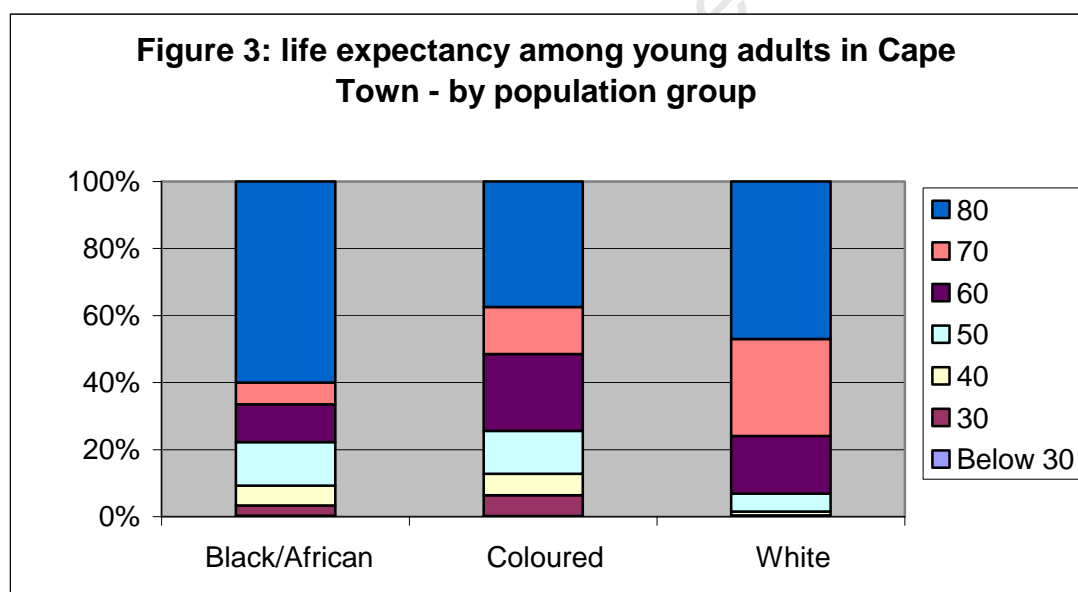
*Table 12: subjective life expectancy of CAPS 2005 respondents*

Life Expectancy	Distribution (n=3018)
Below 30	0.2
30	0.2
Uncertain above 30	4.2
40	0.7
Uncertain above 40	4.8
50	1.4
Uncertain above 50	11
60	3.1
Uncertain above 60	13.8
70	2.3
Uncertain above 70	10.1
80	48.2
Total	100

Lam and Thornton (2007) find that level of uncertainty increases with age among adolescents – a similar finding to those of the CAS analyses of adults (see chapter four and De Lannoy, 2007a), yet also point at the very high levels of uncertainty in this sample of youth. It is subject of further investigation to understand the cause and role of 'uncertainty' in SLE questions: Lam and Thornton point at the necessity to understand a potential correlation between numeracy levels and replies. However, it is important to note here, the findings of the qualitative work with African young adults, presented in chapter six, that indicate that uncertainty in SLE depends on levels of feeling in control of one's life – a young man who had been involved in crime or gangsterism no longer felt in control of what might happen to him and feared for his life, for instance, yet regained his trust in longevity when he moved away from gangsterism and felt more in control again. Another factor influencing uncertainty was the close confrontation with a traumatic event. In other instances, including when piloting CAPS, people would claim they could not possibly know how long they would live, as only God would be the One who knows that.

For the sake of this quantitative analysis, however, I will maintain the life expectancy variable without levels of uncertainty as described earlier. A breakdown of descriptive statistics on subjective life expectancy is found in appendix 14.

Striking differences are noticeable in the disaggregation by population group. It is especially important to note, once again, the optimism among African youth, with a higher proportion than any of the other population groups assuming to at least live until the age of 70 – a finding that goes against evidence on real life expectancy in the midst of the AIDS-pandemic. Pessimism, on the other hand, is found again among Coloured youth. More than 6% believe that they will only live until the age of 30, compared to 3% among African and less than 0.5% among the White respondents. As Thornton and Lam (2007) point out in their analysis, this lower SLE is noticeable across the range of responses. Only 37.5% of Coloured youth expect to be alive at the age of 80, compared to almost 60% of African youth and 47% of White.



Household monthly income and level of education are positive and significant correlates of SLE. However, even among those in the lowest income brackets and those with lower levels of education, high levels of optimism were noted. For instance, close to 50% of those in the lower income brackets expressed an SLE of 80, compared to 47% of those in the highest income bracket.

In the pooled sample, there is thus constantly a divide between what seem to be unrealistically high expectations irrespective of socio-economic factors and a degree of

pessimism influenced by a disadvantaged socio-economic background, which is also found in the results on self-rated health and educational expectations.

Multivariate regression analyses allow us to identify more precisely the factors that influence young people's SLE<sup>46</sup>. The models do not include direct measures of young people's HIV-status or level of affectedness by the disease but other variables are used to approximate these: self-rated health, affectedness, perceived HIV-risk, death within a household, and orphanhood. Variables expressing current socio-economic status (SES) were originally included in the proxy variables *level of education reached by respondent*, *household income*, and *employment of the respondent*.

Appendix 15 presents the results of the various regression models<sup>47</sup>. Self-rated health is significantly and positively related to SLE. Being Coloured remains negatively significant. SES variables, such as current employment and household income are positively correlated to SLE, but years of education completed by the respondent remains insignificant<sup>48</sup>. Being affected by HIV and AIDS has no significant impact on SLE for the pooled sample when controlling for all other factors<sup>49</sup>.

These results are indicative of the fact that health, as experienced at one given point in time, as well as economic resources, has an impact on SLE. Findings are corroborated by those of Thornton and Lam (2007) and the earlier CAS analysis (see chapter four); they

---

<sup>46</sup> Life expectancy was treated as a continuous variable with equal intervals between the different ages: 30, 40, 50, and so on. Therefore, only OLS regressions were run.

<sup>47</sup> The sample of White respondents with complete data becomes small (n=266) and the explanatory power of the model low (R squared 0.013) with only monthly income showing up as positively significant. Therefore, for the sake of ease of overview, the findings for the White sample are not reported in this table.

<sup>48</sup> The model presented in appendix is the final, full model. It should be noted that variables were added step by step. The first model run was a very base one including only demographic variable and showing only a negative significance of population group for Coloured youth. In a second step, years of education completed, as well as current work status and health were added, showing a strong positive significance of health on SLE. Changes in health were added consequently, without changes in significance. The same was true for affectedness. The presented findings include only controls for level of education and household income out of concerns for over specification of the model: someone currently working would add onto the household income, so variables might be mutually influential, therefore only monthly income is included.

The models were also run separately including dummy variables of income brackets, agegroups and categories of health. Significance and directions were the same and to keep the many tables in the chapter as simple as possible, only results of the continuous variables are displayed.

<sup>49</sup> A separate basic model was run, controlling only for "affectedness" and demographic variables, but being affected remained insignificant.

also resemble findings on SLE from the USA by Mirowsky and Ross (2000; also Ross and Mirowsky 2001; 2002).

Importantly, being a paternal orphan relative to non-orphaned youth is significantly and negatively correlated with life expectancy, controlling for all other factors<sup>50</sup>. From these quantitative analyses, it is not clear exactly why losing one's father would influence SLE in a more negative way than losing one's mother or even both parents.

Finally, counterintuitive results are found when controlling for perceived HIV-risk, with those who rate their risk for HIV-infection as low or medium expressing higher levels of SLE than those who claim to have no risk for infection<sup>51</sup>.

Within the African population group<sup>52</sup>, self-rated health and income are both significantly and positively associated with life expectancy. A high perceived risk for HIV-infection as well as the experience of a death in the household between waves one and three are negatively significant. Age is negatively related, as is being female. Within the Coloured population group, self-rated health is significantly correlated. Perceived low and medium risks of HIV-infection are positively significant, which is equally surprising as in the pooled sample<sup>53</sup>.

---

<sup>50</sup> A smaller model, controlling only for orphan status and base demographic and health variable had no impact on the results: of the different "types" of orphans, only paternal orphanhood remained negatively significant.

<sup>51</sup> The models were run also without the confusing HIV-risk variable, with no changes in above mentioned significant variables.

<sup>52</sup> Wanting to understand how much of the population group effect was, in fact, an effect of neighbourhood, the same regressions were run not by population group but by area. Census data include a variable expressing the predominant population group within a certain sampling area (cluster). In the majority of cases, the population group as captured for CAPS respondents corresponded to the predominant population group in their area of residence. Only 1.4 % of African youth were found to live in White enumeration areas, 0.5% in Coloured areas; 4% Of Coloured youth lived in a predominantly White area, 1% in an African neighbourhood; 1% of White respondents lived in areas with a predominantly Coloured population. It goes to show that even in post-apartheid South Africa, spacial segregation by population group is unfortunately still very much a fact. Results of the analyses per neighbourhood are not included in the tables, but age, gender, health, a household death and a perceived high risk for HIV infection all remained significant in the same directions for the African youth and health and perceived HIV risk remained significant among Coloured youth.

<sup>53</sup> The sample of White young adults for this regression model went down to 261 people, showing no other significant relationships than a positive correlation between household income and SLE. Findings are not presented in the table for the sake of simplicity.

It is important to bear in mind is that in all the analyses run, self-rated health measured at one point in time remains significantly and positively related to life expectancy. Being affected by HIV and/or AIDS does not show any significant relationship with life expectancy, but perceived HIV risk is negatively significant in the African sample, as is the death of a household member. Findings in the whole of this section are especially important with regard to the hypotheses around the impact of HIV and AIDS on subjective life expectancy. The model picks up on some influence of the pandemic, through its perceived risk for infection in the African sample - even though perceived HIV risk does not rule out the effects of income, gender and age and thus only explains a certain part of what shapes people's SLE – and through the importance of health – although health as rated at one point in time is not necessarily HIV related. It is important to keep in mind that, although theoretically the model seems to have some explanatory power, we remain with very little knowledge on how exactly people, even in heavily affected societies perceive longevity of life: African young adults in the Cape Town Metropolitan Area reside in areas that are generally believed to have equally high HIV-prevalence rates as some of the most affected provinces in the country, yet express very high life expectancies. Secondly, for those who are potentially HIV-positive<sup>54</sup>, the clinical state of being positive itself, may be less important than how healthy one actually *feels* at one point in time. Similar indications are found in Thorton and Lam's analysis of data collected in Malawi that showed that someone's HIV-positive status did not relate to their SLE (ibid: 2007) and in studies on SLE among young patients suffering from heart diseases (Reid et al., 2006).

### **5.2.1.3. Testing the factors of influence on educational expectations in CAPS wave III**

This penultimate section of the chapter looks into the determinants of educational expectations of youth in Cape Town, also taking into account the independent variables on health and subjective life expectancy.

---

<sup>54</sup> Within the Western Cape, HIV prevalence among youth aged fifteen to twenty-four is an estimated 4%, with more than half of them in the asymptomatic stage 1 of the disease. Only 2.5% are estimated to be in the fourth, AIDS-sick stage, and 2.3% of all infected youth is considered to be on antiretroviral treatment (ASSA 2003 full model), which means that only a small proportion of CAPS respondents would in fact have fallen ill with the disease and rate their health and subsequently their life expectancy on lower levels.

I ran multivariate ordered probit regressions using the educational expectations variable without the “don't know” option. Various models were run, testing the impact of health and life expectancy in all, but controlling for other independent variables consequently. Appendix 16 presents the findings for these analyses for the full sample of young adults who had complete data for both wave 1 and wave 3. Appendix 17 illustrates the findings of the same analyses but for a sample of youth restricted until the age of 20.

Model one was constructed to resemble Beutel and Anderson's analysis (2004) of wave 1 data. For the pooled racial sample - both with and without age restrictions - very similar results were found. Age, being Coloured, a history of school failure and the number of children in the house had significant and negative effects on expectations. Income and being African are positively significant: controlling for all other factors, African youth are more likely to have higher educational expectations than their White and Coloured peers. Time spent with one's biological parents had no significant effect; it was dropped in further models and replaced by a more specific variable expressing time spent talking about education with one's biological parents.

These first regression models were also run by population group, with very similar results except for the fact that the number of children in the household does not remain significant in the African sample. In the African sample restricted by age, school failure loses its significance as well, but income and time spent with ones biological mother are positively significant. Interestingly, within the age restricted Coloured sample, spending time with one's biological father becomes positively significant.

Appendix 16 also shows the results of the full model, by population group. This includes measures of social capital and factors potentially simulating an effect of HIV and AIDS: self-rated health, SLE, the experience of a household death, affectedness by the AIDS-pandemic, and perceived HIV risk.

Time spent *talking about education* with one's mother was positively significant for educational expectations, in all models run. Peer influence is significant in one or other form in the pooled sample and for both Coloured and African youth, with or without

restricting the age till twenty<sup>55</sup>. Perhaps a small nuance is noticeable in the African sample, with no significance for the concrete experience of having friends who actually continue to study. This might be one indication for the fact that African youth base their educational expectations not so much on concrete examples and knowledge, but rather on more abstract intentions and encouragements, and that what they express as educational expectations might in fact be more abstract aspirations.

Health is significantly and positively related to educational expectations in almost all models (except the age-restricted sample of Coloured youth). Subjective life-expectancy, the experience of a household death and having identified as being 'affected' show no significance in these models, for any of the population groups. It is important to note that, when running the models controlling only for demographic, health and HIV-related variables, SLE does have a significant and positive relationship to educational expectations. As soon as social capital variables are controlled for, however, SLE loses its significance, indicating that, as long as support structures are in place, SLE has no significant impact on young adults' educational expectations. Perceived HIV-risk within the pooled and non-African models shows some counter-intuitive results with either no or a positive significance. Importantly, however, within both the complete and age-restricted African sample, perceived HIV-risk shows a significantly negative relation to educational expectations.

All of the above findings point at the importance of a network of support for young adults to maintain their educational expectations: especially, it seems maternal support of education, and/or the support and motivation of peers surrounding the youth. It also becomes clear, however, that factors influencing and explaining educational expectations differ between the population groups<sup>56</sup>. Coloured youths' expectations are influenced by concrete resource constraints (income and number of children in the house), but no such clear concrete factor was found among African youth (except for the proportion of years failed by the age of 13). Importantly, however, perceived HIV-risk does have a significantly negative impact on educational expectations among African youth.

---

<sup>55</sup> Models were run by including the peer variables one by one as well – each one always showed up significantly. Results presented here include all to illustrate the remaining significance of all of the peer variable and small nuances between the different population groups.

<sup>56</sup> Regression models were again also run by area rather than population group with similar significant results.

Table 13: summary of regression analyses with educational expectations as dependent variable

De Lannoy (2007) – wave III	Pooled sample	By pop group
<p><b>Status Attainment/ Family and school performance variables:</b></p> <ul style="list-style-type: none"> <li>- household monthly income</li> <li>- household composition</li> <li>- young adults' academic performance</li> </ul>	<ul style="list-style-type: none"> <li>- History of failure is significantly and negatively related to expectations</li> <li>- Household income is positively significant</li> <li>- Number of children is negatively significant</li> </ul>	<ul style="list-style-type: none"> <li>- <b>African &amp; Coloured young adults:</b> proportion of years failed in the past is negatively significant</li> <li>- <b>Coloured young adults:</b> household composition and income are significant</li> </ul>
<p><b>Family Social Capital:</b></p> <ul style="list-style-type: none"> <li>- frequency of time spent with biological parent</li> <li>- amount of time parents spent on talking about educational matters with the young adult (1 <i>never</i>– 4 <i>often</i>)</li> </ul> <p><b>Broader Social Capital/ peer influence:</b></p> <ul style="list-style-type: none"> <li>- Most friends continued to study (dummy, 1 for <i>agree</i> or <i>agree strongly</i>)</li> <li>- Encouragement of close friends to study (ibid)</li> <li>- Some or most of friends continued to study (ibid)</li> </ul>	<ul style="list-style-type: none"> <li>- Frequency talking with one's biological mother on educational matters is positively significant</li> <li>- Peer support is positively significant for young adults' educational expectations</li> </ul>	<ul style="list-style-type: none"> <li>- <b>All young adults:</b> frequency of discussing educational matters with mother AND some form of peer support are positively significant</li> </ul>
<p><b>Demographics:</b></p> <ul style="list-style-type: none"> <li>- Age</li> <li>- Gender</li> <li>- Population Group</li> </ul>	<ul style="list-style-type: none"> <li>- Being Coloured remains significantly and negatively related to educational expectations</li> </ul>	<ul style="list-style-type: none"> <li>- <b>White young adults:</b> being is older is positively significant</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>- self rated health (1 for <i>poor</i>, 5 for <i>excellent</i>)</li> <li>- improved, deteriorated or equal health status (dummies, change wave I to wave III)</li> <li>- self reported parental health</li> </ul> <p><b>Experience with death in household and family</b></p> <p><b>Subjective life expectancy</b></p> <p><b>Affectedness</b></p> <p><b>Perceived risk for HIV infection</b></p>	<ul style="list-style-type: none"> <li>- Self rated health is significantly and positively related to young adults' educational expectations</li> <li>- SLE loses its significance as soon as social capital factors are controlled for</li> </ul>	<ul style="list-style-type: none"> <li>- <b>African and Coloured young adults:</b> health is positively significant</li> <li>- <b>African youth:</b> Perceived risk for HIV infection is negatively significant</li> <li>- Experience of death in the household and “affectedness” are not significant for any population group</li> </ul>

Finally, in light of the impact of the AIDS-pandemic, I wanted to test whether having lost one or both parents would be significantly related to potentially lower educational expectations<sup>57</sup>. Within the pooled sample, I found more parallels with Case and Ardington (2004) and Ardington's (2007) findings: even when controlling for demographic, household and interaction factors, having lost either one's mother or both parents significantly and negatively influences educational expectations. Having lost one's father, however, has no significant effect, a confirmation perhaps of the researchers' idea of mothers as "gate keepers", and definitely external motivators, for children's education. In an age-restricted sample of those younger than 21, only having lost both parents is negatively significant for educational expectations. Appendix 18 presents findings when controlling for orphanhood. Table 13 presents a summary of the findings.

### **5.3. Changes in educational expectations between CAPS wave I and III**

In this final section, I investigate the possible influences of AIDS-related factors on potential changes<sup>58</sup> in educational expectations. In light of the hypotheses around the negative impact of HIV and AIDS, it could be expected that a decrease in self-reported

---

<sup>57</sup> The original intention was to run the full regression models for each 'type of orphan' and by population group. Sample sizes became too small, however, to draw any significant conclusions. Therefore, orphan status was included in the model described above, excluding, however, interaction with biological parents.

<sup>58</sup> When looking at changes over time, it is necessary also to take into consideration the impact of attrition in the sample on the results. McGuigan et al. (1995) state that "if attrition is systematically related to outcomes of interest and if non-response adjustments are not made, bias may result" (ibid: 402).

By wave III, of the original 4752 young adults, 3536 were still part of the sample. The biggest reason for attrition between the waves was found to be migration, either of mostly White youth going overseas, or of mostly African youth moving within South Africa (especially to the Eastern Cape). Attrition was highest among White young adults. For some of the young adults who were reinterviewed in wave III, household-level data is missing (typically because of "interviewee fatigue" - Lam et al., 2006: 46). The total number of young adults with complete individual and household interviews in wave III was 3413. Probit regressions on attrition showed that non-respondents in wave III were "more likely to be older, not in school or working in 2002, not born in Cape Town, and non-Coloured" (ibid: 56).

Various weights have been calculated for CAPS. The original weights for wave I data controlled oversampling in selected areas and for uneven non-response, at the levels of both the household and the young adult<sup>58</sup>, so as to be able to "provide results that are reasonably representative of the young population of Cape Town" (Lam et al., 2006: 23). A new weight was constructed for wave III, to adjust for attrition also. This weight has been used in all analyses and regressions run and presented in this chapter.

health, the experience of a death in the household, high perceived risk for HIV, or low SLE<sup>59</sup> would decrease educational expectations.

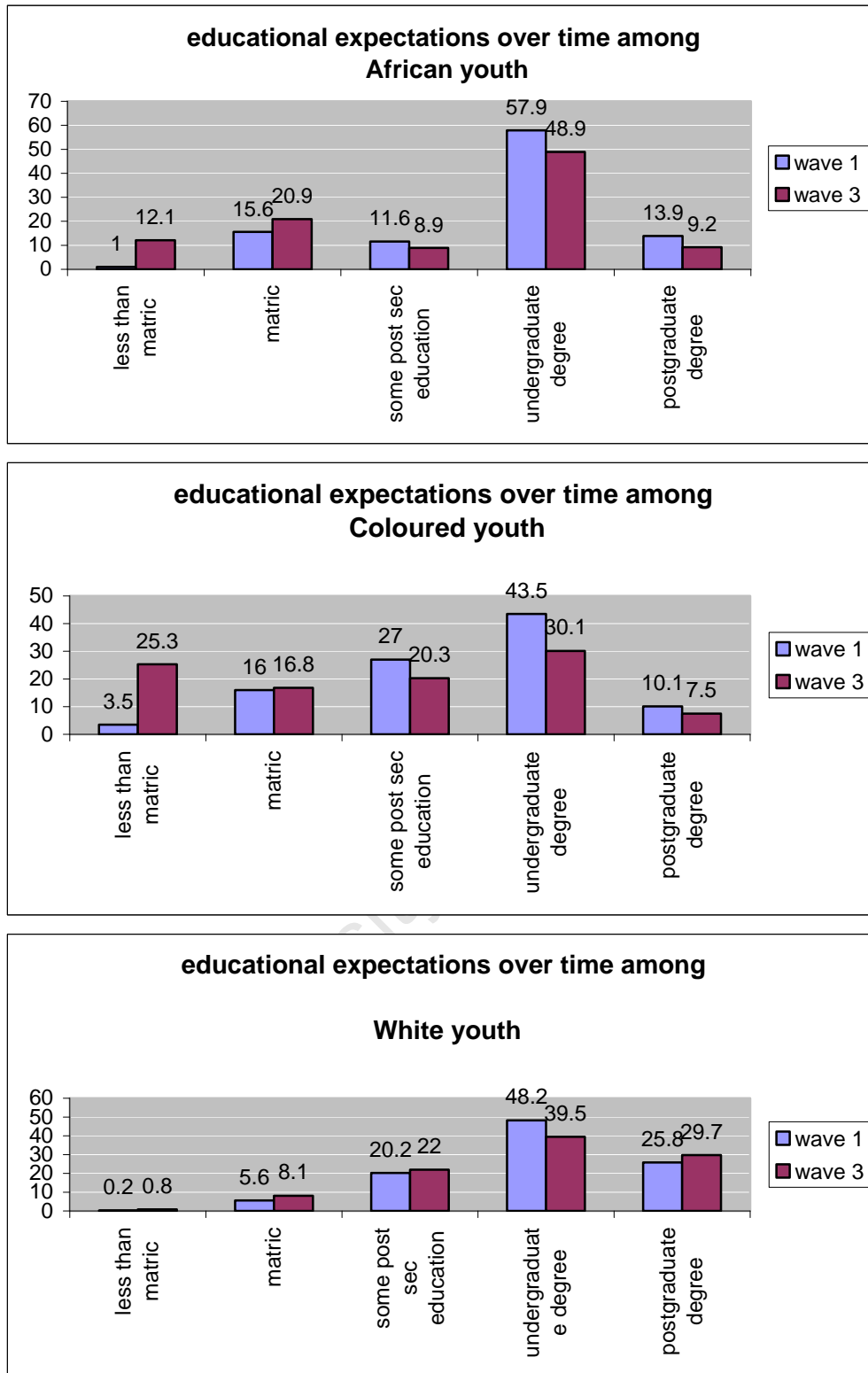
Changes in educational expectations were looked at only for those young adults with both complete young adult data and household data for both waves I and III. Changes in expectations between waves I and III are considerable, with close to 40% of the young adults expressing lower levels of expectations in wave III than in wave I. Decreases among African and Coloured youth are found especially on any postsecondary levels of education, as illustrated by figure 3 below. This is in line with the significant negative impact of age on educational expectations found in the earlier regression analyses.

In order to better understand factors of influence, taking into account also the potential AIDS-related factors, probit regressions were run with the dummy variable *decreased educational expectations* as the dependent variable. Results for the pooled sample show a significant and negative impact of household income, interaction with one's mother on educational matters, and of encouragement of friends on the changes of decreased educational expectations. Marginally, but positively significant is the impact of a household death on decreased expectations. Within the African sample, being female and spending time with one's biological mother discussing education, decreases the odds to lowered expectations; perceived HIV risk as measured in wave III has a marginally significant impact. Among Coloured youth, a higher life expectancy, spending time with one's mother on educational matters, a higher household income and encouragement of friends are all significantly and negatively related to lowered educational expectations. Being female, as well as living in a household with more adults increase the odds of having lowered expectations. Results are presented in appendix 19. Areas in the table that have been left blank are for those variables that were included in the model but did not prove significant.

---

59 Preferably, we would be able to study the impact of changes in subjective life expectancy and of perceived risk for infection, but the questions on that were only included in wave III and not before.

Figure 4: educational expectations over time, by population group



## **5.4. Conclusion**

This chapter presented quantitative data on young adults in Cape Town to further test the validity of hypotheses around the negative impact of the AIDS-pandemic on people's willingness to invest in schooling. Youths' educational expectations were used as proxy variables for such willingness. All models tested the influence of demographic and household socio-economic factors, as well as parent and peer interaction, orphanhood, health, SLE and perceived risk for HIV-infection – the last four of which were considered important in light of the AIDS-pandemic and its potential impact on young people's expectations and decisions around education.

African young adults – the group of youth that according to all available data is most heavily affected by the AIDS-pandemic in the country – expressed high levels of SLE. Clearly then, we do not fully understand how young adults express such SLE and what factors they take into account to estimate how long they will live. Perhaps the measure used to capture subjective life expectancy is not the best one to be used; the following chapter will clarify some of the problems with the measure. However, life expectancy as measured did not have an impact on youth's educational expectations.

Further, reported levels of 'AIDS-affectedness', ill health or clinical conditions were again low in the African subsample. Controlling for SES and parental and peer interaction, I did find a remaining effect of self-rated health on educational expectations, yet not of clinical conditions, or of 'AIDS-affectedness'. Questions thus remain around the validity of pessimistic hypotheses on the impact of AIDS for youth's educational values or willingness to invest in schooling. The only, but not unimportant factor showing significance was the perceived risk for HIV-infection among African youth – yet, again, only low levels of such perceived risk were reported.

It is important for the understanding of EDM as described in later parts of this dissertation, to keep in mind, the fact that, among African youth, the interaction with mother or peers on educational matters correlates significantly and positively with expectations. Resource constraint factors as household income or number of residents in the house had no significant impact. This seems to indicate that African youth express educational *aspirations* rather than concrete expectations: they do not so much take into

account possible practical factors that may hinder their educational path, but attach more importance to encouragements and support in their close environment. This resonates with the high educational values and aspirations expressed by adults and caregivers presented in the previous chapter. HIV-positive caregivers did not seem to take into account possible barriers to their children's educational success when expressing their high aspirations for the young. It also mirrors the narratives of young adults in resource poor settings who maintain very high expectations and values, making very conscious choices around friendships and support networks (see chapters seven and eight).

University of Cape Town

## **Chapter six - Exploring concepts of death and subjective life expectancy: understanding young adults' perceptions of (in)vulnerability**

This thesis started out testing the validity of hypotheses that hold that people affected by the AIDS pandemic would have lowered subjective life expectancies for themselves and their children, due to the frequent and increasing confrontation with illness and death. This would then, in turn, impact negatively on their actions and decisions. Some suggest possible rising levels of delinquency and criminal behaviour and will even go as far as to hypothesise a threat to democracy in affected countries (see, for example, Barnett and Whiteside, 2002; Schönteich, 1999; Pharoa, 2005).

In South Africa, recent years have seen a steady increase in (young) adult morbidity and mortality levels, especially among the previously disadvantaged population groups. Mortality rates among young women aged 25 to 29 have more than tripled over a period of about fifteen years, and doubled among men between the ages of 30 and 35 (Bradshaw et al., 2004; Hosegood et al., 2004; Kahn et al., 2007). It has been estimated that life expectancy at birth in the country has decreased from approximately 62 years in 1990 to 46 in 2005 (UNICEF, 2008), largely as a consequence of the HIV and AIDS pandemic.

Apart from HIV and AIDS, homicide or “unintentional”, i.e. violence related injuries have been identified as leading causes of death among the population, contributing to rising numbers of both infant and young adult mortality. In fact, homicide has been identified as the leading cause of death for Cape Town male youth aged fifteen to nineteen (Bradshaw et al., 2003; Groenewald et al., 2007). However, when asked to estimate their life expectancy, people in Cape Town are overly optimistic. Significantly, the majority of African people in poorer and more heavily AIDS-affected areas of the greater Cape Town Metropolitan Area expressed the overly optimistic belief that they would still be alive at the age of seventy, more so than their Coloured and White peers in less poor and less affected neighbourhoods (analysis of Cape Area Study and Cape Area Panel Study data as presented in chapters four and five).

These findings of quantitative data analyses point at a void in understanding, and at the necessity to contextualise the way in which young adults in the country make sense of their realities. Despite the enormous impact that health and death must inevitably have on lives of South African youth today, very little is in fact known of they construct a meaning of death in their environment, whether or not such understanding would influence their life expectancy, and consequently their decision-making on any level of their lives. This chapter therefore presents more details on the manner in which young adults understand concepts of death and life expectancy.

The chapter investigates young adults' understanding of death as a concept in life in general, but more specifically, as a reality within their complex and fragile living environments. It first sketches not only the youth's daily anticipation of, but also the lived experiences with death and bereavement in their families and communities, as well as the possible causes quoted for premature deaths in their environments. The analysis then looks at the effects of these on young adults' aspirations and expectations, including expected longevity of life or 'subjective life expectancy' (SLE). It will become clear that even amidst the social, economic, moral and cultural complexities shaping their world these young adults maintain the belief that they themselves are able to exert at least a certain degree of control over their lives, therefore also allowing them control over their life expectancy and futures. Even more importantly, the analysis shows that they indeed also try to act upon that belief. Individual decision-making and actions as such become part of a broader strategy that is meant to escape or at least mitigate the destructiveness of their environments.

### ***6.1. "It happens all the time"- the reality of death in young people's lives and futures***

The data presented in this chapter were collected through focus group discussions<sup>60</sup>. I had planned to wait and see whether the respondents would themselves raise the topic of death in the first half of the discussions, before introducing it in the second half of the interviews. I therefore invited the participants to make a list of anything that came to their mind when thinking about 'future': "people, emotions, places, and events, positive or negative... anything that you might associate with 'future'". In relation to

---

<sup>60</sup> For more details on the focus groups, see chapter two on methodology.

that, some would have rather abstract lists referring to ‘what one can, or will do, in one’s life’:

“I...I said future is about you, your life, just everything around you, it’s about how you’re going to live your life in the couple of days coming or in a couple of years coming. It’s about money and who do you choose to live your life with, at what place would you like live and what kind of things you would do.” (Noxolo, female group two)

However, most of the replies were baffling: happy thoughts and grand aspirations to have, for example, “a family, kids, success, a (usually high level) job” and to go “travelling” were interjected, almost casually, with references to HIV and AIDS, death, loss of faith in the future of youth around them and difficulties to overcome. Some were really dramatic, with hardships preceding aspirations:

“HIV/AIDS, poverty, crime, rape, success, 2010 [soccer] World Cup, husband and kids.” (Thobeka, female group one)

Most, however, were more subtle mixtures. Nobuzwe, for example, read out her list as follows:

Okay for me, it’s success, a big house, marriage, three children, happiness, independence, money, love, death, a car, business, charity, changes, improvement, love, station [stage] manager, producer, documentaries, theatre making, and health.

It is perhaps not surprising that death appeared as a possibility in many of the youth’s lists, and that it was during all discussions accepted as universal (“everyone will die”, “you can always lose someone”, ...). Research within the discipline of psychology has tried to understand children’s and young people’s definitions of death and their understanding of various aspects of it such as irreversibility, causality, and so on. (Kenyon, 2001; Orbach et al., 1996; Schonfeld, Smilansky, 1989). It has been shown that young people develop an understanding of “death as a universal, inevitable process by which life as we know it terminates” and that adolescents understand “physiological, psychological, and religious or spiritual aspects of death” (Morin and Welsh, 1996: 586). Yet when explaining why she had included ‘death’ in her list, Nobuzwe not only referred to the universality of death, she included the thoughts of wanting to be

prepared: taking the possibility of death into account becomes a coping mechanism for dealing with the daily insecurity that

“... you never know what’s gonna happen the next day [A: uhu]. You never know if you gonna wake up with your mom still there or your father still there or your family members still there.” (Nobuzwe, female group one).

I will return to the topic of coping mechanisms in later parts of the chapter, but first want to describe in more detail the concept of death as it was discussed among the youth. What was most striking in the participants’ understanding was not so much death as a universal *possibility*, but always as a *daily reality*. Even those who had not placed thoughts of death explicitly on their lists would in the group discussions clarify some of their references to future in terms of death, violence and the fear of losing those around them. As soon as the subject was touched upon, the equally resigned manner in which all of the participants were able to describe several examples of encounters with death, and the way in which each would add onto the others’ stories with one of their own, was striking. The various narratives illustrate the fragility in these young people’s lives: there were stories ranging from people dying of AIDS, of violent attacks or robberies, rape, witchcraft, or more generally of poverty. Respondents immediately understood and clarified one another’s references. Nandipha, for example, added to Bulelwa’s reference that “people are dying of AIDS and poverty” the following story of people being punished to death by community members<sup>61</sup> after having committed a crime *because of poverty*:

“Like say for instance, the poverty she has there on her list.. [A: uhu], sometimes, maybe her family is poor, then maybe the son will go out and go steal from his neighbours or his peo... from other people... then he will be caught and in the community will be like, you know, like beaten [A: uhu], and if they beat you, they beat you to death. [A: uhu]. Yes. If you get caught [A: uhu]. So... maybe she’s talking about such poverties because it happens all the time.” (Nandipha, female group one)

In the young men’s group, an extensive, very lively discussion developed around witchcraft, illustrating another element of the complexity of these young people’s lives.

---

<sup>61</sup> Only recently, another such case of community outrage against crime resulted in the ‘necklacing’ of a young suspect of armed robbery: he was assaulted with sticks and stones by community members, “after which several tyres were put on him and set alight” (Cape Times, 2007). One of the young men in another discussion group mentioned a similar case of death by community “revenge”, wondering “what good that does for this guy’s future”.

Here too, other respondents immediately understood and helped clarify what the others meant:

Nezile: Sometimes you could get that the neighbour that stays in the far corner hates the neighbour that's next door (laughter) so there's 'black magic', there's witchcraft in the community. They also take a part in the community, going back to the gangsters, some of them say 'no, it's the lady that lives next door that has done this to me so I can't go back, I can rob, that's the only thing I can do'.

Siya: Ja ... recently there where some boys found at a house, not far from where I live and I don't think it's far from where he lives. There people had died many years ago but they were found in some wardrobe. It is not known what they were doing there.

Thando: And they were alive.

Nezile: That's what they say; they say they keep the people there.

Siya: They keep them in wardrobes so that they can do stuff.

...

Importantly, death as it featured in the first exercise around future mostly referred to the possibility of *premature deaths* of themselves, their peers or their loved ones, i.e. not the kinds of deaths that would for example be linked to old age, but those that happened at younger ages. Respondents would thereby clearly make a distinction between themselves and their peers on the basis of agency. They would portray themselves mostly in a potential *victim* role, those who run the risk of being killed or raped, or of losing someone close because of 'others'. 'The other' young people could be either victims or *perpetrators*.

Interestingly, however, within this discourse of agency, it seemed everyone could be the victim of witchcraft. It is beyond this thesis' intention to extensively discuss the importance of witchcraft in the youth's stories, but it is necessary to see such references within what Ashforth called "the witchcraft paradigm": "Discourses of witchcraft can... be represented as modes of posing and answering questions about evil; about the beings, powers, forces, and modes of action responsible for causing suffering in the world" (Ashforth, 2002:127). In his work on the meaning of death, Davies (2005) refers to premature deaths as conceived by most societies as "useless deaths", deaths that are

hard to understand – it is exactly in such context of ‘useless premature deaths’ that paradigms of witchcraft are to be situated as well. As one of the respondents clarified: it is about “trying to understand” what is happening to individuals within a context that, as Ashforth (2002) describes it, is one of spiritual, physical and financial insecurity.

A<sup>62</sup>: Does it live in your minds though? I mean...do you guys believe the possibility that there is witchcraft around?

Thando: There is witchcraft but people are saying that /...

Siya: They want to understand it: like if something is happening in the home. Like if there are quarrels, umm...some divides...something that you can't really see because something is happening in the spiritual, right; so there is no way that you can understand it just by looking around, you see so I would say it is but I won't entertain it. I won't put that much...I wouldn't really look at it...when it's happening...if my neighbour is doing it for whatever reason, they must do it for themselves, I don't care about that nonsense but it is there. I've heard many stories of people flying at night and stuff like that.

In contexts not related to witchcraft, however, ‘the others’ were often described as those who made a conscious choice, who would “do stupid things” or “risk their lives”. Examples of that were to join a gang and consequently either run the risk of getting shot or killing others; or to go out to clubs, drink and smoke and thereby risk being raped or killed; or to give in to peer pressure “to have a baby” and thereby forgetting the risks of unprotected sex.

One of the young men, for example, explained these choices of others as a risk to his own life. His list read:

“Okay, I've said...I will play professional rugby (A: Mhh), be educated, be able to support my family, maybe I can be killed or lose my close friend.” (Thando, male group)

He clarified:

“Maybe I can get killed because my gym starts at 6 o'clock and I live in the ghetto. I have to cross New Crossroads to reach Nyanga East; I come at

---

<sup>62</sup> A. refers to the interviewer

about ... my gym take 2 hours, sometimes 3 hours so I will come about 10:00. So I walk home because I don't have transport so it's dangerous for me, late in Gugulethu. One day I was robbed and they took my rugby boots and all my kit; they left with my bag, that's why I wrote negative things because I can be killed and it's not that they don't know me. They know me because I go to gym, they know me ... they want me to be like them [to become a gangster like them]."

This possibility of premature death was seldom related to physical problems, yet always portrayed within the social and moral circumstances shaping life of South Africa's township youth with references to poverty, envy, gangsterism, lack of parental control over or understanding of children, youth who are trying to decide what choices to make within their fragile worlds:

Alutha: Ok, by next generation, like in my township there are these gangsters which are called Palestines and they are also those big guys and they are called the 'Mashimane' but those big guys, they are not like doing that thing in the community, like ... robbing people in the community, in the streets or whatever. So like I'm ... there are also those little boys which are growing in front of them: like when they're robbing, they are ... they see those things. Even when they're playing on their own, they're like playing as if they are those gangsters so like I'm wondering about them. What would happen like ... what do they think about their future. Do they want to become those ... those Palestinians or what in their minds.

A: So you wonder about the next generation of young people?

Alutha: Yes, maybe those...those kids...they're those kids that will do the same thing even in front of their parents, you see. And then their parent will just look at them and not even umm...try to stop them doing those things because it's something that is happening everyday so the parents don't care about it.

These stories and the reasoning of the respondents were not told in isolation. As will also become clear in later chapters: during my fieldwork time, many stories, whether they were on EDM, gangsterism or some form of risk behaviour, would centre on the multiplicity of choice, and the absence of guidance and support structures in young people's lives. Instances such as these explicitly bring to mind Giddens' theory on identity construction in a post modern society (1991). However, the specificity of South African society is not one where all guidance of culture or religion would be lost. Yet one where the official discourse of "freedom" and "opportunity for all" is so pervasive

that it seems to lead to chaos and to a consistent interpretation of certain outcomes as the result of *individual responsibility* rather than as influenced by circumstantial factors.

Thumsani, a priest in Khayelitsha, spoke of the problems of youth putting themselves at risk by participating in gangsterism and multiple or unprotected sexual relationships. His explanation referred to both parents' and youths' struggle with "the issue of democracy and human rights" in present day South Africa: the fact that the gained freedom of choice confuses both parents and children. It is, according to Thumsani, a liberty unknown to parents who grew up under a strict Apartheid regime that allowed little or no free choice and within community structures where, for example, "every parent was a parent to every child in the community":

"The problem with today's parenting is that ...definitely children have got choices which is a good thing, they can make those choices but those choices the unfortunate thing is that coming from those situations like apartheid, we were in a box, in a cage kind of thing, once you set free that bird out of that cage, that bird is definitely hit, if its in a house its going to hit everything in a house because it does not know this environment. So now in an environment that is new to us and now we as parents today we don't know how to handle it. And the children who are growing up they are finding us in this confusion because one parent is saying something else to their children and the other parent is saying something else to their children, so that brings more confusion."

Strikingly, a study into the understanding of death among residents of a rural region in South Africa's Limpopo Province that was heavily affected by AIDS-related illness and morbidity found very similar references (Posel et al., 2007). Respondents were interviewed more specifically around their understandings of "the acceleration of death amongst the young and middle aged" and of HIV and AIDS specifically (ibid). Researchers found that explanations for AIDS-related deaths referred "first and foremost (to) a symptom of a cultural and moral condition". The heightened levels of morbidity were linked directly to the "erosion of cultural norms and traditions", the rejection of parental guidance by youth for example, and the "practicing of freedom" gained in the new South Africa, also on a sexual level (ibid: 141-142).

## 6.2. “It distracts you a bit” – does death become ‘normal’?

I asked the young adults in the groups to tell me more about how they deal with the presence of death in their daily lives. The small sample of the study does not allow making generalised statements, but the mixed reactions reflect findings of studies into the effects of violence and war on young people, as mentioned earlier<sup>63</sup>. Some researchers have hypothesised that high exposure to violence among youth may lead to the experience becoming normalised, so that it ceases to be a source of concern to them (McWhirter and Trew, 1983, quoted in Straker et al., 1996). Based on the high numbers of youth expressing ‘fondness’ about their area of residence alongside high levels of crime and violence, Leoschut and Burton (2006: 39) also refer to the ‘normalisation’ of such violence and crime in South African youths’ lives. Indeed, some of the reactions of the participants do remind of such ‘normalisation’:

“You see there’s a lot of stuff that is going on in the areas that we live in. At time you’re like studying at night and you hear some noise out and you notice that someone just got robbed or someone just got shot and so...you look for means, that that person could be helped. In that situation you either call the police or an ambulance and that distracts you a bit.” (Siya, male group)

It is important, however, to distinguish between the ‘normality’, the *reality* of death in their environment and what youth would consider a *normal life*. None of them, for example, thought it normal to always have to take precautions to protect themselves, yet large parts of the discussions were exactly around that.

Nobuzwe: Cause like if you live in a townships, you always feel.... Like you always wake up and they say “so and so was raped” (other agreeing on the background) “so and so was killed”, “so and so is dying of HIV and AIDS”, “so and so ... was a victim of crime”, whatever. [A: uhu]. *So like you... you can’t... you can’t... you can’t help it but think about it.*

Noxolo: *I really have it on the back of my mind everyday because I’m not gonna walk around with a phone. I can walk around with a phone in my community because we don’t usually get stuff...gangsters that much. Now when I’m in other... communities, then it comes, you know and disrupt...but then if you go to their communities then eventually you gonna get robbed and stuff, you know. And you can get killed over a cell phone or just money, like they can*

---

<sup>63</sup> See chapter two for more details on resilience.

say ‘give us money’ and then you say ‘no I don’t have money’ and you can get killed over such little things, you know.

[emphasis added]

The stories of youth in this study remind of those in McIntyre’s study around the impact of violence on the lives of African American urban youth (McIntyre, 2000). The researcher conducted participatory research in 1997, with youth in an American “inner city public school” to investigate “community issues that were of concern to young people” and to develop an action plan to help deal with these issues. Violence was one of the main topics to be dealt with. McIntyre refers to work by the Latin-American psychologist Ignacio Martin-Baro and his concept of “normal abnormality” in the lives of children in war torn El Salvador: “a state of being/ living where people come to anticipate living with multiple forms of sanctioned and unsanctioned violence, marginalization, and oppression, all of which inform and shape their daily lives” (McIntyre, 2000: 126). Other Latin American researchers on children’s experiences with violence, such as Lykes (1994) in Guatemala and Quesada (1998) in Nicaragua, have pointed at the fact that experiences with (unpredictable) violence have “despite their clear abnormality, come to be accepted as normal” (Lykes, 1994: 7). The researchers state that children and youth growing up under such conditions face “existential dilemmas”: the need to choose between “picking up arms or running away, resisting or giving in” (Quesada, 1998: 57).

The daily confrontation with death was one such ‘normal abnormality’ in my participants’ lives. They too struggled with dilemmas: the need to explain for themselves that the level of death they experienced was “normal”, next to the wish to escape. This is again in line with the seemingly contradictory findings of the South African Youth Victimization Study that large numbers of youth wished to move from their communities, regardless of ‘being fond’ of them (Leoschut and Burton, 2006). All of the participants would have liked the dying to stop, many of them expressed their concerns of wanting to help and save those they considered at risk. Yet many of them also express the wish to “get away”, be out of the “ghetto” and go live “a better life”.

“Yoh...so many people have died, many people that are close to me. Now I’m no longer surprised. If someone died I’m just like ‘I’m sorry to hear that’, it’s like something that happens everyday; I’ve gotten used to many people dying. I lost my mom at a very very young age and my father and after that followed my

cousin, friends. People...I can tell you in the entire street someone has died in each and every house. In fact in my life time, about 2 people have died, at least, in each and every household so I'm used to seeing that happen and I think the sooner I leave that place, the better because I just can't take it anymore. Guys, I mean people dying like flies." (Siya, male group)

Comments as these were also noted in the very first round of individual interviews on EDM<sup>64</sup>. Many had then expressed the wish for a life like the ones lived in the city, or overseas. Some would word their dreams for the future in terms of "wanting to get out of the country". Not all would act upon those wishes. But strikingly, many would in fact look for some way to take up agency and give direction to their lives. The next section describes how aspirations and acting upon them can become a coping mechanism in a context of adversity.

### **6.3. "We will grow old" – aspirations as a coping mechanism and a drive behind personal decision-making**

Although many expressed fear and some would hold back their behaviour – e.g. "you cannot walk to the shops", "I don't go out", "Sometimes I get scared" - when thinking about the risks they are faced with in their environments, most of the participants showed incredible resilience in the midst of their chaotic worlds. For Nobuzwe, for example, who had lost her mother to AIDS a couple of years ago, the possibility of death is always "at the back of (her) mind". Yet, as mentioned earlier, she described the fact that she remained conscious of this 'possibility of death' almost as a coping mechanism, a way to be prepared, to have a plan ready if ever the confrontation with death would happen to her again:

Nobuzwe: Ja, for me it's always at the back of the mind. Cause like even if I, I think of "okay, tomorrow I'm gonna wake up and, and do something productive, I always think that there might be something that will prevent me from doing that. Cause like, that's how life is. You can't say, like you can't clear your way like "it's okay, I'm gonna climb my way up to the top" without considering the things that might prevent you from getting there. [A: uhu]. So for me it's always there, I always think "what if tomorrow I wake up and my aunt is dead, then what am I gonna do". [A: uhu].

---

<sup>64</sup> See chapters seven and eight for more details.

However, even after having been confronted with death and considering the possibility of loss almost daily, Nobuzwe continues to take very conscious decisions with an eye on the future and fulfilling her aspirations. Subsequent chapters will unravel EDM in more detail, but for the sake of illustrating decision-making at this point, it is important to already note that, in 2006, Nobuzwe decided to take a ‘gap year’ to prepare for rewriting her matriculation exams and better her results. In 2007, she enrolled at the University of Cape Town, and this year (2008) she started her second year of tertiary education. She found a part-time job that would allow her to pay for her books and other schooling and living expenses, and to contribute to her household’s income, while maintaining her focus on her studies. She decided to apply for a room in a university residence so she wouldn’t lose time by traveling back and forward to the townships every day and so she could be ‘in the quiet’ and better able to study than in the busy township environments.

Others in the sample chose a different way of dealing with the constant confrontation with death: it is simply not a possibility they wish to focus on. In an earlier quote, Siya described how he lost his mother at a very young age, how his father was shot a few years ago – which led to Siya temporarily dropping out of tertiary education - how he lost a cousin to HIV, and how he frequently had other encounters with violent or HIV-related deaths in his community. Yet about the possibility of his own death he states:

Siya: A person...there is a possibility that it might happen right? I don’t consider it; I don’t plan it around my life. It’s more on the things that I want to attain while I’m still alive; that’s where I’m pushing towards. There other stuff, if they catch on with me, I guess it will be some plan; maybe something that God decided, that it should happen and there’s nothing that I can do about it but for those that I think I can [do] something about, then I’m gonna make sure that I do that.

Whatever the coping mechanism adopted to deal with the daily hardships, Siya has also been choosing very consciously to remain faithful to his aspirations in the midst of all the turmoil and loss. His individual decisions allow him to further his life in the direction of his aspired future, despite the losses and hardships. When I first spoke to him in 2006, he had dropped out of tertiary education because of his father’s death and

the consequent loss of resources to fund his education. In 2007, however, he was back in the Technicon<sup>65</sup>, combining part-time work with study.

Somewhat to my surprise, Nezile agreed with Siya's approach of 'not thinking' about death:

Nezile: I also don't think of dying... (All laugh) I seriously don't wanna die. I wanna see myself like in 50 years from now, I don't know. Looking at myself in the mirror, even if I am a grandfather or something and just tell myself that I have made it; and then see that I can actually die now. But at this moment *hayi* [No]...

As will be described in more detail in the following chapter, Nezile is one of the young people who at one point in their lives choose to follow a path of crime. In the first individual talks in 2006, he stated that he did not know whether he was going to live "another 10 years", as he was scared of the consequences of his choices and saw no way of escaping the risks. Yet in 2007, he had decided to "turn a page", to move on with his life and focus on activities that would keep him away from the townships and his former gang related friends as much as possible. He is now able to state he wants to see himself in fifty years time, an element that will be discussed in more detail in the section of this paper that will deal specifically with life expectancy.

Some of the above quotes illustrate how some manage to maintain aspirations and hopes next to the thoughts of death, crime and HIV and AIDS. All three respondents quoted above had, in the course of their lives, either lost someone within their close family structure to AIDS, or had just found out that one of their siblings or close relatives was HIV positive. Yet such confrontations with the pandemic did not seem to have any different impact on their reactions and actions as the confrontation with death by other causes.

Maintaining a focus on their goals for the future is an element that has been identified by psychologists as helping to build and maintain resilience (see, for example, Ahern, 2006; Rutter, 1987). It was a clear coping mechanism identified by many of the participants. Others would give more chaotic accounts of how they attempted to 'manage' the impact of threats on their dreams, but none seemed to question the fact

---

<sup>65</sup> A tertiary educational institution in Cape Town.

that they would, in fact, ‘grow older’ and complete the various stages of the lives they dream for themselves. Below is an excerpt of a discussion around the influence of the threat of gangsterism on their lives. Noxolo had said sometimes the violence affects her dreams for the future, Alutha disagreed and in the passage quote below, Noxolo continued in an attempt to clarify:

Alutha: For me...for me I don't think crime can ruin my dreams because...crime is there, you can go to school even if crime is there. Everyday you can wake up and go to school and get a taxi and go to school and come back and do your thing. I don't think it can...just for me.

A: You wouldn't let it?

Noxolo: Ja it wouldn't ruin our lives like...I mean, it can ruin what you have. You can have what you wanna have: you can buy a car if you want, you can buy your house but then one day, something will happen, something bad could happen like some gangsters shoot you and just take your car and hijack you and stuff like that. You know stuff like that can happen, it's just part of our lives, it's just gonna happen.

For Noxolo, the idea of gangsterism and the fact that “it will always be part of our lives”, does not keep her from stating in the same matter-of-factly way that growing older is “part of our lives you know, just growing up and ... it's just what the future holds”. Her reaction is interesting in showing the duality that exists in these young people's minds, their ways of juggling the possibility of death with the certain belief of one day reaching their goals and ambitions. Next to their feeling of helplessness when it comes to fighting the uncontrollable threat of violence, is the conviction that they will “live their lives”, they will “grow older”. It shows the almost daily balancing exercise between various coping mechanisms, between uncertainty and dream in their worlds.

Their contradictory attempts to describe how death and aspirations live alongside, again strongly remind of what McIntyre reported on the youth in her sample: “The world that the young people described in this book inhabit, is a world of despair and hope, chaos and silence, violence and peace, struggle and possibility – a world in which they expend a great deal of energy surviving violence while simultaneously negotiating the psychosocial, economic, raced, gendered, classed and socio-cultural borders that inform and influence their lives” (McIntyre, 2000: 126).

In fact, the youths' narratives seem to reflect methods of psychological protection against the idea of "life's meaninglessness" as described by Davies in his "Brief History of Death" (2005). According to philosophical theories touched upon by Davies, for the young adults to let go of their aspirations would be equal to giving in to a fear of death: "Many philosophers ... have seen that attitudes to death are closely related to our sense of identity, to the way we live and to the meaning we sense in the life we lead. With this in mind I would argue that fear of death is related to fear of life. ... In particular, the fear of life is the ultimate fear of life's meaninglessness" (ibid: 141). For the young participants in my study, giving in to a fear of death, would be to give up the idea of possibly accomplishing their goals and ideals, an idea that is simply not acceptable as a valid option for their lives. In a similar way, the author refers to the necessity of *hope* in contexts characterised by adversity: "There is optimism in hope that fosters human endeavour in a committed search for solutions to problems even when they may appear insoluble... There is survival value in hope" (ibid: 11).

Perhaps the contradictions and confusions in the young adult's concept of and stories around death already reflect part of the answer to the paradox of their high subjective life expectancy: all of them live the realities of death in their communities, family or caregiving structure. Yet they understand their own choices to be those that keep the chance of dying under control as much as possible. Maintaining the belief in their own agency, in their own personal decision-making in order to secure a longer life seems their "survival value". It is their way of dealing with the 'chaos' and destructiveness that is encountered daily in their environments, and of not giving in to hopelessness and resignation. Subsequent chapters in this dissertation will illustrate that this belief is upheld in very much the same way as the one in which many are seen to try and exercise agency with regards to education, in a context that seemingly leaves very little room for it.

#### **6.4. Subjective life expectancy in a South African context**

One aim of the discussion groups was to better understand how respondents would reply to the survey question on subjective life expectancy (SLE) as used in both the Cape Area Panel Study (CAPS) and the Cape Area Study (CAS). As described earlier,

the survey question asked respondents whether they expected to still be alive at the ages of 30, 40, and so on, up to 80. A total of 60% of young adult respondents of the Cape Area Panel Study optimistically estimated to reach at least the age of 70, compared to an estimated national life expectancy at the age of 20 of just over 56 years of age (ASSA 2003 full model). Life tables calculated by the South African Actuarial Society do indicate a higher life expectancy of 65 at the age of 20, for the Western Cape. Even in this province, however, declines in LE have been noted, with a loss of one year in a period of just three years time (LE of 66 at the age of 20, as estimated in 2002; 65 as calculated in 2005; ASSA 2003).

As described in chapter five which deals with the quantitative component of the research, optimism in SLE was highest among African youth with close to 60% expecting to still be alive at the age of 80. Yet it is especially these young people that are most likely to be confronted with higher levels of illness and death in their close environments. Little or nothing is known as to how exactly respondents expressed their life expectancy. Hence this round of more in-depth fieldwork in order to try and understand better what the underlying reasons for these positive responses to SLE might be.

Participants in the qualitative work were presented with the same scale of SLE as the one in the CAPS survey and asked to reply to the question firstly for themselves, and secondly for young people in their community in general.

Taking into account the participants elaborate stories around the daily experience with death, the high replies on SLE in the qualitative work may seem surprising, yet were similar to the findings in the CAPS sample. Only one of the male participants expects to no longer be alive from the age of 60 onwards, the majority of the others said they “didn’t know” as of the age of 70. There is, however, a striking difference with their own subjective life expectancy and that for “youth in their community”: much higher levels of uncertainty exist on whether or not their peers will live up to the age of even 40 and no one believes their peers will reach the age of 60.

Obviously, with a small sample like this it is not my intention to quantify replies, but rather to look in more depth at the logic behind the answers. Respondents were asked to

clarify the factors they took into account when estimating their own and their peers' life expectancy.

Table 14: overview of SLE responses among focus group participants

Subjective life expectancy for self				Subjective life expectancy for peers			
Do you expect to still be alive at the age of	Yes	No	Don't know	Do you expect them to still be alive at the age of	Yes	No	Don't know
30	8	0	1	30	7	2	0
40	8	0	1	40	3	3	3
50	7	0	2	50	1	4	4
60	5	1	3	60	0	4	5
70	1	1	7	70	0	7	2
80	0	1	8	80	0	7	2

#### 6.4.1. "This is how I want to live my life" - Controlling the controllable

Without any exception, participants based their high SLE on the belief that one has control over "how one lives one's life". Reaching older ages, in other words, is dependent on one's own choices in life:

"Ok, I can go first. Ok for me I'd say that the questionnaire wasn't that hard because of the way I want to live my life and then things like accidents and...ja things like accidents would be things that I didn't expect, like in my life but things like HIV/AIDS and stuff like that, I can be like more protective not to get those things so it's the way I want to live my life. *I want to live a better life by taking good responsibilities.*" (Alutha, female group 2, SLE of at least 70)

This feeling of control was always mentioned with regards to *physical* aspects of health and death: for example, one can look after one's health, go to gym, eat healthily, don't smoke or drink or use drugs. This relation between SLE and feelings of control and perceptions of current health is in line with earlier mentioned findings of quantitative studies<sup>66</sup>:

<sup>66</sup> Regression analyses indicate a significant impact of self rated health on SLE. Bivariate analyses also indicated the correlation between SLE and feelings of control in life.

- Nobuzwe: Like obviously you consider your life style. [A: uhu] Now. Cause I think like everything you do now, you're your future depends on what you do like at the present moment [A: uhu]. It's like if you lead a healthy life, you lead a healthy lifestyle and you, you don't smoke, you don't drink, maybe occasionally drink, occasionally, and you know you're not a regular smoker, you don't have unprotected sex if you have sex, and... and ja, just keeping yourself healthy.
- A: How bout you girls?
- Nandipha: Ja
- A: Same thing?
- Nandipha: Ja, and to know your status [giggles], ja.
- Bulelwa: It depends on how your life.. [Nandipha: hm] how you are... [A: on how you...?] how you live your life [A: uhu]

Importantly, the chances of contracting HIV were also considered controllable by practicing safe sex, or even abstaining. This resonates with the findings of a small ethnographic study at the University of Cape Town in students' perceptions of and attitudes towards HIV and AIDS, which found that respondents "would argue that individuals are responsible for their own health, particularly in relation to sexual practices" (Levine and Ross, 2002: 8).

In other words, for the participants in my sample, this idea of 'living one's life' in what is considered the *right* way, implies choosing to stay away from risk behaviour that would compromise their chances of ever reaching the lives they aspire. This is again described as a personal, *moral* choice to go against what they described as the dominant "risk culture" of their peers, which is described in more detail in a subsequent section of the chapter. Again, this is a slightly gendered choice, which for men implies that they also stay away from gang related or other criminal activities, and for girls that they 'look after themselves'.

The idea of an individual moral choice influencing life course and outcomes thus persists. It returns in later parts of this thesis on EDM. It also mirrors findings of a study on sexual abstinence among young women in a Coloured area within the greater Cape Town Metropolitan Area, who were found to abstain in "an attempt to challenge

and counter destructive sexual norms operating within their community” (Kahn, 2005: 23-24). Kahn described the participants’ sexual decision-making as “rooted in their frustration with, and desire to, counter or avoid being absorbed into the destructive attitudinal, relational and behavioural cycles at play in their immediate social worlds” (ibid.). The findings are also corroborated by those of Bray et al. (2008), who indicate a similar discourse of control over one’s life and the option to make a ‘morally correct’ choice. I will return to this issue in later chapters of this dissertation.

When asked what led respondents to reply they “didn’t know” whether they would still be alive at a certain age, most referred to physical causes like illnesses or genetically inherited conditions that could occur at later ages – not to the possibility of perhaps contracting HIV or dying of a violent attack:

“Oh for me? I think my decisions maybe...the way I live my life. I think it is taking me to age 60 or probably 70 but I’m saying I don’t know [as of 70] because there are a lot of sicknesses that go on. You can get sick from the food that you eat, there’s a lot of stuff attached to it. And if you’re not following the necessary precautions you die. But I would like to live until the age of 60 without having any sicknesses and then start to have some sicknesses between the age of 60 and 70. Ja...I think by 80 maybe there’s nothing left for me but I would love to live until the age of 60.” (Siya, male group, SLE of at least 60).

“... If you look at maybe at your family history. I have got my granny living and she is 81, she is still alive, she is healthy. She is...she is you know...she is doing everything for herself and also my other grandmother she is 62 and she is also very healthy and my father is still alive and has nothing and my mother. So if I look at my family history, I would say ok there no one who has died of heart disease or something and then you carry that in your system and then maybe you live longer because usually that’s what doctors say. They’ll ask you, did you have a family related illness, you know. Maybe that’s why you have diabetes at this age because it’s family related. So if I look at them and they’re still alive, maybe I’ve also inherited that, that gene that maybe at 80 I will also be alive because my granny is still alive but maybe I will die of a car accident or maybe I’ll get stabbed, if I die, you know at this young age. (A: Mhh) So I would also say the same thing that I might be 80 (A: So) looking at my life, looking at how I live my life: if I don’t smoke, I avoid all these things that...that lead to your system not being healthy and stuff.” (Noluthando, female group 2, uncertain SLE).

Respondents’ high SLE was thus based on their belief in their ability to control the outcomes of their lives. This belief did, however, not exclude the awareness of factors that could lead to an early death that one has *no* control over. Indeed, there was the awareness that they could get involved in an accident, or again the reference to certain

social, moral and economic aspects of township life that might lead to an early death: being the victim of a robbery or of witchcraft for example, having no money to buy healthy food, or unintentionally contracting HIV. It is, however, important to note that those ‘non-controllable’ factors were almost never the ones that were taken into account when spontaneously estimating one’s SLE:

“ Ja, like accidents, you don’t have control over accidents, they just happen. [other: uhm]. If you are, if ... if it’s your time to die, then you’ll die. [A: uhu]. And if you are like in a critical state then you’ll die, but then there are, there are stuff that you have control over. Like, like you can prevent, I know that in some cases you can get raped and get HIV [A: uhu]. But then there are like things that you can do. [A: uhu] Like having safer sex or abstaining, not having sex at all ...” (Nobuzwe, female group 1, SLE of at least 70)

The seemingly contradictory inclination to recognise the risk of HIV-infection without taking it into account when estimating one’s own (high) SLE mirrors findings of other studies. A US based study into “patterns of associations among psychological distress, anticipated mortality and perceived vulnerability to HIV among urban multiethnic samples of adolescents”, for example, found no significant relations between anticipated mortality and perceived vulnerability to HIV infection (Langer et al., 1998: 1).

I wondered why uncontrollable risks were recognised, but hardly ever featured in the way in which my respondents calculated life expectancy for themselves. When probing further into their conviction to live a long life, one of the male respondents clarified:

Siya: I think maybe it’s because I want to live...*I want to live until those ages*. I think the decisions that I’ve made maybe... ja I think I should still be around at that time. I don’t think I have made stupid decisions, I don’t everything...anything like this you know, I should live until I get to 60. If I don’t then...

A: What would be the causes you could die of earlier?

Siya: It would be something drastic happening...something like a car accident, get shot; a cross-fire, something that was intentional or contract HIV or stuff like that. Those would be the things that are likely to...

His peers all agreed with him: the ages they had expressed in their answers were an *aspiration*, they would “love to live” until that age. However, they assumed their

aspiration a real possibility as it was based on the belief that they controlled most of the factors to live up to those ages.

Very similar trends were found in the analyses of data on educational expectations and decision-making. The preceding chapter indicated that young adults express very high expectations with regards to the level of schooling they would achieve. Following chapters on EDM will clarify that those educational expectations may, in fact, be aspirations: these were the levels of schooling they would *love* to achieve, expressed in the understanding that if one remains focused enough and makes the ‘right’ decisions in life, these aspirations would in fact become reality, no matter how high the economic or other constraints.

However, a lot of ‘othering’ was also noticed in that context of decision-making, with peers being depicted as those that made all the ‘wrong’ choices in life: those who would fall pregnant or chose the path of gangsterism and, consequently, drop out of school. Similarly, when it came to estimating their peers’ life expectancy, the majority of the participants expressed a very different, more negative reasoning than they had for themselves. As with the youth in Kahn’s study, the participants of this study presented themselves as the ‘exceptions’ within their broader environment (see Kahn, 2005: 24).

#### **6.4.2. The others’ life expectancy – “they will see if they get to tomorrow”**

Clearly, the belief in longevity of life for the ‘other’ youth in their communities is much more pessimistic than for themselves. Two of the respondents were very negative and expressed the thought that most youth around them would not live until the age of thirty. Only three believed they would definitely live up to forty years of age – compared to eight of them expressing the belief that they would definitely still be alive at that age themselves. In line with their earlier described thoughts around death, the main reasons for the belief in lower longevity of life for their peers were risk behaviour: for young men, the involvement in gangsterism and violent crime; for both men and women, multiple sexual partners and the possibility to contract HIV, the use of alcohol, smoking and drugs; and for women especially, the kind of behaviour that might increase their risk of being raped or contracting HIV. One of the male respondents mentioned

witchcraft as a possible reason for death among young people. In general the loss of hope for their fellow youth was overwhelming. Below is an extract of the discussion of the young men's discussion:

- Nezile: I'm...I would say that in my community there are people that have passed, that are already...and passed 30 and 40. And now let's say ... let's not include the elders and the people that are passed 40, let's leave the young stars. I think they won't reach it because they've seen enough in their world, you see. (A: mhh) What they've seen is ... can actually kill them, you see. So ... the reason I've said no, that's why I've said no but still ... but some of them die even much younger because of ... well some of them it's tragedies. Some of them it's gang-killings, some of them it's just illnesses. (A: Mhh) So I said no to 30 and 40 and 50 and 60 and...besides the older people and... They would actually...I'm not being...I'm not being cool or anything but they would die.
- A: What are the...if you would make a list, what are the main reasons that would cause young people not to live up to the age of 30 or 40?
- Siya: HIV is one of them.
- Nezile: Ja ...
- Siya: Drinking.
- A: Drinking?
- Siya: Drugs and the environment, just crime in general and accidents. I've already lost a friend of mine to a car accident, I've lost my sister to HIV and my father got shot so...ja and witchcraft as well. There are some people that die of witchcraft; they get poisoned and stuff.

When asked whether they thought that young people in general were aware of the things that might lead to earlier deaths, no clear cut answers could be given. There was a general feeling of "not understanding" their peers, but also the belief that most of them were only living "for today":

- Nobuzwe: I don't think they are aware. [A: uhu] I don't like... like they know that HIV is there, [Nandipha: but they do] I don't know what's the problem is, I don't know if young people in general actually think about their futures. I think they have that attitude of living for today [Nandipha: today, ja]. [Bulelwa: they want to experience] And then they will see what they what if... if they get to tomorrow.

A: They want to experience... like what?

Thobeka: like I dunno, like, when you are like being told that there's HIV and AIDS and what... I wanna like experience it myself [A: uhu], to like to see if there is HIV and AIDS.

Again, the overall agreement amongst the participants on the risk behaviour of others was overwhelming. Interestingly and alarmingly though, when probed about their own risk behaviour, many of the respondents had stories to tell of how they had “not always” been careful. Activities they had themselves earlier described as ‘risk behaviour’ among their peers, featured in their own narratives. One of the men, whose own life expectancy was to live until at least fifty, admitted having had unprotected sex with multiple partners. Another one had had a drinking problem. The third one had been a gang member till very recently. Among the girls, two admitted to having had unsafe sex, another one to going out and drinking, one to sometimes feeling tempted to drop out of school and “hanging out”, and so on. Yet all had expressed for themselves higher life expectancy than for their fellow peers.

This resonates with findings from psychological and psycho-social studies into what has been called “positive bias” or “illusions of invulnerability” among both adults and adolescents. It is not unusual to find (young) people expressing the risks for their own lives to be lower than that of others, and their understanding of the probability to experience positive outcomes to be higher (Cohn et al., 1995). Studies have indicated that indirect exposure to trauma (for example, higher levels of death in the broader society rather than in one’s immediate environment) affects “how one estimates risk of death in relation to the average other but not in relation to oneself” (Roe-Berning and Straker, 1997). This could explain why the respondents’ stories on daily confrontations with death do not seem to correlate with their SLE. Moreover, even those who have been more directly confronted with higher levels of illness and death, who are sick themselves or who are themselves involved in ‘risk behaviour’ have been found to express the belief that they will live longer lives than their peers (Cohn et al., 1995; Reid et al., 2006). Numerous studies have, for example, looked into the risk perception of smokers for their own health. It has been found that smokers are more likely to doubt that they will die from smoking, even though they would agree on the fact that smoking is addictive and that it causes “most people” who smoke to die (Arnett, 2000: 625; see also Greening and Dollinger, 1991; Weinstein et al., 2005). Similar beliefs around

invulnerability have been found to exist also with respect to disease, pregnancy, driving and crime (Quadrel et al., 1993). It has been assumed that adolescents' perception of invulnerability is higher than that of adults, but findings around those hypotheses are contradictory (Cohn et al., 1995).

In light of ever increasing levels of HIV-prevalence among youth, research into youth risk behaviour has also found that South African youth generally holds low levels of "perceived personal vulnerability" to HIV-infection. In a review of an extensive corpus of literature on sexual risk behaviour in South Africa, Eaton et al. (2003) noted that "fewer than half of South African youth in the 1990s perceived any risk to themselves, and fewer than 20% perceived a high risk" (p. 157), findings that are also corroborated by the quantitative CAPS data on HIV risk perception (see chapter five).

Importantly, the likelihood to express what some have termed "unrealistic optimism" among adolescents has been found to increase when events are judged to be "personally controllable" (Quadrel et al., 1993). It is evident from the stories of the participants that they consider most of the choices around their health controllable, and that they take little notice of the chances of what is not controllable to express their SLE. In the case of Noluthando, as presented below, however, the traumatic experience with an event she had no control over, left her unable to predict her life expectancy. Nezile, on the other hand, regained some sense of control over life after breaking away from gang-related crime; whereas he was unable to estimate whether he would still be alive "by 2010" in our talks of 2006, this time he was able to express an SLE for himself without doubt. As an illustration of the impact of changing circumstances and feelings of control on SLE, the following section presents these two case studies of a young woman who has very recently been involved in a traffic accident, and of a young man who in 2006 still described himself as being involved in "bad stuff" and wanting to move away from gangsterism, but who one year later told a very convincing story of how he had chosen to "move on with his life".

#### **6.4.3. Losing and regaining feelings of 'invulnerability'**

It has been suggested that people would feel less invulnerable after having had experience with a certain traumatic event (Quadrel et al., 1993). Noluthando, a twenty

year old woman, was the only respondent unable to reply clearly whether or not she expected to be alive even still at the age of thirty. Only weeks before the interview, she had been involved in a serious accident with a minibus taxi. She describes the experience as highly traumatising and explains she has had anxiety attacks since that time and “thinks about death” much more now than she had before:

“I was in taxi traveling from Gugulethu to Cape Town and the taxi that I was traveling in had a tire burst, it was right on N2, you know when you curve...from De Vaal and you go straight down to Cape Town by the...what’s that hotel? (Alutha: City Lodge?) Garden Court. (A: City Lodge?) Garden Court (A: Mhh) the one in N2, so you know when they curve, you know the speed is very high. So it had a tire burst, it was the back...so at that moment I really was in the changes, I was like ‘God, this taxi is gonna roll now, I’m dying now’. So at that moment I think...then I started becoming very scared of death and as a result I’ve been getting anxiety attacks. It’s like I’m, I’m...I’m taking everything seriously. I’m like you know, what if I get into a taxi...ever since then, what if I get into a taxi and it’s...you know the tire bursts and I die now. So something like that, that’s why I say I don’t know if...when, at age 30 I’ll be still alive because there’s so many things that are going on and it has affected me too much.”

However, when she later joins in the discussion around what one takes into account when estimating one’s life expectancy, her rational is very similar to that of her peers, distinguishing as well between what she can control in her own lifestyle and what she cannot. It is Noluthando’s awareness of the fact that there are those factors one cannot control that has made her feel less ‘invulnerable’ than the others and led her to express an uncertainty around the possible length of her life:

“I think firstly I would say I agree with what Alutha is saying, like if you have a choice that you want to make and you say ‘this is how I wanna live my life’ and you make a plan. (A: mhh) You say ‘ok, sexually-wise, I’m going to use a condom’ so you know that you’re not gonna get these transmitted diseases, so that’s safe on that side. But then there things that you cannot make a choice in, you cannot say ‘I won’t die’...’I won’t die of an... I won’t die of a car accident’ or something so there are things that are not controllable, that you cannot predict whether you will be alive by this age. You can maybe those choices, continuous-wise if you wanna live your life like, you’re not gonna smoke to avoid heart-disease, you’re not gonna drink to avoid...to avoid you know cancer or something. But then there are things that happen, that just happen like accidents: like you get robbed or...you know, things that you can’t control.”

When I spoke to Nezile in 2006, his story had been one of high aspirations for his present and future life, but without plans on how to ever fulfil the dreams. More details

will be presented in later chapters, it should suffice here to mention that he had been involved in gang-related crime and had been expelled from school several times; he finally dropped out in grade 10. Nezile expressed very high doubts about his future. He told me he was not sure if he would even make it to 2010 “*because I know one of these days something is gonna happen*”. His sense of control in life seemed completely shattered, and he made reference to possibly having been bewitched and therefore being unable to “stay out of trouble”. The only way he could picture things getting better for himself was “*to get away, to take my mother along and get away*”, but he had no idea on how to ever do that. One year later, during the focus groups, Nezile talks about how he decided after our previous talk that it was time to turn a page. His choice to move on was a very fragile one, not guided by knowledge and guarantees for success, but by doubt on whether or not his life was going to get any better. Yet he decided to “*try something different and see what’s gonna happen*”. He talked about how difficult it was in the beginning when trying to move away from all the influences in “*the ghetto*”, but that he was now making a living of DJ-ing, an activity that took him out of “*the location*” as much as possible, and thus away from possible trouble. Interestingly, today Nezile refers to other youth using witchcraft as an explanation for their involvement in gangsterism:

“... going back to the gangsters, some of them say ‘no, it’s the lady that lives next door that has done this to me so I can’t go back, I can rob, that’s the only thing I can do’.”

For himself, he now claims he does not believe in witchcraft and thinks it “*is all in the mind*”.

Nezile’s story is oppositional to that of Noluthando and shows that one can not only lose one’s belief in longevity of life, but also regain it. By regaining at least some degree of self-efficacy and agency in his life, Nezile’s insecurity today is no longer in longevity of life: he can now say he believes he will live till the age of 50, as he has removed himself from the most immediate threat of gangsterism in the township. Yet his story does still indicate a really great insecurity about ‘the future’: he is not able to picture a future for himself, but refers to the lost chances for the youth around him. His SLE is based on the wish to live long enough to see what will happen to those around

him. When I ask him to tell me more about whether he sometimes think about growing older he replies:

“I just want to be able to see...when I grow I just wanna be able to see what happened to those that didn’t listen to what I said and those who actually succeeded in life. I just...that’s the only thing I want. I just wanna see what’s gonna happen if I still live there e-Khayelitsha and see, when I’m old that this is progressing and that’s going away.”

What is important about both these stories is the understanding that SLE is fluid in time, and that SLE as measured at one given point in time does not portray an individual’s full story. When trying to understand SLE, and when thinking about the impact of illness and death thereon, one needs to take into account also all other contextual factors that can impact on such expectancy, but that are often not captured through survey work. There are, moreover, also more individual ways of interpreting the SLE question that can create skewed results when analysing the data without being able to take such individual interpretations into account.

#### **6.4.4. Individual differences in interpreting the SLE question**

When taking a close look at the various replies to the SLE scales, it is clear that there are, apart from the general noticeable belief in one’s own invulnerability, also other, perhaps more individual differences in replying to the question. This is easily illustrated by Siya’s interpretation of the question on ‘other’ youths’ subjective life expectancy. His rating of others’ SLE is one of the highest found in this sample. He clarifies as follows:

Siya: Ok I’ll start. The reason why I would like them to live till the ages 30, 40 and 50 it’s because I still have friends out there, if they die where am I gonna stay? So they must be there but I’m accepting you know, between the ages of 50, 60 because I’ve seen many people die at that age so it makes me not sure if ever they’re gonna live until the ages of 60 and 70 and 80. *I would like them to live, like myself; I would like to live until that age* but I don’t know, maybe what’s gonna happen in the future.

The fact that he interprets ‘other youth’ in this question as his friends leads him to wish them longer lives as well, which, again, should not be a surprise. “Social distance” has

been found to be another factor of influence on optimism: greater differences in risk levels are expressed when asking adolescents to compare their own risk with that of peers in general than with that of a close friend (Quadrel et al., 1993).

Another individual difference, it seems, was found in Nezile's interpretation of the question. He was the only respondent to answer "no" to an SLE scale for himself. He believed that by the age of 60, he would probably have accomplished everything he had wanted to and "there was nothing more to live for". Again, however, this reply seems to reflect an aspiration rather than a certainty, Nezile almost wishes not to "be around anymore":

Nezile: I said no... ja I don't that I will be around.

A: You said no; what makes you change from...what makes you say that at 60 you won't be around anymore?

Nezile: Well you see maybe there's nothing for me to live, at 60 I'll be...there's nothing that I will be seeing except that I'll be sitting at the old-aged home, just staring at the TV day and night. Sitting on a wheelchair and doing nothing, you see so I don't...I don't think that at 60, 70 and 80, I will be there but 30, 40 and 50, especially 40.

## **6.5. Conclusion**

Findings of the discussion groups indicate that the assessment of 'risk' factors to young adult's decision-making should always be conducted taking into account the context of their broader socio-economic environment. The understanding of death of the young people in this sample was based always within their complex living realities. All expressed the daily confrontation with premature deaths in their communities or families; deaths caused certainly not only by HIV and AIDS, but also – or, according to their testimonies, even more so - by crime and violence, poverty, accidents or witchcraft. Their stories reflected the findings of leading causes of premature death and of victimisation in their areas of residence (Groenewald et al., 2007). No one thought such confrontation to be 'normal' but rather caused by a level of social and moral disorder within the townships. Many described the wish to escape such reality.

Different coping mechanisms to deal with the omnipresence of death were identified, with some taking the possibility of loss of a loved one into account almost daily, and others trying to keep their thoughts away from such possibility, maintaining a firm focus on the present. Apart from that, however, all maintained high aspirations for their future lives and in fact consciously looked for ways to act upon these aspirations: Nezile, a young man who had earlier been involved in gang-related crime, had now decided to focus on his work that took him “out of the location” and thus away from trouble; Nobuzwe had over the last few years made several positive decisions around her education and was staying in a university residence to allow her to focus on her studies; Noxolo, who had dropped out of school in 2006, went back to repeat her grade and move on with her schooling; Siya, who had dropped out of tertiary education after losing his father, was back in school trying to pass his first year of Engineering at the Cape Town “Technikon”; Noluthando was well on her way to complete her final year in agricultural studies; Thando was in his matriculation year preparing for the exams and had planned to leave straight afterwards to start the cultural initiation rites; Alutha, who had passed her matric but did not manage to get into a tertiary institution, had looked for short-term courses that could help her prepare for the next round of application; and so forth. Clearly, the presence of death and of HIV and AIDS was not keeping these youth from *hoping* for a better life, and – more even more importantly – from *acting* upon such hope.

The young adults in the sample did, furthermore, not express a lowered subjective life expectancy for themselves because of the threat of HIV, or even of premature death as a consequence of the rampant violence and gang-related activities in their neighbourhood. Most constructed a concept of subjective life expectancy based on their belief in agency to make the right choices even in a context where many of the threats to life may seem uncontrollable. Although many of them admitted to some *momentary* instances of risk behaviour, by depicting themselves as those who would nevertheless still make the ‘right’ moral choices, these young adults distanced themselves from the dominant peer culture that they described as being one of *general* involvement in risk behaviour. Maintaining a focus on the future (“it’s all about dreaming”) and finding ways to act upon that, becomes a self-corrective behaviour that keeps one “from doing something stupid” (Alutha, female group 2).

Respondents' high SLE was thus based on the belief in their ability to control the outcomes of their lives. This belief does not, however, exclude the awareness of aspects that might *not* be controllable. Only, maintaining the belief in their agency, in their ability to take control of their lives, is these young people's 'survival strategy'. It is their way of not giving in to hopelessness and resignation in a context characterised by 'chaos' or fragility.

University of Cape Town

## **Chapter seven – The stuff that dreams are made of: narratives on educational decision-making of non-affected youth**

This dissertation started out by looking into the validity of pessimistic hypotheses around the consequences of HIV and AIDS for young adults and caregivers' values and EDM. Analyses presented in the previous chapters provided no evidence for such hypotheses. No impact was found of AIDS-affectedness or SLE on educational values or educational expectations. In fact, youth from the poorer, more heavily AIDS-affected areas in Cape Town expressed higher SLE and higher educational expectations than their peers in less affected neighbourhoods.

For many, the high aspirations stand in stark contrast to reality. The high educational expectations of African youth stand, for example, alongside consistently inferior educational outcomes among those youth.

As mentioned in the research and theory overview of chapter one, the tendency in South African research has been to examine such lower educational outcomes by means of quantitative studies focusing on inter-racial differences in outcomes. These have pointed at the impact of youth's social context (family, neighbourhood and school level factors) on schooling results, but have rarely considered the way in which youth may take up agency within that context. They have also not provided great detail on possible *intra*-racial differences in educational results. Broader ethnographic work looking into a range of issues concerning 'growing up' in the new South Africa, has provided some insight into such differences; Ramphela (2002), for example, presented a number of 'stories of success' of youth growing up in the deprived township New Crossroads, alongside stories of 'helplessness' and despair among youth and their families struggling for a way out of their lives in hardship. Such ethnographic studies have also indicated young adults' agency on various aspects to do with educational choice, ranging from choices around which school to attend, to truancy, homework completion, etc (see for example Henderson, 1999; Ramphela, 2002; Bray et al., 2008). Furthermore, international ethnographic studies like those by Willis (1977) and MacLeod (1987) have described how youth create 'oppositional' or 'affirmative' identities with regard to education. In line with such studies, I aim to provide a deeper understanding of African

young adults that ‘disengage’ with schooling, but also of those who do choose to invest their time and energy into schooling.

This chapter therefore examines the narratives of ten young Africans on their decisions around education. This is the group of youth who were identified as “non-affected” at the start of the project<sup>72</sup>. Educational decision-making is here defined broadly. Positive choices entail choosing to engage, remain engaged, or re-engage with schooling; Negative would be decisions to drop out of an educational institution, or not to invest in their schooling by skipping classes, not doing homework, or not looking for possibilities to return to school<sup>73</sup>. Participants were interviewed several times over a period of approximately two years. Analysis focused on these young adults’ value of education on the one hand, and the parallels or breaches between that value and education-related choices or actions on the other.

I will argue that educational decision-making should be regarded as part of a larger process of identity-formation. All youth created very positive images of ‘future selves’, shaped in terms of upward mobility, away from the hardships their parents have had to endure. Findings indicate, however, that they choose different strategies, or ‘life plans’ to reach such future success. One strategy implies a long-term oriented focuses on success; choosing in favour of education is an intrinsic part thereof. Another one rests on a more short-term oriented wish for the same type of success, however with little or no concrete plans on how to reach that. Unlike the young adults in the UK and USA described by Willis (1977) and MacLeod (1987), young adults in South Africa who adopt this second strategy never openly reject the importance of education, but education is not always understood as a central factor in their ‘life plan’. Strategies as these are, however, not static. Identities are, in other words, ‘fluid’ and ‘multiple’ (Hall, 1996; Grossberg, 1996): Shifting factors in a context of ‘fragility’ (Henderson, 1999), or instances that could be considered ‘fateful moments’ (Giddens, 1991), may lead young adults to rethink their choices and plans. Many move between different

---

<sup>72</sup> See chapter two, pages 47-48 for details on the sampling procedure of affected and non-affected youth.

<sup>73</sup> The terminology of ‘negative’ and ‘positive’ decisions is by no means meant to express a value judgement from my side. The classification was merely used to help the analysis along and to present the data in a comprehensible way. It should be noted that the classification pertains to decisions as observed at one particular moment in time: some of those who at one point decided to ‘drop out’ may later try to regain access to education in a school they consider ‘better’; such situations will always be described and analysed in greater detail.

strategies, or create ‘in-between’ versions that leave room for adaptation when necessary. All experience considerable levels of doubt and insecurity when deciding which path to choose, resonating with Giddens’ theory on doubt in the process of identity formation in postmodern societies (1991). My findings strongly mirror those of research conducted much earlier, yet in the same area (Ramphela, 2002), as well as of research conducted at the same time as my own, but in a different part of Cape Town (Bray et al., 2008).

This chapter first presents the stories of those young adults who were ‘positively’ engaged with their schooling at the beginning of the fieldwork. It will then move on to analyse in more detail the narratives of those who had made ‘negative’ educational choices, to conclude with a section that illustrates, by means of a number of case-studies and based also on the longitudinal data, the impact of ‘fragility’ on the young adults’ processes of identity formation and EDM.

The educational situation of the participants in the study at the beginning of the fieldwork period was as follows. Four of the youth had completed matric; two of those were in the process of applying for a place at a tertiary education institution, one had just completed her third year of higher education, and the fourth was working fulltime. One girl was enrolled in grade 11. Two of the girls had dropped out the year before, and one boy and one girl had decided to drop out over the weeks or months prior to the start of study. The tenth participant was a girl who was still enrolled in school but attended classes only occasionally<sup>74</sup>.

### ***7.1. Positive educational decision-making: finding one’s pride in a focus on the future***

Many of the young adults who make positive choices concerning their schooling talk about the differences between themselves, their lifestyles and the one of others around them in the community. They find their pride in those things that differ from what seems to be ‘mainstream township life’. It is a choice for identity that is defined in opposition to ‘the others’: the dominant culture of peers who are said to bunk school

---

<sup>74</sup> Appendix 21 provides an overview of all ‘non-affected’ participants’ situation.

because they say ‘at school it’s difficult, it’s boring’. ‘Others’ are said to spend their time ‘just being at home’ or hanging out in the streets, going out, and getting drunk.

“Most of them, they drop out of school; they are hanging around day and night, drinking, smoking, ... most of them are girls ... in our communities the girls are the ones that like partying, clubbing, being with boys, drinking ... They want to have fun, just to have fun.” (Alutha)

This account of what seems a ‘norm’ of self-destructive behaviour has also been mentioned in the previous chapter. A similar conclusion has been found in other research into teenage decision-making (for example Bray et al., 2008). Kahn (2006) illustrated the influence of ‘deviant’ behaviour in the dominant peer culture on young female adolescents’ sexual decision-making. As in the case of EDM described in this thesis, some of the young girls in Kahn’s study found their pride in countering and resisting that norm and staying true to their own ideals and values of sexual abstinence.

Similarly, the young people in my sample that made and maintained positive choices around their education were those that created their identity not – or not only - within the dominant, *current* peer culture. Their focus in life is constructed around an aspired *future*, a ‘possible self’ (Markus and Nurius, 1987; Oyserman, 2006; 2007):

“One day... I want to be the person I want to be.” (Alutha)

An important factor in these young adults’ narratives is the presence of ‘a dream’, of having *hope*, for them to be able to maintain their focus on the future, and not be drawn into their peers’ culture:

“First, if you are a person, you should have goals. *If you don’t have dreams, you will never be anyone in life.* So you need a dream. ... I see myself maybe 4 to 5 years to come, having my own office, having the chair that rolls around the office, and all. If you do have *these dreams*, than *that is what keeps you to go on.*” (Lindelwa)

In their reference to the importance of ‘dreams’ as motivators, my respondents’ narratives mirror those of the ones registered by Ramphele (2002). She too noted the importance of hope and of consciously practising that hope in the stories of those “who refuse to give up” and who persevere with the choices in their lives (ibid: 11).

Indeed, dreams and hope, as mentioned earlier, in a context of hardship have ‘survival value’ (Davies, 2005). Maintaining hope becomes a coping mechanism in the daily experiences of deprivation. Psychologists have pointed out that: “the dream ... contains goals, aspirations, and values and ... can be motivationally powerful” (Levinson, 1978, quoted in Markus and Nurius, 1987: 161).

This importance of hope, dreams and plans in township youths’ lives has also been noted by anthropologists researching “safe sexual practises among young men in Khayelitsha” (Gibson and Nadasen, 2006). The aspirations and dreams expressed by the young people in my sample strikingly mirror the words of Gibson and Nadasen’s participants who explained their reasons for practising safe sex:

“They call me a sissy *but I have plans and I am working on it*. I am not ready to die.” (Joe, 18 – emphasis added)

“...I have another girlfriend but I am more careful (than in the past) *I have things I still want to do*, it is not easy but I do not intend to let myself be caught.” (Thabo, 22 – emphasis added)

The young adults’ dreams, and the idea of future ‘success’, are often filled with materialistic elements of higher class life. Ironically, in South Africa, those higher class ambitions may resonate with many of the characteristics of the life of White people. They are, however, also part of the growing African elite. Also within the townships and through the medium of television, examples are available of those who have made it up the social ladder, and now have big houses, beautiful cars, perhaps a responsible top-level job. These are elements that also convey a new sense of independence to the youth. Lindelwa’s description of her dream above was an example of that, and Alutha says:

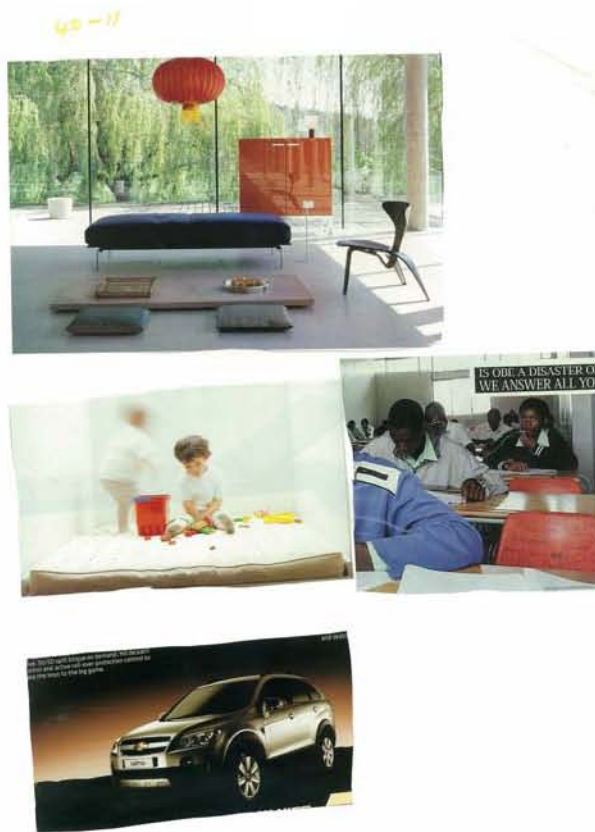
“If I would be successful, then I would have my own house, my car, and even at home, it will be a better home.” (Alutha).





Collages expressing young women's aspired futures





Collages expressing young women's aspired futures



The findings, indicating the wish for material success and upward mobility are corroborated by those of other researchers. Soudien (2003) remarks: “Partly as a result of affirmative action, some young blacks feel that the new South Africa offers previously undreamed-of opportunities. In the urban areas, it is the corporate identity that structures their dreams and aspirations. ... Money is essential to young South African adults as a facilitator of the good life and as the key to demonstrating status” (ibid: 69).

Importantly, these young adults are dreaming of a life better than that of their parents, aspiring a much higher class and lifestyle than that of the previous generation, unlike Willis’ Lads who aspired nothing more than their parents’ working class lives. Ramphela’s findings confirm “... many Black youth associate manual labour with the degrading working conditions their parents had to endure. So careers as plumbing, electrical contracting, and carpentry are seen as low-status options” (2002: 101).

In fact, the value of education for these young adults who strive for future success lies in their conviction that without schooling, there is no way to fulfil all the aspects of their dream-future. Education has a clear instrumental function for them:

“Education is very important, most people often say it is the key to success and I fully agree with that. ... Without education, my future will not have a very concrete foundation.” (Siya)

“... If you want to earn good money you have to have some level of education and matric will not work for you. With matric certificates you just get the menial jobs and they don’t pay well.” (Noluthando)

In this way, their values reflect also those held by the older generation of caregivers interviewed in other parts of the study: almost literally sometimes, their words were heard among the caregivers described in chapter four.

However, it is important to note that for the young adults who choose to invest in education, ‘success’ is not only about individual achievement; the majority of them mention their wish to at one point be able to give back to their families:

“For me, to be a successful person is to give back what I was given, and even give more to the people who were there for me in my education and in my life.” (Alutha).

For some, the desire to ‘give back’ stretches further than their immediate family context, it is also aimed at the broader community. Additionally, in this aspect of future success, education is seen as instrumental; Khuthala for example expresses the belief that:

“Someone, somewhere out there will benefit from me getting an education.” (fieldnotes on Khuthala).

The wish to help others is strong and resonates in the narratives on those young people that they see around them, who ‘get stuck’. Noluthando, for example, tells me that, apart from wanting to further her education so that she could have a career and a life with material wealth, she hopes to be able to start up poetry projects in the townships and to find ways to guide young people and provide them with information about the possibilities to get and further their education:

“I will be working in a right place and earning money that I want to earn because of my education, and I will be working on promoting the skills of writing in the townships... what I would also like to vision is having a project that provides information to the young ones so that when they finish high school, they can know what they can do.” (Noluthando)

This wish to be able to care for and help others also resonated in the caregivers’ narratives. The adults’ desire was for their children to be able to take care of their siblings and others.

Further, an almost implicit element in the definition of ‘success’ is the idea of gaining more stability in life; one that is not common to many of those around them, and that, again, cannot be reached without having furthered one’s education. Noluthando puts it explicitly:

“... I know exactly where I want to go, you know, working towards something. Yes it’s nice to have a career. I think it brings stability in your life to be in one place and to work towards something and not jumping from one job to that one. Like, if I was not studying right now, I would probably be working maybe at Pick ’n Pay as a cashier or at Shoprite and you know you won’t stay there long, you have to move from this job to the next.” (Noluthando)

Strikingly, but undoubtedly motivated by the heritage of under-education among their parents' generation as a consequence of the past regime's divided educational policy, only few of the young adults build their positive instrumental ideology around, and activities concerning education on concrete examples of people in their family. Indeed, few people can<sup>69</sup>. Noluthando does, however, by referring to the very clear example of the benefits of education when she looks at the differences in life between her uneducated mother who now works as a domestic worker, and her father who is a teacher and uncle who is a school principal:

“... My first example is my father who is [better] educated than my mom. He has got a nice house, nice car, and he's got a stable job, he is able to do things for himself, [not like] my mother. ... Like most of the members of my family are more educated, you can see that when you have education, you have got something that is stable, and you can make a life for yourself.” (Noluthando)

Others will look for examples in the broader community to motivate their choice in favour of education. Still others go on what they have heard others say:

“Education is ... the key to success. ... You know, when it comes to knowing, *in those countries internationally*, they say an average person is 24 years with at least 2 degrees.” (Siya; emphasis added).

Again, a very similar dynamic was noticed in the narratives of caregivers. Their own positive belief in the instrumental value of education was constructed not so much from examples of successful, educated people in their environments, but on their own very concrete lived experience of not being educated and therefore not finding a way out of poverty and unemployment. Findings also reflect those of the quantitative analysis presented in chapter five, that illustrated that African youths' aspirations were based not so much on tangible positive examples, or an understanding of potential barriers, but on interaction with peers and parents.

As said, it is important to note that, in all of these cases, these young adults look at success as a *future* to be gained. They choose to 'endure' their current situation, and are realistic about the fact that an investment of their time into schooling today and in the next few years, will only show its benefits in the years to come. This resonates with Zournazi's (2002) statement that “the idea of an abiding hope directs us to new

---

<sup>69</sup> Census 2001 data indicate that less than 20% of all adults in the areas that the respondents live in, have completed grade 12; maximum 40% of all adults have completed grade 7.

progressive thoughts that involves *accepting the world as it is while persevering in working towards a more equitable and sustainable future*” (Zournazi, 2002, quoted in Gibson and Nadasen, 2006: 6 – emphasis added). It also mirrors Gayles’ (2005) finding in a study on “academic resilience among three high-achieving African American males”, of the fact that academic achievement was these young men’s “chosen strategy for fulfilling future aspirations”; “academic achievement [was seen] as *prospectively meaningful*, if not currently transformative” (Gayles, 2005: 256, 257). The same was true for the HIV positive caregivers in this study: their present day investments in education for both themselves and their children were aimed at improving their children’s *future* situation.

In short: these young adults maintained positive ‘possible selves’. High educational aspirations reflected their understanding of education as a means to reach those future goals. In their overview of psychological and sociological work on possible selves, Markus and Nurius point out that “possible selves encompass within their scope visions of desired and undesired end states. Very often they also include some idea about the ways to achieve these ends and thereby provide the means-ends patterns for new behaviour. Represented within possible selves are the plans and strategies for approaching or avoiding personally significant possibilities. ... *Thus it is the possible self that puts the self into action*” (1987: 159). The following section of the chapter provides an overview of how and under what circumstances exactly young adults take action to support their aspired future.

### **7.1.1. Practising the value: choosing individual over group identity?**

Although, for many of these young people success includes an altruistic element and their dreams include the wish to be able to help others, many describe being faced with their communities’ scorn and name calling because of their choice in favour of education. Lindelwa and Siya mention standing up for their ideals and aspirations, even when that evokes name-calling:

*“It’s hard for you to be who you want to be, without being judged by the others and... like, you can’t be free and act like the person you want to be at the time you want to be” ... “I like to stay at home, I don’t like to go to every, each and*

every bar ... and they would go to say that I am “madam”, they even call me that.” (Lindelwa, emphasis added)

“If you don’t go for drugs, like ... now you are like an outcast if you are not one of them.” (Siya)

Siya further describes how he was “dubbed Mr. Fezeka High” for doing well in school and for being able to take part in international events as the Maths Olympiad. The absence of support among friends for his academic achievement eventually made him decide to look for another school:

“I needed to be somewhere new, you know, where no one knew me”, [so he could concentrate on school work and achievement.]

One can question whether this reference to being subject to name calling perhaps refers to the absence among community members of a belief in the possibility of upward mobility of the whole group. This kind of disbelief was found, for example, among Willis’ Lads and the broader labour class: “To the individual working class person, mobility in this society may mean something ... To the class or group at its own proper level, however, mobility means nothing at all” (Willis, 1977: 128). However, in South Africa, it seems the pervasive discourse of ‘freedom’ and a better life in ‘the new South Africa’ does create the general belief in upward mobility. Rather, it seems that name calling originates among those who (still) have no means to better themselves and are left with not much else but envy of those who have gained a slightly better position.

Significant levels of community ‘envy’, the fact that young people in South Africa are subject to such jealousy, and get caught between individuality and community has, indeed, been mentioned in earlier described literature. Opting for personal achievement in the very poor socio-economic environments of the townships can be seen as ‘selling out’, or ‘acting white’: “Those left behind because their parents had neither the material nor the moral resources to carve a path for them turn their rage against those seen to have ‘sold out’ ... The enormous pressure put on young people not to stand out extracts a huge price. They are caught between the contradictory forces of solidarity and personal achievement” (Ramphela, 2002: 96).

Hence, remaining faithful to and focused on one’s dream, entails careful actions and choices around, among others, friendships and activities. In this respect, Gayles (2005)

identified his respondents' strategy to "actively diminish the significance of their own academic achievement" (ibid: 254) and thereby not place themselves too much outside their peer group. Similar findings came up in research by Bray et al. (2008) and, again, Ramphele (2002). In the latter work, Bulelani for example was a young man who maintained his focus on schooling while some of his friends chose to support the school boycott: "his strategy involved not only keeping in touch with his peers, but nurturing meaningful friendships with some of them. He did not place himself above them" (ibid: 96). Also, in her work around sexual abstinence, Kahn (2006) found that young women would consciously develop various strategies "whereby they countered pressures to engage in dominant peer norms and practices, through which they simultaneously retained their personal values and ideals, and also found a means of finding a socially integrated and valued position amongst peers" (p. 41). This ability to negotiate and accommodate potentially competing goals has been noted by psychologists as constituting one of the factors of resilience (see chapter one for more details on resilience; also Rutter, 1987; Waxman et al., 2003a and 2003b; Gayles, 2005).

Some of the participants would indeed try to find ways to combine their need to belong to a wider peer group, with the wish to remain focused on their personal aims. Self-control became a strong tool for these respondents:

*"I won't say I am not part of the trend, I do go to parties, and I do go out with my friends whenever I have the time, but I think it is all about balancing, having a good time and also knowing what you are doing and where you are going. ... I have to at least have a good time with my friends, it's not that I don't go to parties but I would never do drugs and I would never chose to be a party animal all my life and not be on the safer side of life, because it would do nothing for me. At the end of the day, I have to be somewhere, so I don't see any life in that."* (Noluthando, emphasis added)

Noluthando further described how she tries to balance the need to feel she fits in and belongs to a peer culture that exists today, with her dreams for the future. She combines a strong focus on education with "a piece job every now and then" that allows her to make some money for herself and contribute to family expenses. It makes her feel good, proud and responsible, and at the same time allows her to be level to her peers and share their 'taste':

“... Looking at the kids of the same age as me and you look at them, and see that they have nice cell phones and nice clothes, so you can be able to match, be in the same level as them, it is quite nice..”

Alutha also describes how she does have friends who belong to the more dominant peer culture, yet she manages to maintain her choices by focusing on what she is doing and where she wants to get:

“Like my friend, I can say she is my closest friend. She dropped out of school and then if I’m doing my school work maybe she won’t understand and would want us to go and have some fun then I’ll just say ‘no, I can’t cause I have to do my homework’. Like to do what I’m planning to do and to do what I want to do not like listening to others and that’s what I’m doing now.” (Alutha)

On the other hand, the example of Siya changing schools to be able to maintain his focus on his work, implies that not all young people (are able to) adapt such strategies: although Siya seemed a very sociable person, active in community work and helping out at the local library NGO, he did not find a way to accommodate both his goal of social integration and that of academic success, and chose to concentrate mostly on his school.

### **7.1.2. Searching for and receiving guidance and support**

Although these respondents showed strong beliefs in their agency when it came to remaining focused on their aims, and making decisions about their friendships, it is clear that some type of guidance may be needed in order to be able to choose, develop and maintain such long-term oriented strategies and decisions. Previous chapters have pointed at research on resilience indicating the need for a supportive home or school environment, and at studies illustrating the need of parental support and guidance in, for example, developing concrete ‘life plans’ that could help reach one’s goals (Oyserman et al., 2006; 2007; Schneider and Stevenson, 1999).

Noluthando narrates her choices about school and the important influence of her family therein: she originally applied for courses on media, but was not accepted by the University of Cape Town (UCT). Then, her family would not allow her to move to a school in Durban where she could study what she wanted. When she was not sure of the next steps to take, her parents kept motivating her:

“I have to study, I have to do something, that’s what my parents said, I have to do something.”

Her father helped set up a meeting with people at the Cape Technikon, a tertiary institution in town. Noluthando was eventually allowed to start environmental management at the Technikon. She now loves the fact that she knows a lot about things that other people in the townships know nothing about, and she is proud of the fact that she can teach others new things.

Noluthando’s family thus provided her with the guidance and motivation necessary to support her in her long-term orientation. Lindelwa also described the support she received from her family:

“My aunt, my uncle ... all of them [are supportive]. If, like, at home, my uncle he will ask ‘how’s things, how’s school, how’s everything?’ He was the first one to wish me good luck for my exams...”

These youths’ feeling of belonging to an immediate network of support and care undoubtedly has a positive effect on their ability to negotiate friendships and peer group belonging within communities that may reject or ‘punish’ an academic orientation.

These findings resonate with those of other research. International studies have indicated the importance of parental involvement for schooling outcomes (for example Aunola et al., 2002). Bray et al. (2008) refer to the importance of “valuable psychological support” created by parental engagement with, and motivation around schoolwork. For one of their respondents, the researchers remark: “In addition to the obvious academic benefits of Mandisa’s parents’ engagement in her homework, she is bolstered psychologically by the encouragement it provides as well as the knowledge that the details of the demands of school are understood at home” (ibid: 261).

Not all participants could rely on such support or motivation from their parents or relatives; lower levels of, and experience with, formal education can result in a lack of a ‘real’ understanding of school and schoolwork among caregivers. Consequently, many of those who were able to maintain their educational focus had looked for and found additional support in NGOs, or with siblings, a boyfriend, or a particular teacher. The

need for such additional sources of support was noted also in, for example, Ramphele (2002: 96-97).

In fact, the similarities between the stories of this group of ‘dreamers’ and the ‘successful’ young adults that were part of Ramphele’s (2002) study almost ten years before this research, are striking. As the young people mentioned above, the author describes some of her participants as those with “a strong sense of self and definite purpose ... They had a firm focus on the future and applied themselves diligently to their education ...” (ibid: 153). Indeed, the narratives of young people who decided to make conscious, positive decisions about education sounded structured and convinced: there was a plan alongside the dream, so that dreams would not become mere fantasies. Plans were supported by high levels of individual resilience and goal orientation, and were often – though not always – supported by other forms of guidance and broader support structures. The necessity of both individual resilience *and* broader support became all the more clear when following the young adults over longer periods of time: when going through (a series of) ‘fateful moments’ (Giddens, 1991), young adults would grapple to maintain their ideals and strengths. A final section of this chapter will present narratives of those who saw their decisions around schooling and around their future threatened or even reversed by their context of ‘fragility’, illustrating that the strategies as presented here are not as static and clear cut as might appear at first sight. However, the next section will first provide more details on those who, at one point in their lives, made less positive decisions around their schooling.

## ***7.2. Losing focus: stories of negative decision-making in a quest for belonging***

Next to the narratives of those who made conscious, positive decisions around education despite their contexts of adversity were those of the young respondents who at one point in their lives did not opt to invest, or to keep on investing in education. They sounded more chaotic and jumbled and contained more elements of the need to belong to a peer group and the desire to escape the hardships of township life *today*, rather than in an aspired future.

### 7.2.1. The ‘others’: Living ‘another culture’

The narratives created around the dominant culture of ‘the others’ by the first group of youngsters were a mixture of referring to a culture oriented towards the West, a US based style of clothing, brands, music, and so on, that provides people of all ages, not just the most young ones, with an identity and pride:

Siya: We want to live their culture;

X: We want to live their culture and abandon our culture;

Siya: That’s the American way of doing things, you know, everyone wants to do the American way;

X: And also it bestows dignity on you if a child of that age wears labels like that, and you are wearing labels, the community will salute you

(focus group with Siya, Nandipha, and community worker X, december 2006)

This culture of the ‘others’, furthermore, seems one that demands an *immediate* and material expression of well-being. Rather than working towards well-being in the longer term oriented way that the group of ‘dreamers’ is willing to do, this group is said to look for instant relief out of their context of structural poverty. It is a peer culture described by the first group of young adults in gendered terms, with boys and young men turning to crime, drugs and alcohol, and girls to smoking, drinking or to the lethargically sounding “just hanging around” – choices regarding life paths that by researchers, policy makers and press would easily be described as ‘problematic’ (Rutter, 1979, Bandura, 1995).

It was sometimes said by the respondents, but also by local teachers and nurses who were consulted, that these young people do not “see that education is important”, resonating viewpoints of school teachers in Pager’s work on a learning culture in Khayelitsha (Pager, 1996). However, it was also suggested that it was difficult for some children to find their place in the run-down township schools with numerous disciplinary problems, not necessarily very motivated teachers and principals, and surrounded by pressure-exerting peers. It was further said that some children lacked real support and understanding at home in order to remain motivated to ‘endure’ and see the long-term benefits of school.

From the narratives presented below, it appears that negative decisions about education are indeed driven by a chaotic mixture of many of these factors. The difference between the group of ‘dreamers’ and the youth presented in this section seems one of orientation in life and choice of ‘life paths’ that is, however, not as unambiguous as the ‘dreamers’ may have presented it to be. I did, for example, never find the suggested disbelief in the benefits of education. Even in the case of Nezile, who would say that “there is nothing in education for me”, there is the idea that education would indeed lead to a situation that could be better than the one he finds himself in now, and that his own mother would definitely have had a better life, would have been able to read and write should she have had the chance to go to school:

“The thing that upsets me the most is that my grandmother, she never went to school, ok. Why did she not want her children to go to school because she never went to school? Doesn’t she want them to get better education?”

This remaining belief in education again reflects the positive values noted in the earlier reported quantitative work, and may explain why many, even at older ages and after having dropped out of school before completing matric, still express the ‘expectation’ to complete higher education. It is a belief that is still based on a concrete understanding of the general benefits of schooling. It is, however, less firm and gets perhaps more readily tested by the realities of township life that include high rates of unemployment (even among those who have furthered their education). Furthermore, many of these youth refer to schools ‘failing’ to provide the support, motivation and safety needed for them to be able to learn. Their more ‘ambivalent’ belief in the personal benefits of education is most probably influenced by their realisation that it is very hard to be successful in such ‘failing’ and unsupportive schools.

The absence of a strong ‘counter school culture’ begs the question why the ‘dreamers’ presented their peers as rejecting the educational ideology. As in the analysis of SLE presented in the previous chapter, it is important to see such representation of ‘the others’ as part of a broader discourse that youth construct around ‘morally correct’ and ‘individually responsible’ choices. By maintaining the belief that they are doing the ‘right thing’, that they are able to chose a life path that is different from what they describe as a destructive peer culture, the ‘dreamers’ are able to maintain their

aspirations and long-term orientation, and, in doing so, to cope with the insecurities and chaos around them.

That is, however, not to say that there are no differences between them and some of the other youth. The next section presents three cases of young adults who did not reject the ideology of education, but who nevertheless at one point in their lives had chosen to disengage from schooling.

### **7.2.2. Wanting to live the fast life: the boys.**

#### **Nezile**

When I first met Nezile, he was nineteen, he shared a house with his mother, stepfather, stepbrother and the latter's girlfriend in Khayelitsha. There is little contact between the young man and his biological father who was and is living in Johannesburg. Nezile described his home situation as problematic, with low levels of understanding between him and the adults in the house. He referred to abusive situations in the past in which his mother would call him "stupid" and his stepfather would provoke him in many different ways, to the extent that Nezile would "want to stab him". Things had become a little better in the months before the interview, but he did not expect that situation to last too long: "... it's a big difference, because I cook, most of the time, I'm home, I help much. So we ... now we're fine, but I know something is gonna come up again".

At the very start of the interview, when I asked him to tell me a little bit more about himself, Nezile described himself in a relatively unconstructive way, claiming that "well, there's nothing much about me, I'm just me ...". Immediately after that, he referred to the place of violence, crime, drugs and weapons in his life. He mentioned his admiration at a young age for a man he calls his brother and who has "done bad things" his whole life. At the age of thirteen, Nezile had started smoking drugs and stealing money. At fourteen, he was "introduced to weapons", and kept on wanting more and better. He used to have his "own gang", the main aim of which was "to get known", to be feared. Nezile said he had been trying to quit gang life as someone was shot because of him, and he feared being shot himself now.

Nezile's stories about educational decision-making, and his experience of school, were an amalgam of placing the agency on this level with others. There was his mother, who would sometimes call him "dumb" and thereby take away his motivation, a note very similar to that found among some of Bray et al.'s respondents who indicated that a lack of parental support was "demotivating and upsetting" (2008: 262-263). It is also generally acknowledged in studies concerning adolescence that youth need to have information and feedback on their own abilities and with regards to their interests, in order to be able to make choices and decisions on their current and future lives (Motepe ,2006; Oyserman et al., 2006; 2007; Schneider and Stevenson, 1999). In Nezile's story, it is not evident that he has always had that feedback and motivation. He described both his mother and stepfather as those who would regularly upset him by calling him "stupid":

"And then, if someone always calls you stupid, why would you still make an effort?"

Yet, despite these remarks, Nezile did describe how his mother would also try to find school after school into which he could be enrolled, feel comfortable and motivated in. She eventually found a number of boarding schools as far as Johannesburg and Pretoria for him, so that he "would be away from trouble" and he would be obliged to go to school. He admits then, that the agency around schooling was also with him and that he would decide not to put an effort into learning or doing homework.

Finally, there was also agency on the side of the schools that would "kick him out" every time he would "do something bad". Contrary to the young adults mentioned above, nowhere in the course of the talk did he describe his experiences of school in positive terms. To him, school was mostly a boring place, with frequently absent teachers, or "an irritating teacher, and a very slow teacher, or a teacher that is always upset", too much theoretical teaching and too little practical work; a place also where he could never succeed: he would not be able to focus, or to understand the questions, he failed his tests and said he only ever really passed till grade 4. However, even when he would be given a more responsible position as a prefect, and he would decide "to try", he would eventually give up focusing and working.

At the time of the first interview, Nezile had dropped out of school. He was working as a waiter, which, as he said, he felt “fine” about as he was “working immediately, in different places, I’m not just sitting around and doing nothing at home”. However, one of the other respondents would later tell me that Nezile had quit the job still the same year. When I spoke to Nezile again one year later, his demeanor had changed<sup>70</sup>. He had decided to move away from his gang history and to follow his dream of combining DJ-ing with poetry. He tried to take on as many performances and jobs outside “the location” as possible. He was considering going to night school to pass his matriculation exams, but had so far not taken any actions about that. He told one of the other respondents he was scared “not to make it again”.

Nezile’s narrative clearly speaks of a cycle of low achievement and undermined self-esteem in a confusing context of high parental expectations but without the necessary motivation. It also reflects the dominant belief in the educational ideology but without the knowledge of how education would be beneficial for his own *personal* life. The following sections further tease out the factors in Nezile’s life that came up in the first interview with him, and that set him apart from those who did maintain their belief in, and focus on schooling.

#### **7.2.2.1. Dreaming of success, but without a long-term plan**

Like the other young people, Nezile too has big dreams that he described in materialistic terms, also pointing at the desired high level professional occupation:

“In 10 years time, I’m gonna have my own plots, like sitting in my building with my name written on it and me sitting in my office, but on the first floor...Like being able to take out R 100 like it’s nothing, I want to be that person, but if I can’t be that person, I... see, I have two careers, right now I’m, on weekends, I’m a DJ and a poet. You see, if I don’t get that, I know that between these two, I’ll make one of them.”

However, when I asked him whether there was a plan to reach that point in his life where he would have his office, he fell silent: “actually, *no, there is no plan*”, and then expressed really high doubts about his future:

---

<sup>70</sup> See also chapter six on Nezile’s change in belief in SLE and feelings of control in his life.

“You can’t know what tomorrow is gonna bring, so I prepare myself for everything ... *I just wish I can make it to 2010* maybe because I know one of these days something is gonna happen...”

These feelings of isolation, alienation, and despair are not uncommon findings in studies on adolescents growing up in environments characterised by violence and in cases of gang affiliation. In a study on “school violence and adolescent mental health in South Africa”, Bility (1999) noted that, indeed, anxiety, conduct problems, depressed moods, emotional and social withdrawal ... are common mental health problems” among youth affiliated with gangs, yet also among young people who are themselves not involved in gang activities, but for whom gang violence is a daily reality. Bility further explains the origin of such feelings:

“Gang membership involves meanings of being and self-concept, which shape and constrain actions. Behaviors and actions are conducted on the basis of meanings assigned by the group. Often, violence is a centerpiece of the actions the groups define as “legitimate”, but are often perceived by the larger community as unacceptable behaviors. ... *The social norms that support the connection of children and adolescents to their communities are eroded and social alienation of young people becomes common*, with serious mental health consequences.” (1999: 286-287; emphasis added)

The result of this alienation in Nezile was that his hope for the future had become much *vaguer* than that of his peers described earlier. He had no concrete plan of how to materialise his dream, and although he did not reject the belief that education could be a path to reach his desired life, he did not fully believe its benefits for his particular life.

### **7.2.2.2. Doubting, but not rejecting the value of education**

Alienation and confusion were very present in Nezile’s story, not in the least in his narrative about education. The young man constructed his perception of the value of schooling in very dubious terms. At first, it seemed as if Nezile attached no value to education, in expressions as:

“There is nothing I want at school, you see? ... Like I said, it, for me, school is not important at all.”

However, when talking a bit more about school and ambitions, it became clear that there was no complete rejection of an educational ideology. Nezile did relate to the fact

that education would perhaps enable him to “become someone”, but seemed unclear about the time frame within which education could help him reach his dreams. He expressed his doubts around education as follows:

*“I feel bad [about dropping out of school] ‘cause somebody on TV, you see ... you see like, you see people on the TV, and I saw this advert yesterday, this guy who has a briefcase and a suit and he was driving. So I’m like, if I finished my standards and everything, would I have been that person immediately or would I have to struggle to be that person? You see? ... so I thought maybe next year I will try again, try to be that person on TV”* (emphasis added)

This illustrates Nezile’s lack of understanding what concrete steps to take to reach his desired success, as well as a wish for an *immediate* way out of the hardships, rather than what he perceived might be a prolonged ‘struggle’.

In another instance, he mentioned how sad he was every time a school expelled him, but “at the same time this person does not like school”, pointing at doubt about his decisions and choices. The fact that he did not reject a belief in education as a means for upward mobility was shown also in the final talks with him, in which he expressed considering going back to night school.

However, these feelings did not translate in any positive actions to work his way back into school. Nezile is not sure whether the investment of his time in education is worth the effort. This insecurity seems part of a larger doubt about his ability to perform well at school (one of the reasons for which he said he had given up school, was the fact that: “*I have failed almost my whole life. Now how can I just pass right now?*”). During the first talk, his doubt was also part of a more existential uncertainty caused by his environment and the choices he had previously made in life. The mixture of realising that perhaps these past choices were the ones that had taken his possibility to a better future, and of no longer knowing how to escape his current life, had led to a perpetual cycle of insecurity that left no room for concrete plans. His orientation in life was a short-term one.

In this context, it is perhaps worth exploring why a young man like Nezile would chose a path of crime in the first place.

### 7.2.2.3. Choosing for crime: Instant power and gratification

Where some choose to endure the long path of education, applying for a job and attempting to work one's way up a possible career ladder, some seek short-term oriented ways of getting out of their impoverished situation. These are young adults who seem to focus mainly on the wish for immediate change, material gain and esteem. They might therefore also lose track of the value of education – or of any other, non-money making activities for that matter - on their path to instant success. They want to live life *today*:

“Some, they think, they would also just want to rob someone, and have some things of their own, nice things, money ...” (field notes on Andile).

The temptation to commit crime as a way out of deprivation, “for the sake of survival” has been documented in research on gang-related activities (Kinnes, 2000:4; Samara, 2005; also Henderson, 1999). Bility (1999) further asserts that it is “apparently, the glamour, money and alternative route to mainstream social achievement and activities offered by gangs (that) make the delinquent subculture very attractive” (ibid: 291; also Pinnock, 1982).

Indeed, for some, choosing crime seems to be about more than just gaining ‘things’ that would allow them to express their desired position in society (also irinnews, 2007). Immediately at the beginning of his life narrative, Nezile described how he was introduced to knives at an early age and wanted to get to know other weapons as soon as possible, how he was introduced to drugs and got addicted, how he continuously chose “to do the wrong thing” like robbing people “and stuff”, and how he eventually wanted to have his own gang. The main aim of his gang was to gain a position of power, “*to be someone*” who was known and feared in the area:

“*The thing is that we wanted to get known... like when we enter in a place where they [another gang] are known, everyone would just fear, they are scared. We wanted it to be like that with my gang. ... We wanted to be the most feared, like.. It's saying we want to rule every gang there is, be the only gang that is feared even if the other gang comes...*” (emphasis added)

Even while, at the time of the first interview, Nezile was trying to leave his gang life behind, and while he was aware of the wrongfulness of crime, he still enjoyed and exerted his position of power among younger friends whom he could introduce to crime:

“... they gonna do it and I’m not gonna stop them. I like it when they do it also. ... Like, let’s say right, mhh.. let’s say you are walking down the street, I come and rob you. My friends are still here: they don’t know about robbing, they don’t know that stuff. I rob you. I’m gonna tell them to do it and force them to do it, seeing at the same time that it is wrong, but I want them to do it.”  
(Nezile)

Nezile’s story resonates with findings on the reasons for which young adults may join a gang: “Adolescents say they join gangs for many reasons: it provides protection, security, recognition, social prestige, friendship, and a sense of belonging and power in a deprived and powerless community” (Bility, 1999: 292).

When explaining his attraction to crime, Nezile also sometimes mentioned another reason, one that places the agency for some of his acts outside himself, and within the cultural belief of witchcraft:

“Mhh... I could see that, I see that it is wrong and then you know that... uhm, as *in African culture, we say that Ok, when you start these things, you are bewitched and all that...*”

The reader will recall also the reference to witchcraft in the previous chapter on SLE. This ‘witchcraft paradigm’, according to Ashforth (2002), exists primarily in places of spiritual, physical and financial insecurity and answers questions in relation to suffering: “Why me? Why now?” In a situation of deprivation and future insecurity, it seems reasonable to assume that both Nezile and his mother posed themselves exactly those questions, and considered witchcraft a possible answer. Interestingly, as described in the previous chapter: the moment Nezile moved away from his gang affiliation, his feeling of control in life seemed to increase and his stance on witchcraft changed.

In part, Nezile’s attraction to gang life may have been influenced by the lack of possibilities in his environment to gain power and self-esteem through alternative routes. His inability to perform well in school, the demoralising language in his home environment, and the lack of chances to combine work with studies due to high unemployment rates may have increased the attractions of gang life. Sadly, however,

his gang affiliation and the realisation of the threats to his life this brings with it, further increased the insecurity and confusion around his life and future possibilities.

#### **7.2.2.4. Peer pressure: exerting, resisting and undergoing, all at once.**

Nezile's story breathes the impact of peer pressure on young people's lives. He told about being introduced to weapons and drugs by one type of friends, "my friends from the street", and losing out on others:

"Because with my friends at school, they saw what I have become and didn't want to be my friends."

In his attempt to get away from some of the negative influences of others, he said he was now choosing his friends among those who are younger than himself:

"Like, I have friends now, seeing that I work now, I have my friends, and I'm the oldest ... 'cause *I told myself that I don't wanna go with the friends that are my age or older than me, you see. 'Cause they are gonna make me do bad things again.*"

Importantly, this element of gang affiliation in Nezile's identity, and of others who choose a path of crime, is, as mentioned earlier, not necessarily combined with a complete rejection of the schooling ideology. There are plenty of instances mentioned by respondents of both this and other projects, and in the press, about young adults who are members of a gang, but who are also in school. There are stories about pupils who seem to belong to a gang 'after school hours': some may defend their school friends against members of their gang when the latter try to attack the school<sup>71</sup>. There is mentioning of 'Mashonisas' operating in schools – young men who lend money and then charge high 'interest rates' back, using violence and gang threats when one of their 'clients' is unable to repay the money, but who at the same time are pupils in a school, focusing on their school work. There are stories about drug dealers who stress the importance of education to their young clients, or of parents dealing drugs to be able to send their children to better school. In other words: there are young people who seem to

---

<sup>71</sup> See chapter eight for more details on this story.

choose to combine short-term strategies that allow them to live ‘a fancy life’ today, with the benefits that education could offer them in future.

The emphasis on the possibility to resort to crime as a short-term strategy comes up mostly in interviews with young men, as the description of “others” by the first group of participants already suggested. That is not to say that young women would not react in more short-term oriented ways; some would, like Nezile express high levels of uncertainty and anxiety and wish for an immediate way out of their currently deprived lives. Some would prioritise peer relationships over school involvement. None, however, would completely reject the positive ideology around education.

### **7.2.3. Wanting to live the fast life: the girls.**

“The girls, they are just not interested in anything, they just want to sit at home, hang out on the streets, get drunk and do drugs, they want to live for the now, just having fun, do not think about the future.” (Lindelwa’s description of those who follow ‘the trend’).

Many of the in-school girls described their peers in terms of this ‘trend’, of hanging out on the streets, or just sitting at home, and some, eventually getting pregnant “because they have nothing else to do”. I was, and remain, skeptical about this definition, as I did not encounter many stories resonating with ‘the trend’. However, the narratives of Noxolo, Thobeka and Nandipha do illustrate how some young women’s decisions and behaviour could easily, but perhaps wrongly, be interpreted as part of ‘the trend’.

#### **Noxolo**

Noxolo was fourteen years old at the time of our first encounter. She had been in grade 9, but had decided to drop out of school three weeks before the interview. She struck me as a very listless young girl that first interview, who portrayed her life and days in Khayelitsha in various degrees of boredom: “there is nothing to do there in Khayelitsha... it feels the same as being dead”. She moved between her mother’s house and that of relatives, depending on how “bored” she was feeling in one place.

As in the case of Nezile, she motivated her decision to drop out of school in the first instance by the fact that she felt she was going to fail anyway. Noxolo had been at a multiracial school and had been taught in both Afrikaans and English, not in her mother tongue Xhosa. She told me she was fine with English, but Afrikaans was a real problem, especially when it came to subjects like Mathematics. She did not understand, and felt that there was no one she could ask for help, because even the extra classes that were meant to help those with problems were taught in Afrikaans. Noxolo said that, as her teacher kept on telling her she would fail, she thought there was no reason to keep going “as you think you will fail anyway”. She asserted that there was no one in school, nor outside of school that she could ask for help.

Apart from the language problem and not understanding mathematics, Noxolo further did not describe her experience of school in very positive terms either. She said she was “bored” at school, there was “nothing” she liked. She looked for external motivators to keep going to school, but in the morning, when she had to get up and start making her way to school, there would be no one around: not her friends, nor her mother who would wake her up, but by the time Noxolo should leave, would already have gone to work. Finally, Noxolo described her former school as “a crazy place” that struggled with a lot of gangsterism and drug dealing.

### **Thobeka**

Thobeka was eighteen at the time of the first interview. She also described her school as “boring”, mainly because, as she said, the teachers are often absent: “like last year, my maths teacher, I would not see him for two weeks. I don’t know where he goes; I don’t know... we would just sit around and do nothing. The teachers, they don’t work well with us.” It was further boring because they don’t “do anything”, and there are no facilities in the school: “we don’t have outings like going to movies or going to the camp”. Thobeka said it is that boredom, the just ‘sitting around’ that often makes her decide in the morning that she will not go to school that day: she often stays home from schools for days after each other or, on days that she does go, will decide at lunch time that she can just as well go home because there is no one to teach.

Regarding homework, Thobeka told me she hardly ever does any, and that too, she blamed on the teachers who never work with the textbooks: “if one teacher comes in and say ok let’s turn to page ‘what what’ and read. When she goes out, we’ll close the book”. She said educators also don’t make the pupils do homework, let alone check whether they have done it the next day. The one time she really took her textbooks to read, was at the end of the year to prepare for exams, knowing that she might be questioned on things she had not been taught.

Nandipha, whose case will be described in more detail below, was twenty at the time of our first talk. She had dropped out of school while in grade ten. The narratives of these young women contain a number of elements that clearly set them aside from those of ‘the dreamers’ described earlier.

#### **7.2.3.1. The definition of ‘success’: escapism**

In much the same way as their peers did, these girls described their idea of success in material terms. However, their aspirations were further characterised by an extreme longing for a life without boredom, outside the townships, outside South Africa even, or at least with a lot of travelling. Noxolo described her dreams as follows:

*“I don’t know... but what I wish for is to get away from South Africa and live in another country, that’s what I would like, just get away. Maybe I can have a better life there.”*

As in many other parts of our first talk, she motivated her wish to get away from South Africa in terms of an escape from extreme boredom, a feeling that would remain in many of the later contacts with her:

*“South Africa is like, it’s like boring, because I know a lot of places and it’s kind of boring ... Boring, that’s all, having not much to do. You feel the same as being dead.”*

Thobeka too, like Noxolo, spoke of boredom, especially at school. Her dream was more concrete than Noxolo’s in her first talk, and seemed more motivated: she dreamt of living and working as an airhostess, and collected and kept information on that job.

Like Noxolo, she phrased the attraction of her dream in terms of discovering other places, seeing the world:

“Like, it travels all around the world, you see, you meet people, you meet celebrities”

After further discussions with, for example, Noxolo, it became more clear that those dreams perhaps conveyed a longing for a place that would give her a sense of self-esteem, the tools to create the life she dreams of, not necessarily outside South Africa, but at least “in town, at your side, if only things could be like that”: she longed for a life that seems feasible mostly for less disadvantaged youth, she had originally applied for formerly “white schools”, would like malls like the ones in town, and wished herself away from a place where everything is the same and boring, where schools are “mad places”.

This strong emphasis on wanting to escape is very different from the attitude towards today’s hardships among the ‘dreamers’: they too described their wish for change and the extent of problems of poverty and violence, but they did not describe their home, community and school environment in the same negative terminology as Noxolo. Whereas they chose to endure their present situation and focus on the belief that their futures will be better, Noxolo, Thobeka, as well as Nezile focus on the wish for an almost immediate change.

Yet, despite their high dreams, the girls showed very little agency in taking initiatives that could get them any closer to achieving their goals.

### **7.2.3.2. Not rejecting, yet not acting upon the value of education**

The girls’ perceived value of education on the one hand, and the negative experiences with and decisions around schooling on the other, contained a number of contradictions. Both told me that they believed “education is important”, the instrumental belief that held that they needed schooling to enable them to reach a better life. Yet despite their belief in education and high dreams, the girls did very little to get them any closer to achieving their goals. At the start of the project, Noxolo had decided to drop out of school. Thobeka was only attending school very irregularly. Noxolo, more than

Thobeka, seemed caught in a sense of hopelessness that strongly resonated symptoms of depression<sup>72</sup>, leaving her no power to think constructively about possible solutions for her situation. Only when she eventually managed to get back into school at the beginning of 2008, and regained some of her self-esteem, was she able to think more concretely about her future.

Thobeka, realising that her current school was not offering her the best preparation for her future life, took no initiative for change. When I asked her what she would have to do to be able to become an airhostess, she almost mechanically replied that “she must go to school ... like attend school well”, and then later “get my diploma [in tourism, marketing or sales management] and pass very well”. However, when I asked Thobeka whether there was ever a possibility to change to another school, she told me it is impossible to change in grade 11. I asked whether it would have been possible to change before that, and she agreed, but added that “I thought I wouldn’t ... I won’t have friends like my friends which I have now, I would ... everything would be new: new friends, new teachers, new everything, so I just thought I must stay”.

This was all in strong contrast to the youth of the first section, who all believed they had the agency and freedom to select the activities, friendships and support structures they needed to ‘make it through’. There are, in other words, clearly noticeable differences in levels of individual agency, efficacy beliefs, and resilience between the different youth. Yet, it is important to bear in mind that such resilience and agency do not take shape in isolation. In Nezile, Thobeka and Noxolo’s stories are clear indications of ‘failing’ support structures, at home, in the neighbourhoods and at school.

### **7.2.3.3. ‘Failing’ support structures**

In the stories of both girls are references to schools failing young adults: references to what was earlier called the ‘poor quality’ of schooling in South Africa, characterized by,

---

<sup>72</sup> Studies on mental health of children in the Cape Flats have generally found high levels of internalising distress and of Post Traumatic Stress Disorder symptoms, probably due to high levels of deprivation and of exposure to violence (Barbarin and Richter, 2001; Cluver and Gardner, 2006; Ensink et al., 1997). It is thus not unthinkable that some of the respondents in the sample who saw their dreams shattered by their circumstances were indeed struggling with certain levels of internalised distress. The interview guide was, however, not designed to diagnose such symptoms, and I can therefore only refer to the indications noted during the interviews.

among others, absent, demotivated or frustrated teachers unable to control unruly students in overcrowded classrooms, and by violent crimes committed on school grounds<sup>73</sup>. The impact of such poor quality on pupils' motivation and learning outcomes has been indicated in studies of quantitative nature (Crouch and Mabogoane, 2001; Van der Berg, 2006).

Indeed, more than once, Noxolo described her school as “a crazy place”. She found no support with her teachers when she did not understand a subject taught in a language that she had not mastered yet. She was faced with a teacher who repeatedly assured her she would fail at the end of the year. Thobeka, for her part, was enrolled at a school where seemingly very little teaching was happening and where no information was provided as to how exactly to proceed to enable her to fulfil her dream of becoming an airhostess.

I did not, unfortunately, visit the schools the respondents were talking about and so had no way of really estimating how much of Noxolo's and Thobeka's narratives around their school experience was based on reality and how much was their perception of the context. Importantly, however, *the perception* of the school environment has indeed also been considered of significant influence on young adults' feelings and decisions around schooling (Roeser and Eccles, 1998: 125). Furthermore, the fear of failure, the importance of ‘perceptions of positive teacher regard’, and the overall perceptions of the schooling environment as factors of influence on young adults' performance in, and decisions around education have been recognised in studies on educational outcomes earlier mentioned. Roeser and Eccles (1998), in their study on “Adolescent's Perceptions of Middle School” and the “Relation to longitudinal changes in academic psychological adjustment”, for example, found that “perceptions of an emphasis on competition and differential treatment by ability in middle school were related to diminished academic values, feelings of self-esteem, and academic achievement, and increases in school truancy, anger and depressive symptoms over time” (ibid: 123-124).

---

<sup>73</sup> See chapter three for more details on the quality of schooling. Problems have been extensively documented in, for example, Bloch, 2008; Bray et al., 2008; Giese et al., 2003; Hall et al., 2005; Phurutse, 2005; The South African Human Rights Commission, 2006.

At one point, while discussing the township schools we had heard about, my field assistant B. remarked that some schools are indeed as the girls had described. She remarked:

“You know, in those schools, if you wanna do well, you are on your own.”  
(Fieldnotes on discussion with B., January 2007)

Indeed, the stories of Thobeka, Noxolo and earlier Nezile conveyed very much a feeling of ‘being on their own’. Both girls also received only very little, or no, concrete support or understanding for their schooling situation at home. Noxolo told me she had not been able to discuss with her mother why she had dropped out of school. In fact, in 2008, when she was back in school, her mother left for the Eastern Cape; the girl was staying at her father’s house and remarked she was now “on her own”<sup>74</sup>. Thobeka said her mother tried to motivate her to go to school every day, but she did not provide concrete guidance and action with, for example, preparing homework or looking for another school. Neither of the girls looked for, nor found, support from other institutions as a local NGO as the youth in the previous section had. Nor did they look for, or find, the same supportive peers.

#### **7.2.3.4. The impact of peer culture**

Stories of peer pressure and name calling were far less present in these girls’ stories than in the first group’s narratives, yet at the same time, they did not identify with what Noxolo called “a fashion” of drugs and gangsterism in their neighbourhoods either. Both girls rather seemed to choose for socialising in degrees that any adolescent would probably be drawn to: they liked to go out, they did not deny drinking, yet claimed not to “overdo it”. Nezile, on the other hand, admitted actively choosing his friends on the basis of his current needs for social status, not, like the ‘dreamers’, on the basis of the support they could provide for his schooling and focus on his future self.

Striking still, was the difference between these stories and the one of Nandipha below, who said she became truant under the pressure of friends, the wish to belong, yet who also mentioned being an “outsider” to the trend: not wearing the right clothes, not going

---

<sup>74</sup> On living arrangements and ‘absent parents’, see chapter three.

to the right clubs. Nandipha did not express the same extreme wishes to get out of the township environment as Noxolo, and to a lesser extent, Thobeka did. Her drop out seemed more related to – apart from the rationalised aspect of school fees – her not realising the consequences of truancy as she prioritised peers over school, and later perhaps also the inability to cope with name calling at school when she became older than the other children in her class and her marks started to go down.

### **Nandipha**

Nandipha dropped out of school in 2005, when she was in grade 10. At first, she told me she dropped out of school because she was no longer able to pay school fees. The school charged R500 per year for fees, and she told me the principal and others at the school were not willing to help her:

“I told them nobody is working and they said no I must try to pay it off ... so I could not go back”.

However, when later talking about her experience at school, Nandipha tells me that “it was nice at first, then I did the wrong things”. She started “bunking” school when she was in grade 9:

“My friends say, no man, let’s not go to school, let’s bunk classes and go to Nyanga Junction [a shopping mall in the area] ... We would go late to school... and we did not go in when they called us to come in for detention... we started smoking...”

When I asked her why she started doing that, she told me:

“I wanted to follow my friends, to be cool and all that stuff ... felt like I was cool and doing something out of the ordinary, just like that, and I had friends I did not have friends at school, I always sat alone, so now I had friends.”

Nandipha would pass grade 9 that year, but then in grade 10:

“I did not go to school, could not do my homework... the other kids started making fun of me and I stayed at home, all that stuff.”

She would eventually, after this whole story, come back to her original statement that she dropped out because of not being able to pay school fees.

When I asked her how she felt about it all now, she said she was feeling “lousy”, also because there was no money at home:

“I feel helpless, I want to help her [her mother] with the money, I have been looking for a job since January”.

Nandipha told me she would take “anything” that she could possibly find, whether it is “a cleaning job, or in a factory”. Apart from that, she was thinking of going back to night school to finish her matric, but also at night school, she would have to pay school fees that she could not afford.

Nandipha’s story illustrates the difficulties for youth to manage the combination of their need to have a more collective identity, to have friends and be ‘cool’, and on the other hand maintain focus on one’s own individual aims. It mirrors findings of studies on adolescence that show the enormous influence of the peer group on youths’ lives, and the importance of being accepted by such a group (Bray et al., 2008; Motepe, 2005). It also illustrates findings of such studies that the transition from childhood to young adulthood is “characterised by exploration and experimentation, *processes that may have lifelong consequences*” (Motepe, 2005: 189, emphasis added), proof of which was also noticeable in Nezile’s story.

Ironically, however, even though some of the elements in Nandipha’s story remind of earlier descriptions of ‘the trend’, she mentioned not feeling like she fits into any such trend. She may have friends, but they are not the friends who spend a lot of money on branded clothes, who live a fancy life style, or who just sit around and use drugs. She mentioned being pointed at sometimes for wearing only the clothes she can afford, for not doing drugs, and so on: “people would say this one is boring”, and “like some of the girls in my street wear tracksuits, brands, and names, so they don’t mix with girls like me who don’t wear brands and that stuff”.

This again illustrates the complexity of life for these young adults: even when sacrificing the investment in her own future for the immediate satisfaction of belonging

to a group, Nandipha stills described herself as an ‘outsider’ to the dominant peer culture. Economic constraints that prevent her from wearing fancy clothes, and her choice not to get involved with drugs, still leave her subject to name-calling.

### **7.3. *Brittle decisions: the consequences of ‘fragility’ in the young people’s stories***

The previous two sections teased out the differences between those young adults who, at one point in their lives, had taken ‘positive’ or ‘negative’ educational decisions. They described the different ‘strategies’ or ‘life paths’ chosen to achieve the aspired ‘future selves’. However, it is important to stress that such strategies do *not* necessarily constitute an end point in the youths’ processes of identity formation. This section illustrates that, despite a positive orientation towards education and an active seeking for ways to put that value into practice, there are often ‘fateful moments’ (Giddens, 1991), or ‘lines of crisis’ throughout these youths’ lives (Henderson, 1999) that can so easily lead them away from their aspirations. It leaves them in a situation where they have to struggle further on their own, without anyone really showing them the way. The absence of support networks and guidance can easily lead to a breakdown in the process of identity formation, and to ‘helplessness’ or what some might diagnose as depression. Young people’s wish to break out of a situation and reach one’s goals is still present, but they no longer know exactly how to do that, what actions to take and how not to lose their hope and sense of agency. Life becomes characterised by a process of trial and error in which it is very easy to make ‘wrong’ choices which, in turn, lead to further alienation – this is young people “steering by the stars” (Ramphela, 2002). This section of the paper will present short case studies to illustrate the disruptions of identity formation and life paths by instances, or continuations of crisis.

#### **Siya**

Siya’s story illustrates what can happen when a young, skilled person loses the necessary (financial) support to keep paying for the cost of his education. At the time of the first interview, he was twenty-two and living in Guguletu with his grandmother, his cousin, the cousin’s mother and daughter. His grandmother’s pension was the family’s main income, supplemented by Siya’s earnings from small jobs and projects. His

siblings lived in the Eastern Cape. Both Siya's parents had passed away, leaving a profound impact on his life and dreams: his mother got sick and died in 1997; his father was shot in Gugulethu in 2003 "over nothing... he died for nothing". His father was the one who had been paying for Siya's civil engineering study at the Cape Technikon, but after his death, there were no funds for Siya to continue his education. He dropped out.

Throughout the entire interview, Siya placed an enormous emphasis on the importance of education in his life, and the disappointment and feeling of depression of now not being able to further his schooling. He emphasised his dreams, his aspired life away from the poverty he now finds himself stuck in, and the stress caused by not being where he "would have wanted to be":

"When I was six I always had this dream of driving a car and living in my own flat and that sort of things. You have noticed that I am now 21 years old, those people of my age are having cars and living in their own space and they are not staying with grandmothers, you know those are the sort of things that stress me."

It is in moments like these that someone like Siya would expect to be able to fall back on broader institutions than just the family: he applied for several funding possibilities, and informed the Cape Technikon of what had happened, but had not found an entrance back into higher education. Frustrated also about not having been able to start at UCT, Siya refers to the absence of guidance and clarity regarding the educational process after having passed matric, but without the marks required by the UCT engineering faculty.

"... I went to UCT and they told me to do a bridging programme for one year before, and I said, one year, it was going to be a waste of time. What I am told now (is that) you also happen to do something for one year, but still finish on time. *No one ever tells you about these things.*"

This emphasises the lack of concrete information and knowledge among youth and their support networks on how exactly to fulfil their aspirations.

Despite the hardships and disappointments, however, Siya described himself as a "go getter", an outgoing person who places a high value in development of the community and who is involved in a number of development projects: "I care, and I would like to

make a difference in whatever way”. He also did not give up on his dreams, and was in constant search for gaining further skills – he was working and then funding short-term courses for himself – and wanted to start his own “home improvement company”.

In the beginning of 2008, Siya had managed to secure a part-time position at the Cape Technikon as well as additional funding and was back at school. He said he was struggling to catch up with schoolwork after his very long absence. He struggled also with his home situation: his grandmother had fallen ill and had moved back to the Eastern Cape. Siya was left feeling he now no longer had a real home and claimed that the remainder of the family he now lived with did not give him support for his education. He was very worried he would not make it through the exams at the end of the year because of all the worries he had.

A similar despair and stress, is found in the narrative of Khuthala, a highly motivated young girl who was determined to further her schooling, but fell pregnant at the age of 17 and saw no possibilities to make her way back into education, as the little financial support she received at home had to be used to take care of the baby.

### **Khutala**

Khuthala was eighteen at the time of the first interview, a young mother of a one-year-old baby boy. She lived in Gugulethu, together with her mother, father, baby, and her brother. As a child, she lived in Khayelitsha, but growing up in with a father who drank and abused her mother, left no money for school fees, uniforms or sometimes even food, she was fetched by her grandfather to go and live in the Eastern Cape, away from the abuse. When her grandparents died, she moved back to Cape Town. Khuthala still describes the current situation at home in negative terms, wishing she “would have a different father, or maybe I had no father”. The relationship with her mother is fine, she says that they can talk and that her mother supported her when she realised she was pregnant.

She described herself as a kind, observant person, curious and “hungry for knowledge”, and who loved to go to school. Throughout the interview, she extensively described the importance she attached to education. As in the cases of Siya and Alutha, Khuthala’s

constructed value of education contained a number of altruistic elements; she stated “I want to go to school... I believe that... I don’t know how, but I believe that once I go to school, someone will benefit from me. I will be able to help someone... I don’t know who, I don’t know how and I don’t know where...” The altruism in Khuthala’s reasoning is one that extends beyond the wish to give back to those close to her. It perhaps reaches to her entire generation, as she clarifies that to her success is also about “making history for South Africa”, showing the rest of the world and the older generations in South Africa that even someone out of what she says they call “the cursed generation” can make it.

Khuthala’s statement illustrates a process of constructing an identity in oppositional terms, *not* against the normative belief in the benefits of education, but against the popularly held belief of “a lost generation”. Hers is a very different identity-building process than the one displayed by, for example, Willis’ Lads; it is one that emphasises the wish to *transform*, as found among the ‘dreamers’, and in the work of, for example, Gayles (2005).

However, despite Khuthala’s positive attitude towards education, her unplanned pregnancy made her drop out in 2005, when she was in grade 11. The story around Khuthala’s pregnancy again echoes examples of how institutions that are expected to provide guidance and help, fail today’s youth: her family and home are not a place where she can find safety and stability, the medical services in her area do not provide her with the information and products they are supposed to point her at. Khuthala had known about contraceptives, but when she went to the clinic to ask for the pill, the nurses told her they only gave injections:

“... in our clinics, the nurses are not so nice. You go and tell them ‘no, I don’t want to use an injection, I want to use pills, and they tell you ‘blah blah we’re going to give you injections if you don’t want to, you can just go to hell.’”

The unsupportive attitude of those who can provide contraceptives and information about them to teenagers has also been documented in other research: they have been found to be “notoriously unsupportive of teens, scolding them for sexual activity and refusing to provide them with contraceptives” (Kaufman et al., 2000: 8). Khuthala was left to herself to make a decision about the method of contraception within a

relationship she considered stable and mature enough not to opt for condom use anymore. She had unprotected sex with her boyfriend of over a year and fell pregnant.

During our talk, Khuthala would repeatedly refer to the fact that she felt she had “lost herself” after the birth of her baby: she could no longer go to school, she had no time to read, or even to think, she had “regrets” and felt “stupid” about having fallen pregnant. These types of feelings were also noted in more specific research on adolescent childbearing, where girls were found to “feel confused about their condition and the options open to them” (Kaufman et al., 2000: 7).

Yet, as noticed with other young mothers, Khuthala maintained a very strong belief in the value of education for her further life (ibid: 27-30). At the time of this first talk, she was committed not to give up her dreams and tried to convince both herself and me that she would still be able to fulfil her goals:

“My future... well, I still have time. It’s not too late, *I can still go to school, I can still pursue my dreams, my goals and I can still get to where I want to be ...* I’m not just gonna give up just because I have a baby, no, I’m not. I’m still going to go to school... I’m still going to where I want to be...”

This was not a vague idea or belief, she was considering in very concrete terms finding a part-time job, taking the baby to crèche and starting her education part-time again in 2007. However, when I spoke to her at the beginning of 2007, she told me “something had happened at home” and she had had to take on a full-time job as a sales person in a clothing shop. She asked me to let her know of any possibilities to combine full-time work with still completing and passing her matric year. I forwarded her information about a school in a neighbouring township that offered morning classes at a time that would still allow for people to go to work afterwards. I contacted Khuthala again a few weeks later, only to hear a lot of doubt in her voice about whether or not she was going to be able to start at the school: most day classes were full, and night classes happened at a time when lack of reliable transport would make it too dangerous for her attend and make her way back home much later. Khuthala also expressed being uncertain of whether or not she would actually be able to combine all the tasks. Her belief in self-efficacy had clearly taken a serious knock. She seemed too scared to even try to find a solution, in case things would not work out anyway. She had taken no further actions to gain information about other schools or possibilities. At the beginning of 2008, I was

told things were not so good with her, she was still not in school and friends said they could seldom get hold of her.

Both Siya's and Khuthala's story mirror Ramphele's observation of the fact that "key factors as the family, school and community repeatedly fail" young people today (Ramphele, 2002: 31). In the absence of clarity and support to help them complete their education to levels they feel necessary not only for their future well being, but also to uphold their self-esteem, pride and identity, both Siya and Khuthala expressed different levels of anxiety, of feeling "adrift" and being depressed. They did not lose track of the importance of schooling, but both resorted to survival strategies that would allow them to at least earn some money and perhaps in the long run allow them to pick up their education again. It is not hard to imagine how many other young people in situations as these would lose focus and resort to other, even more short-term oriented activities. Henderson emphasises:

"A social situation characterised by fragile social relationships demands of children that they be dexterous, resourceful, adaptable, that they take responsibility. Such dexterity can however lead to a lack of focus, a mercurial adaptation to circumstance and a lack of future orientation" (1999: 32)

#### **7.4. Conclusion: the rationale behind educational decision-making?**

This chapter provided the results of interviews with young adults around their EDM. Differing from Willis' (1977) and MacLeod's (1987) observations, I did at no point observe a rejection of the dominant positive ideology around education or a conscious choice to 'turn against' education. Rather, I observed a very thin line between maintaining one's choice to believe in education and act upon that belief on the one hand, and losing oneself in the doubt and the 'rudderlessness' created by a 'fragile' living context, in which sometimes little support or guidance can be found, and where few examples are immediately present to prove the promised benefits of education, on the other. In his work on African youth in Great Britain, Willis (1990) states:

"But young black people can never look wholly to the prior generation for clues about how to develop their own identities. The experience of the two generations differ, and some cultural commonalities with white youth must arise

from their shared conditions of life – common experiences in the same streets and schools mediated by many of the same cultural media.” (Willis, 1990, in Dolby, 2001: 8)

It is clear that many of the young adults struggle with finding the balance between what the older generation expects of them, expectations that also reflect in their own dreams and aspirations, but for which no context of concrete guidance or clear examples exist. These young people do not grow up in the same streets as the ones walked by White South Africans, but in the problem abundant streets of the Cape townships, they are often enrolled in still under-resourced schools, and are left to a process of trial and error to investigate what path will lead them to the fulfilment of their dreams.

In relation to this, Henderson (1999) pointed at the absence of an endpoint in the young adults’ lives and attempts for resolution. This chapter described two main strategies chosen by young adults in their search for their aspired ‘future selves’. It is, however, exactly because of the ‘endlessness’ in youth’s lives that these strategies cannot be regarded as static or unambivalent. Indeed, these strategies are strongly mediated by the youths’ social worlds, or by what Henderson (1999) termed ‘fragility’. I perceive such fragility as the compound of inconsistent or ‘failing’ social relationships, economic pressures and inequalities, crime and violence, the temptations and influences of, and frustrations caused by a globalised, materialistically oriented society that offers young people today a myriad of choices, yet in the absence of strong guidance and evidence on the outcomes of such choices.

In that context, some present very strong personalities that make very conscious choices about education, sometimes placing them almost outside of the communities they live in. These are young people who strive to maintain their resilience and who consciously choose to try to maintain their focus on their desired, future success while enduring the hardships of their lives today. They find pride in creating a long-term oriented plan to fulfil their dreams, rather than opting for quick routes to material gain and respect. Choosing in favour of education is an intrinsic part of this strategy, as are the decisions to maintain mainly, or in some cases only, supportive friendships, and seeking support in traditional institutions as their homes and families, the church, or school itself.

Others, however, had at one point in their lives chosen more short-term strategies that would allow them to distinguish themselves from their impoverished environment

*today*. Although they too dream of success in terms of some high position in the corporate or media world, there is no matching plan to reach these ambitions; dreams are not acted upon through long-term strategies. These are young people who seem to want to live ‘a fast life’. Many thereby seem to lose track of the value of education, although never explicitly rejecting a schooling ideology; some might thereby turn to crime, others to drinking and drugs to take away the stresses of being pulled between poverty and the wish to ‘live a fancy life’. Still others seem to combine both the short-term strategy and the long-term investment of their time in schooling.

Over time, however, many mixed and ‘in-between’ versions can be noted. Some of the young people share the wish to a ‘better life’, but no longer know exactly how to reach that aim. Their loss in efficacy beliefs may lead them to almost literally ‘getting stuck’ in inertia and hopelessness. Many also express doubts when choosing one way or another.

The next chapter presents findings on EDM of young adults ‘affected’ by HIV and AIDS. The AIDS-pandemic makes up one element in the context of fragility described earlier.

## Chapter eight – Educational decision-making in an era of AIDS, narratives of affected youth

“I believe every tear I cried gave me inner strength. Though I wanted to give up, every time I think about her, I want to make her proud of me. In a way her death made me stronger, and it has made me want to help others.” (Nobuzwe)

“I want my mother to see that I’m in grade 12 this year, I’m matriculating this year.” (Thando)

In Chapter seven I argued that EDM is framed by a broader process of identity formation: In a context of general adversity, young African men and women hold onto their aspired ‘possible selves’, aspirations for long and successful lives, as well as the belief in the possibility to make the ‘correct’ choices in life, as a way of keeping disorder and uncertainty at bay. Maintaining a focus on education is an integral part of a long-term oriented ‘strategy’ to fulfil the aspirations. Some may try more short-term oriented paths, in the hope to reach the same aspired types of success. Many, however, lose sight of exactly what path to choose when the reality of their fragile worlds catches up with them. In this penultimate chapter, I explore the narratives of ten AIDS-affected youth to see whether their educational decisions are similar or different to those of their non-affected peers examined in chapter seven.

The first section summarises evidence on the striking similarities between the narratives of these youth and those presented in the previous chapter<sup>75</sup>. Some elements present further insight into key themes presented in chapter seven, some are a corroboration of the earlier findings.

In the second section, I pay more attention to how the AIDS-pandemic adds a layer to the already existing “fragility” of young people’s lives and worlds. Narratives point at heightened levels of psychological problems including stress, insecurity and depression (as identified in psychological research, see for example Cluver and Gardner, 2007a; 2007b; Cluver, 2007; Forehand et al., 2002; Forsyth et al., 1996). However, no evidence was found that affected young people would more readily make negative decisions about education, or would orient their values, attitudes, and behaviour

---

<sup>75</sup> An extensive overview of the similarities between these youths’ words and their non-affected peers can be found in De Lannoy, 2007b.

towards the short-term rather than the long-term. AIDS-affected participants shape their identities in very similar ways to their non-affected peers.

The narratives presented in this chapter were thus collected from youth who are considered affected by the pandemic – either because of their own HIV-positive status, because they are living with an HIV-positive caregiver or because they lost one or both of their caregivers to the disease. The analysis of the narratives was mainly a continuation of the one conducted on the non-affected youth's stories<sup>76</sup>.

Finally, it is important to note that in this group of affected youth, none had decided to drop out of school *for reasons related to the pandemic*. Eight of the young adults were enrolled in an educational institution at the time of the first interview, one young woman had dropped out of school when she fell pregnant, and one was trying to improve her matric results<sup>77</sup>. I am aware of the fact that this purposive sample of affected youth may be biased, due to the sampling through support groups as Wola Nani, or because of the snowballing technique. The fact that none of the youth had left school as a consequence of the pandemic, however, may again indicate that it is not AIDS – or at least not the pandemic on its own - but other factors that feed into youth's educational decision-making.

### **8.1. Affected young adults' positive choices about education – a strategy oriented towards future success.**

Like their non-affected peers, the AIDS-affected respondents in this study constructed positive 'future selves'. Again, their ambitions for the future were for upward mobility, material wealth, greater stability and independence, and better – i.e. non menial - jobs than those found among their parents' generation. Future success further often implied the possibility to, at one point, take care of one's siblings, of others in the family, and even of others in the broader community.

---

<sup>76</sup> For more details on the analysis of qualitative data, see chapter two on methodology.

<sup>77</sup> Appendix 22 provides more details on the affected participants' situation.

“She hopes she will have her own house, living on her own, and working for herself.” (B. in translation for Nosipho)

In their orientation towards the future, these young adults defined themselves in opposition to what they said was a dominant peer culture aimed at “living a fast life”, with access to “easy money” and a “quick road to esteem” by, for example, gangsterism.

In their own, more long-term oriented path to “success”, education was seen as highly instrumental. Although schooling may not provide them with an immediate way out of their current lives in adversity, its importance is in the future of a better life:

“I think school is important because as you can see nowadays, in order for you to get a good job, you need to get well educated.” (Lutho)

Education, moreover, kept one “away from trouble”, away from the activities of gangs<sup>78</sup> and from those who just “drink and smoke”.

As in the sample of non-affected youth, the positive belief that education is the route to success was sometimes constructed on the basis of concrete positive examples in the youngsters’ environment. In the case of Lutho, “like my cousin brother, he is doctor now.” But most others did not refer to role models in the immediate vicinity, and instead based themselves on positive examples in the broader society (“the president”), or on what they have heard others say.

Both this positive value of education *and* the absence of tangible positive examples to base that value upon resonated very clearly in the narratives of HIV-positive caregivers. Their value was often based on the concrete *negative* experience of a lack of education hindering upward mobility. Many of the non-affected youth too, based their instrumental belief in schooling on the examples of the lives of undereducated adults.

---

<sup>78</sup> It is important to note that these references were only made by the boys in the sample. This illustrates the pressures of gang related activities on young men in the townships and resonates with the gendered risks to life as mentioned in the earlier chapter on SLE. It is also consistent with findings of the Institute for Security Study’s (ISS) work on gang activity in Cape Town. The ISS found that “boys were reportedly more at risk of involvement in gangs” (Ward, 2007: 59). Girls in that study did mention the existence of ‘girl gangs’. These were, however, mostly related to already existing boys’ gangs (ibid).

When dealing with decisions concerning education, the affected youth – like their non-affected peers - referred to very determined and strong ways of putting their positive value of education into practice. Aspired ‘future selves’ and the beliefs that one will be able to change one’s life for the better if only one remains focused on the dreams and the route to get there were the main motivators for choices and behaviour:

“It’s very hard sometimes because there are a lot of things that are happening. The things that other youngsters do; robbing, sometimes you wanna do robbing but you think... *you don’t want to die; you want to reach your goals.*” (Thando)

These youth looked for ways to accommodate their need to belong to a wider group, alongside the individual need to remain focused on their future selves in very similar ways as their non-affected peers did. Some made conscious choices to stay away from certain friends, as they were perceived as those who might try to corrupt them:

“I talk to them, but they don’t listen to me. Some of them, I don’t walk with them, walk with them anymore because they gonna corrupt me to.” (Thando)

Others - even the most convinced believers in their longer-term orientation - would negotiate very thin lines between friendships, protection and personal choice: Lutho recounts how one day a young man in his school protected the learners from an attack by a gang in which he himself was a member (although only outside school time):

“I think it was June, the other group of gangsters called Izinyoka [came] to the school, there was a fight and one gangster at the school he protected us and tried to stop them. They started shooting at the office and he stopped them”.

He clarified how the student had stopped the others by saying “No, I am a learner here at school and I want to protect the school. If you want to kill me, you can kill me, I don’t care”.

The story illustrates how identities are multiple and related to place and space (see, for example, Rosenberg and Gara, 1985): this young man juggles his identities of being a gangster outside of school, and of belonging to a group of non-gang related pupils during school hours. It is a strong example also of the fact that gang-affiliation in the Cape Flats does not necessarily equal the adherence to an anti-school culture, contrary to what may perhaps be expected. Furthermore, it shows that those who are considered

gangsters can also be considered friends by their peers. This might especially be the case when they are outside their context of gangsterism, or when their status of gangster can be beneficial: Lutho says he considers this young man his friend, and clarifies that “... maybe there is someone who wants to do something bad to me... then I just tell him”. Nobuzwe also said at one point she felt that knowing some well-known gangsters provided protection so that when she walked somewhere, she knew other gang members would not hurt her.

Yet when walking these thin lines of friendship, youngsters display a very strong belief in self-control, being very careful not to get too involved with peers who might demand, at one point, that they return a favour:

“I don’t feel comfortable, because I don’t trust, he would kill, maybe he is doing that because there is something he wants from me”, Lutho says and he clarifies that he would spend only short periods of time with this friend: “I will leave on time, I won’t stay the whole evening... maybe about thirty minutes later I go.”

Some, however, negotiate these friendships, not only out of a protective consideration. Lungile, for example, considers those who commit serious crimes, as his friends. He claims not to take part in their actions, but also takes care not to distance himself from them openly – his quiet acceptance of their acts of violence, and their acceptance of his non-involvement offers him the chance to feel he belongs to a group of youngsters he identifies with:

“I.. most of my friends are hijacking you see... and I’m still with them, but I don’t do hijacking. I can’t... I can’t just discriminate them or... I just leave them, I let them do what they do you see, because if I stop them, like I say ‘guys, what you’re doing is wrong’, that... it’s like I’m a better person to them. It’s like I’m making myself a better person to them. So I just let them.”

Lungile’s positioning towards his friends testifies of the pressure on young adults not to stand out so as not to evoke feelings of jealousy and envy within the broader community, as mentioned in the previous chapter, and noted in other work by, for example, Ramphele (2002) and Bray et al. (2008). Distinguishing himself from those with whom he would otherwise identify himself based on their crime-related activities would perhaps lead to Lungile paying a too high a price of social exclusion.

Indeed, many described how, by choosing to pursue their dreams, they placed themselves, to some extent, almost automatically outside certain groups in the communities they lived in. They regularly mentioned having to face misjudgement and the scorn of ‘the others’ that chose not to go to school, or at least not to put too much effort into it:

“ And if you’re doing something good for yourself and *then there will be people judging you*, saying that ok, you think you’re better than us, and ok.. I personally have to face that, because I’m not the kind of person who hangs around in corners and gossiping and .. some girls doing drugs. *And then if you .. you are this person who wakes up in the morning, go to school, do your homework, do your chores at home that you have to do. And then you are like this person who thinks that she is better than the other.*” (Nobuzwe – emphasis added).

On the other hand, in negotiating ways to reach their individual goals, many of the young people actively looked for means to provide them with a sense of belonging and of being supported in their choices. For children who have lost a primary caregiver, or who had to migrate, it might be more difficult to find such support. Most of the respondents, however, describe having a good relationship with a relative, a teacher, supportive friends, someone at their church, and so on.

Lutho’s story illustrates the importance of friends, church and faith for his ability to maintain focus. He described how he and his friends support each other by talking about school and homework, and how they spend hours together in the library or church:

“We are doing lots of things together like going to the library and going to the church together. And we just sit and talk together, we don’t do those bad things or get involved in crime. We support each other and if one of us is having a problem, we help each other.”

He further describes how he spends a lot of his time going to church, and how his faith enables him to believe that he will stay out of trouble:

“I just want to stay in church with other people and learn how to communicate with other people, and as well I ask God to protect me. *He must always protect me, because there are many crimes in Khayelitsha, so I am not involved in those crimes.*”

The support he finds at his church, and his religion, help support his belief in self-efficacy (Bandura, 1995), his inner conviction that he can walk his own path within his complex living environment. About the instances when others try to convince him, he says:

“I spend most of my time at *church*, so when they try to talk to me about those things, *I just ignore them.*”

Ziyanda, who lost her mother to AIDS, describes how she found a new support structure among people in her church, her elder cousin, and so on. She builds her motivation to keep doing well in school on the fact that she does not want to disappoint those who have shown her their love, support and confidence:

“I don’t want to disappoint my family, my sister and my aunt... and my teacher.”

Research into the psychosocial functioning and resilience of youth affected by the pandemic – irrespective of whether they are affected because of their own HIV-positive status, because their primary caregiver is HIV-positive, or because they have lost a caregiver to the disease – has consistently indicated that ongoing supportive and caring relationships, familiar institutions and other networks function as “safety nets” (Battles and Wiener, 2002; Family Health Research Group, 1998; Hough et al., 2003; Rotheram-Borus et al., 2001; 2005; 2006; Steele et. al., 2007) and that such support is often imperative for young people to be able to sustain their dreams (Gibson and Nadasen, 2006).

It is important to note, in this context of support, there is also the fact that all participants of the study were living within their (extended) family network. They were either still living with their HIV-positive caregivers, or had moved in with members of the family after they had lost their primary caregiver. This, again, runs counter to the previously mentioned pessimistic hypotheses that hold that the majority of orphaned youth would grow up lacking “guidance, care and support” (Grimwood, in Schönteich, 2001). Recent studies into living circumstances of children or youth orphaned by AIDS have indeed indicated that the majority of orphaned youth finds a place within the extended family network (see, for example, Ardington, 2007).

US-based research has indicated the importance for affected adolescents' psychological well-being, of having "positive social support" (for example, having someone who can help when in trouble and provide support in crucial moments, having protective friendships, and so on), and to decrease "negative social support" (i.e., adolescents' *perception* of negative behaviour as criminal activities among social support providers as their peers or relatives) (Lee et al., 2007a; 2007b). What the narratives of these 'affected' youth illustrate is that young adults *themselves* often look for additional positive support to counter the possible influences of negative social support: many of them had found support within their (new) homes, and/or would look for (additional) guidance from significant others.

## **8.2. 'Fragility' in educational decision-making**

In the analyses of young adults' narratives around EDM – whether they were affected youth or not - I identified and described two main strategies of identity formation within which education may or may not have a place. It is, however, important to keep in mind that these strategies are often not as clear cut as a description of above nature may lead one to suspect. Strategies, as identities themselves, are fluid and, over the course of the fieldwork project, often underwent a number of (re)negotiations under the influence of changes in the young adults' fragile contexts.

Earlier, I referred to Henderson's notion of fragility (1999), and re-defined it as "the compound of shifting or problematic social relationships, economic pressures and inequalities, crime and violence and the temptations of, and frustrations caused by a globalised, materialistically oriented society that offers young people today a myriad of choices, yet in the absence of clear guidance and evidence on the outcomes of such choices". As such, the argument links up with Giddens' (1991) understanding of identity formation in a postmodern society. The South African society does, however, in some ways still provide guidance to its (African) youth by means of culture, religion and traditional caregiving structures. However, the pervasive discourse of individual freedom and opportunity in the new South Africa seems to have created the perception of an endless set of choices, which is almost perversely placed alongside socio-economic hardships that may prevent youth from following their desired life paths. In

such a context, HIV/AIDS and the loss of primary caregivers becomes an extra layer of ‘fragility’ that inevitably raises the levels of confusion among youth.

In the following section, I mostly want to concentrate on the impact of HIV and AIDS on young adults’ lives, but also – to illustrate again the parallels with youth who were not closely affected by the pandemic - on the consequences of instability in social relations and networks, and the absence of guidance.

### **8.2.1. The impact of HIV and AIDS on young adults’ lives**

This chapter’s main concern was with the way in which affected young adults made decisions around education: how they constructed a value of education, how they did or did not act upon that value and the possible differences therein compared to the non-affected sample. Hence, the emphasis during the interviews was not on getting a full life history in light of the AIDS pandemic; the impact of the disease was discussed when the participants brought it up themselves, when discussing broader issues young people in their communities had to face or by means of a more general, introductory question on the pandemic. Probes were usually “Does the pandemic have a certain influence on your life?”, “Has it changed anything in the way you are living your life”, or questions on how the respondents felt about the death of one or both of their parents, and so on. Therefore, the results of these interviews are not of the nature presented in specific studies on, for example, orphaned and vulnerable children; there were also no specific questions trying to identify specific psychological problems among the participants. However, the young adults’ narratives do reflect heightened levels of stress, insecurity, stigmatisation, internalisation of problems and looking for renewed networks of support. It is in that sense that the pandemic adds an additional layer of fragility to these young people’s lives. Hence, I feel it is necessary to provide brief sketches of how these young adults mentioned the ways in which the disease has had an impact on them, and the strategies they displayed in trying to cope with their loss, or their status. For the sake of overview, I have treated the consequences in different subsections below; it should, however, be kept in mind that these experiences cannot be seen in an isolated way, but are all interrelated to one another.

### 8.2.1.1. Shock, insecurity, and the search for new support networks

In all of the young people's stories around the impact of HIV and AIDS on their lives, is the (sometimes implicit) reference to a period of shock, distress and insecurity – reflected also in the findings of studies that looked at the psychological impact of living with an HIV-positive parent or of losing a caregiver to the disease.

At the time of the first interview, Nobuzwe was nineteen. She was living in Nyanga with her aunt and cousins. She had lived in the Eastern Cape until she was eleven and then moved to Cape Town to come to school here, and because she wanted to be with her cousins. She disclosed being affected by AIDS in a journal she kept for the project, on how she sees the pandemic affecting young people in the community. She wrote about how she had heard from others that her mother, who was still living in the Eastern Cape, was infected by the HI-virus, and how she had wanted her mother to tell her herself. The time in between finding out and leaving for the Eastern Cape was marked by the fear that her mother would soon die. When she could eventually go and visit her mother, Nobuzwe was extremely scared; she wrote about how uprooting the experience of going home only to see her mother die has been:

“When I reached the gate of my grandmother's house, I shivered, my knees trembled and my eyes filled with tears. When I opened the door, *I had already lost myself in imagination.*” [...] “I could not accept that it was my mother that was so sick. *I battled with suicidal thoughts but I realised that it was not worth it.*” (emphasis added)

Nobuzwe's words reflect findings of American studies into psychosocial functioning of children of HIV-positive mothers and of both international and national research on orphaned youth's well being. Such studies have consistently indicated the increased risks for depression and suicidal thoughts (Cluver and Gardner, 2006; Family Health Research Group, 1998; Hough et al., 2003; Rotheram-Borus, et al. 2001; 2006). However, longitudinal studies have also found that levels of depression decreased to those found among non-bereaved youth as of one year after the caregiver's death and that the accessibility of support networks, in particular, was beneficial for such decrease (Rotheram-Borus et al., 2005).

Later, when talking about how she had dealt with the shock of losing her mother, Nobuzwe indeed told me she had received help and support among the people of the NGO she volunteered with, as well as from teachers and her aunt. Nobuzwe's strategy of dealing with the impact of the disease on her emotional well-being reflects high levels of individual resilience. It was one of actively seeking out a support network that could help her work through the emotions her mother's death had brought: she decided to talk to people at the NGO who in turn put her in contact with a counsellor. She further decided to concentrate on school projects, on rewriting her matriculation exams, and on maintaining close contact with teachers who would motivate her to keep focused on her future. She chose not to tell her friends though, as she believed they would "judge her" and gossip. This strategy of disclosure of her affectedness by the pandemic mirrors findings of stigma and disclosure literature that points at HIV-positive people's decisions to disclose to those whom they perceive as able to help and to not disclose to those whom they perceive as potentially stigmatising (Almeleh, 2006). By disclosing to people at the NGO, Nobuzwe ensured help that could enable her to maintain a "normal" life, and the possibility for guidance on the educational level. Apart from that, she had a support structure in place in her home in Nyanga.

Throughout the entire project, Nobuzwe maintained a very high value of education. She enrolled for her first year of university education in 2007 and took on a part-time job that would allow her to pay for school expenses. However, as in the case of youth in the Henderson's study (1999), Nobuzwe's high level of individual resilience, and the fact that she originally had a number of support structures in place, did not constitute an 'end point' in her attempts to resolve the problems she encountered. She sank into a serious depression when her brother dropped out of school and she believed she would have to give up her own schooling in order to provide for her younger siblings. I will return to her case in a later part of this chapter, when discussing the consequences of fluid social structures in more detail.

Nobuzwe's conscious search for people who could offer extra support and care is a strategy that was also found in Ziyanda's narrative. Ziyanda shares a little, very rundown house in Gugulethu with her cousin, Thami - both orphaned following the AIDS-related death of their mothers - their aunt, older cousin, Thami's younger sister and Ziyanda's older brother. At the time of the first interview, both cousins were fourteen years old. The home based care organisation Nokuthembeka had informed me

about this family: one of the caregivers had told me that both children had lost their mothers and that the household was really poor. Asked how their mothers' death had changed their lives, only Ziyanda replied. She referred to how the loss of her mother had altered her view on others' living situation: she used to make fun of people whom she considered poorer than herself; now, she considers such statements "wrong", and will apologise should she make them again.

"I was like joking with people who are poor and then now I see that it was wrong to joke, like... like when I... now if I say something wrong, I can say sorry that I'm saying that."

She also mentioned how she used to stay out late playing with her friends; however, after her mother passed away, she had decided to just stay at home "watching TV", wanting to spend time with her older cousin whom she described as a very important person in her life, offering her love, and material and emotional support. Ziyanda was also very attached to some people in her church of whom she said they all love her "so much". Staying home and going to church also has the additional function of spending less time with her friends who are "drinking and smoking". Ziyanda was enrolled in school, held a high value of education, and believed people should study to a university level; for herself, she hoped to become a social worker, so that she could "help them [people] a lot"<sup>79</sup>.

Nobuzwe's and Ziyanda's narratives reflect self-controlling behaviour that was also described by non-affected young adults, but resonate also the conscious looking for ways to (re)establish a protective network of positive support after the death of a primary caregiver (Lee et al., 2007a; 2007b). These are contradictory reactions to the ones predicted by the pessimistic hypotheses around HIV and AIDS. Some of the narratives above are rather about young people progressing from "deviance" to "conformity". This may relate to findings of earlier mentioned psychological studies that saw youths' "contact with the criminal system" *decrease* after the death of the youths' mothers (Rotheram-Borus et al., 2001; 2005). It is not entirely clear what the explanation for this is. Some of the young adults themselves indicated that it was their wish to make those who passed away still proud of them: their loss had become an

---

<sup>79</sup> It was difficult to maintain contact with the cousins over the course of the fieldwork, with no direct way of contacting them (the household did not have a phone) and not always finding them home on house visits; however, Nokuthembeka tells me they are both still in school and nothing has changed in the household's economic situation.

extra motivating factor in their attempts to reach positive “future selves”. Thando lists his deceased grandfather among those he considers most important:

“I want him to see how much I have grown, how much I’ve learned in life, how much good I’ve done.”

and his deceased mother:

“I want my mother to see that I’m in grade 12 this year, I’m matriculating this year.”

Equally, Nobuzwe describes how she feels her mother’s death has made her want to perform better than before:

“I believe every tear I cried gave me inner strength. Though I wanted to give up, every time I think about her, I want to make her proud of me. In a way her death made me stronger, and it has made me want to help others.”

Narratives in which loss takes on a motivating role, may also relate to the fact that affected, especially orphaned children or young adults, feel the need to try and continue their lives as ‘normally’ as possible, or at least to try and appear ‘normal’ (Pivnick and Villegas, 2000). Continuing to go to school is one factor of ‘normality’ in the youngsters’ lives (Children’s Institute, 2001; Richter, 2006).

It can further also be assumed that the support received from new family surroundings or important others plays a very important role in ‘restoring’ young adults’ beliefs in the possibility of a better future, rendering conformity more attractive than deviant behaviour.

#### **8.2.1.2. The recognition of increased responsibilities**

Thando was nineteen years old at the time of our first interview. He was living in Nyanga but was born and spent his childhood in the Eastern Cape with his grandparents. In a joint decision with his mother, he moved to Cape Town at the age of twelve “to get a better education”, and came to live with his mother, half brother, aunt and his aunt’s children. At the age of thirteen, a year after he moved to Cape Town, Thando lost his

mother and both his grandparents. He describes how stressed and lost he felt after this loss, and especially his mother's death – feelings that strongly resonate the psychological impact of HIV and AIDS on affected and orphaned youth, mentioned earlier:

“Sometimes you lose loved ones, you feel left alone; you don't feel good anymore; ... Because I have no mother and all my friends have mothers. ... My mama was always on my side you know, always had good impressions on me.”

Thando's feeling of “being left alone” is one noted also in studies on the migration of children (Van Blerk and Ansell, 2005), and after the death of one of the primary caregivers or parents (Foster, 2002; Lee et al., 2007a; 2007b; Pivnick and Villegas, 2000). Thando's feeling of loss may have been stronger because he had just moved from the Eastern Cape to Cape Town after his grandparents' deaths.

He visibly trembled when he spoke about his mother, and talked about how losing her has made his life so much more uncertain, how it has raised the responsibilities for him to levels that are clearly too high for him to carry alone. Although living with his aunt, who is recognised as his caregiver by the home based care organisation, the impoverished situation in the house leads Thando to the realisation that he now not only has to look after himself – “buying yourself clothes and food” – but that he might also have to take on the care of the others in the house. The household lives on the little income that the aunt makes from renting out a back room to a befriended family, and he said:

“Sometimes when I look at this home, I think of how many years it will take me to build this home? I think stuff like that, will I finish this home? Will I build this home? Will I be responsible for my brother and my cousin? After that... myself.”

His questions mirror the findings of other studies, indicating that affected adolescents might suffer from more stressors than younger children as they would more readily be the ones expected to take on extra responsibilities when a caregiver gets sick or passes away (Rotheram-Borus et al., 2005). Furthermore, they reflect the discourse found among HIV-positive caregivers who placed a lot of emphasis on their eldest children at least completing certain levels of schooling so that they could take on the care of the younger siblings (see chapter four).

The wish to escape his perceived responsibilities, to be independent and not remain stuck in a situation of structural poverty emerged in Thando's story, when he said: "sometimes I wish I had my things, don't bother no one, just do my thing". The young man did not seem to have an immediate extra support network that could take some of the pressures off his shoulders. His aunt had asked the home based care organisation to contact counsellors, but at the time of the first interview, no contact had been made. During later follow up interviews and the group discussions, it was clear that he did not access counselling and I provided contact details of someone the young man could contact. He never told me whether he had followed up on that, but did forge a closer friendship with one of the non-affected youth who was himself very education-oriented. Indeed, despite the clearly high levels of stress and insecurity, Thando maintained a steady focus on his education: he matriculated in 2007, and was extremely proud about that. His wish was to study further and, through that path, be independent and in a position to take care of others in future. During a group discussion late 2007, Thando said he would go to the Eastern Cape for the traditional Xhosa, male initiation ritual. After that he wanted to take on his responsibility as a man and caregiver in the house, look for a job and help put his brother through school before he himself would return to school.

Education is equally important in the life of Zolani. He was fifteen at the time of the first interview, a shy boy whose mother is HIV-positive. He spent eleven years of his childhood in the Eastern Cape, with his mother's parents, but has been living in Khayelitsha since 2001. He shares a small house now with his mother, younger brother and a baby cousin. At the time of the interview, the household had no other income than the children's child support grants. Zolani knows of his mother's status, and has joined her at support groups; she is not on antiretroviral treatment and has so far not experienced any major AIDS-related illnesses. He did not directly mention any increased stressors or distress caused by the disease, which may, at least in part, be because he had access to a broader support network including the support groups of Wola Nani. During the time of the fieldwork, Zolani's mother was also not in an AIDS-sick stage, and she herself spoke of consciously trying to forge strong ties with her son – all factors that in psychological research have proven to help affected children of HIV-positive mothers cope with their 'affectedness'.

Nevertheless, the impact of being so closely affected does resonate in Zolani's dreams. He expressed his wish to find a solution to the pandemic and help vulnerable people in his environment: he wants to be a scientist, to *research "medicine, that can help people, like HIV. And lot of things, cancers ... yes"* (emphasis added). When we talked about his view of his future, he also expressed the expectation of rising responsibilities, especially when it comes to taking care of his brother and guarding him against outside pressures. When asked what the difference between his life today and his life at the age of twenty would be, he replies:

*"I think I will have a lot of responsibilities [...] Maybe I have to take care of my brother, in five years time, he'll be learning at this school where I may be. And see a lot of gangs, maybe he will want to do that, and I have to help him go."*

His reply again mirrors the expectations of 'sibling care' as pronounced also by HIV-positive mothers and by Thando above.

Lutho too was fifteen at the first interview. He was born in the Eastern Cape and spent a large part of his childhood with his father's family, but when he came on holiday to Cape Town in 2002, he decided to stay and now lives in Khayelitsha with his mother and two younger twin brothers. His mother is HIV-positive and sometimes attends support groups at the Khayelitsha Wola Nani offices. Lutho knows his mother's status and every now and then joins her at the support groups. Like Zolani, Lutho does not refer to the impact of the disease in very direct terms. In other words, there seems a difference in the levels of distress among these youth living with HIV-positive mothers, but with access to broader support networks, and those who have lost their mother. The latter's more acute realisation that they may have to take up the responsibility for others in the family may be responsible for that difference.

Only when talking about the pandemic in more general terms than his own individual situation, did Lutho express his wish for HIV and AIDS to just disappear:

*"I feel that if there could be a way of making it disappear I think everyone would be happy."*

When asked how the disease is affecting his life in particular, he bravely replies “No, *I just live with it*, but I am helping people who have HIV/AIDS or whose parents have HIV”, and clarifies that he mainly helps them by referring them to organisations and support groups like Wola Nani where they can “get advice”. Like many of the other young adults, Lutho attaches great importance to education and to staying out of trouble; he finds support in his family and the support groups, but also in his church, school and library. In 2007, Lutho was still in school.

### 8.2.1.3. Understanding “those who have no parents”

Here, I focus on the story of Lungile, Thando’s younger brother of seventeen. Lungile was born in Cape Town, and has lived in Nyanga all his life. He now stays together with his brother, Thando, his aunt and her children, and every now and then has contact with his father who lives in Philippi. Concerning the impact of his mother’s death when he was eleven, he said, “I was too young... I didn’t... I had no idea about... I was too young”. When I asked him whether his mother’s death influences his life today, he says he feels sad, and that because he is living without his parents, he is sometimes tempted to join a gang:

Lungile: “... You see... most of the gangsters don’t have parents so some other day it makes me wanna be in a gang and sometimes, I just...”

A: Why do you say it makes you want to be like that?

Lungile: “Like to be hijacking, to smoke tik tik [...] *because they’re like... they’re the same as me. They don’t have parents*”

However, even though Lungile identified with those who “don’t have parents” and referred especially to friends who had joined a gang, he claims he did and does not join them in their activities, because he “see(s) it is wrong. Killing a person is not good”.

Lungile never moved houses or even provinces as a consequence of his mother’s death, yet his story refers to findings by for example Van Blerk and Ansell (2005) who noted that especially migrated children affected by HIV and AIDS – and even more specifically boys and those children who ended up living a life on the streets – would

sometimes get involved in activities such as smoking and drinking alcohol as a way of gaining acceptance and satisfying their need for belonging” (Van Blerk and Ansell, 2005: 17).

Lungile and his brother Thando often express Lungile’s wish to be able to “live a fancy life”. Brand name clothes, a car, and so on, are all elements by which Lungile clearly wishes to express himself, yet financial deprivation makes it impossible for him to do so. Between the pull of a ‘popular culture’ and the wish to remain ‘on track’ with his education, Lungile actively looks for ways to balance the two.

Lungile’s story should be seen together with, and contrasted against, some of the non-affected and other affected young adults. Remember that Lungile is not a “double orphan”: his biological father is alive, and the two maintain some sort of contact, be it not a (financial) care relationship. Thando, on the other hand has had to integrate into township life after his move from the Eastern Cape, lost his mother and caregiving grandparents and has no contact with his father. Both brothers react very differently to their environments and situations, indicating that perhaps not so much orphanhood, but factors of individual resilience may largely be at play here. Throughout the duration of the research, Thando chose to stay away from those he calls “thugs”, to endure his current situation and to consider - and, where possible, consciously plan - the next steps to be taken in his life. Lungile found it more difficult, it seems, to undergo his current situation and his wish to belong and to be part of ‘the trend’ was always more outspoken. Yet he, too, took up agency in attempts to accommodate seemingly competing goals: he chose to “walk with his friends”, yet not to get involved with their crimes, and to try and look for a school that accommodates his needs for diversity and that teaches more than his current school does. Indeed he states that school can sometimes be “boring”, but he consciously decided to look for another school that has more facilities and makes time spent on education more pleasurable.

Thami, like Lungile expressed his understanding of children and young people who turn to crime out of scarcity. Not directly linked to the impact of HIV and AIDS on his life, he did mention that he could imagine himself turning to violence at one point, because of “his life”:

“He thinks that he might be tempted to do wrong things. Like he might be tempted to... to rob people while he didn’t do that in the past [...]. He says that he is not confident enough to say that he won’t do them because when he looks at his life it seems there is a change that he could do wrong things.” (B. in translation for Thami)

Again, it is important to note that Thami did not immediately link these thoughts to his being orphaned or being affected by HIV and AIDS. He explained that he might be tempted to use violence when someone would, for example, refuse to give him a job. This reflects the “normality” of the use of violence in the communities where these youth grow up (see chapter six for more details). Additionally, as in the stories of other young people who resort to violence and crime, Thami’s thoughts seemed primarily driven by his life in scarcity.

### **8.2.2. Fragility beyond HIV and AIDS: Shifting, absent or problematic social relationships; the stories of Nosipho and Nobuzwe**

Nosipho’s story is one that reflects the impact of the tumultuous world of township life on her decision-making process. She recounts how she moved from the Eastern Cape to Cape Town in 2000, and how her brother shortly afterwards got involved in gang life. A number of incidents made the community turn against him and her family, culminating in the community threatening to kill the brother and set the family’s house on fire. The family left Philippi and lived in Bloemfontein for a few years afterwards. They returned to live in another part of Philippi in 2004. By that time, at the age of twenty, Nosipho had finished grade 9, and she claims that, when she came back, schools in Cape Town refused to enrol her in grade 10 because of her age. Still committed to furthering her education, she decided to start night school, but then fell pregnant in 2005 and dropped out. At the time of the first interview, despite her HIV-positive status, she expressed the wish to go back to school, maintain her high belief in education, and ‘further’ herself. However, now “she thinks she is too old; she has to look after the baby” and be an extra breadwinner in the household of eight that was only living on her mother’s nursing salary, and two child support grants.

Nosipho had always constructed her sense of identity around the long-term oriented idea of ‘growing’ herself, furthering her studies and perhaps eventually becoming a

nurse and being able to care for others – education was an intrinsic part of her chosen strategy towards personal fulfilment. The complexity of her youth, however, made it impossible for her to maintain her preferred choice around education, and led her to renegotiate the strategy whereby she had attempted to construct her identity. She chose to look for employment, while maintaining an option of personal growth and an ability to care by choosing to become a volunteer at the Nokuthembeka Home Based Care Organisation. Opposite to the negativist hypotheses, her HIV-positive status does not have a role – and certainly not a negative one - in her narrative around EDM. As the other affected young people, Nosipho, even in a context of HIV and AIDS, maintains strength within her fragile world, and remains focused on her desired sense of identity.

Other narratives also reflected the impact of shifting or problematic social relationships on young adults' decisions around schooling. Lutho for example refers to children who lost their parents – whether as a consequence of HIV and AIDS or not – and who might therefore decide they need to go work to earn some money that can buy them food and clothes.

#### **8.2.2.1. Absence of guidance**

The importance of the environment on young people's choices and actions, however, was certainly not only mentioned for children who had lost their parents. It also reflected in the respondents' stories around those who might perhaps want to choose for school, but find no support or network that could enable them to do so. Young people frequently referred to parents who do not understand their children, who are drunk and spend the money meant for school fees on alcohol, who make no effort to learn what their children are really interested in, which would eventually lead young adults to “find other ways to live... it's they have no other choice, and their parents don't take good care of them ...” (Lutho).

In her narrative about the differences between those who believe in education and consciously act upon that belief, and those who are no longer in school, or who do not put too much effort into schooling, Nobuzwe also stresses the importance of having people around you who support you in your choice to go to school and work hard, reflecting the thoughts of her non-affected peers and findings of international research

on the impact of parental support. However, the absence of such support is, to her, not strong enough a reason to lose interest in education. As in other narratives and the youth's thoughts around SLE, Nobuzwe emphasises the importance of individuality in these choices about schooling:

“Well, and I also think that the decisions that we take regarding education, I think they are also influenced by the way we grew up, the way that we were raised. Like there are families that ... that strongly ... believe in education, in getting education... There are, there are families who.. where there is no person who's motivating the child to go to school, and then like for me, my grandma always say that “I want my children to be in school, to be successful”, she was obsessed about teaching, she would say “I want teachers in this house” and what and what and what (laugh). *But then sometimes really you need the motivation from the family and then if nobody cares, then, ja, you ... you see no reason to go to school.* Although people, they are, there are children who come from families who are not so motivating, but they, *just by looking to themselves and what they want to achieve in life and then they decide “ok, I'm gonna hold on to schooling” and, ja...*” (emphasis added).

Absence of guidance and a lack of clear information manifest themselves in many ways. Many young adults have no certainty of what will happen to their lives and futures when they choose one or other strategy:

“Because most of people who quit going to school in early stages of schooling, like in, others being in primary, they want some... as of high school, *and I don't feel that those children or those young adults have the information of the careers that they want to go in, they don't have the proof that you can go to this career and are not going to, to get a job.*” (Nobuzwe)

Some decide to try to focus on education. Many might subside under the pressure of peers and the wish to belong, unable to show the same strong self-controlling mechanisms as Nobuzwe and others who hang on to their dreams.

However, despite her strong belief in her own agency to remain focused, to make the ‘right choices’ even if support structures were absent, Nobuzwe would later experience serious difficulties in trying to remain faithful to her ‘possible self’ and its required life path. Her younger brother, who had been living in the Eastern Cape until then, failed his matric exam and decided to move to Cape Town to be with his sister and aunt. He did not have a job and “did not know what to with himself”. According to Nobuzwe, her aunt and cousins were upset about the boy not contributing to the household and

had started blaming Nobuzwe and her brother for things that were going wrong in the house. By the time Nobuzwe spoke to me about this, she was at the point of giving up her academic studies as she believed to be the one who should now look for employment – again resonating with the earlier mentioned belief in sibling care: “I am the only one of my siblings who has a matric, I have to look after them”. Her strong belief in individual agency and the possibility to maintain one’s focus on schooling was shattered and she sounded extremely depressed.

Her distress was so acute that I – as a researcher – could not justify standing by and letting her go through the crisis on her own. I put her in touch with someone within her study department who could help with adjusting her courses, and asked her to talk to the people at the NGO she used to work with as they would perhaps again be able to refer her to an affordable counsellor. A few weeks later she told me she had been diagnosed with severe depression, she was on medication, and had decided not to stop her schooling. Nobuzwe’s story illustrates the severe difficulties these young people go through and how hard ‘reality can hit’ when they realize that reaching their dreams is not just a matter of individual, morally correct choices, but that the many hurdles they have to jump on their way to their desired selves may become too many to deal with. Opening up the route to additional support from, for example, a counsellor and a student advisor, made it at least possible for her to maintain her long time focus, be it with great difficulties.

### ***8.3. Conclusion: HIV and AIDS as a mediator in educational decision-making?***

This chapter presented the narratives of young people who can be considered “directly affected” by the AIDS pandemic, as opposed to those who live in a generally AIDS-affected community but without experience of AIDS in their immediate caregiving structure. One acute difference between these youth and their non-affected peers is the reported heightened levels of stress and insecurity, with thoughts passing of potentially “giving up”; to the extent that it might lead them to suicidal thoughts. These psychological problems have also been identified through extensive research into affected children and adolescents’ well-being. They have been found among youth who were either HIV-positive themselves, living with an HIV-positive caregiver, or who had

lost one of their primary caregivers to AIDS. (See for example Brandt, 2005; Cluver and Gardner, 2006; Cluver, 2007; Wild 2001; Rotheram-Borus et al., 2001; 2005).

HIV and AIDS thus clearly add to the already existing list of issues that render these youth's worlds *and* choices fragile. However, the young adults in my sample attempted to keep up strikingly strong forms of resilience. Clearly, young people who have lost one or more close relative(s) will find their supporting network diminished and weakened drastically. Their levels of insecurity and stress sounded higher than among those who were still living with their mothers. Nevertheless, these youth picked up active ways of looking for, and fitting into a new network of support, or of finding extra support from already existing support structures to cope with their situation. Those who were living with an HIV-positive caregiver used the accessibility of support groups offered by local NGOs. The one young woman who disclosed being HIV-positive remained focused on her aspired 'future self', but had found other ways to accomplish that than the path of education.

It should, however, be kept in mind that this chapter is based on the narratives of a limited number of affected young adults that cannot be considered representative of the whole population of South African youth affected by HIV and AIDS. Most of the respondents had access to some sort of support network that will undoubtedly have helped alleviate the consequences of their affectedness. Stories on 'others' suggest that different reactions may also exist, but the data indicate that a loss of motivation or of a focus on the future may be of a temporary nature, until the support structure or levels of individual resilience have been mended and the worst shock after having lost a caregiver has subsided.

Some of these youths' views on the future were perhaps less clear and uncertain under the stress of having lost a close relative, or the knowledge of the fact that one day they will lose a prime caregiver, but their aspirations were therefore no less grand than those of non-affected young people, and the strategies to reach the desired future were not automatically oriented to the short-term under the impact of HIV and AIDS.

As among the non-affected youth who maintained a focus on education, current identities were expressed in opposition to a seemingly dominant peer culture, although

the lines drawn between themselves and ‘others’ were sometimes very thin. Images of future, successful selves were described in equally materialistic terms as found among the control group youth; many also wished to be able to take care of, and help others, especially siblings. Maintaining a focus on their education was an essential part of the long-term oriented strategy towards that success. Contrary to what pessimistic hypotheses on the impact of AIDS may suggest, none of the respondents rejected a positive ideology around education.

For these young adults, maintaining a firm focus on the future and keeping their aspirations high, again, has ‘survival value’: it is their aspired selves that guide their actions and choices, including those around education. This worked in very much the same way as it did for their non-affected peers. These youth again also maintained a discourse of morally “correct” or “wrong” choices, and the belief that they themselves were in control of their lives and life paths. Nobuzwe’s story was a very strong example of the disastrous effect on youths’ well-being when the reality of their fragile worlds ‘hits’ and these beliefs in efficacy crumble.

Despite the potential bias in the sample, the findings of this study are important, as they illustrate the ability of these young people to take up agency within their adverse circumstances, and to maintain long-term oriented strategies in their process of identity formation in very similar ways as their non-affected young peers. They indicate that generalising hypotheses built on pessimistic thinking about the negative impact of HIV and AIDS on people’s values, attitudes and social behaviour should be treated with caution and tested.

## Chapter nine - Conclusion

Significant inequality remains in the educational outcomes of South Africa's youth. Students from previously disadvantaged African and Coloured population groups show consistently lower outcomes, with slower progress through school, higher repetition grades, higher dropout rates and lower matric pass rates. The AIDS pandemic is expected to increase the educational inequalities, not only by wearing away family resources that would otherwise be spent on schooling, or by the consequences of increasing levels of illness and death on the supply side of the educational system. Some researchers also hypothesise that a decreasing life expectancy resulting from the pandemic will decrease children, youths and caregivers' incentives to invest in education. It is thereby believed that EDM is mainly a product of a rational cost-benefit analysis. Hence, when life expectancy decreases, caregivers will become uninterested in sending their children to school and young adults themselves may make decisions oriented more towards short-term, rather than long-term, investments as education.

This thesis originated from a concern regarding the remaining inequalities in educational outcomes on the one hand, and from unease with hypotheses such as these around the impact of HIV and AIDS on the other. The mainly quantitative research into South African youth's unequal educational outcomes has mostly pointed to the influence of family, neighbourhood and school factors to explain *inter* racial differences in outcomes, but without explaining potential *intra* racial differences, or without taking into account the possible agency of youth in their schooling process. International work has nevertheless illustrated the importance of such understanding. Chapter one refers to studies that have documented young adults' active negotiations of their realities, and active molding of their identities, processes that influence their behaviours and educational choices. Classic ethnographic work on youth in a school context by, for example, Willis (1977), MacLeod (1995), Ogbu (1983; 1985), Mac an Ghail (1988), and others, illustrates how both oppositional and affirmative identities can be based on class, race, minority group status, or gender. Partly in reaction to the 'resistance theories' that pertain to inter-group differences, researchers have also taken a more individualised approach, focusing especially on intra-racial or intra-class differences in educational outcomes. They emphasise factors of resilience among those

young people who, opposed to their peers, do succeed to make it through the educational system and up the social ladder.

In South Africa, little comparative material is available. Some indications can nevertheless be found in broader ethnographic work that equally illustrates the possibility of youth being 'academically resilient' despite their adverse living conditions. Ramphela (2002) illustrated this with stories of 'success' in her study of African youth in a township in Cape Town. Henderson (1999) and Bray et al. (2008) also indicate how South African youth can maintain resilience in the face of severe adversity. However, all also indicate how 'vital institutions' as the family, schools and the community can 'let' adolescents 'down', and how resilience can crumble without support from such institutions. This study contributes to that body of literature by paying special attention to youths' EDM and the consequences of HIV and AIDS thereon.

Informed by the gaps of understanding of South African youths' EDM, the main research question in this thesis was: 'How do young adults make decisions around their education?' By placing the emphasis on young adults as agents in their educational career, I did not imply that they would do so in complete isolation, but within, and in interaction with their living contexts. One element of that context is the AIDS pandemic that is affecting the lives of millions of young adults in the country, either directly through infection with the HI-virus, or indirectly through the loss of caregivers and loved ones, or the prospect of future HIV infection. A second question was therefore: do HIV and AIDS influence EDM – and if so, how? Sub-questions were: How do young adults experience and construct a meaning around the increasing levels of morbidity and mortality in their environments? Is there indeed a decreased subjective life expectancy among youth and their caregivers: how do people estimate their SLE? What factors influence SLE? And does AIDS influence people's values and attitudes in life, especially those concerning education? The emphasis was on understanding these questions for African youth, mainly because African youth are the ones suffering mostly from lower educational outcomes and are more affected by the AIDS pandemic than their Coloured and White peers.

## **9.1. Synthesis**

Chapter three discussed the context, within and in interaction with which African young adults in Cape Town have to take their educational decisions, in more detail. Briefly, it introduced the adverse circumstances in which these youth are growing up: remaining racial and class inequalities, high levels of unemployment, poor and underperforming schools, families and communities that might be changing and weakening, high levels of violence and crime, alongside socio-political and cultural change. The AIDS-pandemic certainly can and already does exacerbate many of these ‘challenges’. All of the above-mentioned elements of the context of ‘being young’ in South Africa, and many more, I believe, can be summarised in what Henderson (1999) called ‘fragility’. In her work investigating the social context of young people growing up in the deprived township of New Crossroads, she defined fragility as the understanding that “children’s worlds can ‘shatter’”, yet maintaining also “children’s strength and improvisation in the face of discontinuities. ... Fragility then, is linked to fluidity and it is out of a social context characterised by discontinuity and flux that children’s senses of self emerge as multiple and variable” (Henderson, 1999: 25). The author points to how fragility and strength combine in children’s lives, and at the actions they and their families take to achieve often high-set values and aims, to search for ‘coherence’ in life, to attempt to reconstitute broken (family) bonds, and so on. “It is argued, however, that the cultural repertoires they employed to ‘restitch’ the social fabric were unable to effect an end point in the process” (Henderson, 1999: p iii). “Theirs is a series of reconstitutions ... to which there is seldom a complete resolution” (ibid: p. 163).

Aspects of fragility and the absence of complete resolutions reflected also in the stories of my participants. I eventually constructed a slightly differing definition than the one Henderson used; fragility becomes the compound of changing and inadequate social relationships, economic pressures and inequalities, crime and violence, the temptations and influences of, and frustrations caused by a globalised, materialistically oriented society that offers young people today a myriad of choices, however, in the absence of strong guidance and evidence of their outcomes. Hence, I argued that not only the youngsters’ world, but also their choices are rendered fragile.

Chapter four provided empirical details of the context by paying special attention to caregivers' values of education. This focus on caregivers was important because of the potential direct and indirect influence of caregivers on young adults' values and decision-making. The chapter furthermore provided the first opportunity to test the validity of pessimistic hypotheses around the impact of HIV and AIDS on educational values and decision-making. Quantitative data showed a consistently high value of schooling among Cape Town adults, with an especially strong belief in its instrumental aspect. This belief was particularly high among the African subsample. The findings thereby immediately raised doubt about the validity of the mentioned hypotheses on the pandemic's negative impact. However, the chapter indicated the methodological difficulties of trying to estimate the impact of HIV-affectedness, health and life expectancy on such values and expectations, as no such factors are easily identified and measured through survey work. Cape Town adults reported fairly low levels of ill health and especially low levels of HIV-affectedness or infectedness, which is opposed to the measured and estimated levels of HIV-infection in the area. SLE was consistently high, with the majority of people assuming they would live until *at least* the age of 70, whereas life tables indicate a life expectancy at birth of 61.5 in the Western Cape. No less than 86% of the most heavily AIDS-affected African population group thought they would live to be at least 70. Based on composite variables expressing health and SLE, regression models with educational values as dependent variables found no negative influence of health or SLE on such value. However, beliefs in future opportunities and traditional gender beliefs were significantly and positively related to the instrumental value. This indicated that not so much illnesses, but people's views on life and future – as presumably influenced by history, culture and the socio-economic context in which they live - have an impact on how people value education. This finding also resonated in the qualitative data.

A more in-depth understanding of the influence of HIV on values of, and choices about education was gained by work with a smaller, but purposively sampled group of HIV-positive caregivers. Qualitative and quantitative findings unequivocally indicate very strong beliefs in the instrumentality of schooling: HIV-positive mothers described education as 'the only way out' of their impoverished situations. This belief was not constructed in an abstract manner, but rooted in the very tangible, every day experiences of a life in hardship and adversity, and the understanding that others around

them with some level of schooling had at least 'a job', or a better job than they did, and thus higher incomes. They, therefore, wanted the best education they could provide for their children. All communicated positive messages about schooling to the children. Some took up education for themselves again.

Furthermore, the psychosocial impact of being both HIV-positive *and* a caregiver seemed to also feed into the high educational value of these women. They were uncertain about their life expectancy, which, in combination with their caregiving identity led them to take more 'urgent' decisions about schooling: all sent their children to the best possible school they could provide. They frequently mentioned the wish to live long enough to see at least the eldest child through school, so that he or she could then take on the care and responsibility of the younger siblings. Providing education was, in other words, an intrinsic part of these women's caregiving role and one element that allowed exerting control over their and their children's lives within an uncertain context of poverty and HIV-infection.

These women thus seemed to believe in an achievement ideology that sees upward mobility resulting from individuals' efforts in education. In interviews, these women do not speak about structural barriers that might inhibit themselves and their children from living up to their high aspirations, except the possibility of their own death. Possibly, the uncertainties in their lives simply rendered it emotionally and psychologically impossible for them to consider potential barriers to the achievement of their aspirations. Perhaps the interview protocol did not provide the necessary space for them to voice such concerns. In any case, neither quantitative nor qualitative data on caregivers provided any support for the hypothesis that HIV would lead to lowered willingness to invest in schooling.

Chapter five presented quantitative data as a background to later qualitative analyses on youths' EDM. It again provided a test of hypotheses on lower levels of educational investment under the influence of increasing levels of illness and death, and decreasing life expectancy. Educational expectations were thereby used as a proxy for youth's future willingness to invest in schooling. Expectations were high, especially among the subsample of African youth, with close to 50 % expecting to complete an undergraduate degree.

Multivariate regression analyses showed that in the African subgroup, controlling for factors of parental level of education, household resources, and so on, the interaction with mother or peers around education were the factors correlating most significantly with expectations. This seemed to indicate that African youth do not so much take into account possible practical factors that may hinder their educational path, but attach more importance to encouragement and support in their close environment when expressing their expectations. This raised the suspicion that African youth were, in fact, expressing *aspirations* rather than concrete expectations that would more readily take into account possible barriers. The fact that African youth express such high belief in the instrumental value of schooling, that educational expectations (or aspirations) are so high and apparently unrelated to barriers as household income, mirror findings on adult educational expectations. The findings may also explain why so many African youth remain in school till older ages. Furthermore, the findings seem to resonate with research that tries to explain exactly why African young adults remain in school longer. Lam et al. (2008) hypothesised that the incentives for schooling among African youth are so high that practical factors like household income have a lower impact on their choice to remain in school than they do among Coloured youth.

However, this chapter also indicated the methodological difficulties in trying to measure health, AIDS-affectedness and life expectancy through survey work. Reported levels of affectedness were again very low in this youth sample. SLE was high, with the majority of respondents believing they would live to at least till 70. African youth were again most optimistic. It remained unclear exactly how respondents express SLE and what factors they take into account to estimate their longevity. Multivariate regression analyses indicated a significant correlation of educational expectations with self-rated health status – which was rated, importantly, at least ‘very good’ by the majority of all respondents - yet not with clinical conditions, life expectancy, or ‘affectedness’. The only factor showing significance was the perceived risk for HIV-infection among African youth. However, this measure is poorly understood, with low levels of perceived risk among the majority of the sample. The results thus raise further questions on the pessimistic theories around the impact of the pandemic on young people’s views and attitudes towards education.

In summary, chapters four and five indicated a higher value of education, higher educational expectations and a higher SLE among adolescents in poor and AIDS-affected African neighbourhoods than among their peers in less poor, low-prevalence Coloured or White neighbourhoods. In other words, there was no indication of lowered values under the influence of the pandemic and the dramatic decline in actual life expectancy resulting from AIDS has not been matched by any corresponding change in the expected length of life. However, the persistent optimism among African youth does not, for many, match their daily reality. The remaining chapters were therefore aimed at analysing in-depth the factors influencing the value of schooling, high expectations (or, as I suspected aspirations) and EDM in general. Furthermore, I wanted to understand how young adults were dealing with increasing levels of illness and death in their environment, how they estimated SLE, and the consequences of rising death rates and SLE on EDM.

Data presented in chapter six showed that young African men and women were very aware of the risks to their lives, including the risk of AIDS, and, perhaps even more so, that of crime-related violence. Crime, violence, and death have become a daily reality. One young man, for example, told me, “I’ve gotten used to many people dying”; in his street, “someone has died in each and every house ... I mean people [are] dying like flies”. Many ascribed the high levels of (premature) death to a level of moral and social disorder within the townships. For themselves, they believed to have a *choice* in, and therefore control over their lives: individuals have a choice to engage in risk behaviour or not. As such, AIDS was seen as entailing risks, but these were perceived as controllable – even among adolescents who had experienced AIDS-related deaths among close kin. The youth therefore did not anticipate that AIDS would shorten their lives. A ‘healthy’ lifestyle – including safe sex and the choice to stay away from gang related activities or other risk behaviour – would result in a long life. These beliefs, however, reflected a discourse of identity and aspirations rather than everyday, observable realities. Perhaps the aspirations also entailed an element of cognitive dissonance: many of these young adults had ‘flirted with’ risk behaviour, but anticipated shorter lives only for their peers, not themselves.

Finally, chapters seven and eight provided the bulk of the analyses of the qualitative data collected from the group of twenty African young adults. The analyses focused on

understanding the factors behind both 'positive' and 'negative' EDM. Results indicate that young adults make decisions about education based not so much on a process of rational choice, but as part of a broader process of identity formation, that is, however, heavily influenced (or 'bounded') by their fragile living environments.

All youth were found to orient themselves toward an aspired 'possible self', one that was invariably defined as successful in terms of material wealth and a form of stability that was unknown to their parents' generation. All thereby embraced the dominant educational ideology that presents schooling as the tool for such positive social change. I found no evidence of a rejection of the ideology as among Willis' Lads (1977) or MacLeod's Hallway Hangers (1995). Educational choices were also never constrained by what Breen and Goldthorpe (1997) believed to be a rational choice or 'risk aversion': the wish to maintain a 'status quo' and reach at least the *same* class and position as the parental generation. These young adults aimed for higher class positions and never aspired to unskilled, menial forms of labour like those of their parents.

The belief in the possibility of change was based, for some, on the tangible examples of their parental generation's lack of schooling and consequent lack of opportunity; for many, it was also informed by the high hopes and beliefs communicated to them by their parents, caregivers, or 'important others'. Yet there were nuances that made up the differences between those who, at one point, made 'positive' or 'negative' decisions about their schooling.

Among the group I termed 'dreamers', aspirations based on these positive beliefs served as motivators for choosing long-term 'life paths'. These young adults chose to 'endure' their current situations of hardship and to regard education as a long-term investment in their future. This 'strategy' aimed at achieving future success further entailed careful choices to balance the often contradictory needs of belonging to a wider group and maintaining a focus on school work. Indeed, young adults consciously connected to support networks that were perceived as able to help reach their goals, and ended friendships that were perceived as threats to individual aims. No such actions were, however, without consequences: by choosing individual over group aims, many of the youth described feeling, and being treated, as 'outsiders' within their communities and peer groups. In order to be able to maintain focus, the youth therefore

needed some form of support or guidance, looked for in their home, peer, or religious environment. Some also had access to more concrete forms of knowledge on what steps to take, by their connection with NGOs, or because family members were more familiar with the realities and demands of schooling. A small but important factor of influence was heard in the way in which the ‘dreamers’ expressed their belief in upward mobility: it was again built on the perception that individual efforts would lead to positive social change; none of these youth expressed any doubt in the opportunity structure of the country and none reflected on the possible barriers on their way to success: the right personal choices would lead to the right outcome. This might, again, have been a psychological form of self-protection: it might have been too burdensome to consider that, even despite personal efforts, one may not reach one’s goals.

Not all youth, however, related the educational ideology to long-term plans. For some, the desire for ‘future success’ was more short-term oriented. According to their peers, these were young people ‘wanting to live the fast life’, thereby sometimes turning to drugs, crime or other risk behaviour. Nezile’s story is one example of a young man who at one point in his life looked for more instant power and success by joining a gang. Other examples were those of Noxolo and Thobeka who seemed to look for more immediate ways out of their currently deprived and ‘boring’ lives in the townships.

But the differences between this group of young people and the ‘dreamers’ were not only about a long-, or short-term orientation. There were also differences in the ‘concreteness’ of actions and plans. Some of these differences were due to lower levels of individual resilience. Some, for example, found it more difficult to balance ‘competing goals’: Nandipha, at one point opted to join other pupils in truancy, hoping she would finally find a group of friends she felt she belonged to, eventually failed a number of grades and dropped out. Thobeka said she could not leave her current school, although she realised it was not the best possible one for her, because she needed to stay close to her friends. The fact that for these young people, individual resilience seemed less strong, and ‘life plans’ remained more abstract was probably also related to lower levels of tangible support in the home, school and wider environment. Nezile’s mother may have conveyed the belief that schooling is important, but her contradictory remarks about Nezile being ‘stupid’ may have instilled the belief in the young man that for him, there was no use in persisting with education. Thobeka’s mother equally

communicated the importance of education to her daughter but neither mother nor daughter had undertaken any steps to move the young woman to a better school with more motivated teachers. Noxolo's belief in schooling was undermined by a teacher repeatedly telling her she would fail.

Finally, there is a nuance in the understanding of the opportunity structure that in the case of this second group of youth, can perhaps best be described as 'doubt' or 'vagueness': the ideology is never rejected, but these are young people who sometimes doubted whether schooling was really going to live up to its promise for their own lives.

However, as mentioned, it is important to keep in mind that these strategies or 'life plans' were not static, but influenced by the youth's context of 'fragility'. Many mixed and 'in-between' versions were noted, one of which was an almost complete inertia. Some of the young people seemed to almost literally get stuck in feelings of 'hopelessness' and 'rudderlessness' after a (series of) 'fateful moment(s)' (Giddens, 1991), no longer knowing what path to choose in their search for success. Indeed, the strong belief in *individual choice* can, in instances of increased fragility, lead to a sense of personal failure when circumstances push young people 'off track'. The belief that they have failed themselves and others around them, along with the confusion when support structures like schools, hospitals, or the family are crumbling or 'letting them down', can in the worst cases lead to depression<sup>80</sup>, and can definitely lead to a re-orientation of youth to other long-term or short-term choices. Some manage to reorient themselves to a short-term solution at that point, but with a potential for further long-term orientation toward upward mobility. Alutha, for example, realised that she would have to give up her dream for tertiary education and become a breadwinner in the house when her mother fell ill and lost her job. She had applied for and started a job that would provide her with further training and the possibility to grow within the organisation. Lindelwa, after moving out of her mother's house, had done the same and had decided to take a distant learning course while working full-time. Siya had looked

---

<sup>80</sup> As mentioned: studies on mental health of children in the Cape Flats have generally found high levels of internalising distress and Post Traumatic Stress Disorder symptoms, probably due to high levels of deprivation and exposure to violence (Barbarin and Richter, 2001; Cluver and Gardner, 2006; Ensink et al., 1997). It is thus not unthinkable that some of the respondents in the sample who saw their dreams shattered by their circumstances were struggling with levels of internalised distress. The interview guide was, however, not designed to diagnose such symptoms, and I can therefore only refer to the indications noted during the interviews. I believe that future research would benefit highly from the inclusion of a depression-scale in one of the research instruments.

for short-term employment and skill development opportunities while trying to find a way back into the technikon he had at our first encounter temporarily left. Kuthala's story, however, was one of maintained 'helplessness' where she just wished for 'any job' that would allow her to take care of her child.

Obviously, the confrontation with HIV and AIDS in their close living environments adds to the fragility of the youths' worlds; one that, moreover, has the potential to increase other, already existing factors of adversity. As with their non-affected peers and the HIV-positive caregivers earlier, none of the respondents rejected a positive ideology around education. All emphasised the instrumentality of schooling. Many adopted active ways of looking for, and fitting into new networks of support. Some looked for extra support from already existing support structures. These young adults described present identities and 'possible selves' in similar terms as their non-affected peers, and the 'life plans' created and followed to reach such ambitions were certainly not automatically more short-term under the impact of the AIDS pandemic. In fact, some seemed to use the loss of a caregiver as a source of motivation when choosing in favour of education and against risk behaviours. However, all affected participants' narratives also reflected increased psychosocial difficulties, uncertainties and anxieties around increased responsibilities, the need to find new support networks, and so on. Nobuzwe and Thando's stories, for example, were powerful examples of the increased levels of stress and insecurity that came with losing of their mothers, and the understanding that they were now supposed to take up the responsibility of caring for their younger siblings. Nobuzwe's story was a strong example of a young person who strongly believed in the achievement ideology and the instrumental value of schooling, who had developed a concrete, long-term strategy, and who had managed to combine individual level resilience with external support. Nevertheless, the sudden realisation that she might have to take on the responsibility for her younger siblings, and that individual agency and 'right choices' alone might no longer be enough to reach her aspired self, caused severe depression and anxiety in this young woman. Her story illustrated these youths' ongoing need for extra support, care and knowledge to deal with new challenges and maintain their focus on schooling.

Finally then, this study has indicated the need to refrain from over-generalised, apocalyptic scenarios explaining the impact of the AIDS-pandemic. Negativist

hypotheses, unfounded by a thorough understanding of youth and caregivers in their daily living contexts run the risk of increasing already high levels of stigma towards those affected by the pandemic and overlooking the possibility of offering support to those who, in the absence of such support and clear guidance, do maintain long-term aspirations for a better future.

## **9.2. Caveats and indications for further research**

### **9.2.1. The qualitative component**

Regarding the qualitative work, care should be taken not to generalise the findings to all (affected or non-affected) youth in South Africa. The sample was, nevertheless, chosen to be representative of a group of young people growing up in poor, mainly African communities in Cape Town, with high HIV-prevalence. These communities are, in turn, representative of many poor, African, urban communities in the country. The similarities found between this study and others in comparable settings does provide validity to the findings presented (for example, general ethnographic work as Bray et al., 2008; in-depth work with HIV-affected caregivers as that by Brandt, 2007; household level research as that by Casale, 2008; but also quantitative work like that by Lam et al., 2008). Consequently, the findings may provide a substantive basis with which to develop research and interventions for youth living in comparable communities elsewhere in South Africa.

I do, however, believe that further research could benefit from a more holistic ethnographic approach, whereby parents of the young adults would also be interviewed. Observational work in the youths' houses, schools, and peer groups would have allowed for further understanding of the interactions around schooling, and perhaps of more factors influencing the seemingly pervasive achievement ideology. It would probably have also allowed for a more detailed analysis of various aspects of African youth identity. This study was aimed at understanding EDM, and identified it as one aspect of youth identity, leaving other psychological and social aspects of such identity rather untouched.

The research also indicated the possible existence of a strongly 'risk-driven' subculture among youth. Only Nezile's example and remarks by some of the affected youth were indications thereof and no extreme examples of a 'risk culture' that would, moreover, reject an educational ideology were found. A more 'traditional' ethnography could help unravel whether such culture really exists, or is mainly part of a discourse among youth who need to present themselves as those who make the morally correct choices, in order to maintain their long-term orientation and resilience.

Furthermore, the need for a translator in some of the interviews, and the fact that interviews were not conducted in a language that was the interviewer's or respondent's first language, may have had implications for data collection and interpretation. Being a foreign, White woman conducting research in African areas might also have influenced the research. The combination of all these factors may have "enabled some things to happen and perhaps closed down other things" in the course of the project (Parker, 2005: 30). However, where ever possible or believed necessary, linguistic or cultural interpretation was asked of the research assistant and transcriber. The language differences did inform the choice not to use strict discourse analysis and the more general analysis informed by Miles and Huberman (1994).

Finally, it should be noted that the original intention was to select both female and male caregivers. In practice, only female caregivers took part in the study. A useful avenue for future research would therefore be the inclusion of a specific section that tries to understand male caregivers' reaction to the AIDS-pandemic regarding their values and beliefs.

### **9.2.2. The quantitative component**

The quantitative component had a number of limitations. Firstly, there was the difficulty of identifying HIV-infected or AIDS-affected respondents by means of the health rosters. This made it impossible to create firm control groups, and meant the quantitative analyses had to be focused more on the impact of 'good' or 'ill' health rather than AIDS-affectedness. Further research could sample affected and non-affected youth more purposively, but care would then have to be taken regarding generalising of the findings. Alternatively, use could be made of 'post-mortem' identification of AIDS-

related deaths, as applied by, for example, psychological and household level research in the country (for example Cluver and Gardner, 2006; 2007; Case and Ardington, 2004).

Secondly, the questions on health, values and subjective life expectancy were included only in one wave of CAS and CAPS. The analyses presented are thus cross-sectional, with only a small part on educational expectations presenting some longitudinal data. It is therefore difficult to draw conclusions on causality from the quantitative data. Further research could benefit from the development of instruments that would probe, for example, values and SLE over a longer period of time.

Thirdly, the research frequently indicated the importance of understanding levels of inertia, depression and anxiety in more detail. With the aim of informing policy on youth programs and interventions, further work would therefore benefit from cooperation with psychologists and the inclusion of psychological measures into the questionnaires around both EDM and affectedness.

Fourth, methodological constraints prevented a detailed analysis of the different consequences of various types of 'affectedness' by the pandemic. It can be argued that all young adults in the research areas were to some extent 'affected' by the pandemic; some more directly by their own HIV-positive status, others by the status of their caregivers or by orphanhood. Research into the psychosocial adjustment of HIV-positive adults has indicated that the reaction to their status changes over time, depending on – among other things - time of diagnosis and whether or not, or how long, individuals are, or have been, on treatment (Brandt, 2007). A more nuanced approach of 'affectedness' could have disentangled varying levels of shock, perhaps depression, inertia, and so on, in much more detail.

Finally, the quantitative data raised interesting questions around 'optimism' as noted among African youth and 'pessimism' among Coloured youth. Again, more psychologically oriented work could perhaps aid the understanding of optimism as a protective mechanism against hardship. Furthermore, a comparative study with a sample of Coloured youth could indicate the dynamics of EDM among that population group.

Despite these caveats, I believe the research to have contributed to the understanding of EDM among African youth, and of the ways in which these youth deal with the daily reality of hardship and death in their environments. It has indicated the need to refrain from overly pessimistic hypotheses around the impact of AIDS on people's educational values and decision-making and pointed to the need to develop theory and policy that takes affected people's strengths, needs and specific contexts into account. It has, however, equally pointed to the need to provide support to *all* African young people growing up in adverse situations in the new South Africa. The absence of strong guidance and knowledge renders all of their choices fragile, and leaves their chances of a better future seriously jeopardised<sup>81</sup>.

---

<sup>81</sup> Based on the narratives of the young adults who were trying hard to find their way in a world of chaos and absent guidance, and on the stories collected by other researchers, the idea arose to develop a 'resource directory' that could be a tool to help these youth along. A copy of the pilot version of the 'Yazi' directory can be found on [www.capetown.at/yazi/](http://www.capetown.at/yazi/). Printed copies have been distributed to all schools in the Masiphumelele area and the Department of Education of the Western Cape has expressed its interest in distributing the directory to all schools in the province.



## Bibliography

Adams, M. (2003). The reflexive self and culture: a critique. *British Journal of Sociology*, 54(2): 221-238.

Ahern, N.R. (2006). Adolescent Resilience: An Evolutionary Concept Analysis. *Journal of Pediatric Nursing*, 21(3): 175-185.

Ainsworth, M. and Filmer, D. (2006). Children's Schooling: AIDS, Orphanhood, Poverty, and Gender. *World Development*, 34(6):1099-1128.

Ajzen, I. (1988). *Attitudes, Personality, and Behavior*, Open University Press, Stony Stratford, United Kingdom.

Allison, K. W., Burton, L., Marshall, S., Perez-Febles, A., Yarrington, J., Bloch, K., Merriwether-DeVries, C. (1999). Life Experiences among Urban Adolescents: Examining the Role of Context. *Child Development*, 70(4): 1017-1029.

Almeleh, C. (2004). *The Longlife AIDS-Advocacy Intervention: An Exploration into Public Disclosure*. CSSR Working Paper 96. Centre for Social Science Research. University of Cape Town.

Almeleh, C. (2006). *Why do People Disclose their HIV Status? Qualitative Evidence from a Group of Activist Women in Khayelitsha*. CSSR Working Paper 163. Centre for Social Science Research. University of Cape Town.

Alva, S.A. (1999). Psychosocial Stress, Internalized Symptoms, and the Academic Achievement of Hispanic Adolescents. *Journal of Adolescent Research*, 14(3): 343-358.

Anderson, K.G. (2000). *Family Structure, parental investment, and educational outcomes among Black South Africans*. Research Report 00-461. Populations Study Centre, University of Michigan, Ann Arbor, Michigan.

Anderson, K.G. (2005). Relatedness and Investment in Children in South Africa. *Human Nature*. 16(1):1-31.

Anderson, K.G., Case, A., Lam, D. (2001). Causes and Consequences of Schooling Outcomes in South Africa: Evidence from Survey Data. In *Social Dynamics* 27(1): 37-59.

Anderson, K.G., Kaplan, H., Lam, D. (2002). *Grade repetition and schooling attainment in South Africa*. Unpublished Draft. Population Studies Center: University of Michigan.

Anderson, K. G., Lam, D. (2003). *Dynamics of Family Structure and Progress through School in South Africa: Evidence from Retrospective Histories*. Prepared for presentation at the Annual Meeting of the Population Association of America, Minneapolis, Minnesota, May 2003.

Ardington, C. (2007). *Orphanhood and Schooling in South Africa: Trends in the vulnerability of orphans between 1993 and 2005*. Paper prepared for Economics Reference

Group, UNAIDS and World Bank. South African Labour Development Research Unit. University of Cape Town.

Arnett, J. J. (2000). Optimistic Bias in Adolescent and Adult Smokers and Nonsmokers. *Addictive Behaviors*, 25(4): 625-632.

Arnot, M. (2004). *Male Working-Class Identities and Social Justice. A reconsideration of Paul Willis' Learning to Labor in Light of Contemporary Research*. In Dolby, N. and Dimitriadis, G. with Willis, P. (2004) *Learning to Labor in New Times*. RoutledgeFalmer, New York, London.

ASSA (2003). *AIDS Model*. Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa. Available on [www.assa.org.za/aidsmodel.asp](http://www.assa.org.za/aidsmodel.asp)

Ashforth, A. (2002). An epidemic of witchcraft? The implications of AIDS for the Post-Apartheid State. *African Studies*, 61 (1): 121-143.

Ashforth, A. (2005). *Witchcraft, Violence and Democracy in South Africa*. The University of Chicago Press, Chicago, London.

Aunola, K. , Stattin, A., Nurmi, J.E. (2002). Parenting styles and adolescents' achievement strategies. *Journal of Adolescence*, 23 (2): 205-222.

Babbie, E. and Mouton, J. (2001). *The Practice of Social Research*. Oxford University Press.

Badcock-Walters, P., Desmond, C., Wilson, D., Heard, W. (2003). *Educator Mortality In-Service in Kwazulu Natal*, Demographic and socio-economic Conference, Tropicana Hotel, Durban, 28 March 2003.

Bandura, A. (1995). *Self-efficacy in changing societies*. Cambridge University Press.

Bandura, A. (1989). Human Agency in Social Cognitive Theory. *American Psychologist*. 44(9): 1175-1184.

Barbarin, O. A. and Richter, L. (2001). Economic Status, Community Danger and Psychological Problems among South African Youth. *Childhood* 2001, 8: 115-113.

Barbarin, O. A., Richter, L., de Wet, T. (2001). Exposure to Violence, Coping Resources, and Psychological Adjustment of South African Children. *American Journal of Orthopsychiatry*, 71(1): 16-25.

Barnett, T. and A. Whiteside (2002). *AIDS in the twenty-first century: disease and globalization*. New York, Palgrave Macmillan.

Battles H. B. and Wiener L. S. (2002). From Adolescence Through Young Adulthood: Psychosocial Adjustment Associated with Long Term Survival of HIV. *Journal of Adolescent Health*. 30:161-168.

Becker, G. S. (1964). *Human Capital: a theoretical and empirical analysis, with special reference to education*. New York: National Bureau of Economic Research.

Becker, G. S., Tomes, N. (1976). Child Endowments and the Quantity and Quality of Children. In *Journal of Political Economy*, 84(4): 2.

Bell, C., Devarajan, S., Gersbach, H. (2004). Thinking about the long-run economic costs of AIDS, in Haacker, M. (ed), *The Macroeconomics of AIDS*, International Monetary Fund, Washington: 96-133.

Bennell, P., K. Hyde, et al. (2002). *The impact of the HIV/AIDS epidemic on the education sector in Sub Saharan Africa*, University of Sussex, Institute of Education.

Bernard, H.R. (2000). *Social Research Methods. Qualitative and Quantitative Approaches*. Sage Publications.

Beutel, A. M., Anderson, K. G. (2004). *Educational Expectations in South Africa: Comparisons Between Adolescents and their Households Across Three Racial/Ethnic Groups*. Paper prepared for the 2004 meeting of the Population Association of America in Boston, MA.

Bhorat, H., Leibbrandt, M. (2001). Correlates of vulnerability in the South African Labour Market. In: Bhorat, H.; Leibbrandt, M.; Maziya, M.; Van der Berg, S., Woolard, I. (eds.) (2001) *Fighting poverty: Labour markets and inequality in South Africa*. UCT Press: 74-106

Bhorat, H., Poswell, L., Naidoo, P. (2004). *Dimensions of poverty in post-apartheid South Africa 1996 – 2001. A poverty status report*. Development Policy Research Unit, School of Economics, University of Cape Town. Cape Town: July 2004.

Bhorat, H., Kanbur, R. (2005). *Poverty and Well-being in Post-Apartheid South Africa: An overview of data, Outcomes and Policy*. Working Paper 05/101, Development Policy Research Unit, University of Cape Town.

Bility, K. M. (1999). School Violence and Adolescent Mental Health in South Africa: Implications for School Health Programs. *Sociological Practice: A journal of Clinical and Applied Research*. 1(4): 285-303.

Bloch, G. (2008). *Building Education Beyond Crisis*. Development Bank of Southern Africa.  
[http://www.dbsa.org/Research/Documents/Building\\_Education\\_Beyond\\_Crisis.doc](http://www.dbsa.org/Research/Documents/Building_Education_Beyond_Crisis.doc) (May 2008).

Booyesen, F. I. R., M. Bachman, et al. (2003). *The socio-economic impact of HIV/AIDS on households in South Africa: a pilot study in Welkom and Qwaqwa, Free State Province*. Interim Report October 2003. University of Free State and Centre for Health Systems Research and Development.

Borman, G.D. and Rachuba, L.T (2001). *Academic Success among Poor and Minority Students*. Report no. 52. Centre for Research on the Education of Students Placed at Risk.

Bot, M. (2001). Macro Indicators in Education 1994-2000 in *HRD Biennial Directory*, chapter 13. On <http://hrdwarehouse.hsrc.ac.za> (June 2008).

Bourdieu, P. (1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.

Bourdieu, P. and Passeron, J.C (1977). *Reproduction in Education, Society, and Culture*. London: Sage Publications.

Bradshaw, D. and Steyn, K (2001). Poverty and Chronic Disease in South Africa. *Technical Report 2001*. Cape Town: South African Medical research Council, Burden of Disease Unit.

Bradshaw, D., Groenewald, P., Laubscher, R., Nannan, N., Nojilana, B., Norman, R., Pieterse, D., Schneider, M. (2003). *Initial Burden of Disease Estimates of South Africa, 2000*. Cape Town: South African Medical Research Council, Burden of Disease Research Unit.

Bradshaw, D., Nannan, N., Laubscher, R., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D., Schneider, M. (2005). *South African National Burden of Disease Study. Estimates of Provincial Mortality Western Cape Province 2000*. Medical Research Council South Africa, Burden of Disease Research Unit.

Brandt, R. (2005a). *Maternal Well-Being, Childcare and Child Adjustment in the context of HIV/AIDS*. Working Paper 135, Centre For Social Science Research, University of Cape Town.

Brandt, R. (2005b). *Coping with HIV/AIDS: A Case Analysis of the Psychological Experiences of Poor, HIV Positive Mothers and Women Caregivers in the Era of HAART*. Working Paper 120, Centre for Social Science Research, University of Cape Town.

Brandt, R. (2007). *Does HIV matter when you are poor and how? The impact of HIV/AIDS on the psychological adjustment of South African mothers in the era of HAART*. Doctoral Thesis, University of Cape Town.

Bray, R. (2003). *Predicting the social consequences of orphanhood in South Africa*. CSSR Working Paper 29. Centre for Social Science Research. University of Cape Town.

Bray, R. (2007). *Mobility amongst poor urban mothers and their children: An ethnographic analysis of the impact of AIDS on residential decision-making*. Unpublished Draft.

Bray, R., Brandt, R. (2005). *What is childcare really about? An ethnographic analysis of care relationships in a resource-poor community*. Working paper, Centre for Social Science Research, University of Cape Town.

Bray, R., Gooskens, I., Kahn, L., Moses, S., and Seekings, J. (2008) *Growing up in the New South Africa: Childhood and Adolescence in Post-Apartheid Cape Town*. Book Manuscript.

- Breen, R. (2001). *A Rational Choice Model of Educational Inequality*. Working paper 166, Centro de Estudios Avanzados in Ciencias Sociales, Instituto Juan March de Estudios e Investigaciones, Madrid.
- Breen, R. and Goldthorpe J.H. (1997). Explaining Educational Differentials: Towards a Formal Rational Action Theory. *Rationality and Society*. 9(3): 275-305.
- Brookes, H., O. Shisana, et al. (2004). *The National Household HIV Prevalence and Risk Survey of South African Children*. Cape Town, Human Science Research Council.
- Buchmann, C. (2000). Family structure, Parental Perceptions, and Child labor in Kenya: what factors determine who is enrolled in school? In *Social Forces* 78(4): 1349-1379.
- Buchmann, C. and Hannum, E. (2001) Education and Stratification in Developing Countries: A review of Theories and Research. *Annual Review Sociology*. 2001. 27:77-102.
- Burton, P. (2006). *Snapshot Results of the 2005 National Youth Victimisation Study*. Centre for Justice and Crime Prevention, Research Bulletin, no 1, Cape Town, April 2006.
- Burton, P. (2007). *Someone Stole My Smile: An Exploration into the Causes of Youth Violence in South Africa*. Centre for Justice and Crime Prevention, Monograph Series, no. 3, Cape Town, November 2007.
- Burton, P. (2008a). *Merchants, skollies and stones: Experiences of school violence in South Africa*. Centre for Justice and Crime Prevention, Monograph Series, no. 4, Cape Town, April 2008.
- Burton, P. (2008b). *Snapshot Results of the CJCP National School Violence Study*. Centre for Justice and Crime Prevention, Research Bulletin, no 2, Cape Town, April 2008.
- Byrnes, J.P. (2002). The Development of Decision-Making. *Journal of Adolescent Health*. Vol. 31: 208-215.
- Caldwell, R.M., Wiebe, R.P., Cleveland, H.H. (2006). The Influence of Future Certainty and Contextual Factors on Delinquent Behavior and School Adjustment Among African American Adolescents. *Journal of Youth and Adolescence. A Multidisciplinary Research Publication*. Published online 3 June 2006.  
<http://www.springerlink.com/content/e012634g221983u3/fulltext.html>
- Cammatora, J. (2004). The Gendered and Racialised Pathways of Latina and Latino Youth: Different Struggles, Different Resistances in the Urban Context. *Anthropology and Education Quarterly*. 35(1): 53-74.
- Cape Times (2007). Philippi Residents “necklace” robbery suspect. Published on the web on December 2, 2007. [www.capetimes.co.za](http://www.capetimes.co.za).
- Casale, M. (2008). Personal email communication about a small qualitative project conducted in two sites in South Africa during 2006/2007.

Case, A., Ardington, C. (2004). *The Impact of Parental Death on School Enrolment and Achievement: Longitudinal Evidence from South Africa*. CSSR Working Paper No. 97, Centre for Social Science Research, University of Cape Town.

----- (2006). The Impact of Parental Death on School Enrolment and Achievement: Longitudinal Evidence from South Africa. *Demography*, 43(3): 401-420.

Case, A., Deaton, A. (1999). School Inputs and Educational Outcomes in South Africa. In *The Quarterly Journal of Economics*, August 1999.

Case, A., Paxson, C., Ableidinger, J. (2004). Orphans in Africa: Parental Death, Poverty, and School Enrollment. *Demography* 41: 483-508.

Cassiem, I., Streak, J. (2001). *Budgeting for child Socio-economic rights. Government obligations and the child's right to social security and education*. Idasa, Cape Town.

Cape Area Panel Study (2005). *An Introduction and User's Guide to CAPS*. On [http://www.cssr.uct.ac.za/datafirst\\_data.html](http://www.cssr.uct.ac.za/datafirst_data.html)

Census (2001). on [www.statssa.gov.za](http://www.statssa.gov.za)

Chavous, T. M., Hilken Bernat, D., Schmeelk-Cone, K., Caldwell, C. H., Kohn-Wood, L., Zimmerman, M. A. (2003). Racial Identity and Academic Attainment among African American Adolescents. *Child Development*, July/August 2003, 74(4): 1076-1090.

Cichello, P.L. (2003). Child Fostering and Human Capital Formation in Kwazulu-Natal: An Economist's Perspective. *Social Dynamics*, 29(2): 177-212.

City of Cape Town, Health Services (2007). *Leading causes of death in the Cape Town Metropole*, on <http://www.capetown.gov.za/clusters/health.asp>.

Cluver, L. and Gardner, F. (2006). The psychological well-being of children orphaned by AIDS in Cape Town, South Africa. *Annals of General Psychiatry* 2006, 5:8.

Cluver, L. (2007). *Poverty and psychological health for children orphaned by AIDS: potential benefits of state poverty alleviation programmes in South Africa*. Presentation for the CSSR Seminar Series, February 2007.

Cluver, L. and Gardner, F. (2007a). The mental Health of Children Orphaned by AIDS: A review of International and Southern African Research. *Journal of Child and Adolescent Mental Health*.

Cluver, L. and Gardner, F. (2007b). Risk and protective factors for psychological well-being of orphaned children in Cape Town: A Qualitative study of children's views. *AIDS Care*, 19: 318-325.

Cohn, L. D., Macfarlane, S., Yanez, C., Imai, W. K. (1995). Risk-Perception: Differences between Adolescents and Adults. *Health Psychology* 14(3): 217-222.

Coleman, J.S. (1988). Social Capital in the Creation of Human Capital. *The American Journal of Sociology*, Vol. 94, Supplement: Organizations and Institutions: Sociological and Economic Approaches to the Analysis of Social Structure, pp.S95-S120.

Coleman, J. S. (1990). *Equality and Achievement in Education*. Boulder: Westview Press.

Coombe, C. (2001). HIV/AIDS and trauma among Learners: sexual violence and deprivation in South Africa. In Maree, J., Ebersohn, L. (2001). *Lifeskills within the caring professions: a career counselling perspective for the Bio-Technology Age*. Cape Town, South Africa.

Corsaro, W. A., Rosier, K. B. (1992). Documenting productive-reproductive processes in children's lives: Transition narratives of a black family living in poverty. In Corsaro, W.A. and Miller, P.J. (Eds.), *Interpretative approaches to children's socialization: New directions for child development*, pp. 67-90. Jossey-Bass, San Francisco, USA.

Cosser, M., du Toit, J. (2002). *From School to Higher Education? Factors affecting the choices of Grade 12 Learners*. Human Science Research Council Publishers, Cape Town, South Africa.

Creswell, J.W. (2003). *Research Design: Qualitative, quantitative, and mixed method approaches. Second Edition*. Sage Publications, London, UK.

Crouch, L. (2005). *Disappearing schoolchildren or data misunderstanding? Dropout phenomena in South Africa*. On [http://www.rti.org/pubs/disappearing\\_schoolchildren.pdf](http://www.rti.org/pubs/disappearing_schoolchildren.pdf) (accessed August 2008).

Crouch, L. and Mabogoane, T. (2001). No Magic Bullets, Just Tracer Bullets: The role of learning Resources, social advantage, and education management in improving the performance of South African Schools. *Social Dynamics*, 27 (1): 60-78.

Dass-Brailsford, P. (2005). Exploring Resilience: Academic achievement among Disadvantaged black youth in South Africa. *South African Journal of Psychology*, 35 (3): 574-591.

Davies, D.J. (2005). *A Brief History of Death*. Blackwell Publishing.

Dawson, M.C. (2007). Identity Formation among Learners at a South African High School: Assessing the Interaction between Context and Identity. *Race, Ethnicity and Education* 10(4): 457-472.

De Lannoy, A. (2007a). *Modeling the impact of AIDS on the perceived value of education, using survey data*. CSSR Working paper 189, Centre for Social Science Research, University of Cape Town.

De Lannoy, A. (2007b). *Educational Decision-making in an Era of AIDS: Exploring the Narratives of Affected Young Adults in the Cape Flats*. CSSR Working Paper 191. Centre for Social Science Research. University of Cape Town.

Department of Finance (1996). *Growth, employment and redistribution: a macro-economic strategy*. Pretoria, South Africa.

Department of Health (1998). *South Africa Demographic and Health Survey 1998*. Medical Research Council. On <http://www.doh.gov.za/facts/1998/sadhs98> (June 2008)

Department of Health, South Africa (2007). *National HIV and Syphilis Sero-prevalence Survey in South Africa 2006*. Pretoria. Accessed through [www.doh.gov.za](http://www.doh.gov.za) (June 2008)

Desmond, C., Boyce, G. (2006). A Healthy Attitude? In Pillay U, Roberts B, Rule S (Eds) *South African Social Attitudes. Changing Times, Diverse Voices*. HSRC Press, Cape Town, South Africa.

Devine, F. (2004). *Class Practices: How Parents Help Their Children Get Good Jobs*. Cambridge University Press.

De Waal, A. (2002). Modelling the Governance Implications of the HIV/AIDS Pandemic in Africa, *AIDS and Governance Discussion Paper 2*, Unpublished draft, March 2002.

Dolby, N. (2000). The Shifting Ground of Race: the role of taste in youth's production of identities. *Race, Ethnicity and Education*, 3(1): 7-23.

Dolby, N. (2001). *Constructing Race. Youth, Identity, and Popular Culture in South Africa*. Suny Press.

Dolby, N. and Dimitriadis, G. with Willis, P. (2004). *Learning to Labor in New Times*. RoutledgeFalmer, New York, London.

Dorrington, R., Bradshaw, D., Budlender, D. (2002). *HIV/AIDS profile in the provinces of South Africa*, The Centre for Actuarial Research, The burden of Disease Research Unit, The Actuarial Society of South Africa, November 2002.

Dorrington, R., Johnson, L., Bradshaw, D., Daniel, T-J. (2006). *The Demographic Impact of HIV/AIDS in South Africa. National and Provincial Indicators for 2006*. Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.

Durbrow, E. H., Pena, L. F., Masten, A., Sesma, A., Williamson, I. (2001). Mothers' conceptions of child competence in contexts of poverty: The Philippines, St Vincent, and the United States. *International Journal of Behavioral Development*, 2001, 25(5): 438-443.

Earls, F., Raviola, G. J., Carlson, M. (2008). Promoting child and adolescent mental health in the context of the HIV/AIDS pandemic with a focus on sub-Saharan Africa. *The Journal of Child Psychology and Psychiatry*. 49(3): 295-312.

Eaton, L., Flisher, A. J., Aaro, L. E. (2003). Unsafe sexual behaviour in South African youth. *Social Science and Medicine*, 56 (2003): 149-165.

Ebershöhn, L. and Eloff, I. (2002). The Black, White and Gray of Rainbow Children Coping with AIDS. *Perspectives in Education*, 20 (2), 77-86.

- Eccles Parsons, J. (1983). Expectancies, values, and Academic behaviours. In Spence, J. T. (Ed) *Achievement and Achievement Motives*. W.H. Freeman and Company, United States, 75-146.
- Eccles Parsons, J., Adler, T.F., Kaczala, C.M. (1982). Socialization of Achievement Attitudes and Beliefs: Parental Influences. In *Child Development*, 53(1982): 310-321.
- Eccles, J. S. and Wigfield, A. (2002). Motivational Beliefs, Values and Goals. In *Annual Review of Psychology*, 53: 109-132.
- Edwards, W. (1961). Behavioural Decision Theory. *Annual Review of Psychology*. 12: 473-498.
- Ensink, K., Robertson, B., Zissis, C., Leger, P. (1997). Post-traumatic stress disorder in children exposed to violence. *South African Medical Journal (SAMJ)*, 87(11): 1526-1530.
- Family Health Research Group (1998). The Family Health Project: A Multidisciplinary Longitudinal Investigation of Children whose Mothers are HIV Infected. *Clinical Psychology Review*, 18(7): 839-856.
- Francis, B., Archer, L. (2005). British-Chinese pupils' and parents' constructions of the value of education. *British Educational Research Journal*, 31(1): 89-108.
- Floyd, C. (1996). Achieving Despite the Odds: A Study of Resilience Among a Group of African American High School Seniors. *Journal of Negro Education*. 65(2): 181-189.
- Forehand, R., Jones, J.D., Kotchick, B.A., Armistead, L., Morse, E., Morse, P.S. (2002). Non-infected Children of HIV-Infected Mothers: A 4-Year Longitudinal Study of Child Psychosocial Adjustment and Parenting. *Behavior Therapy* 33: 579-600.
- Fortson, J.G. (2007). *Mortality Risk and Human Capital Investment: The impact of HIV/AIDS in Sub-Saharan Africa*. Department of Economics. University of Princeton.
- Forsyth B.W., Damour L., Nagler S., Adnopoz J. (1996). The psychological effects of parental human immunodeficiency virus infection on uninfected children. *Archives of pediatrics and adolescent medicine*, 150 (10): 1015-1020.
- Foster, G. (2002). Beyond education and food: psychosocial well-being of orphans in Africa. *Acta Paediatrica*. 91(5): 502-504.
- Galper, A., Wigfield, A., Seefeldt, C. (1997). Head Start Parents' Beliefs about their Children's Abilities, Task Values, and Performance on Different Activities. *Child Development*, 68(5): 897-907.
- Gayles, J. (2005). Playing the Game and Paying the Price: Academic Resilience among Three High-Achieving African American Males. *Anthropology and Education Quarterly*, 36(3): 250-264.
- Gibson, D. and Nadasen, K. (2006). *I have plans. Giving attention to the work of hope in safe sexual practices among young men in Khayelitsha*. Presentation for the Anthropology Seminar Series, University of Cape Town, 2006.

Giese, S., H. Meintjes, et al. (2003). *The role of Schools in addressing the needs of Children made vulnerable in the context of HIV/AIDS*. Education policy Round Table.

Giddens, A. (1991). *Modernity and Self-Identity*. Polity Press, Cambridge, UK.

Glick, P., Sahn, D. E. (2000). Schooling of girls and boys in a West African Country: the effects of parental education, income, and household structure. *Economics of Education Review*, 19 (2000), 63-87.

Gonzales, N. A., Cauce, A. M., Friedman, R. J., Mason, C. A. (1996). Family, Peer, and Neighbourhood Influences on Academic Achievement among African –American adolescents: one-year prospective effects. In *American Journal of Community Psychology*, 24(3): 365-381.

Gordon, L. (1984). Paul Willis: Education, Cultural Production and Social Reproduction. *British Journal of Sociology of Education*. 5(2): 105-115.

Gould, B., Huber, U. (2002). *HIV/AIDS, poverty and schooling in Tanzania and Uganda*, Prepared for the meeting of the British Society for Population Studies on ‘Poverty and well-being in HIV/AIDS affected African countries’, at the Royal Statistical Society, London, 8<sup>th</sup> January 2002, Department of Geography, University of Liverpool.

Gray, A., Govender, M., Gengiah, T., Singh, J. (2005). Health Legislation. In Ljumbba, P., Barron, P. (Eds) *South African Health Review 2005*. Durban: Health Systems Trust. On <http://www.hst.org/generic/29> (January 2008).

Greening, L. and Dollinger, S. J. (1991). Illusions (and shattered illusions) of invulnerability: Adolescents in natural disaster. *Journal of Traumatic Stress*, 5(1): 63-75.

Greening, L. and Dollinger, S. J. (1991). Adolescent Smoking and Perceived Vulnerability to Smoking-Related Causes of Death. *Journal of Pediatric Psychology*, 16(6): 687-699.

Groenewald, P., Bradshaw, D., Daniels, J., Matzopoulos, R., Bourne, D., Shaikh, N., Blease, D., Zinyaktira, N., Naledi, N.T. (2007). *Cause of death and premature mortality in Cape Town, 2001-2004*. Cape Town: South African Medical research Council.

Grossberg, L. (1996). Identity and Cultural Studies: Is that All There Is? In Hall, S. and du Gay, P. (1996). *Cultural Identity*. Sage Publications.

Griffin, C. (1985). *Typical Girls? Young women from school to the job market*. Routledge & Kegan Paul. London. UK.

Griffin, C. (2000). Discourses of Crisis and Loss: Analysing the ‘Boys’ Underachievement Debate. *Journal of Youth Studies*. 3(2): 167-188.

Gruskin, S. and Tarantola, D. (2002). *Human Rights and HIV/AIDS*, in Essex, M., Mboup, S., Kanki, P., Marlink, R. and Tlou, S. (Eds) *AIDS in Africa*, Kluwer Academic/Plenum Publishers, New York, (2002): 641-653.

- Haacker, M. (2004) HIV/AIDS: the Impact on the Social Fabric and the Economy, in Haacker, M. (ed) (2004), *The Macroeconomics of AIDS*, International Monetary Fund, Washington: 41-96.
- Hall, E., Altman, M., Nkomo, N., Peltzer, K., Zuma, K. (2005). *Factors Determining Educator Supply and Demand in South African Public Schools*. HSRC Press, Cape Town, South Africa.
- Hall, S. (1996). Introduction: who needs identity? In Hall, S. and du Gay, P. (Eds) (1996). *Cultural Identity*. Sage Publications.
- Hallman, K. (2006). *Orphanhood, poverty and HIV-risk among adolescents in Kwazulu-Natal, South Africa*. Draft version, March 2006. Population Council, New York.
- Halpern-Felsher, B. L. and Millstein, S. G. (2002). The Effects of Terrorism on Teen's Perceptions of Dying: The New World is Riskier than Ever. *Journal of Adolescent Health*. Vol. 30: 308-311.
- Hatcher, R. (1998). Class Differentiation in Education: rational choices? In *British Journal of Sociology of Education*, 19(1): 5-24.
- Hechter, M. and Kanazawa, S. (1997). Sociological Rational Choice Theory. In *Annual Review of Sociology*. Vol. 23: 191-214.
- Henderson, N. and Millstein, N.M. (2003). *Resilience in Schools: Making it Happen for Students and Educators*. Sage Publications.
- Henderson, P.C. (1999). *Living with Fragility: Children in New Crossroads*. Thesis prepared for the degree of Doctor of Philosophy in the Department of Anthropology, University of Cape Town.
- Hickey, A. (2002). Governance and HIV/AIDS: Issues of public policy and administration in *HIV/AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response: A Literature Review*, Centre for Aids Development, Research and Evaluation, Johannesburg, 2002.
- Honkasalo, M.L. (2006). Fragilities in life and death: engaging in uncertainty in modern society. *Health, Risk and Society*, 8(1): 27-41.
- Hosegood, V. and Ford, K. (2003). *The Impact of HIV/AIDS on children's Living Arrangements and Migration in Rural South Africa*. Paper prepared for Conference on African Migration in Comparative Perspective, Johannesburg, South Africa, 4-7 June, 2003.
- Hosegood, V., Vanneste, A-M., Timaeus, I. M. (2004). Levels and causes of adult mortality in rural Africa: the impact of AIDS. *AIDS*, vol. 18: 663-671.
- Hough, E.S., Brumitt, G., Templin T., Saltz E., Mood, D. (2003). A model of mother-child coping and adjustment to HIV. *Social Science and Medicine*, Vol. 56: 643-655.

HRD (2003). *HRD Review 2003. Education, Employment and skills in South Africa*. HSRC Press. On <http://hrdwarehouse.hsrc.ac.za>

Human Rights Watch (2001). *Scared at School: Sexual Violence Against Girls in South African Schools*. New York.

Human Rights Watch (2005). *Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS*. On: <http://www.hrw.org/english/docs/2005/10/07/safric11838.htm> (December 2007).

Human Science Research Council (2000). *With Africa for Africa. Towards quality education for all. 1999 MLA project*. HSRC Press, Pretoria, South Africa.

Hunter, S. (1990). Orphans as a window on the AIDS epidemic in Sub-Saharan Africa: initial results and implications of a study in Uganda. *Social Science and Medicine*. 31(6): 681-90.

Ibanez, G. E., Kuperminc, G. P., Jurkovic, G., Perilla, J. (2004). Cultural attributes and adaptations linked to achievement motivation among Latino adolescents. In *Journal of Youth and Adolescence*, 33(6): 559-569.

Irinnews (2006). *South Africa: Falling final year pass rates signs of a deeper malaise*, [www.irinnews.org](http://www.irinnews.org) (11 April 2006).

Irinnews (2007). *South Africa: Gang Culture in Cape Town. Youth in Crisis. Coming of Age in the 21<sup>st</sup> Century*. On [www.alertnews.org](http://www.alertnews.org) (June 2008).

Jansen, J., Taylor, N. (2003). *Educational Change in South Africa 1994-2003: Case Studies in Large-Scale Education Reform*, Country Studies, Education reform and Management Publication Series, Vol. II, n°1, October 2003.

Jansen, J. (2005). Targeting education: The politics of performance and the prospects of 'Education For All', *International Journal of Educational Development* 25(4): 368-380.

Jarrett, R.L. (1997). Resilience among low-income African American Youth: An Ethnographic Perspective. *Ethos*, 25(2): 218-229.

Johnson, L. and Dorrington, J.R. (2001). *The Impact of AIDS on Orphanhood in South Africa: A Quantitative Analysis*. Monograph No.4. University of Cape Town: Centre for Actuarial Research.

Jordan Smith, D. (2003). Imagining HIV/AIDS: Morality and Perceptions of Personal Risk in Nigeria. *Medical Anthropology*, 22: 243-372.

Kaufman, C.E., de Wet, T., Stadler, J. (2000). *Adolescent Pregnancy and Parenthood in South Africa*. Policy Research Division Working Paper No 136. Population Council. On: <http://www.popcouncil.org/pdfs/wp/136.pdf> (June 2008).

Kahn, L. (2005). *Narratives of Sexual Abstinence: A Qualitative Study of Female Adolescents in a Cape Town Community*. CSSR Working Paper No. 105, Centre for Social Science Research, University of Cape Town.

- Kahn, L. (2006). *Sexual Abstinence: A qualitative study of white, English-speaking girls in a Cape Town Community*. Working paper 186, Centre for Social Science Research, University of Cape Town.
- Kahn, K., Garenne, M. L., Collinson, M. A., Tollman, S. M. (2007). Mortality Trends in a new South Africa: Hard to make a fresh start. *Scandinavian Journal of Public Health*, 35 (Suppl 69): 26-34.
- Kalichman, S.C. and Simbay, L. (2003). Perceived Social Context of AIDS in a Black Township in Cape Town. *African Journal of AIDS Research*, 2(1): 33-38.
- Kassiem, A. (2006a). *More than 25% of Western Cape Schools at "high risk"*. Cape Times, May 31, 2006.
- Kassiem, A. (2006b). *Schools unsafest place for kids*. Cape Times, September 29, 2006.
- Kassiem, A., Ka Nzapeza, V. (2006). *Horror school attack*. Cape Times, November 15, 2006.
- Keggs, B. (1991b). Challenging Masculinities and Using Sexuality. *British Journal of Sociology of Education*. 12(2): 127-139.
- Kenyon, B.L. (2001) Current Research in children's conceptions of death: A critical review. *Journal of Death and Dying*. 43(1): 63-91.
- Keswell, M. and Poswell, L. (2002). *How important is Education for getting ahead in South Africa?*, Working Paper 22, Centre for Social Science Research, University of Cape Town.
- Kinnes, I. (2000). Gang Warfare in the Western Cape: Background. Published in *Monograph No48, From urban street gangs to criminal empires: The changing face of gangs in the Western Cape*, June 2000.  
On: <http://www.iss.co.za/Pubs/Monographs/No48/Gangwarfare.html> (June 2008)
- Kivilu W. M., Morrow, S. (2006). What do South Africans think about Education? In Pillay, U., Roberts, B., Rule, S. (Eds) *South African Social Attitudes. Changing Times, Diverse Voices*. HSRC Press, Cape Town, South Africa.
- Lam, D. (1999). *Generating Extreme Inequality: Schooling, Earnings, and Intergenerational Transmission of Human Capital in South Africa and Brazil*. Research Report n 99-439. Population Studies Center at the Institute for Social Research. University of Michigan.
- Lam, D., Ardington, C., Leibbrandt, M. (2008). *Schooling as Lottery: Racial Differences in School Advancement in Urban South Africa*. Research Report 08-632. Population Studies Centre. University of Michigan. Institute for Social Research.
- Lam, D., Leibbrandt, M., Mlatsheni, C. (2005). *The Impact of High Levels of Youth Unemployment on Transitions from School to Work in South Africa: Evidence from a Panel Study of Youth in Cape Town*. Extended Abstract,

on <http://iussp2005.princeton.edu/download.aspx?submissionId=52140> (June 2008).

Lam, D., and Seekings, J. (2005). *Transitions to Adulthood in Urban South Africa: Evidence from a Panel Survey*. Prepared for IUSSP General Conference 2005 Tours, France.

Lam, D., Seekings, J., Sparks, M. (2006). *The Cape Area Panel Study: Overview and Technical Documentation for Waves 1-2-3*. The University of Cape Town, December 2006.

Lam, D., Seekings, J., Sparks, M. (2007). *The Cape Area Panel Study: User's Guide to the Integrated Waves 1-2-3 (2002-2005) Data*. The University of Cape Town, March 2007.

Langer, L. M., Tubman, J. G., Duncan, S. (1998). Anticipated Mortality, HIV Vulnerability and Psychological Distress Among Adolescents and Young Adults at Higher and Lower Risk for HIV infection. *Journal of Youth and Adolescence*, 27(4): 513-538.

Leclerc-Madlala, S. (1997). Infect one, infect all: Zulu youth response to the AIDS epidemic in South Africa. *Medical Anthropology*, 17(4): 363-380.

Lee, S-J., Detels, R., Rotheram-Borus, M. J., Duan, N., Lord, L. (2007a). Depression and Social Support among HIV-affected Adolescents. *AIDS Patient Care and STDs*, 21(6): 409-417.

Lee, S-J., Detels, R., Rotheram-Borus, M. J., Duan, N. (2007b). The Effect of Social Support on Mental and Behavioral Outcomes Among Adolescents with parents with HIV/AIDS. *American Journal of Public Health*. 97(10): 1802-1826.

Leoschut, L. and Burton, P. (2006). *How Rich the Rewards; Results of the 2005 National Youth Victimization Study*, Centre for Justice and Crime Prevention, Monograph 1, Cape Town.

Levine, S. and Ross, F. (2002). *Perceptions of and Attitudes to HIV/AIDS among young adults at the University of Cape Town*. CSSR Working Paper 14. Centre for Social Science Research. University of Cape Town.

Lewin, K.M., Sayed, Y. (2004). *Private or Public Secondary Schooling in Africa? Exploring the Evidence in South Africa and Malawi*. London: Department for International Development.

Lloyd, B. C., Blanc, K. A. (1996). Children's Schooling in Sub-Saharan Africa: the Role of Fathers, Mothers, and Others. In *Population and Development Review*, 22(2): 265-298.

Long, S.J. (1997). *Regression Models for Categorical and Limited Dependent Variables*. Sage Publications, London.

Louw, M., van der Berg, S., Yu, D. (2006). *Educational attainment and intergenerational social mobility in South Africa*, Working Papers 09/2006, Stellenbosch University, Department of Economics.

Lykes, M. B. (1994). *Terror, Silencing and Children: International, Multidisciplinary Collaboration with Guatemalan Maya Communities*. Centre for Human Rights and International Justice, Boston College. <http://escholarship.bc.edu/hrij-facp/5> (June 2008).

Mac an Ghail, M. (1988). *Young, gifted and Black. Student-teacher Relations in the schooling of Black Youth*. Open University Press: 184pp.

Mac an Ghail, M. (2000). The Cultural Production of English Masculinities in Late Modernity. *Canadian Journal of Education*. 25(2): 88-101.

Maharaj, P., Kaufman, C., Richter, L. (2000). *Children's Schooling in South Africa: Transitions and Tensions in Households and Communities*. School of Development Studies, University of Natal, Durban, South Africa.

Markus, H. and Nurius, P. (1987). Possible Selves: The Interface between Motivation and the Self-concept. In Yardley, K. and Honess, T. (Eds) (1987). *Self & Identity*. John Wiley & Sons Ltd, UK: 332pp.

Mattes, R. (2003). *Healthy Democracies? The potential impact of AIDS on democracy in Southern Africa*. Occasional Paper 71, University of Cape Town.

MacLeod, J. (1987). *Ain't No Makin' it: Leveled Aspirations in a Low-Income Neighborhood*. Westview Press, Boulder.

MacLeod, J. (1995). *Ain't No Makin' it: aspirations and attainment in a low-income neighborhood*. Westview Press, Boulder.

McGuigan, K.A., Ellickson, P.L., Hays, R.D. and Bell, R.M. (1995). *Tracking, Weighting, and Sample Selection Modeling to Correct for Attrition*. [www.amstat.org](http://www.amstat.org), SRMS proceedings.

McIntyre, A. (2000). Constructing Meaning About Violence, School and Community: Participatory Action Research with Urban Youth, *The Urban Review*, 32(2): 123-154.

McLaren, P. and Scatamburlo-D'Annibale, V. (2004). Paul Willis, Class Consciousness and Critical Pedagogy. Towards a Socialist Future. In Dolby, N and Dimitriadis, G with Willis, P (2004) *Learning to Labor in New Times*. RoutledgeFalmer, New York, London.

McRobbie, A. (1991/1977). The culture of working-class girls. In A. McRobbie (Ed.), *Feminism and Youth Culture*. MacMillan Press LTD.

Mickelson, R. A. (1990). The attitude Achievement Paradox Among Black Adolescents. In *Sociology of Education*, 63(1): 44-61.

Miles, M. and Huberman, A. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. Sage Publications: London.

Ministry of Finance (2005). *Address to the 'City of Angels' Awards Dinner Cape Town, 17 November 2005*. Trevor A Manuel, MP, Minister of Finance. On <http://www.treasury.gov.za/speech/2005111701.pdf>

Mirowsky, J. and Ross, C.E. (2000). Socioeconomic Status and Subjective Life Expectancy. *Social Psychology Quarterly*, 63(2): 133-151.

Mlatsheni, C. (2006). *Youth employment*. Presentation given at the School of Economics and Southern Africa Labour & Development Research Unit, University of Cape Town.

Mlatsheni, C., Rospabe, S. (2006). *Why is youth unemployment so high and unequally spread in South Africa? A microeconomic investigation*. Unpublished Draft.

Mobile Task Team (2005). *Educator Attrition and Mortality in South Africa, a Study into Gross Educator Attrition Rates and Trends, including Analysis of the Causes of these by Age and Gender, in the Public School System in South Africa 1997/8 – 2003/04*, MTT, Health Economics & HIV/AIDS Research Division, University of Kwazulu-Natal, South Africa.

Moleke, P. (2006). *The State of Youth Development in 2006. A Mid-term Review Discussion Document*. Prepared by P. Moleke, Human Science Research Council. Commissioned by the Youth Desk in the Presidency, July 2006.

Morin, S. M., Welsh, L. A. (1996). Adolescents' Perceptions and Experiences of Death and Grieving. *Adolescence*, 31(123): 585 – 596.

Morrison, G.M and Allen, M.R (2007). Promoting Student resilience in School Contexts. *Theory into Practice*, 46(2): 162-169.

Motepe, M.M. (2006). *A life skills programme for early adolescent AIDS orphans*. Doctoral Thesis, University of Pretoria. <http://upetd.up.ac.za/thesis/available/etd-11032006-135704/> (June 2008).

Nakkula, M. (2003). Identity and Possibility. Adolescent Development and the Potential of Schools. In Sadowski, M. (ed) (2003). *Adolescents at school: perspectives on youth, identity, and education*. Harvard Education Press, Cambridge.

Nash, R. (1990). Bourdieu on education and Social and Cultural Reproduction. *British Journal of Sociology of Education*, 11(4): 431-447.

Natrass, N. (2002). *AIDS, growth and distribution in South Africa*, Working Paper 7, Centre for Social Science Research, University of Cape Town.

Natrass, N. (2004). *The Moral Economy of AIDS in South Africa*, Cambridge University Press, Cambridge, UK; New York, USA; Port Melbourne, Australia; Madrid, Spain; Cape Town, South Africa.

- Natrass, N. (2005). *A Practical Guide to Regression Analysis for Cross-Sectional Surveys using Stata*. Centre for Social Science Research. Cape Town: University of Cape Town.
- Natrass, N., Seekings, J. (2001). 'Two Nations': Race and Economic Inequality in South Africa Today', in *Daedalus*, special issue on South Africa (Spring 2001).
- Nelson, L.D. and Honnold, J.A. (1980). Socialization and Demographic Determinants of Mortality Expectations. *Population and Environment*, 3(1): 10-22.
- Noack, P. (2004). The Family Context of Preadolescents' Orientations toward Education: Effects of Maternal Orientations and Behavior. In *Journal of Educational Psychology*, 96(4): 714-722.
- Noguera, P. A. (2003). "Joaquin's Dilemma" Understanding the link between racial Identity and School-related Behaviours. In Sadowski, M. (2003) Adolescents at school: perspectives on youth, identity, and education. Harvard Education Press, Cambridge.
- Ogbu, J.U. (1974). *The Next Generation: An Ethnography of Education in an Urban Neighborhood*. New York: Academic Press.
- Ogbu J. U. (1981). Origins of Human Competence: A Cultural- Ecological Perspective. In *Child Development*, No 52(1981): 413-429.
- Ogbu, J.U. (1983). Minority Status and Schooling in Plural Societies. *Comparative Education Review*, 27(2): 168-190.
- Ogbu, J. U. (1985). Research Currents: Cultural-ecological influences on minority school learning. *Language Arts*, 62(8): 860-869.
- Ogbu, J.U. (1990). Minority Education in Comparative Perspective. *The Journal of Negro Education*. 59(1): 45-57.
- Ogbu, J.U. (1992). Adaptation to Minority Status and Impact on School Success. *Theory in Practice*. 31(4): 287-295.
- Ogbu, J.U. and Simons, H.D. (1998). Voluntary and Involuntary Minorities: A Cultural-Ecological Theory of School Performance with Some Implications for Education. *Anthropology and Education Quarterly*, 29(2): 155-188.
- Öhrn, E. (1993). Gender, Influence and Resistance in School. *British Journal of Sociology of Education*, 14(2): 147-158.
- Öhrn, E. (1998). Gender and Power in School: On Girls' Open Resistance. *Social Psychology of Education*. Vol. 1: 341-357.
- Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A., Sawyer, S.M. (2003). Adolescent Resilience: a concept analysis. *Journal of Adolescence*. Vol. 26: 1-11.
- Orbach, I., Gross, Y., Glaubman, H., Berman, D. (1996). Children's Perceptions of Various Determinants of the Death Concept as a Function of Intelligence, Age and Anxiety. *Journal of Clinical Child Psychology*, 15(2): 120-126.

- Oyserman, D., Brickman, D., Rhodes, M. (2007). School Success, Possible Selves, and Parent School Involvement. *Family Relations*. 56(5): 479-489.
- Oyserman, D., Bybee, D., Terry, K. (2006). Possible Selves and Academic Outcomes: How and When Possible Selves Impel Action. *Journal of Personality and Social Psychology*. 91(1): 188-204.
- Pager, D. I. (1996). *The Culture of Learning in Khayelitsha Secondary Schools: Teachers' Perspectives*. Masters thesis. University of Cape Town, May 1996.
- Parker, I. (2005). *Qualitative psychology: Introducing radical research*. Berkshire: Open University Press.
- Pauw, K., Oosthuizen, M. and van der westhuizen, C. (2006). *Graduate Unemployment in the Face of Skills Shortages: A Labour Market Paradox*. DPRU Working paper 06/114. University of Cape Town. On <http://ssrn.com/abstract=964899> (May 2008).
- Pharoah, R. (2005). AIDS, Orphans and Crime, Exploring the Linkages. *SA Crime Quarterly*, no. 13, September 2005.
- Phelan, P., Davidson, A.L., Cao, H.T. (1991). Students' Multiple Worlds: Negotiating the Boundaries of Family, Peer and School Cultures. *Anthropology and Education Quarterly*, 22(3): 224-250.
- Phurutse, M. C. (2005). *Factors Affecting Teaching and Learning in South African Public Schools*. Report prepared by a research consortium comprising the Human Science Research Council and the Medical Research Council of South Africa.
- Pinnock, D. (1982). *The Brotherhoods: Street Gangs and State Control in Cape Town*. Cape Town: David Phillip.
- Pivnick, A., Villegas, N. (2000). Resilience and Risk: Childhood and Uncertainty in the AIDS Epidemic. *Culture, Medicine and Psychiatry*. Vol 24: 101-136.
- Posel, D., Kahn, K., Walker, L (2007). Living with death in a time of AIDS: A rural South African case study. *Scandinavian Journal of Public Health*; 35 (Suppl 69): 138-146.
- Quadrel, M. J., Fischhoff, B., Davis, W. (1993). Adolescent (In)vulnerability. *American Psychologist*, 48(2):102-116.
- Quesada, J. (1998). Suffering Child: An Embodiment of War and Its Aftermath in Post-Sandinista Nicaragua. *Medical Anthropology Quarterly*, 12(1): 51-73.
- Ramphela, M. (1990). *Prospects for a non-racial future in South Africa*. Cape Town: University of Cape Town.
- Ramphela, M. (2002). *Steering by the stars; Being young in South Africa*. Tafelberg Publishers, Cape Town.

- Reid, G.J., Webb, G.D., Barzel, M., McCrindle, B.W., Irvine, M.J. and Siu, S.C. (2006). Estimates of Life Expectancy by Adolescents and Young Adults with Congenital Heart Disease. *Journal of the American College of Cardiology*, 48(2): 349-355.
- Reissman, C. (1993). *Narrative Analysis*. Sage: Newbury Park, California.
- Reyland, S.A., Higgins-D'Alessandro, A., McMahon, T.J. (2002). Tell them you love them because you never know when things could change: voices of adolescents living with HIV-positive mothers. *AIDS Care*. 14 (2): 285-294.
- Ritchie, J. and Lewis, J. (2003). *Qualitative Research Practise. A Guide for Social Science Students and Researchers*. Sage Publications, London.
- Richter, L. M. (2006). *Investment Choices for Vulnerable Children*. Paper prepared for "Investment Choices for Education in Africa", 19-21 September 2006, Johannesburg.
- Richter, L., J. Manegold, et al. (2004). *Family and Community interventions for children affected by AIDS*, HSRC, Cape Town, South Africa.
- Robb, N., Dunkley, L., Boynton, P., Greenhalgh, T. (2007). Looking for a better future: Identity Construction in socio-economically deprived 16-year olds considering a career in medicine. *Social Science & Medicine* 65, 738-754.
- Roberts, K. (1995). *Youth and Unemployment in Modern Britain*. Oxford: Oxford University Press.
- Roberts, K. (2003). Change and continuity in youth transitions in Eastern Europe: Lessons for Western sociology. *Sociological Review*, 51: 484-505.
- Roe-Berning, S. and Straker, G. (1997). The Association between Illusions of Invulnerability and Exposure to Trauma. *Journal of Traumatic Stress*, 10(2): 319-327.
- Roeser, R. W. and Eccles, J. S. (1998). Adolescents' Perceptions of Middle School: Relation to Longitudinal Changes in Academic and Psychological Adjustment. *Journal of Research on Adolescence* 8(1): 123-158.
- Ross, C.E. and Mirowsky, J. (2001). Neighborhood Disadvantage, Disorder and Health. *Journal of Health and Social Behavior*, 42(3): 258-276.
- Ross, C.E. and Mirowsky, J. (2002). Family Relationships, Social Support and Subjective Life Expectancy. *Journal of Health and Social Behaviour*, 43(4): 469-489.
- Rotheram-Borus, M. J., Stein J. A., Lin Y. Y. (2001). Impact of Parent Death and an Intervention on the Adjustment of Adolescents Whose Parents Have HIV/AIDS. *Journal of Consulting and Clinical Psychology*. 69(5): 763-773.
- Rotheram-Borus, M. J., Stein, A. J., Lester, P. (2006). Adolescent Adjustment over Six Years in HIV-affected Families. *Journal of Adolescent Health*, 39:174-182.

Rotheram-Borus, M. J., Weis, R., Alber, S., Lester, P. (2005). Adolescent Adjustment Before and After HIV-related Parental Death. *Journal of Consulting and Clinical Psychology*, 73(2): 221-228.

Rosenberg, S. and Gara, M.A. (1985). The Multiplicity of Personal Identity. In Shaver, P. (ed) (1985). *Self, Situations and Social Behavior. Review of Personality and Social Psychology*. Sage Publications, London.

Russell, M. (2003). *Understanding Black Households*. *Social Dynamics* 29(2): 5-47.

Rutter, M. (1979). *Changing youth in a changing society: patterns of adolescent development and disorder*. London: Nuffield Provincial Hospitals Trust.

Rutter, M. (1987). Psychosocial Resilience and protective mechanisms. *American Journal of Orthopsychiatry*. 57(3): 316-331.

Sadowski, M. (2003) Why Identity Matters at School. In Sadowski, M. (Ed) (2003). *Adolescents at school: perspectives on youth, identity, and education*. Harvard Education Press, Cambridge.

Samara, T. R. (2005). Youth, Crime and Urban Renewal in the Western Cape. *Journal of Southern African Studies*, 31(1): 209-227.

Schneider, B. and Stevenson, D. (1999). *The Ambitious Generation. America's Teenagers, Motivated but Directionless*. Yale University Press.

School register of Needs Dataset (2002). Available via DataFirst <http://data1st.com.uct.ac.za> .

Schultz, T.P (2004). *Human Resources in China: The Birth Quota, Returns to Schooling, and Migration*, Working paper 366, Yale School of Management.

Schwartz, S.J. (2008). Self and Identity in Early Adolescence: Some reflections and an Introduction to the Special Issue. *The Journal of Early Adolescence*, 28(1): 5-15.

Schonfeld, D.J., Smilansky, S. (1989). A cross-cultural comparison of Israeli and American children's death concepts. *Death Studies*. 13(6): 593-604.

Schönteich, M. (1999). Age and AIDS: South Africa's Time Bomb? *AIDS Analysis Africa* 10 (2):1-4.

Seekings, J. (2007). *Poverty and Inequality after Apartheid*. CSSR Working Paper 200. Centre for Social Science Research. University of Cape Town.

Seekings, J., Alexander, K., Jooste, T., Matzner, I. (2004a). *The 2003 Cape Area Study (CAS 3): A user's guide*. CSSR Working Paper 61. Centre for Social Science Research University of Cape Town.

Seekings, J., Leibbrandt M., Nattrass N. (2004b). *Income Inequality After Apartheid*. CSSR Working paper 75. Centre for Social Science Research. University of Cape Town.

Seekings, J., Jooste, T., Langer, M., Maugham-Brown, B. (2005). *Inequality and Diversity in Cape Town: an introduction and user's guide to the 2005 Cape Area Study*. CSSR Working Paper 124. Centre for Social Science Research. University of Cape Town.

Shisana, O., Peltzer, K., Zungu-Dirwayi, N., Louw, J.S. (2005). *The Health of our Educators. A Focus on HIV/AIDS in South African Public Schools*. Report funded by and prepared for the Education Labour Relations Council, HSRC Press, Cape Town, South Africa.

Simkins, C. and Paterson, A. (2005). *Learner Performance in South Africa: Social and Economic Determinants of Success in Language and Mathematics*. HSRC Press, Pretoria, South Africa.

Sirin, S. R., Sirin, L. R. (2004). Exploring School Engagement of Middle-Class African American Adolescents. In *Youth & Society*, 35(3): 323-340.

Skeggs, B. (1991). Challenging Masculinity and Using Sexuality. *British Journal of Sociology and Education*. 12(2): 127-139.

Skinner, D., N. Tsheko, et al. (2004). *Defining Orphaned and Vulnerable Children*. Cape Town, HSRC Press.

Soudien, C. (1996). *Apartheid's Children: Student Narratives of the Relationship between Experiences in Schools and Perceptions of Racial Identity in South Africa*. Dissertation submitted to the Faculty of the Graduate School of Education of the State University of New York at Buffalo in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Soudien, C. (2003). Routes to Adulthood: Becoming a Young Adult in the New South Africa. *IDS Bulletin*. 34(1).

Soudien, C. (2007). *Youth Identity in contemporary South Africa: Race, Culture and Schooling*. New Africa books, South Africa.

South African Human Rights Commission (2006). *Inquiry into School Based Violence in South Africa*. Background Information Document.

South African Schools Act (1996). On [http://www.acts.co.za/south\\_african\\_schools\\_act\\_1996.htm](http://www.acts.co.za/south_african_schools_act_1996.htm) (May 2008).

Standing, A. (2003). Re-conceptualising Organised Crime. *African Security Review* 12 (2).

Statistics South Africa (2005). *Mortality and causes of death in South Africa 1997-2003. Findings of death notification*. Statistical release P0309.3. On <http://www.statssa.gov.za/publications/P03093/P03093.pdf> (June 2008).

Statistics South Africa (2007). *Community Survey 2007 (revised version)*. Statistics Release P0301.

Statistics South Africa (2008). <http://www.statssa.gov.za/> (June, August 2008)

Steele, R. G., Nelson, T. D., Cole, B. P. (2007). Psychological Functioning of Children with AIDS and HIV infection: Review of the Literature from a Socio-ecological Framework. *Journal of Developmental and Behavioral Pediatrics*. Vol 28(1): 58-69.

Stein, J. (2003). *Sorrow makes children of us all: a literature review on the psycho-social impact of HIV/AIDS on children*, Working paper 47, Centre for Social Science Research, University of Cape Town.

Steinberg, M., S. Johnson, et al. (2003). *Hitting home. How households cope with the impact of the HIV/AIDS epidemic. A survey of households affected by HIV/AIDS in South Africa*. Report commissioned by the Henry Kaiser Family Foundation, October 2002.

Straker, G., Mendelsohn, M., Moosa, F., Tudin, P. (1996). Violent Political Contexts and the Emotional Concerns of Township Youth. *Child Development*, 67(1): 46-54.

Subbarao, K. and Coury, D. (2004). *Reaching out to Africa's Orphans" A framework for Public Action*. The World Bank. Washington DC.

Taylor, N., Muller, J., Vinjevold, P. (2003). *Getting Schools Working. Research and Systematic School reform in South Africa*. Pearson Education Press, Cape Town, South Africa.

The Children's Institute (2001). *Workshop Report, National Children's Forum on HIV/AIDS*. The Children's Institute, University of Cape Town.

The Children's Institute (2006). *Facts about children*, on:  
<http://www.childrencount.ci.org.za/content.asp?PageID=10> (June 2008).

Thom, A. (2006). *Widening gap between Khayelitsha and Cape Town*.  
[www.health-e.org.za](http://www.health-e.org.za).

Thornton. R.L., Lam, D. (2007). *Measuring Subjective Life Expectancy in Developing Countries: The case of Malawi and South Africa*. Extended abstract submitted to conference on "Subjective probabilities and expectations: Methodological Issues and Empirical Applications to Economic Decision-Making", Grand Teton National Park, Wyoming, September 7-8, 2007.

UCLA Academic Technology Services (2008). *STATA Library* on  
<http://www.ats.ucla.edu/stat/stata/> (June 2008).

UNAIDS (2004a). *At the Crossroads: accelerating Youth Access to HIV/AIDS Interventions*. Geneva, Switzerland. Accessed on [www.unaids.org](http://www.unaids.org) (June 2008).

UNAIDS (2004b). *Report on the Global AIDS Epidemic 2004: 4<sup>th</sup> Global report* (UNAIDS/04.16E). Geneva, Switzerland. Accessed on [www.unaids.org](http://www.unaids.org) (June 2008).

UNAIDS, UNICEF, USAID (2002). *Children on the Brink 2002. A Joint Report on Orphan Estimates and Program Strategies*. On:  
[http://data.unaids.org/Topics/Young-People/childrenonthebrink\\_en.pdf](http://data.unaids.org/Topics/Young-People/childrenonthebrink_en.pdf).

UNAIDS and WHO (2005). *AIDS Epidemic Update, December 2005*. Geneva: Switzerland.

UNAIDS and WHO (2006). *AIDS Epidemic Update, December 2006*. Geneva: Switzerland.

UNAIDS and WHO (2007). *AIDS Epidemic Update, December 2007*. Geneva: Switzerland. [http://data.unaids.org/pub/EPISlides/2007/2007\\_epiupdate\\_en.pdf](http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf) (July 2008).

UNAIDS and WHO (2008). *Sub-Saharan Africa. AIDS epidemic update. Regional Summary*. Accessed on [www.unaids.org](http://www.unaids.org) (June 2008).

UNICEF and World Bank (2002). *Education and HIV/AIDS. Ensuring education access for orphans and vulnerable children*. A training module.

UNICEF (2003). *Africa's Orphaned Generations*, on <http://www.unicef.org/media/files/orphans.pdf>. (April 2008).

UNICEF (2006). *South Africa Country Profile*, on [http://www.unicef.org/infobycountry/southafrica\\_statistics.html#26](http://www.unicef.org/infobycountry/southafrica_statistics.html#26) (June 2008).

UNICEF (2008). *South Africa Country Information Sheet*. Accessed on [www.unicef.org/infobycountry/index.html](http://www.unicef.org/infobycountry/index.html) (June 2008).

UNICEF, UNAIDS and WHO (2002). *Young people and HIV/AIDS, Opportunity in Crisis*. <http://unicef.org/pubsgen/youngpeople-hiv aids/youngpeople-hiv aids.pdf> (June 2008).

UNICEF, UNAIDS and USAID (2004). *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. New York: USAID.

UNDP (2003). *Human Development Report 2003*, New York: Oxford University Press.

UNDP (2008). *Human Development Report 2008*, New York: Oxford University Press.

Van der Berg, S. (2006). *How effective are poor schools? Poverty and educational outcomes in South Africa*. Stellenbosch University: Economic Working Papers 06/06.

Van der Berg, S. and Louw, M. (2006). *Unravelling the Mystery: Understanding South African Schooling Outcomes in Regional Context*. Paper to the conference of the Centre for the Study of African Economies, Oxford University, 21<sup>st</sup> March 2006.

Van Blerk, L. and Ansell, N. (2005). *Children's Experiences of Migration: Moving in the Wake of AIDS in Southern Africa*. Draft paper.

Van Loon, R.A. (2000). Redefining motherhood: Adaptation to role change for women with AIDS. *Families in Society*, Vol. 81: 152-161.

Walsh, F. (2002). A Family Resilience Framework: Innovative Practice Applications. *Family Relations*. Vol. 51: 130-137.

Ward, C.L. (2007). *'It feels like it's the end of the world'*. Cape Town Youth talk about Gangs and Community Violence. ISS Monograph Series, no 136, July 2007.

Ward, C.L., Martin, E., Theron, C., Distiller, G. B. (2007). Factors affecting resilience in children exposed to violence. *South African Journal of Psychology*, 37(1): 165-187.

Watson-Gegeo, K.A. (1992). Thick Explanation in the Ethnographic Study of Child Socialization: A Longitudinal Study of the Problem of Schooling for Kwara'ae (Solomon Islands) Children. *New Directions for Child Development*, 58: 51-66.

Waxman C.L. and Huang, S.L. (2003a). Motivation and Learning Environment Differences in Inner-City Middle School Students. *Journal of Educational Research*. 90(2): 93-102.

Waxman, H.C., Gray, J.P, Padron, Y.N. (2003b). *Review of Research on Educational Resilience*. Research Report. Center for Research on Education, Diversity and Excellence. University of California, Berkeley, US.

Weinstein, N. D., Marcus, S. E., Moser, R. P. (2005). Smokers' unrealistic optimism about their risk. *Tobacco Control*, 14: 55-59.

WHO (2005). *Interim WHO Clinical Staging of HIV/AIDS and HIV/AIDS Case Definitions for Surveillance*. [www.who.int](http://www.who.int) (April 2008).

White, R. and Wyn, J. (1998). Youth agency and social context. *Journal of Sociology*. 34(3): 314-327.

Whiteside, A. (2002). Poverty and HIV/AIDS in Africa. *Third World Quarterly*, 23: 313-332.

Wild, L. (2001). Review: the psychological adjustment of children orphaned by AIDS. *Southern African Journal of Child and Adolescent Mental Health*, 13: 3-22.

Willis, P. (1977). *Learning to Labor*. Columbia University Press: New York.

Willis, P. (1990). *Common Culture: symbolic work at play in the everyday cultures of the young*. Milton Keynes: Open University Press.

Winship, C., Mare, D.R. (1992). Models for Sample Selection Bias. *Annual Review Sociology*. 18:327-350.

World Bank (2002). *Education and HIV/AIDS. A Window of Hope*. Washington, US.

World Value Surveys <http://www.worldvaluessurvey.org/> (June 2008).

Wola Nani (2005). [www.wolanani.co.za](http://www.wolanani.co.za) (December 2007).

Young, L., Ansell, N. (2003). Fluid Households, Complex Families: The Impacts of Children's Migration as a Response to HIV/AIDS in Southern Africa, *The Professional Geographer*, 55:4, 464 - 476.

Zournazi, M. (2002) *Hope: new philosophies for change*. Pluto Press, Australia, Annandale.



**Appendix 1: Descriptive statistics on the general perceived value of education in CAS**

<b>“Do you think education is very important, important or not important?”</b>			
<b>(% replies)</b>			
<b>Indicator</b>	<b>Very important</b>	<b>Important</b>	<b>Not important</b>
<b>Population group</b>			
Black/African	94.19	5.81	0.00
Coloured	95.61	4.18	0.21
White	95.24	4.37	0.40
<b>Gender</b>			
Male	94.91	5.09	0.00
Female	95.39	4.34	0.27
<b>Agegroup</b>			
Young adults (19-22 year olds)	96.32	3.68	0.00
23-30 year olds	94.04	5.96	0.00
30+	95.22	4.46	0.32
60+	96.55	3.45	0.00
<b>Parenthood</b>			
Parent	95.50	4.28	0.23
Not a parent	95.21	4.79	0.00
<b>Employment</b>			
Employed	95.68	4.32	0.00
Unemployed	94.91	4.77	0.32
<b>Respondent's level of education</b>			
Primary	93.36	6.16	0.47
Secondary	94.95	4.89	0.15
Tertiary	97.36	2.64	0.00

**Appendix 2: descriptive statistics on the perceived instrumental value of education in CAS**

<b>'Instrumental value of education'</b>				
<b>(% replies)</b>				
<b>Indicator</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly agree</b>
<b>Population group*</b>				
Black/African	1.01	9.37	47.34	42.28
Coloured	1.70	13.83	54.89	29.57
White	0.81	11.69	54.03	33.47
<b>Gender*</b>				
Male	2.24	11.66	51.12	34.98
Female	0.69	11.88	52.07	35.36
<b>Agegroup*</b>				
Young adults (19-22 year olds)	0	15.44	49.26	35.29
23-30 year olds	1.85	15.74	44.91	37.50
30+	1.62	11.17	53.07	34.14
60+	0.6	5.39	55.69	38.32
<b>Parenthood</b>				
Parent	1.42	9.92	53.23	35.43
Not a parent	1.12	13.97	50.09	34.82
<b>Employment*</b>				
Employed	1.82	15.12	49.18	33.88
Unemployed	0.81	8.41	54.37	36.41
<b>Respondent's level of education*</b>				
Primary	0.96	7.66	52.15	39.23
Secondary	1.85	11.11	51.54	35.49
Tertiary	0.33	16.28	51.50	31.89

**Appendix 3: descriptive statistics on the perceived societal value of education in CAS**

<b>‘Societal value of education’</b>					
(% replies)					
<b>Indicator</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly agree</b>
<b>Population group*</b>					
Black/African	0	3.68	24.74	47.89	23.68
Coloured	0.67	9.60	30.36	45.54	13.84
White	0.84	7.95	32.22	47.28	11.72
<b>Gender*</b>					
Male	0.70	8.14	28.60	45.35	17.21
Female	0.29	7.34	29.64	46.91	15.83
<b>Agegroup*</b>					
Young adults (19-22 year olds)	0.00	6.98	24.81	51.94	16.28
23-30 year olds	1.44	7.18	26.32	48.80	16.27
30+	0.34	8.88	29.98	43.38	17.42
60+	0.00	3.77	32.70	47.80	15.72
<b>Parenthood</b>					
Parent	0.32	7.62	30.30	45.71	16.05
Not a parent	0.59	7.84	27.84	46.86	16.86
<b>Employment*</b>					
Employed	0.76	10.80	30.30	41.67	16.48
Unemployed	0.17	5.05	28.11	50.17	16.50
<b>Respondent’s level of education*</b>					
Primary	0.00	3.03	21.21	53.54	22.22
Secondary	0.48	7.36	29.92	45.44	16.80
Tertiary	0.69	12.07	31.72	43.79	11.72

Appendix 4: distribution for health related questions in CAS 2005<sup>1</sup>

How is this person's health, in general?	H3		H4		H5		H6-H11		If yes to H5, tick appropriate column			
	Total (4933)	Resp (1195)	Total (4920)	Resp (1191)	Total (4909)	Resp (1190)	Total (4958)	Resp (1195)	Total (4879)	Resp (1188)		
Poor	3.5	4.9	2.6	3.8	Yes	15.9	4.0	4.9				
Fair	9.2	12.8	5.7	8.8	No	83.5	7.3	9.5				
Good	28.3	28.7	18.8	20.7	Refused	0.6	0.8	1				
Very Good	23.3	23.4	23.3	22.3	Don't know	0.1	0.7	1.4				
Excellent	35	30	27.6	22.6			0.7	1.3				
Refused	0.6	0.2	0.9	0.5			0.6	1				
Don't know	0.1	0	20.9	21								
			Deceased	0.3								
Has this person had any other health problems or disabilities in the last 6 months?			If yes to H12: please tell me what problems or disabilities this person has?		Has this person visited a doctor in the last 6 months for any health problems?		Has this person been in hospital in the last 6 months for any illness?		Has this person taken any medication in the last 6 months?		Has this person visited a traditional or alternative healer in the last 6 months because of poor health?	
			H13 <sup>2</sup>		H14		H15		H16		H17	
	Total (4910)	Resp (1193)	Total (n=)	Resp (1195)	Total (4880)	Resp (1187)	Total (4879)	Resp (1188)	Total (4881)	Resp (1195)	Total (4879)	Resp (1188)
Yes	14.3	22.7	0.6	0.8	Yes	19.1	27.4	Y	20.0	28.2	Y	0.6
No	85	76.9	Physically handicapped	0.5	No	79.9	72.1	N	79.0	71.3	N	98.7
Refused	0.6	0.4	Mental problem	0.02	Ref	0.6	0.4	Ref	0.6	0.4	Ref	0.6
Don't Know	0.1	0	HIV/AIDS	1	Don't Know	0.4	0.1	Don't Know	0.4	0.1	Don't Know	0.1
			Problems with sight, hearing or speech	1.7								0
			Heart problem/blood pressure	5.4								
			Diabetes	2								
			Cancer	0.3								
			Refused	0.5								
			Don't know	0.1								

<sup>1</sup> Data represented in the *Total* columns are respondents' replies for all household members; data in the second *Resp* column are respondent level data only. Total numbers are mentioned at the top of each column. Any cases in this table not adding up to a total of 100% are due to rounding of the numbers.

<sup>2</sup> H13 also had the response option other, but because numbers to that were so small, they were dropped for this analysis.

**Appendix 5: Descriptive analysis of the created health measure in CAS**

<b>Health measure</b>			
<b>(% replies)</b>			
<b>Indicator</b>	<b>Ill health</b>	<b>Good health</b>	<b>Excellent health</b>
<b>Population group*</b>			
Black/African	14.36	33.50	52.14
Coloured	23.58	58.32	18.11
White	13.41	67.48	19.11
<b>Gender</b>			
Male	16.07	51.79	32.14
Female	19.37	51.84	28.79
<b>Agegroup*</b>			
Young adults (19-22 year olds)	4.41	51.47	44.12
23-30 year olds	4.57	50.23	45.21
30+	21.41	50.64	27.96
60+	36.53	56.29	7.19
<b>Parenthood</b>			
Parent	21.50	51.71	26.79
Not a parent	14.05	51.94	34.01
<b>Employment*</b>			
Employed	11.01	55.42	33.57
Unemployed	24.48	48.64	26.88
<b>Respondent's level of education*</b>			
Primary	36.02	41.71	22.27
Secondary	15.98	51.75	32.27
Tertiary	8.64	60.13	31.23
<b>Household Monthly Income*</b>			
0-1000R	16.48	39.72	43.80
1001-3000R	15.65	42.26	42.09
3001-5000R	11.27	51.05	37.68
5001-10000R	11.99	63.44	24.57
10000R +	4.53	58.07	37.39

**Appendix 5: Descriptive analysis of the created health measure in CAS**

<b>Health measure</b>	
<b>(% replies)</b>	
<b>Indicator</b>	<b>Ill health</b>
<b>Population group*</b>	
Black/African	22.01
Coloured	30.91
White	21.16
<b>Gender</b>	
Male	24.07
Female	26.54
<b>Agegroup*</b>	
Young adults (19-22 year olds)	8.53
23-30 year olds	10.05
30+	29.63
60+	46.67
<b>Parenthood</b>	
Parent	29.32
Not a parent	21.05
<b>Employment*</b>	
Employed	19.00
Unemployed	31.23
<b>Respondent's level of education*</b>	
Primary	43.27
Secondary	23.10
Tertiary	16.78
<b>Household Monthly Income*</b>	
0-1000R	34.83
1001-3000R	31.84
3001-5000R	25.77
5001-10000R	23.13
10000R +	15.12

**Appendix 6: Results of the final regression on 'ill health'**

<b>Indicators</b>	<b>Odds Ratio</b>	<b>Probability:</b>
<b>Age</b>	<b>1.058</b>	<b>8.60</b>
	<i>[0.007]***</i>	
Female	1.123	0.65
	<i>[0.201]</i>	
Coloured	1.383	1.51
	<i>[0.297]</i>	
White	0.671	-1.11
	<i>[0.241]</i>	
Other	1.187	0.44
	<i>[0.659]</i>	
level of education	0.834	-1.22
	<i>[0.124]</i>	
<b>Household monthly income</b>	<b>0.841</b>	<b>-1.83</b>
	<i>[0.080]*</i>	
employment status	0.854	-0.83
	<i>[0.163]</i>	
unsafe neighbourhood	1.208	1.05
	<i>[0.218]</i>	
number of residents in house	0.943	-1.32
	<i>[0.041]</i>	
<b>Feeling of control over life</b>	<b>0.740</b>	<b>-1.70</b>
	<i>[0.130]*</i>	
high belief in future opportunities	0.823	-1.09
	<i>[0.146]</i>	
N =	861	
Pseudo R squared =	0.162	

Notes:

Standard errors in brackets.

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1%.

**Appendix 7: descriptive analysis of perceived life expectancy for oneself, in CAS.**

Perceived life expectancy									
( % replies)									
Indicator	Below 40	40	Uncertain above 40	50	Uncertain above 50	60	Uncertain above 60	70 and above	Unknown
<b>Population group*</b>									
Black/African	0.26	0.26	1.31	0.26	1.83	1.57	7.31	86.16	1.04
Coloured		0.48	1.43	1.19	5.97	3.10	13.13	70.88	3.82
White			0.95	0.95	1.43	3.33	14.29	77.14	1.90
<b>Gender</b>									
Male		0.25	1.23	1.23	3.43	2.94	9.31	79.41	2.21
Female	0.15	0.46	1.37	0.46	3.34	2.28	12.16	77.36	2.43
<b>Agegroup*</b>									
Young adults (19-22 year olds)			1.49	1.49	4.48	2.99	12.69	71.64	5.22
23-30 year olds		0.47	1.87	1.87	2.80	3.74	10.75	75.70	2.80
30+ 60+	0.17	0.52	1.39	0.35	3.66	2.26	13.07	76.83 100	1.74
<b>Parenthood</b>									
Parent	0.17	0.52	1.74	0.52	3.13	1.74	11.48	78.26	2.43
Not a parent		0.20	0.81	1.01	3.65	3.45	10.95	77.69	2.23
<b>Employment</b>									
Employed			1.15	0.57	3.44	3.63	12.21	76.34	2.67
Unemployed	0.19	0.74	1.48	0.93	3.33	1.48	10.19	79.63	2.04
<b>Respondent's level of education*</b>									
Primary		0.57	1.14		2.29	1.71	13.14	81.14	
Secondary	0.17	0.50	1.49	0.33	4.62	2.31	10.23	77.56	2.81
Tertiary			1.08	2.17	1.44	3.61	11.91	76.90	2.89

Appendix 8: Logistic regression on dependent variable 'low life expectancy'<sup>1</sup>

Indicators	Odds Ratio regression 1	Probability: 2.87	Odds Ratio regression 2	Probability: 4.43	Odds Ratio regression 3	Prob- ability: 3.69	Odds Ratio regression 4	Prob- ability: 3.23
<b>ill health</b>	<b>2.192</b> [0.560]**		<b>3.922</b> [1.209]***		<b>3.569</b> [1.231]***		<b>3.208</b> [1.156]**	
<b>Age</b>			<b>0.939</b> [0.117]***	<b>-5.09</b>	<b>0.933</b> [0.013]***	<b>-4.77</b>	<b>0.922</b> [0.015]***	<b>-5.14</b>
Female			1.056 [0.298]	0.19	0.963 [0.302]	-0.12	0.984 [0.321]	-0.05
<b>Coloured</b>			2.925 [0.967]**	<b>3.32</b>	<b>4.690</b> [1.788]***	<b>4.05</b>	<b>5.904</b> [2.407]***	<b>4.35</b>
<b>White</b>			1.461 [0.703]	0.79	<b>3.362</b> [2.217]*	<b>1.84</b>	<b>3.028</b> [2.090]**	<b>1.61</b>
<b>Other</b>			1.597 [1.060]	0.71	2.64 [1.836]*	1.40	2.955 [2.139]	1.50
level of education					1.053 [0.288]	0.19	1.078 [0.315]	0.26
household monthly income					0.827 [0.132]	-1.19	0.798 [0.137]	-1.31
employment status					0.709 [0.239]	-1.02	0.763 [0.274]	-0.75
unsafe neighbourhood							0.705 [0.232]	-1.06
number of residents in house							<b>1.017</b> [0.079]	<b>0.22</b>
<b>high feeling of control over life</b>							<b>0.905</b> [0.297]*	<b>-0.30</b>
<b>high belief in future opportunities</b>							<b>0.236</b> [0.236]***	<b>-4.09</b>
n =	985		985		773		763	
Rugwf q "T squared	0.16		0.1075		0.1259		0.1808	

Notes:

Standard errors in brackets

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1% level

<sup>1</sup> In all regressions, numbers fall between models 2 and 3 because of the high number of missing income data at respondent level.

### Appendix 9: Logistic regression results on SLE as dependent variable, by population group

Indicators	Odds Ratio Probability:		Odds Ratio Probability:		Odds Ratio Probability:	
	African		Coloured		White	
<b>ill health</b>	1.363 [0.535]	0.62	1.681 [0.124]	1.54	<b>11.437</b> [0.010]*	<b>2.56</b>
<b>Age</b>	<b>0.961</b> [0.058]*	<b>-1.89</b>	<b>0.942</b> [0.000]***	<b>-4.52</b>	<b>0.907</b> [0.001]**	<b>-3.32</b>
Female	0.871 [0.728]	-0.35	1.305 [0.379]	0.88	0.634 [0.499]	-0.68
level of education	0.823 [0.586]	-0.54	0.935 [0.800]	-0.25	0.387 [0.144]	-1.46
<b>household monthly income</b>	0.904 [0.664]	-0.43	<b>0.718</b> [0.030]*	<b>-2.17</b>	0.683 [0.289]	-1.06
employment status	2.081 [0.076]*	1.77	1.069 [0.841]	0.20	2.983 [0.200]	1.28
Unsafe neighbourhood	0.796 [0.326]	-0.56	0.977 [0.938]	-0.08	2.255 [0.251]	1.15
number of residents in house	1.217 [0.007]**	2.69	0.953 [0.544]	-0.61	0.999 [1.000]	-0.00
<b>feeling of control over life</b>	<b>0.235</b> [0.001]	<b>-3.48</b>	0.809 [0.466]	-0.73	3.013 [0.153]	1.43
<b>Belief in future opportunities</b>	0.952 [0.902]	-0.12	<b>0.343</b> [0.000]***	<b>-3.56</b>	2.723 [0.145]	1.46
n =	305		291		121	
Rugwf q'T'us wctgf	0.1197		2.1951		0.3030	

## Notes

Standard errors in brackets

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1% level

Appendix

**Appendix 10: logistic regression on dependent variable 'instrumental value of education'**

Indicators	Odds Ratio model 1	Probability:	Odds Ratio model 2	Probability:	Odds Ratio model 3	Probability:	Odds Ratio model 4	Probability:
ill health	0.92 [0.250]	-0.31	0.931 [0.269]	-0.25	0.801 [0.274]	-0.65	0.877 [0.313]	-0.37
low life expectancy	3.814 [3.988]	1.28	4.296 [4.554]	1.37	<b>dropped</b>	<b>dropped</b>	<b>dropped</b>	<b>dropped</b>
low life expectancy children	0.767 [0.358]	-0.57	0.85 [0.407]	-0.34	0.689 [0.412]	-0.62	0.769 [0.475]	-0.43
Age			1.003 [0.010]	0.31	0.988 [0.013]	-0.91	0.989 [0.014]	-0.81
Female			1.289 [0.335]	0.98	1.033 [0.330]	0.10	1.062 [0.355]	0.18
African			1.395 [0.824]	0.56	0.94 [0.659]	-0.09	0.886 [0.647]	-0.17
Coloured			0.843 [0.480]	-0.30	0.749 [0.493]	-0.44	0.681 [0.465]	-0.56
White			1.423 [0.900]	0.56	2.638 [2.115]	1.21	3.803 [3.154]	1.61
level of education					0.772 [0.196]	-1.02	0.836 [0.229]	-0.65
household monthly income					0.827 [0.137]	-1.14	0.888 [0.158]	-0.66
employment status					1.263 [0.426]	0.69	1.374 [0.474]	0.92
unsafe neighbourhood							1.207 [0.390]	0.58
number of residents in house							1.023 [0.092]	0.25
high feeling of control over life							<b>1.692</b> [0.538]*	<b>1.65</b>
high belief in future opportunities							<b>2.729</b> [0.912]**	<b>3.00</b>
Reciprocity							1.609 [0.941]	0.81
traditional gender beliefs							<b>1.897</b> [0.647]*	<b>1.88</b>
n =	645		644		504		496	
Pseudo R squared	0.0054		0.0165		0.0285		0.0786	

Notes:

Standard errors in brackets

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1% level

**Appendix 11: Logistic regression on dependent variable 'societal value of education'**

Indicators	Odds Ratio model 1	Probability	Odds Ratio model 2	Probability	Odds Ratio model 3	Probability	Odds Ratio model 4	Probability
ill health	0.972 [0.179]	-0.15	0.89 [0.176]	-0.59	0.706 [0.161]	-1.52	0.715 [0.169]	-1.42
low life expectancy	1.023 [0.450]	0.05	1.061 [0.481]	0.13	1.112 [0.584]	0.20	<b>1.797</b> [1.032]	1.02
low life expectancy children	1.122 [0.373]	0.728	1.181 [0.405]	0.48	0.871 [0.352]	-0.34	0.882 [0.362]	-0.30
age			1.005 [0.007]	0.72	0.999 [0.009]	-0.04	1 [0.001]	0
female			1.071 [0.193]	0.38	0.945 [0.199]	-0.27	1.032 [0.226]	0.14
<b>African</b>			<b>3.503</b> [1.407]**	<b>3.12</b>	<b>2.289</b> [1.024]*	<b>1.85</b>	<b>2.38</b> [1.082]*	<b>1.91</b>
<b>Coloured</b>			<b>2.614</b> [1.031]*	<b>2.44</b>	<b>2.404</b> [1.035]*	<b>2.04</b>	<b>2.48</b> [1.080]*	<b>2.08</b>
<b>White</b>			<b>2.281</b> [0.960]*	<b>1.96</b>	<b>4.489</b> [2.263]**	<b>2.98</b>	<b>5.539</b> [2.895]**	<b>3.27</b>
level of education					0.774 [0.129]	-1.53	0.801 [0.142]	-1.25
household monthly income					<b>0.695</b> [0.076]**	<b>-3.32</b>	<b>0.731</b> [0.085]*	<b>-2.7</b>
employment status					0.986 [0.211]	-0.06	1.048 [0.232]	0.21
unsafe neighbourhood							1.213 [0.256]	0.91
number of residents in house							0.964 [0.052]	-0.68
high feeling of control over life							1.192 [0.244]	0.86
<b>high belief in future opportunities</b>							<b>1.669</b> [0.349]*	<b>2.45</b>
Reciprocity							0.987 [0.337]	-0.04
traditional gender beliefs							1.625 [0.348]	2.27
n =	622		621		509		500	
Pseudo R squared	0.0002		0.0142		0.0442		0.0647	

Standard errors in brackets

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1% level

**Appendix 12: Descriptive Statistics on young adults' self rated health in CAPS**

<b>Self rated health</b>					
<b>( % replies)</b>					
<b>Indicator</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
<b>Population group*</b>					
Black/African	2.26	5.09	31.64	14.71	46.3
Coloured	0.53	5.47	34.17	19.99	39.84
White	1.05	4.43	15.78	33.28	45.46
<b>Gender*</b>					
Male	0.87	4.36	26.95	19.09	48.72
Female	1.24	6.01	34.54	21.81	36.4
<b>Agegroup</b>					
16-18	0.62	5.69	30.75	19.5	43.44
19-20	0.7	4.62	31.05	22	41.63
20-22	1.06	5.2	26.96	21.93	44.85
23-26	1.39	4.93	32.85	19.37	41.45
<b>Orphanhood*</b>					
Both parents alive	0.98	5.33	29.82	21.88	41.98
Double orphan	1.03	5.28	30.66	20.51	42.52
Maternal orphan	1.82	5.44	31.94	15.48	45.32
Paternal orphan	1.11	5	33.34	15.98	44.56
<b>Parental residence</b>					
Both parents resident	1.14	5.21	29.54	21.22	42.89
One parent resident	0.79	5.76	31.71	19.28	42.46
No parents resident	1.37	5	31.98	20.86	40.8
<b>Respondent's highest level of education*</b>					
5 years	1.6	12.76	36.68	23.14	25.82
5-10 years	1.79	5.5	34.95	17.57	40.18
10-12 years	0.53	4.69	30.22	20.6	43.95
Matric and more	0.37	4.85	22.51	26.66	45.61
<b>Household Monthly Income</b>					
Less than 500	1.75	5.81	36.08	12.34	44.03
500-1000	1.76	4.75	31.31	18.7	43.49
1000-3000	2.45	6.02	32.39	15.19	43.95
3000-8000	0.49	5.67	34.19	19.4	40.25
8000-20 000	0.49	4.97	27.81	23.46	43.27
More than 20 000	0.71	1.99	14.18	40.93	42.2

Appendix

**Appendix 13: Ordered probit regression results on health as dependent variable, in CAPS**

	Regression 1		Regression 2		Regression 3	
	Coefficient	P	Coefficient	P	Coefficient	P
Age	0.005 [0.010]	0.609	-0.009 [0.010]	0.366	-0.007 [0.010]	0.474
African	-0.202 [0.081]*	0.013	-0.118 [0.102]	0.250	-0.074 [0.102]	0.468
Coloured	-0.271 [0.079]**	0.001	-0.177 [0.090]*	0.051	-0.175 [0.093]*	0.060
Female	-0.256 [0.049]***	0.000	-0.307 [0.053]***	0.000	-0.302 [0.054]***	0.000
Household monthly income in 2005			-0.001 [0.029]	0.973	0.001 [0.030]	0.986
Level of education young adult			0.054 [0.012]***	0.000	0.053 [0.012]***	0.000
Affected			0.151 [0.076]*	0.047		
Household death			-0.091 [0.070]	0.198		
Double orphan					-0.071 [0.133]	0.594
Maternal orphan					0.023 [0.131]	0.860
Paternal orphan					0.036 [0.063]	0.569
N	2702		2702		2638	
F	10.81		8.62		6.92	
P	0.000		0.000		0.000	

Standard errors in brackets

\* significant at 10% level, \*\* significant at 5% level, \*\*\* significant at 1% level

**Appendix 14: descriptive statistics on SLE in CAPS**

Subjective life expectancy (% replies)							
Indicator	Below 30	30	40	50	60	70	80
<b>Population group*</b>							
Black/African	0.26	3.06	5.98	13	11.18	6.57	59.95
Coloured	0.18	6.21	6.4	12.79	22.97	13.99	37.46
White	0	0.34	1.19	5.31	17.19	29.02	46.94
<b>Gender</b>							
Male	0.24	3.45	5.72	11.54	18.58	15.31	45.17
Female	0.12	5.41	5.3	11.9	19.09	13.14	45.04
<b>Agegroup</b>							
16-18	0	3.3	6.06	9.09	18.25	16.94	46.36
19-20	0.34	4.34	5.18	13.25	19.96	14.61	42.32
20-22	0.18	5.02	4.03	11.95	18.79	13.62	46.41
23-26	0.18	5.39	6.14	11.69	18.91	12.35	45.34
<b>Orphanhood*</b>							
Both parents alive	0.2	4.25	4.76	11.3	19.81	15.62	44.06
Double orphan	0	6.26	9.77	10.88	13.39	11.74	47.95
Maternal orphan	0.57	3.07	7.77	10.52	19.87	12.66	45.54
Paternal orphan	0	5.91	7.71	14.1	16.17	8.85	47.27
<b>Parental residence</b>							
Both parents resident	0.15	5.17	4.34	10.72	19.54	17.73	42.35
One parent resident	0.22	4.03	6.28	11.95	19	11.92	46.6
No parents resident	0	4.18	6.35	10.84	18.2	12.25	48.12
<b>Respondent's highest level of education*</b>							
5 years	0	1.73	7.96	14.28	13.73	12.21	50.09
5-10 years	0.15	4.91	6.78	13.31	16.61	10.86	47.39
10-12 years	0.13	4.92	5.21	11.12	20.06	15.27	43.29
Matric and more	0.15	1.86	2.63	8.97	22.58	20.17	43.64
<b>Household monthly income*</b>							
Less than 500R	0	2.75	9.09	12.27	22.02	3.26	50.6
500-1000	0	5.44	5.61	12.85	14.51	12.13	49.46
1000-3000	0.51	5.4	7.74	14.03	14.23	8.54	49.55
3000-8000	0	5.66	5.83	12.39	20.41	11.52	44.13
8000-20 000	0	2.32	3.1	8.98	23.98	21.39	40.23
Above 20 000	0	1.46	1.91	2.94	13.67	33.01	47.01
<b>Self rated health*</b>							
Poor	2.02	6.87	6.26	24.16	6.8	24.32	29.57
Fair	1.3	4.91	7.79	13.17	21	15.99	35.85
Good	0.15	8.27	8.16	12.67	20.51	11.64	38.59
Very Good	0	3.71	5.16	12.04	22.86	15.62	40.61
Excellent	0	1.96	3.57	10.47	15.95	14.87	53.09

## Appendix 15: OLS regression results on SLE as dependent variable in CAPS

	Regression 1		Regression 2		African		Coloured	
	Coefficient	P	Coefficient	P	Coefficient	P	Coefficient	P
Age	-0.018 [0.015]	0.226	-0.018 [0.015]	0.227	<b>-0.040</b> [0.020]	<b>0.045</b>	-0.015 [0.023]	0.518
Female	-0.038 [0.068]	0.574	-0.049 [0.068]	0.475	<b>-0.210</b> [0.093]	<b>0.025</b>	0.050 [0.111]	0.680
African	0.114 [0.124]	0.358	0.132 [0.218]	0.302				
Coloured	<b>-0.500</b> [0.114]***	<b>0.000</b>	<b>-0.487</b> [0.115]***	<b>0.000</b>				
Health wave 3	<b>0.267</b> [0.036]***	<b>0.000</b>	<b>0.269</b> [0.036]***	<b>0.000</b>	<b>0.225</b> [0.044]***	<b>0.000</b>	<b>0.331</b> [0.057]***	<b>0.000</b>
Affected	-0.022 [0.098]	0.825	0.015 [0.098]	0.880	0.088 [0.104]	0.397	-0.138 [0.226]	0.541
Low HIV risk	0.165 [0.081]	0.042	0.172 [0.080]	0.033	0.127 [0.100]	0.205	0.225 [0.128]	0.081
Medium HIV risk	0.186 [0.110]	0.091	0.211 [0.111]	0.058	-0.119 [0.194]	0.540	0.407 [0.158]	0.011
High HIV risk	-0.144 [0.144]	0.320	-0.142 [0.144]	0.326	<b>-0.295</b> [0.176]*	<b>0.096</b>	0.126 [0.213]	0.556
Household death	-0.148 [0.090]	0.100	-0.110 [0.093]	0.236	<b>-0.336</b> [0.124]**	<b>0.008</b>	0.042 [0.136]	0.759
Level of education young adult	-0.011 [0.017]	0.527	-0.017 [0.017]	0.321	0.008 [0.028]	0.763	-0.038 [0.023]	0.104
Income in 2005	<b>0.085</b> [0.038]*	<b>0.025</b>	<b>0.077</b> [0.038]*	<b>0.044</b>	<b>0.096</b> [0.054]*	<b>0.077</b>	0.091 [0.058]	0.123
Double orphan			-0.249 [0.227]	0.272				
Maternal orphan			-0.020 [0.150]	0.893				
Paternal orphan			<b>-0.183</b> [0.100]	<b>0.068</b>				
Constant	4.987		5.095		5.670		4.327	
N	2526		2466		1090		1170	
<i>R squared</i>	0.087		0.089		0.059		0.059	

**Appendix 16: ordered probit regression analyses on educational expectations**

	Base model pooled		Full model pooled		Full model African		Full Model Coloured	
	Coef	P	Coef	P	Coef	P	Coef	P
Age	<b>-0.024</b>	<b>0.049</b>	<b>0.031</b>	<b>0.035</b>	0.011	0.610	0.005	0.809
	<i>[0.012]</i>		<i>[0.015]</i>		<i>[0.021]</i>		<i>[0.020]</i>	
Female	-0.083	0.183	-0.029	0.708	0.194	0.110	-0.082	0.471
	<i>[0.062]</i>		<i>[0.076]</i>		<i>[0.120]</i>		<i>[0.114]</i>	
African	<b>0.237</b>	<b>0.076</b>	0.034	0.822				
	<i>[0.133]</i>		<i>[0.151]</i>					
Coloured	<b>-0.484</b>	<b>0.000</b>	<b>-0.381</b>	<b>0.002</b>				
	<i>[0.118]</i>		<i>[0.123]</i>					
Proportion of years failed by 13	<b>-3.164</b>	<b>0.000</b>	<b>-2.710</b>	<b>0.000</b>	<b>-1.708</b>	<b>0.002</b>	<b>-3.293</b>	<b>0.001</b>
	<i>[0.425]</i>		<i>[0.545]</i>		<i>[0.542]</i>		<i>[0.927]</i>	
Income 2005	<b>0.266</b>	<b>0.000</b>	<b>0.255</b>	<b>0.000</b>	0.107	0.110	<b>0.333</b>	<b>0.000</b>
	<i>[0.039]</i>		<i>[0.042]</i>		<i>[0.066]</i>		<i>[0.057]</i>	
Number of adults in house	-0.018	0.374	-0.013	0.538	0.010	0.780	-0.038	0.229
	<i>[0.020]</i>		<i>[0.021]</i>		<i>[0.035]</i>		<i>[0.031]</i>	
Number of children in house	<b>-0.099</b>	<b>0.000</b>	<b>-0.078</b>	<b>0.001</b>	0.016	0.668	<b>-0.106</b>	<b>0.001</b>
	<i>[0.023]</i>		<i>[0.237]</i>		<i>[0.037]</i>		<i>[0.030]</i>	
Time spent with biological mother	0.036	0.289						
	<i>[0.034]</i>							
Time spent with biological father	0.012	0.678						
	<i>[0.028]</i>							
Time spent with bio mother talking about edu			<b>0.240</b>	<b>0.000</b>	<b>0.261</b>	<b>0.000</b>	<b>0.206</b>	<b>0.000</b>
			<i>[0.038]</i>		<i>[0.051]</i>		<i>[0.052]</i>	
Time spent with bio father talking about edu			0.023	0.460	-0.016	0.728	0.066	0.131
			<i>[0.032]</i>		<i>[0.045]</i>		<i>[0.043]</i>	
Proportion friends continue study			0.113	0.183	0.066	0.612	<b>0.218</b>	<b>0.026</b>
			<i>[0.085]</i>		<i>[0.130]</i>		<i>[0.097]</i>	
Frequency friends encourage study			<b>0.483</b>	<b>0.000</b>	0.304	0.110	<b>0.431</b>	<b>0.000</b>
			<i>[0.092]</i>		<i>[0.189]</i>		<i>[0.099]</i>	
Proportion friends intend to study further			<b>0.219</b>	<b>0.001</b>	<b>0.276</b>	<b>0.008</b>	<b>0.183</b>	<b>0.039</b>
			<i>[0.065]</i>		<i>[0.101]</i>		<i>[0.087]</i>	
Health in wave III			<b>0.084</b>	<b>0.018</b>	<b>0.091</b>	<b>0.061</b>	<b>0.121</b>	<b>0.015</b>
			<i>[0.035]</i>		<i>[0.048]</i>		<i>[0.049]</i>	
SLE			0.0375	0.113	-0.012	0.715	0.030	0.335
			<i>[0.024]</i>		<i>[0.032]</i>		<i>[0.031]</i>	
Household death			0.079	0.544	0.155	0.358	-0.013	0.954
			<i>[0.131]</i>		<i>[0.167]</i>		<i>[0.229]</i>	
Affected by HIV/AIDS			-0.090	0.698	0.079	0.540	-0.081	0.746
			<i>[0.126]</i>		<i>[0.129]</i>		<i>[0.249]</i>	
Low HIV risk			0.0388	0.590	<b>-0.313</b>	<b>0.004</b>	<b>0.197</b>	<b>0.046</b>
			<i>[0.072]</i>		<i>[0.105]</i>		<i>[0.098]</i>	
Medium HIV risk			0.173	0.121	-0.005	0.979	<b>0.230</b>	<b>0.094</b>
			<i>[0.111]</i>		<i>[0.202]</i>		<i>[0.137]</i>	
High HIV risk			0.050	0.748	<b>-0.391</b>	<b>0.028</b>	0.394	0.150
			<i>[0.157]</i>		<i>[0.175]</i>		<i>[0.272]</i>	
N	1801		1382		515		679	
F/ pseudo Rs	22.14		15.62		4.09		11.90	
P	0.000		0.000		0.000		0.000	

Appendix

**Appendix 17: ordinal probit regression analyses on educational expectations, age restricted**

	Base pooled		Full pooled		African		Coloured	
	Coef	P	Coef	P	Coef	P	Coef	P
Age	<b>-0.075</b>	<b>0.032</b>	<b>-0.058</b>	<b>0.174</b>	-0.085	0.208	-0.087	0.118
	[0.035]		[0.042]		[0.067]		[0.055]	
Female	-0.110	0.212	<b>-0.170</b>	<b>0.104</b>	0.087	0.556	-0.173	0.156
	[0.088]		[0.104]		[0.148]		[0.122]	
African	<b>0.377</b>	<b>0.020</b>	0.180	0.312				
	[0.161]		[0.177]					
Coloured	<b>-0.367</b>	<b>0.008</b>	<b>-0.265</b>	<b>0.082</b>				
	[0.138]		[0.152]					
Proportion of years failed by 13	<b>-3.615</b>	<b>0.000</b>	<b>-3.167</b>	<b>0.000</b>	-0.367	0.661	<b>-4.004</b>	<b>0.000</b>
	[0.533]		[0.646]		[0.837]		[0.889]	
Income 2005	<b>0.289</b>	<b>0.000</b>	<b>0.231</b>	<b>0.000</b>	0.094	0.296	<b>0.316</b>	<b>0.000</b>
	[0.044]		[0.050]		[0.090]		[0.075]	
Number of adults in house	-0.035	0.190	-0.004	0.883	0.082	0.100	-0.050	0.206
	[0.027]		[0.031]		[0.050]		[0.040]	
Number of children in house	<b>-0.078</b>	<b>0.009</b>	<b>-0.079</b>	<b>0.014</b>	-0.016	0.765	<b>-0.097</b>	<b>0.027</b>
	[0.030]		[0.032]		[0.053]		[0.044]	
Time spent with biological mother	0.021	0.643						
	[0.044]							
Time spent with biological father	0.021	0.565						
	[0.037]							
Time spent with bio mother talking about edu			0.240	0.000	<b>0.360</b>	<b>0.000</b>	0.112	0.105
			[0.056]		[0.083]		[0.069]	
Time spent with bio father talking about edu			0.044	0.271	0.018	0.753	<b>0.180</b>	<b>0.002</b>
			[0.040]		[0.057]		[0.057]	
Proportion friends continue study			-0.137	0.239	-0.009	0.974	-0.001	0.995
			[0.116]		[0.262]		[0.146]	
Frequency friends encourage study			<b>0.687</b>	<b>0.000</b>	0.534	0.109	<b>0.535</b>	<b>0.000</b>
			[0.121]		[0.334]		[0.147]	
Proportion friends intend to study further			<b>0.182</b>	<b>0.038</b>	0.213	0.137	0.188	0.113
			[0.087]		[0.143]		[0.118]	
Health in wave III			<b>0.084</b>	<b>0.068</b>	<b>0.162</b>	<b>0.013</b>	0.087	0.143
			[0.046]		[0.162]		[0.060]	
SLE			0.037	0.210	-0.027	0.599	0.041	0.312
			[0.030]		[0.051]		[0.040]	
Household death			0.153	0.387	0.175	0.367	0.063	0.850
			[0.176]		[0.194]		[0.335]	
Affected by HIV/AIDS			-0.121	0.452	-0.112	0.462	0.073	0.806
			[0.161]		[0.152]		[0.298]	
Low HIV risk			0.011	0.906	<b>-0.358</b>	<b>0.022</b>	<b>0.231</b>	<b>0.074</b>
			[0.093]		[0.156]		[0.129]	
Medium HIV risk			<b>0.075</b>	<b>0.635</b>	-0.319	0.217	0.192	0.339
			[0.159]		[0.258]		[0.201]	
High HIV risk			-0.033	0.867	<b>-0.580</b>	<b>0.014</b>	0.336	0.202
			[0.197]		[0.237]		[0.264]	
N	967		769		275		375	
F / Pseudo R Squared	16.34		12.05		0.085		0.139	
P	0.000		0.000		0.000		0.000	

**Appendix 18: ordered probit regressions on educational expectations, controlling also for orphanhood**

	Regression 1		Regression 2	
	Coef	P	Coef	P
Age	<b>-0.028</b>	<b>0.010</b>	0.011	0.382
	[0.011]		[0.0125]	
Female	<b>-0.063</b>	<b>0.252</b>	-0.059	0.361
	[0.055]		[0.065]	
African	0.195	0.115	-0.018	0.893
	[0.123]		[0.134]	
Coloured	<b>-0.544</b>	<b>0.000</b>	<b>-0.487</b>	<b>0.000</b>
	[0.116]		[0.119]	
Income 2005	<b>0.261</b>	<b>0.000</b>	<b>0.250</b>	<b>0.000</b>
	[0.035]		[0.036]	
Maternal orphan	<b>-0.244</b>	<b>0.037</b>	<b>-0.204</b>	<b>0.084</b>
	[0.117]		[0.118]	
Paternal orphan	-0.056	0.405	-0.006	0.935
	[0.068]		[0.074]	
Double orphan	<b>-0.350</b>	<b>0.020</b>	<b>-0.294</b>	<b>0.055</b>
	[0.149]		[0.153]	
Health			<b>0.095</b>	<b>0.001</b>
			[0.030]	
SLE			0.017	0.388
			[0.020]	
Affected			-0.040	0.683
			[0.095]	
Proportion of years failed			<b>-2.86</b>	<b>0.000</b>
			[0.392]	
Friends continue to study			<b>0.160</b>	<b>0.034</b>
			[0.075]	
Friends encourage to study			<b>0.589</b>	<b>0.000</b>
			[0.082]	
Friends intend to study further			<b>0.286</b>	<b>0.000</b>
			[0.057]	
N	2269		1853	
F	27.96		24.28	
P	0.000		0.000	

Appendix 19: probit regressions on decreased educational expectations<sup>2</sup>

	African		Coloured	
	Coef	P	Coef	P
Deterioration of health				
Improvement of health				
Subjective life expectancy wave 3			-0.091 [0.043]	0.037
Household death wave1-wave3				
Age of young adult in wave 3				
Female	-0.252 [0.124]	0.045	0.267 [0.140]	0.059
Dropout between 2002-2005				
Monthly household income wave 3			-0.222 [0.074]	0.003
Number of adults in the household			0.086 [0.044]	0.056
Number of children in the household				
Frequency spent time with biological mother	-0.213 [0.062]	0.001	-0.110 [0.066]	0.097
Frequency spent time with biological father				
Frequency talked about education with biological mother				
Frequency talked about education with biological father				
Number of friends continued to study				
Frequency friends encouraged to study			-0.322 [0.154]	0.038
Number of friends expecting to study at tertiary level				
Low HIV risk	0.261 [0.144]	0.074		
Medium HIV risk				
High HIV risk				
N	470		532	
P	0.005		0.003	
F	2.31		2.36	

<sup>2</sup> Only those young adults with data for complete young adult and household questionnaires for both waves were kept in the sample for this analysis. Additionally, only those who had observations for expectations in both waves I and III were taken into account, hence the much smaller number of observations in these analyses.

**Appendix 20: World Health Organisation Staging System**

<p><b>Stage one</b></p> <ol style="list-style-type: none"> <li>1. Asymptomatic</li> <li>2. Persistent generalised lymphadenopathy</li> <li>3. Acute retroviral infection</li> </ol>
<p><b>Stage two</b></p> <ol style="list-style-type: none"> <li>4. Unintentional weight loss &lt; 10 % of body weight</li> <li>5. Minor mucocutaneous manifestations, e.g. seborrhoea, prurigo, fungal-nail, oral ulcers, angular cheilitis</li> <li>6. Herpes zoster within the last five years</li> <li>7. Recurrent upper respiratory tract infection, e.g. bacterial sinusitis</li> </ol>
<p><b>Stage three</b></p> <ol style="list-style-type: none"> <li>8. Unintentional weight loss &gt; 10% of body weight</li> <li>9. Chronic diarrhoea &gt; one month</li> <li>10. Prolonged fever &gt; one month</li> <li>11. Oral candidiasis</li> <li>12. Oral hairy leukoplakia</li> <li>13. Pulmonary TB within the last year</li> <li>14. Severe bacterial infections, e.g. pneumonia</li> <li>15. Vulvovaginal candidiasis &gt; one month/ poor response to therapy</li> </ol>
<p><b>Stage four</b></p> <ol style="list-style-type: none"> <li>16. HIV wasting (8+9 or 10)</li> <li>17. Pneumocystis carinii pneumonia</li> <li>18. CNS toxoplasmosis</li> <li>19. Cryptosporidiosis + diarrhoea &gt; one month</li> <li>20. Isosporiasis + diarrhoea</li> <li>21. Cryptococcosis – non pulmonary</li> <li>22. Cytomegalovirus infection other than liver, spleen or lymph node</li> <li>23. Herpes simplex infection, visceral or &gt; one month mucocutaneous</li> <li>24. Progressive multifocal leucoencephalopathy</li> <li>25. Disseminated mycosis</li> <li>26. Oesophageal/ tracheal / pulmonary candidiasis</li> <li>27. Atypical mycobacteriosis disseminated</li> <li>28. Non-typhoidal Salmonella septicaemia</li> <li>29. Extra-pulmonary tuberculosis</li> <li>30. Lymphoma</li> <li>31. Kaposi's sarcoma</li> <li>32. HIV encephalopathy</li> <li>33. Invasive cervical carcinoma</li> <li>34. recurrent pneumonia</li> </ol>

## Appendix 21 – overview tables of non-affected youth

Name	Age in Y1	Alutha	Andile	Kuthala	Lindelwa	Nandipha
Demographics	Gender	18 Female	22 Male	18 Female	19 Female	20 Female
	Residence	Nyanga	Khayelitsha	Philippi	Samora	Gugulethu
Household structure and resources y1	Size	10	3	5	3	5
	# adults	4	2	2	1	2
	# children	6	1	3	2	2
Resources	All adults earning an income	Same as in 1 <sup>st</sup> year	Own, and father's income;	Mother and father's income	Mother's income	Grandmother's pension and mother's income
Household structure and resources y2 if different	Residence	Same as in 1 <sup>st</sup> year	Same as in 1 <sup>st</sup> year	Langa	Philippi	Same as 1 <sup>st</sup> year
	Size	Ibid	Ibid	Not sure: sharing with friends	1	Ibid
	# adults	Ibid	Ibid	?	-	Ibid
	# children	Ibid	Ibid	?	-	Ibid
	Resources	Ibid	Ibid	?	?	Own income
Household structure and resources y3 if different	Residence	Same as in 1 <sup>st</sup> year	Same as in 1 <sup>st</sup> year	Same as 2 <sup>nd</sup> year	Gugulethu	Same as 1 <sup>st</sup> year
	Size	Ibid	Ibid	Ibid	1	6
	# adults	Ibid	Ibid	Ibid	1	3
	# children	Ibid	Ibid	Ibid	Ibid	3
Resources	Ibid	Ibid	Ibid	Ibid	Own income	Pensions and own income
Education (grade)	Y1	Gap year after matric	Completed matric – not studying	Dropped out in grade 10	Gap year after matric	Dropped out in grade 11
	Y2	Short courses at tertiary institution	-	-	-	Dropped out again in grade 11
	Y3	-	-	-	UNISA (self study)	-
Employment	Y1	-	Full time	-	-	-
	Y2	-	Full time	Part time	Part time	Part time
	Y3	Full time with training	Full time	Full time?	Full time	Full time

## Appendix

Name	Age in Y1	Nezile	Noluthando	Noxolo	Siya	Thobeka
Demographics	Age in Y1	19	21	14	22	18
	Gender	Male	Female	Female	Male	Female
Household structure and resources y1	Residence	Khayelitsha	Gugulethu	Khayelitsha	Gugulethu	Nyanga
	Size	4	3	9	5	5
	# adults	3	1	4	2	2
	# children	1	2	5	3	3
	Resources	All adults earning an income	Grandmother's pension; parents' support	Grandfather's pension	Grandmother's pension; self-employment	Small business mother and sister
Household structure and resources y2 if different	Residence	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Mfuleni	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year
	Size	5	Ibid	4	Ibid	Ibid
	# adults	4	Ibid	2	Ibid	Ibid
	# children	1	Ibid	2	Ibid	Ibid
	Resources	Same as 1 <sup>st</sup> year	Ibid	Mother's income	Ibid	Ibid
Household structure and resources y3 if different	Residence	Same as 2 <sup>nd</sup> year	Same as 1 <sup>st</sup> year	Khayelitsha	Gugulethu	Same as 1 <sup>st</sup> year
	Size	Ibid	Ibid	5	3	Ibid
	# adults	Ibid	Ibid	3	3	Ibid
	# children	Ibid	Ibid	2	0	Ibid
	Resources	Ibid	Ibid	Father's income	Own part time income; bursary	Ibid
Education (grade)	Y1	Dropped out in grade 10	3 <sup>rd</sup> year tertiary	Dropped out grade 9	Dropped out of tertiary	Grade 11
	Y2	-	Final year tertiary	Grade 9	-	Grade 12
	Y3	-	-	Grade 10	Back in tertiary	-
Employment	Y1	Part time	Piece jobs	-	Self employed	Piece jobs
	Y2	Full time	Piece jobs	-	Self employed	Piece jobs
	Y3	Part time and self-employed	?	-	Part time	Piece jobs

## Appendix 22 – overview tables affected youth

Name	Age in Y1	Ayanda	Lungile	Lutho	Nobuzwe	Nosipho
Demographics	19	17	15	19	22	
	Female	Male	Male	Female	Female	
Household structure and resources y1	Residence	Nyanga	Gugulethu	Khayelitsha	Nyanga	Philippi
	Size	5	4	4	4	10
	# adults	1	2	1	1	2
	# children	4	2	3	3	8
Resources	Mother's income	Rent backyard rooms	Mother's part time income; food parcels	Aunt's income	Mother's income	
Household structure and resources y2 if different	Residence	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Student residence	Same as 1 <sup>st</sup> year
	Size	Ibid	Ibid	Ibid	1	Ibid
	# adults	Ibid	Ibid	Ibid	-	Ibid
	# children	Ibid	Ibid	Ibid	-	Ibid
Household structure and resources y3 if different	Resources	Ibid	Ibid	Ibid	Own part time job	Ibid
	Residence	Lost contact, Nokuthembeka says no change	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Student residence	Same as 1 <sup>st</sup> year
	Size		Ibid	Ibid	1	Ibid
	# adults		Ibid	Ibid	-	Ibid
Education (grade)	# children		Ibid	Ibid	-	Ibid
	Resources		Ibid	Ibid	-	Ibid
	Y1	Grade 11	Grade 9	Grade 9	Gap year after matric	Dropped out after grade 9
Employment	Y2	Grade 12	Grade 10	Grade 10	1 <sup>st</sup> year UCT	-
	Y3	?	Grade 11	Grade 11	2 <sup>nd</sup> year UCT	-
	Y1	Volunteer	-	-	-	Volunteer
	Y2	Volunteer	-	-	Part time	Volunteer
	Y3	?	-	-	Part time	Part time

Appendix

Name	Age in Y1	Thami	Thando	Zama	Ziyanda	Zolani
Demographics	Age in Y1	14	19	18	14	15
	Gender	Male	Male	Female	Female	Male
Household structure and resources y1	Residence	Gugulethu	Gugulethu	Gugulethu	Gugulethu	Khayelitsha
	Size	6	4	4	6	4
	# adults	3	2	1	3	1
	# children	3	2	3	3	3
	Resources	Aunt and cousin's income	Rent of backyard rooms	Friend of mother's income	Aunt and cousin's income	Child support grant, food parcels
Household structure and resources y2 if different	Residence	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year
	Size	Ibid	Ibid	Ibid	Ibid	Ibid
	# adults	Ibid	Ibid	Ibid	Ibid	Ibid
	# children	Ibid	Ibid	Ibid	Ibid	Ibid
	Resources	Ibid	Ibid	Ibid	Ibid	Ibid
Household structure and resources y3 if different	Residence	Same as 1 <sup>st</sup> year	Same as 1 <sup>st</sup> year	Lost contact	Same as 1 <sup>st</sup> year	Lost contact Wola Nani says family is "OK"
	Size	Ibid	Ibid	Ibid	Ibid	
	# adults	Ibid	Ibid	Ibid	Ibid	
	# children	Ibid	Ibid	Ibid	Ibid	
	Resources	Ibid	Ibid	Ibid	Ibid	
Education (grade)	Y1	Grade 8	Grade 12	Grade 9	Grade 8	Grade 9
	Y2	Grade 9 ?	-	?	Grade 9 ?	Grade 10
	Y3	Grade 10 ?	-	Lost contact	Grade 10?	?
Employment	Y1	-	-	-	-	-
	Y2	-	-	?	-	-
	Y3	-	Part time	Lost contact	-	?



## Appendix 23 – Information sheet for youth



### Educational decision-making in Cape Town

The Centre for Social Science Research,  
University of Cape Town

### Information sheet for young adults

Hello, I am Ariane De Lannoy. I am a PhD student at the Centre for Social Science Research at the University of Cape Town. I am conducting a study on how people in your community make decisions about education. By talking to young people like yourself, I hope to gain a better understanding of those elements that are important for people of your age when deciding on whether or not to go to school, and to continue their schooling. I will be working at a number of locations within the Cape Town Metropolitan Area. When the study is completed, I hope to be able to advise community leaders, individual schools and state departments on how to provide households and individuals like you with services that will enable more of them to go to, or continue school.

Should you decide to participate in my study, I would like to meet with you for one and a half, to two hours. We can meet at a time that is convenient for both you and ourselves, in a private space nearby, in a community centre, or in your home if you prefer. During our meeting, I might be alone, or I might bring another woman with me. This woman is a researcher who works with me; she can speak with you in the language you feel you can best express yourself in.

During our meeting, we will ask you a few questions about yourself, a lot of questions will be on the things you find important in life, and on education. We might ask you to just answer a list of questions, or we might ask you to talk to us in a little bit more detail. For example, I might ask you to tell me a little more about yourself and your current life, but also about how you hope your future life will be. I will ask you about your time at school, for example whether being at school is a happy time for you, or not. I would also like to learn whether or not you believe education is important for your future life and that of other children in your community, and why that is so. I would like to tape record some of the meetings so that I can listen to what you have said, and think about it again afterwards. These recordings will be kept in a secure place at my office and will only be accessible by myself and other members of the research team. All team members will keep the information private and confidential.

For my final report, I would like to quote some of the things that have been said by the various participants in my study, but **your name will never be mentioned without your consent!**

We will always try to avoid asking about topics that are too sensitive or personal. However, if anything we ask you, makes you feel worried or sad, please tell us so. We

will try to help you by referring you to people and organisations that are trained to listen to people's feelings and problems and finding a solution to those problems.

I would now like to ask whether you agree to participate in this study. Please understand that your participation to this study should be entirely voluntary. Declining to take part in the research will NOT affect you in any possible way: you can still come to the clinic and you will still be helped here in the best possible ways. If you wish to participate but, at any given time, you do not want to answer a certain question, or you decide you do not want to be part of the research anymore, please just tell us so and we will respect your choice!

If anything is still unclear and you would like more information about this research, please feel free to contact me on 021 650 23 23 or 072 947 72 85, and I will try to answer your questions.

University of Cape Town

## Appendix 23 – Information sheet for caregivers



### Educational decision-making in Cape Town

The Centre for Social Science Research,  
University of Cape Town

#### Information sheet for caregiver

Hello, I am Ariane De Lannoy. I am a PhD student at the Centre for Social Science Research at the University of Cape Town. I am conducting a study on how people in your community make decisions about education. By talking to caregivers like yourself, I hope to gain a better understanding of those elements that are important for people when deciding on whether or not to send children to school, and to keep them in school. I will be working at a number of locations within the Cape Town Metropolitan Area. When the study is completed, I hope to be able to advise community leaders, individual schools and state departments on how to provide households and individuals with services that will motivate and enable more of them to send their children to school.

Should you decide to participate in my study, I would like to meet with you for one and a half, to two hours. We can meet at a time that is convenient for both you and ourselves, in a clinic, or in a private space. During our meeting, I might bring another woman with me, or sometimes the woman will be alone. This woman is a researcher who works with me; she can speak with you in the language in which you feel you can best express yourself.

During our meeting, we will ask you questions about the things you find important in life, and about education. For example, I might ask you to tell me a little more about yourself and your current life, but also about how you hope your future life will be. I would like to tape record some of the meetings so that I can listen to what you have said, and think about it again afterwards. These recordings will be kept in a secure place at my office and will only be accessible by myself and other members of the research team. All team members will keep the information private and confidential.

For my final report, I would like to quote some of the things that have been said by the various participants in my study, but **your name will never be mentioned without your consent!**

We will always try to avoid asking about topics that are too sensitive or personal. However, if anything we ask you, makes you feel worried or sad, please tell us so. We will try to help you by referring you to people and organisations that are trained to listen to people's feelings and problems and finding a solution to those problems.

I would now like to ask whether you agree to participate in this study. Please understand that your participation to this study should be entirely voluntary. Declining to take part in the research will NOT affect you in any possible way. If you wish to

participate but, at any given time, you do not want to answer a certain question, or you decide you do not want to be part of the research anymore, please just tell us so and we will respect your choice!

If anything is still unclear and you would like more information about this research, please feel free to contact me on 021 650 23 23 or 072 947 72 85, and I will try to answer your questions.

## Appendix 25 – consent form for both youth and caregivers



### Educational decision-making in Cape Town

The Centre for Social Science Research,  
University of Cape Town

### Consent Form

I hereby agree to participate in this research. My participation is completely voluntary. I understand that I will be interviewed, but that I can at any time say that I do not want to answer a question or that I do not want to take part in the research anymore. I also understand that this decision will not in any way affect me negatively.

I understand that nothing of what I have said, nor my name, will be quoted in a final report, without my final consent to do so.

I also understand that this is a research project that will not benefit me personally.

I have received the telephone number of a person to contact should I have any further questions, or should I need to speak about any issues that may arise from my participation in this study.

.....  
**Signature of participant**

**Date:** .....

## Appendix 26 – interview guide young adults



### Educational decision-making in Cape Town

The Centre for Social Science Research,  
University of Cape Town

## Interview guide young adults

---

### Part 1. Introduction

- Introduce researcher, research and purpose of interview.
- Stress confidentiality and demand permission to record.
- Create “safe” and comfortable environment.

### Part 2. People, events and emotions in personal and family history

#### 1. History and present

Let me first tell you a bit about myself... I am a researcher at the University of Cape Town, etc. .... I moved from Belgium etc etc...

Now, I would like to learn a little more about you and your life, too.

a) Could you tell me a bit about yourself? (*probe on childhood..*)

- Where you were born?
- Do you have brothers, sisters, ... ?
- Where do you live? Who do you live with?
- What are the things that interest you? Why?
- What kind of a person would you say you are? How would you describe yourself?
- Could you tell me, which people, things and events are important for you in your life today?
- And what places are important for you?
- Can you tell me some more about each of these? How come especially these people and places are important for you? (Probe)

b) When you think of your life today: what is it like? What is it like to be a young person like you in South Africa or Cape Town?

- What are the interests of young people today? What are they busy with?
- And what are the issues they have to deal with? How come? What reactions do you see to these issues?
- ...

### Part 3. School

A big part of young people's life is taken up by school. I would like to learn more about your experience with school:

#### 1. Experience of school

Can you tell me a little bit about your time at school? Are you still in school now, or not?

- What kind of school do/did you go to, where?
- How do/did you feel about school?
- What are/were some of the nice things about school? What makes/made these things so nice?
- What are/were perhaps not so nice things about school? What makes/made them not so nice?
- Who is/was with you at school?
- How do/did the children treat each other at school?
- And the other people in the school, how do/did they treat the pupils?
- What do/did you learn at school?
- Is/was going to school important for you, or not? Why?
- How do/did your parents feel about you going to school?
- How useful are/were the things you do in school for you today?
- And for your further life? (how come?)
- Do/did you feel you are coping with all the subjects at school? (probe)
- Do/did you feel that, if you work really hard, you can do everything that is asked of you in school?
- How much time do/did you spend on homework?
- Do you feel that you and your friends always work as hard as you can on your homework?
- Etc.
- If no longer at school:
  - Why did you leave school?  
(probe: Reasons for leaving; who decided? ... )
  - How did you feel about the fact that you were leaving? How come?
  - How did your friends feel? Why do you think that is?
  - And the people in your family, how did they feel? Why do you think that is?

#### 2. Perception of school among youth

- How important is it for children and young people to go to school? How come?
- How do adolescents feel about school? How does that differ from how younger children feel about school?
- How come some pupils leave school?
- What happens to these adolescents?

#### **Part 4. Dreams and aspirations for the future**

We have talked about yourself, about what happened in the last year in your life, about who is important for you today, about school... Now, there is one last thing I would like us to do. Let's use our imagination once more and think that we are in a time machine. That is a machine that can take us forward in time. It will take us forward with 5 years time. Can you imagine? How old will you be then? Now let's imagine we walk out of the time machine, and we are 5 years further, so you are..... (add age), what do you see? What does your life look like 5 years from now?

Probe:

- Where are you?
- Who is with you?
- What are you doing? (probe on schooling)
- How do you feel about your life?
- What is different about your life in 5 years time and today? How come? How do you feel about these differences?
- What are the nice things about life in 5 years time?
- What are the not so nice things?
- What things would you like to change? How? Why?

Now let's imagine we get back into the time machine and it takes us 5 years further again. So you will be .... (add age) by then. You walk out of the time machine and what do you see?

- What does your life look like?
- Where are you, and who is with you? Etc.
- How do you feel about your life?
- What are the differences between your life ten years from now and only 5 years from now?
- How do you feel about these differences?
- Who or What do you think has made your life till what it is, there at that time ten years from now? (probe)
- Why do you think that will have been important?
- Etc.

**Appendix 27 – the creation of a household members’ health variable**

<i>Classification (Variable name)</i>	<i>Description</i>	<i>Distribution (n=4836)</i>
Poor health	<ul style="list-style-type: none"> <li>- person’s general health is rated ‘poor’ or ‘fair’ in H3; or</li> <li>- household member is identified as potentially HIV-infected (variable <i>affected</i> = 1); or</li> <li>- person has other health problems or disabilities as identified in H12; or</li> <li>- household member has been to a doctor, hospital or traditional healer for any health problem, or has taken medication in the last 6 months (at least 2 of these 4 options, as given in H14-H17)</li> </ul>	25%
Good Health	<ul style="list-style-type: none"> <li>- person’s general health has been described as good or very good in H3; and</li> <li>- household member has not been identified as potentially HIV-positive (<i>affected</i> = 0); and</li> <li>- person has no other health problems or disabilities (H12 = 2); and</li> <li>- household member has only been once, or not at all, to either a doctor, hospital, alternative healer, or has taken medication.</li> </ul>	43%
Excellent Health	<ul style="list-style-type: none"> <li>- person’s general health is said to be excellent; and</li> <li>- he or she has not been identified as potentially HIV-positive; and</li> <li>- person has no other health problems or disabilities; and</li> <li>- he or she has not visited a doctor, hospital or traditional healer, or taken any medication for health problems in the last 6 months.</li> </ul>	33%

## Appendix 28 – interview guide caregivers



### Educational decision-making in Cape Town

The Centre for Social Science Research,  
University of Cape Town

## Interview guide caregivers

---

### Part 1. Introduction

- Introduce researcher, research and purpose of interview.
- Stress confidentiality and demand permission to record.
- Create “safe” and comfortable environment.
- No right or wrong

### Part 2. People, events and emotions in personal and family history

#### 1. Life history: childhood and family background

Shall I first tell you a little bit about myself? I am 31, I was born in Belgium etc etc ...

Now, I would like to learn a little more about your life as well.

- a) Could you tell me a bit about yourself? Let’s maybe first talk a little about your childhood.
  - Where you were born?
  - With whom did you live when you were a child?
  - Do you have brothers, sisters, ... ?
  - How was life for you when you were a child? (probe)
  - Who were important people in your life? (probe)
  - Who mostly responsible for taking care of you? (probe)
  - What were important places? (probe)
  - ...
- Probe on school: for a lot of children, schools are important places. Could you tell me a little bit about your time at school?
  - What kind of school did you go to, where?
  - How did you feel about school?
  - What were some of the nice things about school? What made these things so nice?
  - What were perhaps not so nice things about school? What made them not so nice?
  - Who was with you at school?

- How did the children treat each other at school?
- And the other people in the school, how did they treat the pupils?
- How important is it for children to go to school? How come? (Probe!)
- What did you learn at school?
- Was going to school important for you, or not? Why?
- How did your parents feel about you going to school?
- Etc.
  
- Story telling exercise: “my last day at school”.
  - How come this is the last day at school? Why are you leaving?
  - What did you do on your last day?
  - How do you feel about the fact that you are leaving? How come?
  - How do your friends feel? Why do you think that is?
  - And the people in your family, how do they feel? Why do you think that is?
  
- b) Now let’s talk a little about your life today? Could you tell me a bit more about that?
  - Could you tell me, which people, things and events are important for you in your life today?
  - And what places are important for you?
  - House: what place?! (probe on socio-economic status)
  - Can you tell me some more about each of these? How come especially these people and places are important for you? (Probe)
  - Family structure?
  - People within family that are not on here?

**! When disclosed as HIV-positive:**

- Probe carefully on illness, time of diagnosis, disclosure, reaction of loved ones, fears, hopes, relationship with children after diagnosis, etc. !

c) Children? Could you tell me a bit more about your children?

- How would you describe them? Are they different? Similar?
- How would you describe your relationship with your children?
- What is important in their lives?
- Are there things you do not want them to do? Why?
- Some that you like them to do? Why?
- What are the things you try to teach your children? Why?
- What kind of person would you like your child to be later? Why is that important?
- Some people say you can teach children a lot of different things. I have a number of cards here with things that children can be learned. Have a look at these, and tell me which ones you think are very important? Which are not important at all? Can you put them in order of importance? Probe: why important? Not?!
- Who or where do you think your children learn this from? Probe!

2. Storytelling: happy and sad moments (only when time permits)

Now, let's do something different. Let's try and tell a story. We know we all have our happy and our sad moments. Sometimes we can be really, really happy, but sometimes we're just a little happy or we can become really sad. I have the beginning of two short stories here.

The first is about being really happy. I will read it to you, and I would like you to tell me the rest of the story. It says: "I feel really happy when...". (Probe on moments, people, places, ...ask to explain the emotion in detail: "remember I do not really know your culture, it is sometimes hard to understand what you mean...").

The second story is about being really sad. Let's try this one as well. It starts: "I felt really sad when..." (Probe)

### **Part 3. Children's schooling**

- Are your children in school?
- What school do they go to?
- Do you think it is important for your children to go to school, or not? Can you tell me a little more about that?
- How would you describe their school?
- How is the atmosphere? Between the children? And between children and teachers?
- What do you like about them going to school?
- Is there anything you dislike?
- ...

Now we know that some children are not in school. Sometimes they had to leave school, sometimes they choose not to go to school. Let's try and tell a little story again, ok? (only when time permits!!) Let's tell a story about a girl named Sylvia, or a boy called Mike, who is not in school. Can you tell me: what kind of girl (boy) is she? How come she (he) is not in school? How does she (he) feel about that? (probe!) How do her (his) parents feel about that? And what about the rest of the community? What will she (he) now do instead of going to school? What will her (his) life be like?

### **Part 4. Schooling in general**

- How important do you think education is? Why  
  
[When disclosed HIV-positive, probe on value of edu in context of own HIV-positive status!]
- Do you know of any examples of people in your environment who have a good life now? What role has education played in that do you think?
- Do you think that, with a good education, people like you have a chance to a better life? Why/why not?

**One of the following only – when time permits:**

**Exercise:** let's imagine you are going to write a letter to the **Minister of Education**, explaining why you think education is important/ not important. You really have to convince him of your point of view, so try to give as many details as possible. What would you be writing?

**Exercise: Everyone with education?**

Let's imagine everyone in South Africa has had an education? How different would the country be? Why?

**Part 5. Dreams and aspirations for the future**

We have talked about yourself, about who is important for you today, about what makes you sad and happy, we have spoken about your schooling and your children's. Now, there is something else I would like us to do. I would like you to think about the future a little bit. I know that we can never be sure about what our lives will be like in a few years time, but we all have our hopes, our dreams, our expectations of life.. Can you try to tell me how you expect your life to be in 5 years time?

Probe:

- Where will you be?
- Who will be with you?
- What will you doing? (probe on schooling!)
- How will you feel about your life?
- What will be different about your life in 5 years time and today? How come? How do you feel about these differences?
- What will be the nice things about life in 5 years time?
- What will be the not so nice things?
- What things would you like to change? How? Why?
- [**When disclosed HIV-positive**, probe on impact illness on dreams and hopes!]
  
- How about your children, 5 years from now: what will they doing?
- How will their life be different from today?
- How do you think they will feel?
  
- How do you feel about their future lives?
- Etc.

Now let's imagine we jump a little bit further in time, let's try and look at your life another 5 years further. So you will be .... (add age) by then. Just take your time to imagine your life at that time.

- What will your life be like?

- How will you feel about your life?
- What are the differences between your life ten years from now and only 5 years from now?
- How do you feel about these differences?
- Why do you think they/ that will have been important?
- Etc.
  
- How about your children, 10 years from now: what do you think they will be doing? (probe! Where are they? Who are they with? How do they feel?)
- How is their life different from their life today?
- How do you feel about that?
- What are the things and the people that will make your children to the adults that you hope they will become?
- Etc.

University of Cape Town