TWENTY YEAR REVIEW
SOUTH AFRICA
1994 - 2014

BACKGROUND PAPER:
WOMEN'S EMPOWERMENT AND GENDER EQUALITY

Contact details:
Chantelle Van Der Byl
Tel: (012) 312 0102
Email: Chantelle@presidency-dpme.gov.za

Disclaimer
The background papers are written by officials in the Presidency and other government departments using inputs from literature reviews, commissioned research, government reviews and reports and roundtable discussions with a range of stakeholders. The views reflected in the background papers do not represent those of the Presidency, but rather reflect authors' views on sector developments.

Contents

List of Acronyms and Abbreviations

ADAPT	Agisang Domestic Abuse Prevention and Training
ART	Antiretroviral therapy
BPA	Beijing Platform of Action
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CEO	Chief executive officer
CGE	Commission on Gender Equality
CSG	Child Support Grant
CTOP	Choice on Termination of Pregnancy
CWP	Community Work Programme
DWCPD	Department of Women, Children and People with Disabilities
ECD	Early Childhood Development
EEC	Employment Equity Commission
ETDP	Education, Training and Development Practices
GBV	Gender-based violence
GDI	Gender-related Development Index
GDP	Gross domestic product
GEM	Gender Empowerment Measure
GER	Gross Enrolment Rate
GGI	Gender Gap Index
GPF	Gender Policy Framework
GPI	Gender Parity Index
HAART	Highly Active Antiretroviral Therapy
HSRC	Human Sciences Research Council
JSE	Johannesburg Stock Exchange
LGBTI	Lesbian, gay, bisexual, transsexual and intersex
MAP	Men as Partners
MDG	Millennium Development Goals
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCPS	National Crime Prevention Strategy
NDP	National Development Plan
NGM	National Gender Machinery
NGO	Non-governmental organisation
NPC	National Planning Commission
NSDS	National Skills Development Strategy
OECD	Organisation for Economic Cooperation and Development
ORC	Office on the Rights of the Child
OSPD	Office on the Status of People with Disabilities
OSW	Office on the Status of Women
PAJA	Promotion of Administrative Justice Act
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Act
PMTCT	Prevention of Mother-to-child Transmission

PPASA	Planned Parenthood Association of South Africa
PWMSA	Progressive Women's Movement of South Africa
SADC	Southern African Development Community
SAMF	South African Men's Forum
SANGOCO	South African Non-governmental Organisation Coalition
SAPS	South African Police Service
SASAS	South African Social Attitudes Survey
SAWID	South African Women in Dialogue
SDA	Skills Development Act
SET	Science, engineering and technology
SETA	Sector Education and Training Authorities
SIGI	Social Institutions and Gender Index
SMI	Social Movements Indaba
SMS	Senior Management Service
SOCA	Sexual Offences and Community Affairs
TB	Tuberculosis
UNHRC	United Nations Human Rights Commission
VCT	Voluntary Counselling and Testing

Executive summary

In 1994, the society that was inherited by the democratic government was deeply divided, with profound disparities in socio-economic wellbeing across racial groups. Within this context, certain groups of society were further excluded and marginalised beyond race. Discrimination, based on gender, led to women becoming vulnerable to chronic stressors such as unemployment, poor health and educational status, with generally poor standards of living.

A focus on women's empowerment through the realisation of civil, political, economic and social rights was justified within the context of high levels of inequities and inequalities impacting on women, which was inherited by the new democratic government. The drivers of change were thus policy reforms and building the institutional machinery. The journey described involves key areas of intervention.

Establishment of the National Gender Machinery
A comprehensive institutional structure, constituting the National Gender Machinery (NGM) was established following the guidance of the Gender Policy Framework guiding the roles and functions of various structures and agencies involved in achieving gender equality. This institutional framework gave direction to the development of a gendered programme of action to collectively influence policy and practice at all levels of the state and society.

Governance – representation and participation
As a country, much was achieved in raising the voice of women through the creation of participatory spaces and structures to promote agency for women. While less than 2 percent of Parliament members were women before 1994, there has been a steady increase in women's representation in decision-making over the years. However, challenges remain regarding policy influence, transformation and the participation of women in structures at grassroots level. The achievement of political representation by women in South Africa positively influenced development on the African continent.

Education and skills development
Gender parity has been achieved at all levels of the formal basic education system. Enrolment at higher education institutions was male-dominated before 1994, with evidence demonstrating a positive trend towards gender parity across the different types of institutions. However, persistently high levels of teenage pregnancies in South Africa present a threat to the achievement of gender parity in education, leading to increased vulnerability of young girls and women in achieving a better quality of life. Women have also been targeted in the National Skills Development Strategy (NSDS).

Health

Policy reforms and various targeted interventions have made a significant difference in access to health for women. After the advent of democracy, the HIV/Aids pandemic impacted negatively on women's health and wellbeing, with the majority affected being black women. A reduction in maternal and child mortality rates was identified as a national priority for the health sector since 1994. Public demand for the rollout of antiretroviral therapy (ART), particularly for pregnant women and mothers, infants born to HIV-positive mothers, people with a CD4 count of less than or equal to 350 and those who are co-infected with tuberculosis (TB) and HIV, is showing positive outcomes through the stabilisation of the prevalence rate of HIV/Aids, and an increased life expectancy today.

Access to basic services and productive resources

There is much evidence to demonstrate an increase in access to basic services at the household level since 1994. This has benefited women in their continued roles as caregivers and nurturers of families. Before 1994, majority women were not allowed to legally own a home in their own right. Currently, more than 50 percent of beneficiaries for housing subsidies are women. Through the promulgation of several protective pieces of legislation, particularly the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) and the Promotion of Administrative Justice Act (PAJA), access to justice has been improved for women who had been marginalised before.

Employment and economic participation

The Employment Equity Act of 1998 has facilitated equity in access to formal employment for women. However access to training programs and gender inequality in the workplace remains a challenge. In addition, poor access to, and the availability of childcare services for women, particularly single mothers, prevents them from advancing in the workplace. The successful implementation of the Community Work Programme (CWP) is specifically demonstrated through increased participation by women, the youth and people with disabilities. The CWP has been well targeted to achieve its objectives of income generation, skills development and work opportunities for these vulnerable groups.

Violence and social justice

Since 1994, priority interventions in South Africa have been targeted at victims of all forms of violence. The National Crime Prevention Strategy (NCPS) of 1996 elevated violence against women and children as a national priority, with extensive legislation and many policies developed in the early stage of democracy to prevent and eradicate all forms of violence against women. The difficult journey for South Africa in dealing with gender-based violence (GBV), regarded as a key problem in achieving gender equality, has demonstrated the complexity of issue at various levels. The challenge of under-reporting and actual conviction rates remains a

source of concern, resulting in the prevalence of GBV not yet being ascertained nationally to understand the full scope of the problem.

Social protection and social well being

Universal social protection measures were implemented after the advent of democracy to include the majority of the population who had been historically disadvantaged, while also targeting the needs of those identified as being the most vulnerable. A combination of improved access to basic services and social assistance programmes has seen a decrease in both absolute and relative poverty levels. Over 31 percent of the population is currently receiving social grants, for which the majority of beneficiaries are women. Research shows that the Child Support Grant has the potential to give grant beneficiaries a sense of empowerment. It therefore has positive transformative effects. However, gender inequality, as expressed in the unequal care burden, is perpetuated in the private domain of family life, with intra-household power dynamics to the disadvantage of women.

Poverty and inequality

Despite evidence of a reduction in poverty levels, women continue to represent the face of poverty, with poverty having different effects on men and women. The "feminisation of poverty" has become central to the discourse on poverty in South Africa. Continued inequality in income between men and women remains a challenge going forward, where women still earn 50 percent less on average than their male counterparts. Increased labour force participation by women, mostly in the informal economy, has not translated into economic empowerment for the majority of women due to precarious working conditions.

Traditional practice, culture and religion

Religion and culture influence the role of women in a profound way in South African society, and strongly shape social identity. However, legislation that promotes the rights of women, alongside the right for cultural practice, has been an unresolved debate after 1994, leading to women from traditional communities still continuing the struggle of cultural versus citizen's rights being fulfilled.

Changing social trends

Social trends over the 20-year period show that there have been dramatic changes within South African society. According to the 2011 Census, a substantial number of households (41.2 percent) were headed by females, with the percentage increasing with age. Complex household forms continue to dominate, marriage rates have declined – especially customary marriages – and there has not been a shift towards a more nuclear family structure. With evidence of a substantial increase in the economically active population, migration patterns are characterised by an increased urban influx of women between the ages of 20 and 34 years.

A reflection on the journey since the advent of democracy will not be complete without identifying the challenges that still remain. Despite an internationally renowned and progressive legal framework to improve the lives of individuals and communities that were socially excluded in South Africa, challenges exist in policy implementation. Lessons learnt and identifying the barriers that remain require these challenges to be overcome by doing things differently and by conceptualising problems differently as we move into the future.

A major challenge in realising gender equality in South Africa lies in breaking the cycle of dependency of those women who continue to be marginalised and who remain vulnerable. The effect of labour migration, declining marriage rates, single parenting and orphaning has significantly changed the nature of vulnerability since 1994, and extends vulnerability from individuals to families. Targeted interventions and mainstreaming require the right balance, as well as effective implementation in order to make a positive impact on achieving gender equality. Local structures need to be strengthened to facilitate the representation and participation of women in decision-making. Collective responsibility and the effective functioning of existing structures are required to advance the course of women's empowerment in the context of a society that remains highly patriarchal at all levels.

The journey travelled for women's empowerment and gender equality in South Africa since 1994 has been a promising, but difficult one. However, it is evident that when one compares the time before 1994, where women had little choice about the kind of lives they wanted to live, huge strides have been made in realising the rights of women post-democracy.

Review

1. Introduction

A focus on gender, as a key thematic area in the 20-year review process, provides an opportune moment to reflect on the past 20 years of the journey travelled to promote and entrench gender equity and equality in South Africa. Using evidence to measure the achievements made, and witnessing changes in the lived experiences of women today, justifies a celebration of how far we have come as a society. It is, however, acknowledged that not all South Africans will have experienced freedom and democracy in the same way, at the same pace and at the same depth.

The South African legislative and policy environment, which protects women's rights and promotes gender equality, has been regarded as a "women-friendly" state because of its vision and plans for achieving gender equality. Yet, it is criticised as being "marked by the intractable, stubborn persistence of violence against women" (Vetten, 2007). Gender-based violence (GBV) is not unique to South Africa, as witnessed in the experiences of India and the Middle East. Yet, it presents a yardstick by which social norms and values can be measured.

A reflection on the journey since the advent of democracy will not be complete without identifying the challenges that still remain. Despite an internationally renowned and progressive legal framework to improve the lives of individuals and communities that were socially excluded in South Africa, challenges exist in policy implementation. Lessons learnt and identifying the barriers that remain indicate that the challenges need to be overcome by doing things differently and by conceptualising these problems differently. A gender-based analysis of policies, programmes and interventions assists in this regard, as it questions the assumption made by gender-neutral or gender-blind policies that policies, programmes and legislation affect everyone, both men and women, in the same way.

1.1 Conceptual framework and purpose

There is an extensive body of work on gender and a gendered analysis of wellbeing and development, with South African activists, feminists, scholars, policy-makers and members of society contributing greatly to the scholarship of work. This review is not meant to summarise critique or even attempt to position the vast contributions made to date. Rather, it is a broad reflection of the journey of developments and progress made towards gender equality since 1994.

The conceptual framework against which to measure progress draws on a broader understanding of human development, as well as the capabilities approach and social compact, as related in the National Development Plan. The capabilities approach advances the concept of agency and considers the extent to which women are actually able to achieve equality. A differentiation is made between gender

equity[1] and gender equality[2] – where the dynamics and power relations between men and women are taken into consideration.

This narrative on the journey since 1994 is mainly focused on women's rights and empowerment, with the understanding that the goal of achieving gender equality is dependent on context, which is always changing.

1.2   Methodology and sources of information

A guiding principle in undertaking the 20 Year Review was to build on existing knowledge to inform the various thematic areas identified in the review process, which includes Gender. Several streams of inputs were generated per thematic area ranging from commissioned research, reflections by Government Departments, the Ten Year Review, Fifteen Year Review and the National Development Plan, including inputs generated at stakeholder roundtables. At the stakeholder roundtable on gender, a reference group was nominated to synthesise and consolidate the various inputs received to inform this paper.

The Review uses a desktop research methodology of current literature and evidence drawn from secondary data and analysis. The most recent report of 2013 on the Rights of Women in South Africa for the African Charter by the Department of Women, Children and People with Disabilities (DWCPD) provides a comprehensive source of quantitative data, drawn from various official statistics. Other evidence, mainly from various surveys conducted by STATS SA, the Development Indicators and other scientific sources (as acknowledged) is used to complement the lived experience of women and girls in South Africa. Cases are used to illustrate and highlight some key issues including an international comparison with a peer country.

2. What we inherited in 1994

Decades of existence in a state-engineered system of racial segregation, discrimination and general deprivation resulted in the majority of individuals and communities being unable to influence their own futures. In 1994, the society that was inherited by the democratic government was deeply divided, with profound disparities in socio-economic wellbeing across racial groups. Prior to 1994, there was no concept of equality before the law. Both the state and society disrespected the human rights of those who were socially excluded and marginalised. Deeply entrenched discriminatory practices became the norm, and the predominant value system promoted an understanding of women as inferior to men at all levels of

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[1] **Gender equity** is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. Recognition of women's rights and empowerment becomes the point of entry.
[2] **Gender equality** means that women and men enjoy the same status and have equal conditions for realising their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results. These two concepts are defined by the Status of Women – Canada.

society. Even within racial groups, communities were typically male-dominated, with entrenched sexism and unequal power relations existing between men and women.

Within this broader context, certain groups of society were further excluded and marginalised, leaving them at a greater disadvantage and vulnerable to further social risks. In addition to race, discrimination based on gender led to women becoming more vulnerable to chronic stressors such as unemployment, poor health and educational status, with generally poor standards of living. Acknowledging the fact that white women in South Africa were only allowed to vote in 1930 highlights the context of discriminatory practices based on gender. It also emphasises the political and class struggle for black women, in particular, to find their position in the socio-political space.

Years of effort before 1994 by various women's organisations and civic structures in organising themselves around the voices of women and influencing change in the way women wanted to be treated in a free and democratic society led to the inheritance of powerful grassroots structures as agents of change to promote the rights of women. With more than a hundred women's organisations across race and party lines represented in the umbrella body of the Women's National Coalition, demands for gender inclusion have been made since its inception in 1992. However, this was not devoid of internal political strife on how gender equality should be understood and achieved.

Gouws (2011) provides an analysis of how quotas have been used to get more women into government since the advent of democracy. Yet, this did not guarantee policy influence and benefits to the mainstream of women. Given this collective voice through the national coalition, however, it became evident that addressing the rights of women and promoting gender equality could not be excluded from the broader transformation agenda. In the spirit of negotiation, collaboration and the development of a rights-based framework for women's empowerment, South Africa aligned itself with international trends that set the pace for gender transformation. Equality, as a human right, has therefore always been a historical core principle, driving the struggle of women across racial lines in South Africa. Progressive women joined the broader political movement, above their traditional roles as wives and mothers, to become human rights activists in their individual and collective capacities.

3. The journey since 1994

The advent of democracy in 1994 presented the South African government with the opportunity to change the life trajectory of women and the most vulnerable members of society. The emphasis was placed on an equitable society and meeting the socio-economic rights of citizens, particularly those who had been historically excluded from participating in the mainstream of society. Women remained the majority of the population after 1994, as shown in Figure 1, and continue to live longer than men,

despite the scourge of HIV/Aids as the major health risk impacting on women after 1994. The political will to positively influence the lives of all women was demonstrated through the establishment of an enabling environment to achieve gender equality.

Figure 1: Demography by gender from 1996 to 2011

	1996	2001	2007	2011
■ Male	48.1	47.8	48.3	48.7
■ Female	51.9	52.2	51.7	51.4
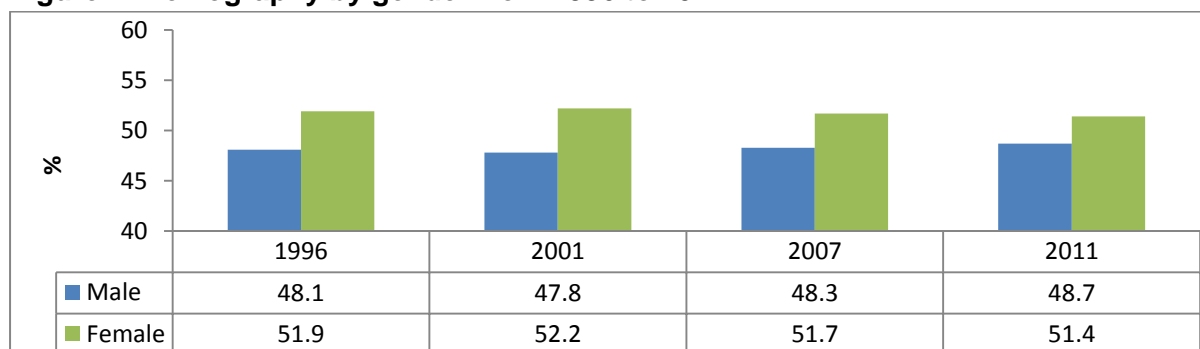
. Source: Statistics South Africa, 2012 (reproduced from the initial report of the African Charter, Department of Women, Children and People with Disabilities)

A snapshot of the profile of the adult population shows a predominantly female population that is overwhelmingly urban (Statistics South Africa, 2013b). Women are in the majority in all the provinces, especially the rural provinces of Limpopo (53.3 percent), the Eastern Cape (52.9 percent) and KwaZulu-Natal (52.5 percent). A significant proportion of female-headed households (55.2 percent) could be found in traditional areas in 2008/09, with the majority being headed by older women.

South Africa's approach to human development, and monitoring the extent to which gender equality is being achieved, was strongly influenced by feminist research, including appropriate measures that were taken to promote women's empowerment. The Human Development Index – using the indicators of gross domestic product (GDP) per capita, life expectancy and educational attainment[3] – was used as the main international comparative marker until the discourse on empowerment, capability and agency, introduced by Amartya Sen, influenced how development outcomes are measured from a gendered perspective. The Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM)[4] were thus produced with further disaggregation on strategic indicators to deepen insight and understanding of the differing impact of policies, programmes and interventions on men and women. South Africa embraced the introduction of the new measures of GDI and GEM during the policy reform process, but the actual use of the GDI is yet to be pursued in the mainstream of policy implementation to impact positively on change.

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[3] Educational attainment includes the adult literacy rate (percentages of ages 15 and older) and the combined primary, secondary and tertiary gross enrolment ratio (as a percentage).
[4] The GEM addresses the concept of agency in measuring the extent to which women are actually able to achieve equality. This reflects the choices people make, especially women, between different priorities and needs that define their state of wellbeing

During the transition, problems facing women needed to be prioritized and inequities had to be addressed. Meeting basic needs was the starting point, while the foundations for strategic interventions to access productive resources and assets were also being laid. The discourse on women's empowerment and gender equality in South Africa led to a differentiation between "basic or practical needs" and "strategic needs", with the journey beginning by focusing on women's empowerment through the realization of civil, political, economic and social rights. Access to basic services, such as education, health, housing, welfare, energy and water, including women's control over these resources, especially in rural areas, were identified as the preconditions for meeting strategic needs. This was justified within the context of high levels of inequity and inequality impacting on women, as inherited by the new democratic government. The drivers of change were thus policy reform and building the institutional machinery. Policy and legal reform in priority areas has made a positive impact on women's access to basic services.

Recently, progress on the use of appropriate measures include the role of social institutions in achieving gender equality. The Social Institutions and Gender Index (SIGI), developed by the Organisation for Economic Cooperation and Development (OECD) and currently being explored by Statistics South Africa, focuses on social norms, laws and practices, such as violence against women and discrimination in the family, as measures for inclusion. The introduction of this new measure will greatly deepen the understanding of how social institutions make an impact on achieving gender equality.

3.1   Establishment of the National Gender Machinery (NGM)

Collective demands by women's organisations to establish government structures and state institutions to champion women's empowerment and promote gender equality were strongly supported by feminist academics who provided submissions on the "design and functions of the National Gender Machinery (NGM)" (Gouws, 2011). The building of institutional machinery for gender in South Africa began in 1997, with the establishment of the Office on the Status of Women (OSW) in The Presidency. Its mandate was to develop a national gender policy framework and later to oversee and coordinate policy development on women at the national level. Subsequently, offices were also established in the offices of the provincial premiers to implement and coordinate policies at provincial level. The OSW was expected to align South Africa's transformation agenda with international standards of gender equality. In addition, baseline information and mainstreaming of gender was required in and across all sectors.

In 1997, Parliament passed legislation to establish the Commission on Gender Equality (CGE) as one of the Chapter 9 institutions outlined in the Constitution to promote respect for, and to protect, develop and attain gender equality. Governed by the Commission on Gender Equality Act of 1996, the CGE had a specific mandate to

monitor, evaluate, research and investigate complaints, and to conduct public awareness and education on women's rights and gender equality.

Two key national policy documents, which are aligned with international standards[5], initiated a new discourse and path for ending discrimination and inequality on the basis of gender in South Africa. The development of the Framework for Transforming Gender Relations by the CGE was the first attempt to provide policy-makers, planners and the public at large with a tool to promote an understanding of progressive gender concepts and the impact of gender inequalities through widespread training and workshops. Secondly, the National Policy Framework for Women's Empowerment and Gender Equality, referred to as the Gender Policy Framework (GPF), outlined the goals of "equality of opportunity" and "equality of treatment" as the means to achieve the broader goal of gender equality. This framework was an expression of the demands of women's organisations, human rights activists, feminist researchers and political activists. It presented a major milestone in putting women's rights on the political and economic transformation agenda.

A comprehensive institutional structure, constituting the NGM, was established following the guidance of the GPF, with the roles and functions of various structures and agencies involved in achieving gender equality. Broadly, these included government and Parliament, as well as independent bodies, such as the Constitutional Court, Chapter 9 institutions and civil society. This institutional framework gave direction to the development of a gendered programme of action that enabled the above organisations to collectively influence policy and practice at all levels of the state and society. A range of activities and interventions followed, with further restructuring in 2009 to establish the Ministry of Women, Children and People with Disabilities[6].

One of the earliest initiatives undertaken in 1995 by the Gender and Economic Group of the Joint Standing Committee was gender budgeting to transform transversal processes across government. The Fiscal Commission has also been an important partner in the allocation of funds through gender-based budgeting processes, although its implementation is not even across government, with certain departments[7] demonstrating good practice models. In particular, gender-based budgeting work on violence issues has mainly been undertaken by civil society organisations.

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[5] South Africa's national policies are aligned with and strongly influenced by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform of Action (BPA), which were signed as early as 1995 in the journey since democracy.

[6] During the writing of this Review, further restructuring of the DWCPD was pending but would only be announced after the 2014 Elections. The timing of this review therefore refers to DWCPD has it existed until March2014.

[7] These include the Department of Trade and Industry, the Department of Health, the Department of Environmental Affairs and the Department of Social Development.

3.2 Governance - representation and participation

The establishment of appropriate governance structures was necessary for the representation of women in decision-making and the policy space. As a country, much was achieved in raising the voice of women through the creation of participatory spaces and structures to promote agency. The OSW, alongside the Office on the Rights of the Child (ORC) and the Office on the Status of Disabled People (OSDP), was strategically positioned within The Presidency from 1996 as the voice of civil society to influence progressive policy development and initiate the transformation agenda for those social groups identified as requiring specific redress.

In the context of these policy interventions, an increase in the representation of women in positions of influence has been acknowledged nationally and internationally. While less than 2 percent of Parliament members were women before 1994, Table 1 shows the steady increase in women representation in decision-making. South Africa signed the Southern African Development Community (SADC) Protocol on Gender and Development, which requires a 50/50 representation of women in political leadership. Policy development and the creation of the NGM constitute significant achievements in itself, and raised the ranking of South Africa on various development indices. On the SIGI of the OECD, South Africa ranked fourth out of 87 countries in the 2012 index and was the top-ranked country in Africa. On the SADC GDI, South Africa ranked second in 2012 after Seychelles. However, the experience of women at grassroots level is still characterised by deeply entrenched prejudice and discriminatory practices. Evidence indicates that the majority of poor people remain women, presenting a continued challenge to influence change at the local level and achieve deeper social transformation.

Table 1: Percentage representation of women leaders

	1994	1996	1999	2003	2004	2009	2012
Parliament	27.8		30		32.8	43.3	
Cabinet ministers	11	16		33.3	42.8	41	42
Cabinet deputy ministers	25	62		50	50	39	47
Provincial legislatures	23.5		27.7		31.7	41.5	
Local government		**2000**		**2009**		**2011**	
Proportional representation		38		42.4		43.3	
Ward		17		36.6		32.9	

Source: Department of Women, Children and People with Disabilities, 2013

Notwithstanding the challenges to influencing transformation and participation by women at grassroots level, the achievement of representation in South Africa positively influenced development on the African continent, where women from South Africa are recognised as national, continental and global leaders. This includes, among others, the election of Dr Nkosazana Dlamini-Zuma as the first woman in Africa to chair the African Union Commission, the appointments of Ms
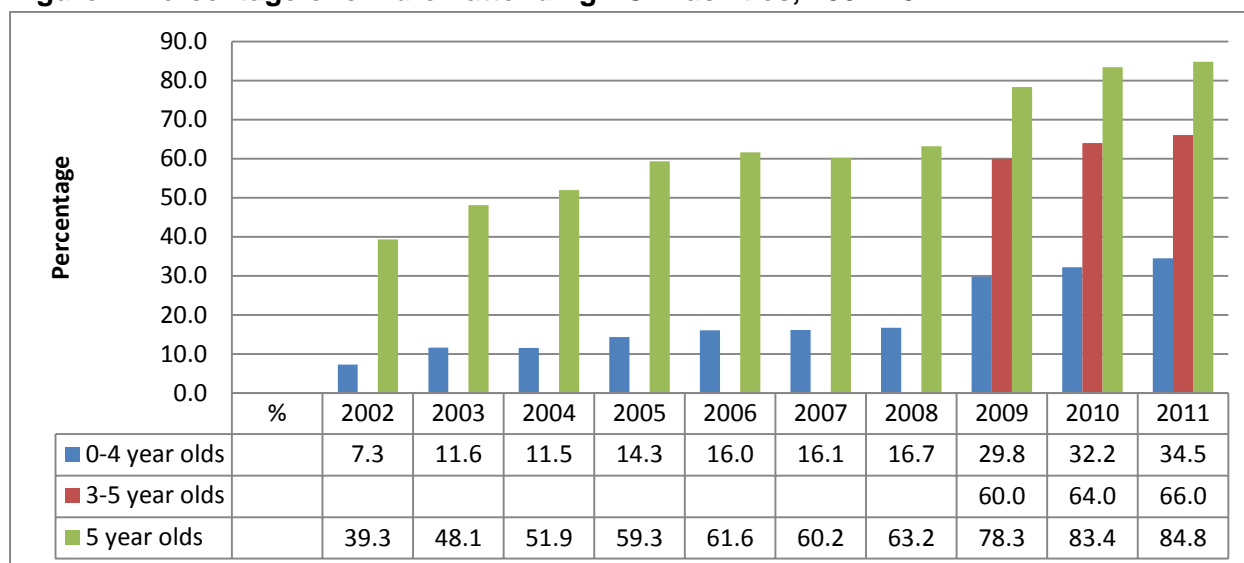
Phumzile Mlambo-Ngcuka as the Executive Director of United Nations Women, and Dr Navi Pillay as Chairperson to the United Nations Human Rights Commission (UNHRC). There is little disagreement that this presents reason to celebrate the country's democracy.

3.3 Education and skills development

South Africa has achieved significant participation rates in the education system by females since 1994. Gender parity has been achieved at all levels of the formal basic education system. The Diagnostic Report informing the National Development Plan (NDP) puts the national Gender Parity Index (GPI) at 1.01 and the Gross Enrolment Rate (GER) at 94 (National Planning Commission, 2011a). While official data shows that there are slightly more boys enrolled at primary school level than girls (GPI = 0.97), at secondary school level, girls are more likely than boys to attend school (GPI = 1.06) (Department of Basic Education, 2010).

Nationally, the enrolment rate was estimated at 67 percent in 2005, including an 11 percent increase at the primary school level since 1997. By 2009, the GER at primary school level was 96 percent for females and 99 percent for males, indicating a GPI of 0.98 (Department of Basic Education, 2009). At secondary school level, the GER for females was 83 percent, while for males it was 82 percent, giving a GPI of 1.01. The 2011 Report on School Realities found that the lowest percentage of female learners in ordinary schools nationally was in Grade 1 and Grade 4 (47.9 percent in each case). The highest percentage was in Grade 12 (at 53.8 percent), (Department of Basic Education, 2011). A positive influence has been the revised National Curriculum Statement through the Life Orientation curriculum, which includes gender-sensitive learning outcomes. While this is a more recent initiative and it is not known how effectively teachers are implementing it, the inclusion of gender-sensitive learning outcomes in the framework is a huge achievement in advancing gender equality in education.

The number of children attending early childhood development (ECD) facilities started to accelerate considerably from 2009, as demonstrated in Figure 2. The upward trend may be attributed to the implementation of the National Integrated Plan for ECD, developed jointly by the departments of Social Development, Basic Education and Health. The gendered dimension of access to ECD facilities is that childcare services outside the family provides women with the opportunity to participate in employment opportunities with support available for their role of caring for children. However, rural/urban discrepancies remain due to limited ECD facilities in rural areas, despite the number of young children located in rural areas.

Figure 2: Percentage of children attending ECD facilities, 2002-2011

%	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
0-4 year olds	7.3	11.6	11.5	14.3	16.0	16.1	16.7	29.8	32.2	34.5
3-5 year olds								60.0	64.0	66.0
5 year olds	39.3	48.1	51.9	59.3	61.6	60.2	63.2	78.3	83.4	84.8

Source: The Presidency, 2013

Enrolment at higher education institutions was male-dominated before 1994, but various reports demonstrate a positive trend towards gender parity across the different types of institutions. At the post-school level the percentage of adult men and women who are 20 years and older and without any education, dropped between 1996 and 2011. Census 2011 reports that 8.6 percent of the total population had no education. Of these, 7.2 percent were male and 9.9 percent were female While there are slightly more women with no education than men, this suggests that a large proportion of this population has had some form of education.

The Women in Science Programme has been one of the instruments to implement and measure the extent of equality in educational opportunities pursued by both government and institutions of learning. Figure 3 demonstrates the total number of enrolments and graduates according to gender in science, engineering and technology (SET). Until 1998, there were fewer females entering this field, but the trend shows that the number of females enrolled in the SET field is increasing, and more females are graduating. What is of concern is the proportionally lower number of graduates in this important field for both males and females in South Africa, despite the positive trend since 2006. Positive media coverage promoting the role of women in science may have contributed to the number of females enrolled in the SET fields of education. A television series entitled Women in Science, produced in partnership with the Department of Science and Technology, has been screened on national television since 2007. This series has served to educate and expose young girls to careers in SET, and also highlighted the impact of women scientists in South Africa.

**Figure 3: Enrolment and graduation rates in SET according to gender**
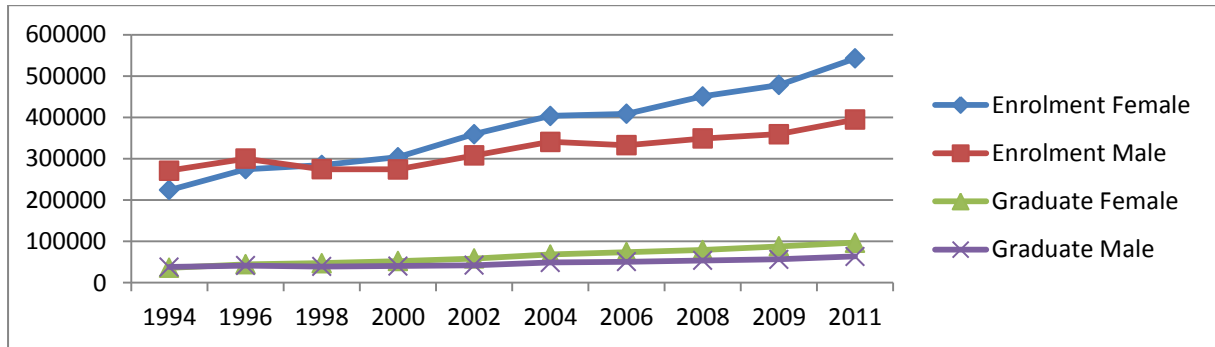
Source: Department of Higher Education and Training

Persistently, high levels of teenage pregnancies in South Africa present a threat to achievements in gender parity in education, leading to increased vulnerability of young girls and women, preventing them from achieving a better quality of life. Although the World Bank reports a decline in the teenage fertility rate in South Africa from 81 births per 1 000 women aged between 15 and 19 years in 1997 to 54 in 2010, teenage pregnancies in South Africa remain unacceptably high. A recent report on teenage pregnancies states that approximately 30 percent of teenagers in South Africa were found to "ever having been pregnant", but the major concern is the extent to which those teenagers who do not remain in school to complete their education (Willan, 2013). There are multiple drivers of South Africa's high levels of teenage pregnancies, with unstable family life as a major risk factor.

Despite intermittent work being done on the role of teenage fathers in the responsibility of the child, individual cases demonstrate a lack of emphasis and voice of teenage fathers, reflecting society's gendered prejudices on teenage pregnancy being that it is the problem of the female. Gender norms and gender inequalities between girls and boys in schools persist, requiring a strengthening of current interventions in the educational sector to reduce the rate of teenage pregnancy. Figure 4 shows teenage pregnancies by province from 2002 to 2008. A rise in the prevalence of teenage pregnancies in the rural provinces of the Eastern Cape and Northern Cape require a specific targeting of efforts, while the achievements by Limpopo and Mpumalanga in significantly reducing teenage pregnancy rates need to be scaled up and lessons transferred.

Bob, 2013 states that even though the importance of females' educational levels is stressed by many researchers, asserting that this has a critical impact on the development and empowerment of women in society. Educational systems tend to reinforce occupational segregation, which concentrates women in lower-paying, less desirable jobs. While it is clear that literacy levels and access to education for females are improving, much still remains to be done.

Figure 4: Teenage pregnancies by province
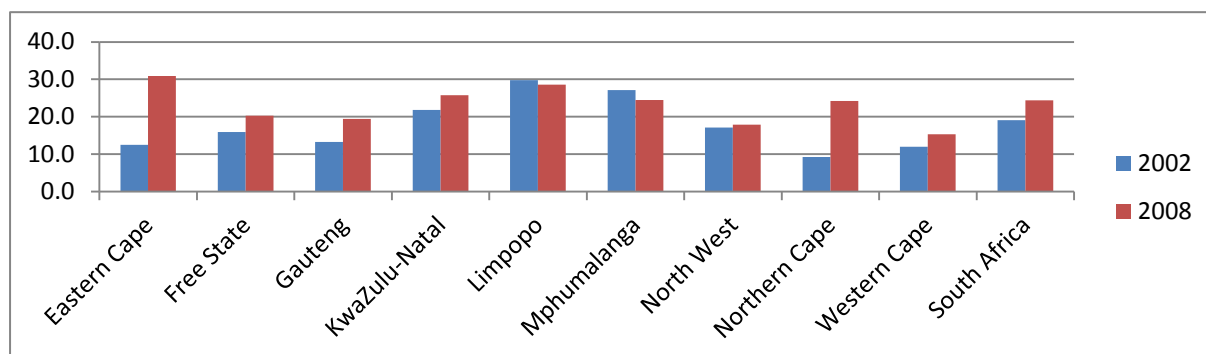
The Progressive Women's Movement of South Africa (PWMSA) commissioned and published a study in 2010 that examined the extent to which, and ways in which the "skills revolution" was experienced by women in various sectors in South Africa. In particular, the study focused on the nature and accessibility of training programmes for women and the ways in which these have benefited those most marginalised (Moletsane et al., 2010). First, from a review of relevant policies, the study concluded that the South African government was unequivocally committed to the advancement of women through skills development. The report further concluded that, in its National Skills Development Strategy (NSDS), government had identified women as a particular group for targeting, recognising them as key to economic development in the country. In this regard, the Skills Development Act (SDA) and the Sector Education and Training Authorities (SETAs) have continued to target women beneficiaries.

3.4 Health

After 1994, the HIV/Aids pandemic impacted negatively on women's health and wellbeing. The majority affected were black women, with life expectancy being the lowest in 2003 and 2004, as demonstrated in Figure 5. A positive turnaround started emerging from 2007, with evidence today of an improved life expectancy for South Africa. This has been attributed to various state-society interventions as described in the background paper on Health of the 20 Year Review. Despite their dual reproductive and productive roles, women tend to live longer than men, with a gendered difference in the burden of disease and causes of death. Recently, the burden of disease has shifted to lifestyle problems, with obesity posing a major threat for women (HSRC, 2013).

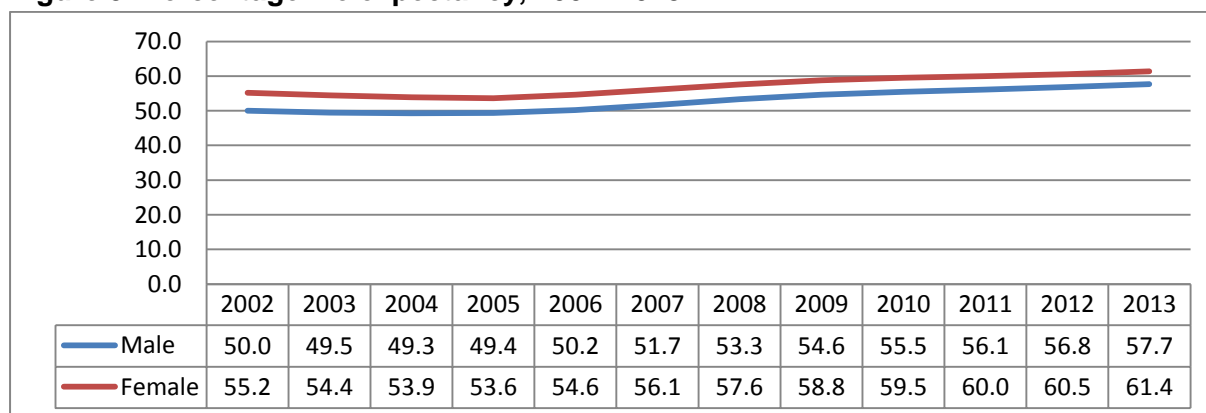The reduction of maternal and child mortality rates was identified as a national priority for the health sector since 1994. Policy reforms and programmes that introduced free healthcare for children under the age of six years and pregnant women have made a significant difference in access to health care for women. In addition, the country has seen more than 1 600 clinics and 18 hospitals newly built or

refurbished since 1994. Various research findings show that the Choice on Termination of Pregnancy (CTOP) Act of 1998, which legalised the termination of pregnancy in the first trimester, has led to a decline in pregnancy-related mortality. Public demand for the rollout of ART, particularly for pregnant women and mothers, infants born to HIV-positive mothers, people with a CD4 count of less than or equal to 350 and those who are co-infected with TB and HIV, is showing positive outcomes through the stabilisation of the prevalence rate of HIV/Aids.

Considering the high number of young females affected by HIV/Aids, the Prevention of Mother-to-child Transmission (PMTCT) Programme is making a significant impact in reducing mother-to-child transmission. The programme is aimed at protecting the child, while the Highly Active Antiretroviral Therapy (HAART) Programme is an intervention aimed at protecting women specifically. A related achievement since 1994 involves access to antenatal clinics, as evidenced through the report of the Human Rights Watch (2011:3):

> …92% of South African women attend antenatal care, almost 87% deliver in health facilities[8], and South Africa is one of the few African countries where maternity care is free, abortion is legal, and there is a system of confidential inquiries to assess levels, causes of, and contributors to maternal deaths.

Figure 5: Percentage life expectancy, 2002–2013

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male	50.0	49.5	49.3	49.4	50.2	51.7	53.3	54.6	55.5	56.1	56.8	57.7
Female	55.2	54.4	53.9	53.6	54.6	56.1	57.6	58.8	59.5	60.0	60.5	61.4

Source: Stats SA, mid-year population estimates, 2013

Empirical evidence generated by Johnson (2012) shows that the number of patients on ART increased from 47 500 in 2004 to 1 793 000 in 2011, presenting a 36-fold increase (Johnson, 2012). By 2011, 87.1 percent of HIV-positive pregnant women were receiving ART to reduce mother-to-child transmission, while 75.2 percent of eligible adults and children were receiving ART in the same year. The findings also show that access to public health services has greatly improved for women, as demonstrated in increased participation rates. The national HIV Voluntary

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[8] SA's MDG country report states this to have increased to 100% in 2013, with 90.8% of women delivering in health facilities.

Counselling and Testing (VCT) campaign had reached about 13 million people against a target of 15 million by June 2011.

The policy reform process to reduce maternal mortality due to the unsafe termination of pregnancy outside the health sector provides a successful case to emphasise the development of partnerships between government and progressive women's organisations. Effective state-society engagements took place during the policy development phase and, despite protests and opposition to the Termination of Pregnancy Bill by religious and cultural organisations, the policy change was made in favour of women's rights in supporting the legal introduction of the CTOP Act. The progressive pro-choice policy reform demonstrated an understanding of the dual response to women's empowerment: on the one hand supporting women in their role of caring for and nurturing their children and families, and on the other, demonstrating a commitment to ensure women's reproductive rights and their related healthcare consequences.

Figure 6: Number of patients receiving ART through public health
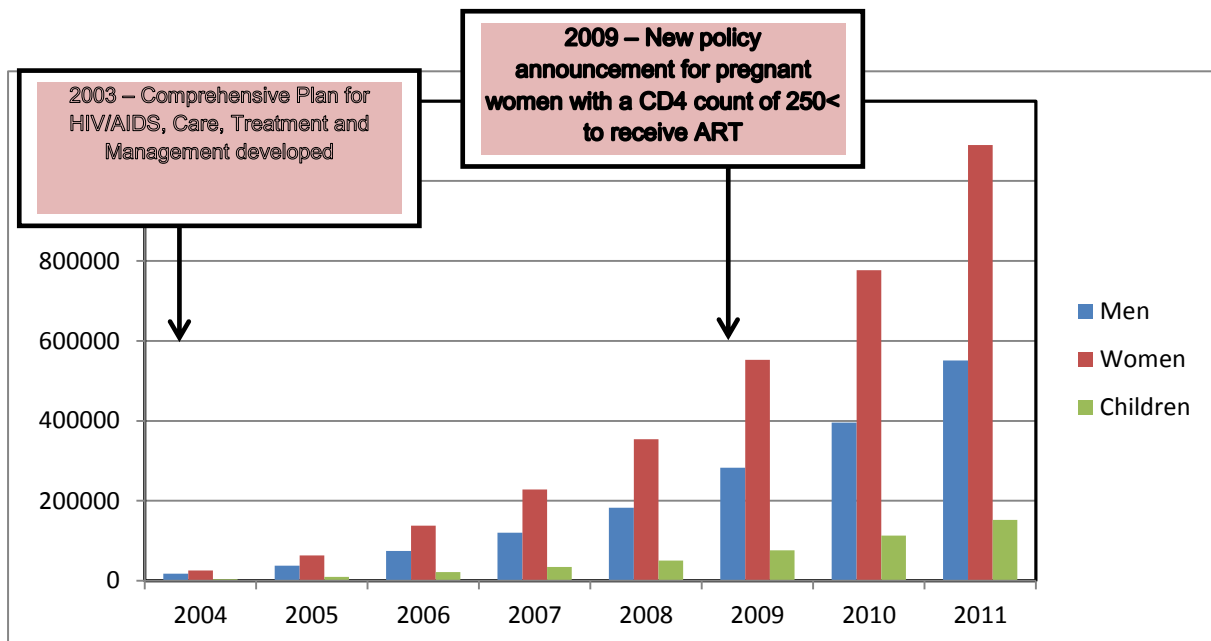
Source: Johnson, 2012

The latest evidence from both the National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD) and the Millennium Development Goals (MDG) Country Report of 2013 reflects that the maternal mortality rate is decreasing, albeit still high. Noting that South Africa's health policies are gender-sensitive and among the most progressive and comprehensive in the world, high maternal mortality rates remain a concern, and evident of multiple causality factors at play. Spatial differences, as indicated in Figure 7, show challenges in reducing the maternal mortality rate since 2008, with Limpopo, Mpumalanga and the Northern Cape remaining above the national average of 146.71 per 100 000 live births. The Eastern Cape is almost equal to the national average, but all these provinces are predominantly rural. The MDGs

have been criticised by feminist researchers as being silent about gender-based violence, as well as reducing the scope of reproductive health and ignoring sexual health.

Figure 7: Maternal mortality rate per 100 000 live births per province

	Eastern Cape	Free State	Gauteng	Kwa-Zulu Natal	Limpopo	Mpumalanga	North West	North Cape	Western Cape	South Africa
2008	180.4	267.0	136.0	183.8	176.6	179.8	161.7	274.4	61.8	164.8
2009	215.2	350.9	160.2	194.2	160.4	159.4	279.5	251.8	113.1	188.9
2010	197.0	263.5	159.2	208.7	166.7	218.6	256.1	267.4	88.0	186.2
2011	158.26	240.0	121.45	186.74	195.5	190.13	153.75	191.1	64.8	159.14
2012	146.44	124.54	142.52	160.33	185.8	173.76	127.76	149.33	78.64	146.71

Source: National Committee of Confidential Enquiry into Maternal Deaths

The healthcare needs of women with disabilities, as well as access to healthcare services by women with disabilities who care for their families, have been gaining attention. Evidence suggests an increasing uptake of social grants by women with disabilities, due to the inclusion of HIV/Aids as a condition to access the Disability Grant (Goldblatt, 2009). However, the disaggregation of women with disabilities in the uptake of disability grants is not comprehensively reported, and therefore their specific needs have been difficult to plan for and address.

3.5   Access to basic services and productive resources
Informed by the capabilities approach, government has sought to promote women's rights by putting measures in place to address basic income, basic services, assets and special needs provision through targeted interventions. The provision of basic services, also referred to as a form of "lifeline tariffs", includes water, electricity, sanitation, housing and food security, in addition to adequate healthcare and quality education. Affordable transport and access to information have also been identified as a basic need for women in rural areas in particular. There is much evidence to demonstrate an increase in access to basic services at the household level since 1994. This has benefited women in their continued roles as caregivers and nurturers of families.

With regard to basic services, the Municipal Indigent Policy was approved in 2005 to provide the indigent with free basic water, sanitation, electricity and refuse removal. Improved access to clean running water, proper sanitation and electricity has eased the burden of household chores for vulnerable and poor households. In addition to

freeing up time to enable employment seeking and meaningful participation in the economy, this has the added impact of improved safety and security, as people no longer have to travel long distances to collect water or firewood.

Before 1994, majority women were not allowed to legally own a home. Government's Fifteen-year Review describes interventions in accessing housing and land by women through rights-based policy development. Currently, more than 50 percent of beneficiaries of housing subsidies are women. The struggle to enjoy this right was evident for women who remained single, became divorced or were locked in customary marriages, which denied women ownership to land. Targeted interventions were thus pursued in housing policies, complemented by the amended Divorce Act, which protects women's property rights in the case of divorce, and the Customary Marriage Act, which was amended in 2000 to recognise customary marriages in favour of women.

The debate between constitutional rights and cultural rights has not been resolved with regard to accessing communal land by women in rural areas. While the Constitution guarantees equal recognition to the right to cultural practices, women continue to be denied their constitutional right to access land due to the dominance of traditional and cultural practices. This assertion is supported by the analysis of Bob (2013), who found that, in rural areas, women who were not household heads or married to a household head were more vulnerable (had less access to livelihoods, assets and decision-making) than women who were heads of households or married.

Tenure and land reform are regarded as instruments to prevent social exclusion of women (Bob, 2013). A gendered focus on reforming access to land has created an enabling environment for women to access, own, control, use and manage land, and also to access credit facilities. This led to an increase from 1.2 percent of beneficiaries being female heads of households in 1994 to 13.3 percent by 2007, but the challenge of accessing land, especially for rural women, still remains (Department of Women, Children and People with Disabilities, 2013).

Access to justice has been improved for women who have been marginalised through the promulgation of several protective pieces of legislation, particularly the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) and the Promotion of Administrative Justice Act. There are currently 382 equality courts throughout all nine provinces to deal with cases of unfair discrimination, hate speech or harassment. Various initiatives embarked on since 1994 have led to vulnerable groups, especially women and children, and those living in rural areas, having access to justice.

Access to information has become a basic need, with household expenditure on cellphones, radio, television and the internet on the increase. This can be used as a proxy to measure the extent to which information is accessed by females at

household levels. SADC places an emphasis on gender and the media, with information and communication recognised as a necessary component to promote gender equality. While there is growing use of these communication modes, a gendered discrepancy is observed in a snapshot survey undertaken by the Human Sciences Research Council (HSRC) in 2009 through its South African Social Attitudes Survey (SASAS). The results of the survey show that the majority of both men and women never read newspapers for political information, although television remains the most popular form of media (Human Sciences Research Council, 2009). Women, however, watch less television compared to men. Given their reproductive responsibilities of caring for families, women's time spent on household chores makes it more difficult for them to access information through popular forms of media.

The link between gender and the environment has been recognised in work carried out on environmental protection and sustainable development, requiring the alignment of South Africa's legislative frameworks with international standards. The role of women in the planning, management and preservation of the environment has deepened from environmental health concerns towards understanding the impact of indigenous knowledge and practice, and the development of environmental policy. After the hosting of the SADC conference of Women Ministers for Gender Affairs, a position paper was developed on women and the environment, which includes the Green Economy (Department of Women, Children and People with Disabilities, 2013). The Department of Women, Children and People with Disabilities (DWCPD) has initiated the implementation of projects on the Green Economy that are led by women, especially from rural areas, with the dual purpose of environmental management and income generation.

3.6 Employment and economic participation

The Employment Equity Act of 1998 has facilitated equity in accessing formal employment for women, where employers are required to ensure representation based on race, gender and disability. Furthermore, labour laws and specific policies on maternity benefits and protection in the workplace have assisted young women of child-bearing age to retain their jobs, supporting their reproductive roles. Government, as the largest employer, has demonstrated consistent commitment to meeting equity targets for women, as demonstrated in Table 2.

The percentage of females employed in the public sector has increased since 2008, although senior management positions are below the target of 50 percent set by government. The private sector has not been successful in improving gender equity. The number of female directors and executive managers in private companies has decreased from 58 in 2008 to 41 in 2010 among the top companies that claim to be "engendered". In the companies listed on the Johannesburg Stock Exchange (JSE), only 4.5 percent of chief executive officers (CEOs) and 19.3 percent of executive managers are women, with 73 companies not having a woman on their boards of

directors (Department of Women, Children and People with Disabilities, 2013). The Employment Equity Commission (EEC) report of 2007 to 2009 found that women were more represented in administrative functions than in strategic decision-making functions.

Table 2: Percentage of women employed in the public and private sectors

	2008	2009	2010	2011	2012
Public sector					
Senior Management Service*	34.3	34.8	36	37	38.1
Private sector					
CEOs/managing directors	3.9	3.6	4.5	4.4	3.6
Chairpersons	3.9	5.8	6.0	5.3	5.5
Directors	14.3	14.6	16.6	15.8	17.1
Executive managers	25.3	18.6	19.3	21.6	21.4

Source: Department of Women Children and People with Disabilities, 2013

*The Senior Management Service (SMS) includes directors, chief directors, deputy directors-general and directors-general**.**

Furthermore, the EEC report suggested that, in some sectors, particularly those regarded as being feminine, women participation was relatively high (for example, in the wholesale and retail sector), while in others, it was low (for example, in the mining sector) or progress was slow. Reasons for this have to do with access to appropriate training programmes and gender inequality in the workplace. In addition, problems with access to childcare for many women, particularly those who are single mothers, prevents them advancing in the workplace. The Education Training and Development Practices (ETDP)-SETA notes that in the ECD subsector, about 95 percent of trainees are women.

The Community Work Programme (CWP) expanded from only four sites in 2009 to 148 sites throughout the country, employing more than 144 000 people at present. The success of the implementation of the CWP is specifically demonstrated through increased participation by women, the youth and people with disabilities, particularly in the first three quarters of 2013, as shown in Table 3. The CWP has been well targeted to achieve its objectives of income generation, skills development and work opportunities for these vulnerable groups.

Table 6: Community Work Program – number of work opportunities created

	2009/10	2010/11	2011/12	2012/13 Q1	2012/13 Q2	2012/13 Q3
Disabled participants		847	792	707	813	972
Women	39,546	62,343	72,388	62,403	75,477	111,720
Youth (under 35)	28,093	50,734	56,385	42,371	57,557	84,563
Total number of participants	**55,582**	**89,689**	**105,218**	**86,144**	**106,767**	**159,621**

Source: The Presidency, 2013

In 2011, the HSRC undertook a specific study of the CWP to assess the potential contribution it could make to improve the food and nutritional security of vulnerable communities. At the time, more than 70 sites of the programme were operational across the country, involving just over 100 000 participants. The development and maintenance of food gardens is a central activity at almost all CWP sites, particularly those targeting vulnerable groups like those at ECD centres, hospitals, clinics and institutions of care. The majority of CWP workers in food security are older women, demonstrating their continued role in caregiving and ensuring food security at a household level. The findings of the study showed that the scale of CWP food garden production across sites expanded over time, as well as in the number of beneficiaries reached across the North West, Free State and Eastern Cape sites (Motala & Jacobs, 2012). While this proved to be beneficial in meeting the food security and nutritional needs of vulnerable groups and improving their quality of life, the programme needs to be more "intentional" in measuring impacts on food security.

3.7   Violence and social justice

Gender-based violence[9] is a pervasive social ill evident in many societies. Since 1994, priority interventions in South Africa have targeted victims of all forms of violence. The National Crime Prevention Strategy of 1996 elevated violence against women and children as a national priority with a range of legislation and policies developed in the early stage of democracy to prevent and eradicate all forms of violence against women. The strategy was further strengthened after the adoption of an integrated approach in 2005 through the establishment of an Interdepartmental Management Team.

In the prosecution of crime, the Sexual Offences and Community Affairs (SOCA) Unit was established in the National Prosecuting Authority in 1999. The role of this unit is to guide policy development and research, as well as to build the capacity of officials who prosecute these crimes and implement awareness programmes. Since 2008, the SOCA Unit has organised annual sexual offences indabas for all concerned stakeholders. Despite these efforts, the recent spate of violent crimes and the rape of young girls and babies have generated heightened public anger, with a call for collective state-society action.

The difficult journey for South Africa in dealing with GBV has demonstrated the complexity of the issue at various levels. At an individual level, there is an interdependence of various social, cultural and economic factors, including changing social trends that lead to the alienating impact of modern culture on women, while at the institutional level, including family, marriage, community and state institutions,

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[9] Gender-based violence refers to violations and control through violent acts and use of masculinity (Mkhize et al., 2012). Discourses of masculinity and femininity describe the behaviours, norms and attitudes that can lead to GBV.

various structures, processes and systems influence the extent to which gender equality is perceived and practised. Gender Links (2012) provides three main drivers of GBV, based on its various research findings:

- Continued patriarchal societal norms result in unequal power relations between men and women. Although equality is affirmed in the legal domain, it is not widely extended to the private domain of South African family life and society.
- Individual factors associated with GBV include alcohol use, drugs and child abuse. Men who were abused as children are more likely to be violent partners.
- Cultural norms and practices violate the rights of women.

Specialised and centralised units were set up early in the democracy in the South African Police Service (SAPS) to deal with family violence, child abuse and sexual assault. After the success of a pilot intervention in establishing the first sexual offences court in 2002, 47 designated specialised courts had been established by 2004 and, by the end of 2005, there were 74 of these courts across the country. Unlike other specialised courts, sexual offences courts were not required by legislation, but were created through a reorganisation of the magistrates' courts. Responses included a partnership between government and civil society through the annual 16 Days of Activism campaign against GBV over the past nine years and the 365 Days' Action Plan aimed at creating awareness and mobilising society. Intersectoral policies have had a positive impact on survivors of sexual crimes. The Department of Health's Sexual Assault Care Policy (2005) and Clinical Management Guidelines have been developed to guide healthcare professionals and emphasise the medical and psychological management of survivors. However, not all hospitals and police stations are equipped with the required protocols and rape kits (Gender Links, 2011).

The fact that there were only six sexual offences courts remaining by 2011 was due to a decision taken in 2005 to halt their rollout and integrate them into mainstream courts because of concerns over resource implications when compared to mainstream courts. Given the specialised services required to curb violent sexual crimes against women and children, integration into mainstream courts proved unsuccessful in meeting the needs of the victims. This evidence resulted in the revival of the sexual offences courts, with 57 designated at Thuthuzela care centres across the country. The Presidency's Mid-term Review states that between 2009 and 2011, 26 more Thuthuzela care centres and victim support rooms were established (The Presidency, 2012). However, a recent qualitative study shows emerging evidence of sexual offences courts in Limpopo and KwaZulu-Natal that are not blueprint-compliant and could potentially undermine implementation efforts (Salo et al., 2012).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 aims to comprehensively and extensively review and amend all aspects of the laws and implementation thereof relating to sexual offences. Children remain particularly vulnerable to sexual crimes, with the proportion of crime of a sexual nature being proportionately higher for children, as shown in Table 4. The particular vulnerability to sexual abuse of children and persons who are mentally disabled was recognised through the inclusion of comprehensive provisions in the act dealing with the definition of certain new, expanded and amended sexual offences (Department of Justice and Constitutional Development, 2013). The implementation of the Sexual Offences Register and the Child Protection Register has been regarded as a critical development in dealing with perpetrators.

Table 4: Proportion of selected contact crime: 2011/12

| Crime	Children		Adult women		Adult men		Total	
Murder	793	5.1%	2 286	14.6%	12 530	80.3%	15 609	100%
Attempted murder	758	5.1%	2 416	16.3%	11 685	78.6%	14 859	100%
Assault grievous bodily harm	10 630	5.5%	57 345	29.8%	124 676	64.7%	192 651	100%
Common assault	12 645	7.0%	87 191	48.0%	81 834	45.0%	181 670	100%
Sexual offences	25 862	40.1%	31 299	48.5%	7 353	11.4%	64 514	100%
Total	50 688	10.8%	180 537	38.5%	238 078	50.7%	469 303	100%

Source: South African Police Service, 2012

The challenge of under-reporting and the actual conviction rate, however, remains a major concern resulting in the prevalence of GBV not yet being ascertained nationally to understand the full scope of the problem. The number of domestic violence cases cannot be determined, as there is no category to capture this in the current monitoring system. In addition, it is difficult to quantify how often homophobia translates into violent acts against those regarded as transgressors. This is because hate crimes do not form part of South African official statistics. In addition, recent and emerging violence in the form of "hate crimes" and "corrective rape" against the lesbian, gay, bisexual, transsexual and intersex (LGBTI) community warrants further attention to establish access to safety and security for all citizens.

Without effective monitoring and evaluation systems in place, there is a continued risk of under-reporting and prevention or protection measures not being prioritised. Recent findings in the report on The War@home reveal that increased violence is occurring between intimate partners, i.e. perpetrators that are known to the victims (Gender Links & MRC, 2012). This point to increasing number of domestic violence cases, including families in distress. With the continued disintegration of family structures as the social fabric of communities, emerging social challenges require

leadership at all levels of society to address the social ills identified as the primary psychosocial-emotional causes of GBV.

The case of perpetrators who are known to the victims presents a specific challenge for state intervention. In this regard, the Domestic Violence Act of 1998 recognises that domestic violence is a serious social problem and is an obstacle to achieving gender equality. Through this piece of legislation, protection from any form of abuse is offered to the victim who is in a domestic relationship with an abuser – not necessarily in a legal husband-wife relationship – and protects both women and men. However, there is evidence of a lack of awareness of the existence of this legislation, let alone its potential instrumental value to promote the rights of victims of domestic violence, especially women. A study, undertaken by Gender Links in four provinces in 2011, as shown in Figure 8, demonstrates that the majority of women in KwaZulu-Natal and Limpopo are unaware of the Domestic Violence Act, and that more men are aware of this piece of protective legislation than women (Gender Links, 2011). This act is another one of the most progressive in the world; yet implementation challenges have undermined its potential to be reached in order to overcome and prevent GBV perpetrated by intimate partners. Furthermore, the criminalisation of domestic violence (or rape) may have contributed to the increasing number of reported cases being dropped before reaching the courtrooms.

Figure 8: Awareness of Domestic Violence Act by women and men (2011)
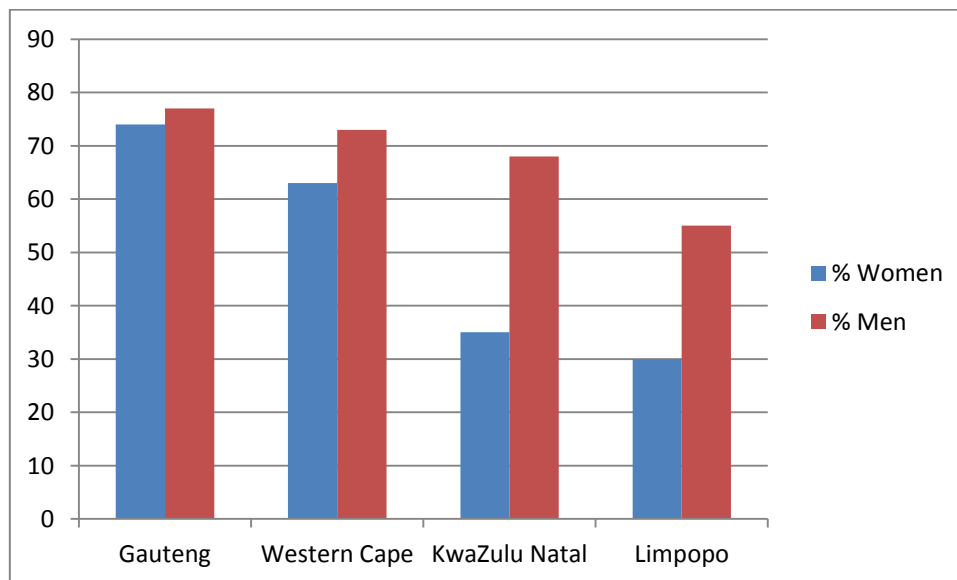
Source: Genderlinks, 2011

The voice of men and their involvement in ending violence against women and girls has been raised in various forums. Over the years, marches organised by Agisang Domestic Abuse Prevention and Training (ADAPT), the South African Non-governmental Organisation Coalition (SANGOCO) and the South African Men's Forum (SAMF) and other civil society organizations, together with the OSW and

CGE demonstrated a commitment to increasing men's involvement in promoting gender equality and tackling GBV, promoting responsible fatherhood and increasing male involvement in HIV/AIDs-related prevention, care and support activities (Peacock & Botha, 2010). These initiatives were sustained over the journey, as more awareness on gender issues grew. Peacock & Botha argue that "most men have embraced the emancipation of women as part and parcel of their own emancipation from oppressive societal expectations of how "men" behave or what they ideally should be"; yet it is the voices of those vulnerable, marginalised and isolated men that is not being heard, who seem to have lost a sense of identity and belonging and continue to be socially excluded by criminal and violent acts against women and children.

3.8　Social protection and social well being

In designing comprehensive social protection measures post-democracy, vulnerability was understood as: "the risk of a particular individual or group falling into poverty or in situations that compromise their human wellbeing" (Taylor, 2002). Thus universal social protection measures were implemented for inclusion of the majority of the population who were historically disadvantaged, while also targeting the needs of those identified as being most vulnerable, including unemployed youth, people with disabilities and victims of violence and abuse. A combination of improved access to basic services and social assistance programmes has seen a decrease in both absolute and relative poverty levels.

In the Social Protection thematic paper of this review, it has been noted that South Africa's Social Assistance Programme has been expanding at an unprecedented rate. Over 31 percent of the population is currently receiving social grants, of which the majority of beneficiaries are women. About 2.9 million of these are older people over the age of 60, while 11.3 million are beneficiaries of the Child Support Grant (CSG) and a further 1.1 million are people living with disabilities. The targeted approach of the Social Assistance Programme has proven to make a significant contribution to halt the transmission of intergenerational poverty. Research shows that young children who received the CSG displayed improved cognitive development, lower rates of childhood illness, and better school attendance and educational outcomes. Adolescents were also positively affected, with a reduced likelihood of working outside the home, engaging in transactional sex, substance abuse and joining gangster groups (United Nations Children's Fund, 2009).

The benefits of the CSG have fuelled a public debate on its actual impact and sustainability. Some argue that it created dependency by women and could lead to increased fertility rates amongst poor young women in order to access the grant. Trends of a decline in the birth rate did not strengthen this argument. Further groundbreaking research findings in 2010 found that the grant enhanced women's power and control over household decision-making and resources (Patel et al., 2010). The findings are suggestive of trends and relationships between variables,

where women in the sample could make decisions and exercise freedom of choice on how to spend the grant. The authors conclude that the CSG has the potential to give female grant beneficiaries a sense of empowerment and therefore has positive transformative effects. Similarly, Mexico's cash transfer programme for children, given to women, was also found to empower women by putting the resources in their control.

What remains unchanged, though, and evident through various information channels, is that women bear a greater responsibility than men for the care of family members. The care of young children, older people and ill family members, which increases in the context of high burdens of disease and lack of adequate care facilities, has resulted in women being locked in their domestic and nurturing roles. Policy-makers need to take into account the gendered nature of care and societal expectations of the traditional role of women, alongside recognition of women's rights and empowerment. Gender inequality, as expressed in the unequal care burden, is perpetuated in the private domain of family life, with intra-household power dynamics to the disadvantage of women.

The involvement of men as partners in achieving gender equality has been witnessed in many contexts. However, best practices and localised models of partnerships with men had not been brought into the mainstream to influence and positively impact gender relations. A case of note is the partnership between government programmes and civil society organisations to send out key messages to prevent HIV/Aids through various structures, including the media, which contributed to the stabilisation of HIV prevalence rates in partnership with public health interventions by the state. In addition, localised initiatives, where men, as fathers and partners, promote gender equality (as demonstrated by Peacock and Levack in the MAP Programme), have the potential to have wider impact.

> **Men As Partners (MAP) Program**
> *"In 1998, spurred by the need for a response to HIV/AIDS and violence against women, and recognising the centrality of working with men to achieve the goal of gender equality, EngenderHealth and the Planned Parenthood Association of South Africa (PPASA) initiated the 'Men as Partners' Programme. The purpose of the MAP Programme was defined in two ways: to challenge the attitudes, values and behaviours of men that compromise their own health and safety as well as the health and safety of women and children; and to encourage men to become actively involved in preventing gender-based violence as well as in HIV/AIDS related prevention, care and support activities. The wide array of organisations involved in the MAP network has developed many successful initiatives and activities and in the process, has provided training and technical assistance to a broad range of stakeholders."*
>
> *Peacock & Levack, 2004*

3.9 Poverty and inequality

South Africa's approach to eradicating extreme poverty and hunger is comprehensive, seeking to address the monetary aspects, while also applying its multidimensional nature (Moletsane et al., 2010:163). The South African basket of socio-economic development interventions is more comprehensive than the minimum standards suggested by the United Nation's MDGs. Government departments (Social Development, Education, Health, Trade and Industry, and Labour) have been implementing programmes aimed particularly at improving the quality of life of the most vulnerable and marginalised citizens, particularly African women and children.

The targeting of programmes exclusively at women to alleviate poverty was justified in the historical and political context of South Africa; yet interventions that overwhelmingly target women (to the exclusion of men) are beginning to show that this becomes an unsustainable venture in the long run. Feminist critiques have argued that the targeting of women in poverty reduction programmes tended to place gender in a "poverty trap", where achieving gender inequality was reduced to a function of poverty. Poverty is not confined to female heads of households alone, and the issue of "secondary poverty", resulting from intra-household inequalities and power dynamics, raises further questions about the methodological approaches used in the analysis of poverty.

Research indicates that women continue to represent the face of poverty and that poverty has different effects on men than they do on women. The "feminisation of poverty" has become central to the discourse on poverty in South Africa; yet the profile of both men and women in poverty and the impact of household poverty on women remain a quantitative measure of the number of women targeted at a programme level. The increasing use of the GDI and GEM towards a gendered understanding of inequality in South Africa is beginning to address the concept of agency in measuring the extent to which women are actually able to achieve equality. Capabilities are thus included and interpreted in disaggregated ways, which draw attention to inequities between men and women. However, this is continuously challenged by a dependence on accurate data, the interpretation of disaggregated data, and a critical dimension of time use analysis and work intensity in capturing women's productive and reproductive work, which has been gaining attention in the measurement of poverty in South Africa.

A significant strategy for poverty alleviation is the Social Assistance Programme. Evidence suggests that, after salaries (62.6 percent), grants form 44.8 percent of the sources of income nationally, with regional variations (Statistics South Africa, 2011). The National Planning Commission's Diagnostic Report confirms this, noting that the share of income for the poorest 40 percent of members of our society comes mostly from social grants (not from salaries or remittances) (National Planning Commission,

2011a). The reduction in food insecurity, coinciding with the rise in the CSG, points to this intervention being a significant poverty alleviation strategy.

South Africa has shown economic stability, growth and resilience to the external economic shocks during the market crisis of 2009, yet continued inequality in household income between men and women remains a challenge going forward. In 2001, the average annual household income in terms of sex of the head of the household was R27 864 for females and R63 626 for males. By 2011, despite an increase in the average income of females, women still earned 50 percent less, on average, than their male counterparts. Increased labour force participation by women, mostly in the informal economy, has not translated into economic empowerment for the majority of women due to precarious working conditions. A comparison of the Gender Gap Index (GGI) between South Africa and Chile as peer countries demonstrates how four dimensions of development and empowerment impact on the two countries. In 2006, when the World Economic Forum first introduced the GGI, 115 countries were ranked. This had increased to 136 countries by 2013.

Figure 9: Ranking of the GGI sub-indices between Chile and South Africa (2006-2013)

a. Chile
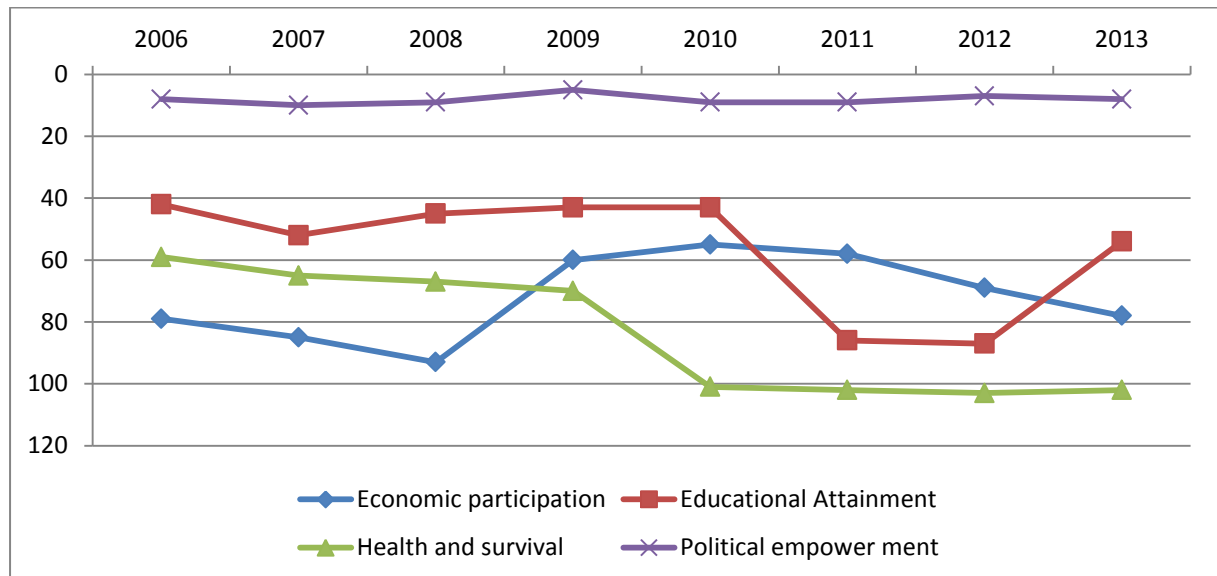
b. South Africa
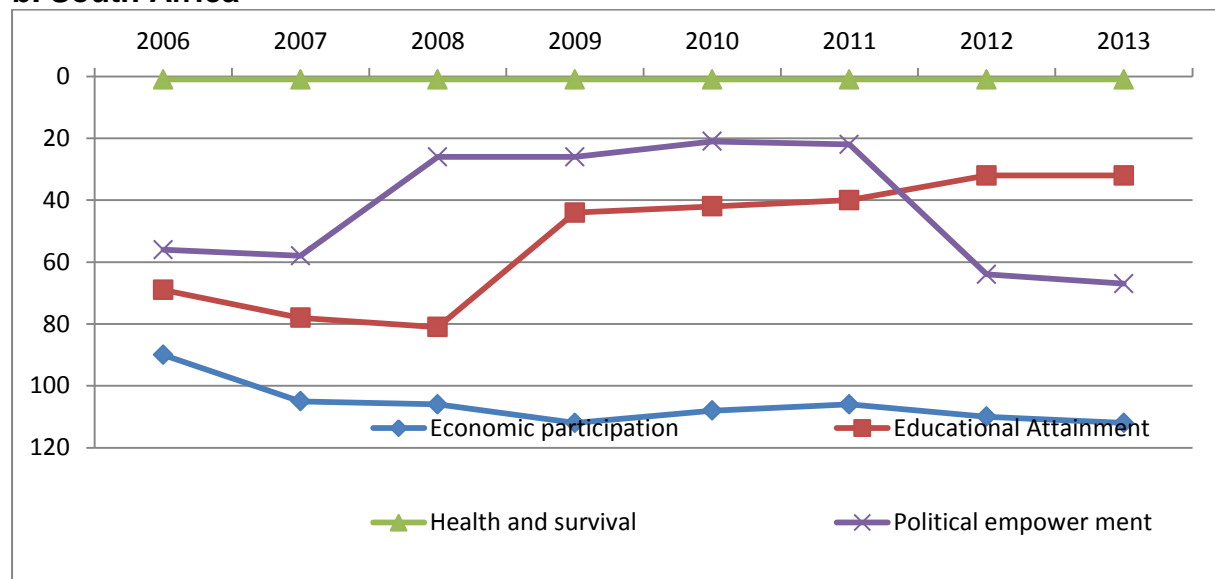
Overall, South Africa ranked 18th in 2006, while Chile was ranked 78th. By 2013, South Africa had climbed to 17th, higher than Chile again, whose ranking had dropped to 91st. The contrast in development indicators between the two countries has been tracked since 2006, as indicated in Figure 9. Political empowerment and economic participation pulls South Africa higher up the ranking, while positive health outcomes and educational attainment give Chile an advantage in terms of health and wellbeing. This gives Chile an advantage in the Human Development Index. While strategies to reduce poverty had a positive impact in South Africa, the GGI demonstrates that inequality between men and women presents the major contributory factor when taking the income variations into account.

3.10 Traditional practice, culture and religion

Religion and culture influence the role of women in a profound way in South African society and strongly shape social identity. The CTOP Act of 1998 – one of the most controversial laws challenging organised religion – is considered to be a revolutionary victory for women's empowerment in South Africa. However, legislation that promotes the rights of women, alongside the right of cultural practice, has been an unresolved debate post-1994, leading to women from traditional communities still continuing the struggle of cultural versus citizen's rights being fulfilled.

The widespread rejection of the Traditional Courts Bill by women's organisations and feminist critiques demonstrates the extent to which this debate has fuelled the energies of activism since the bill was developed in 2008. Traditional courts, if regulated according to democratic principles, have the potential to serve more than 20 million South Africans living under traditional law. They are valuable local institutions to resolve social disputes. However, the bill is criticised for placing power

in the hands of traditional leaders, who are mostly men. According to the proposed bill, the courts have administrative powers to decide over land, natural resources, health, education, safety, marriage, death and birth certificates, which inherently put women at a disadvantage, given the patriarchal system that is still rife in rural communities. Against the Communal Land Rights Act of 2004 and the Traditional Leadership and Governance Act of 2003, the bill can undermine the rights of women under traditional systems of government, further entrenching traditional leadership in male-dominated communities.

The initial South African report to the African Charter notes that a fundamental achievement in gender equality before the law in civil matters has been the recognition of the full legal status of women under customary law. Previously, a black woman in a customary marriage was regarded as a minor and the husband as the guardian. This ceased to apply after the repeal of the Black Administration Act. The Customary Marriages Act provides for the equal status and capacity of women in customary marriages. Despite these progressive laws, many women are unable to defend their basic rights within the private spaces of traditional family life.

Protective measures against harmful cultural practices were needed due to their effect of undermining women's rights. These include the practices of "Ukuthwala[10]", the killing of "witches" and female genital mutilation. Specific responses and collective action by the CGE and the departments of Social Development, Education and Health have helped increase awareness of these harmful practices. Protective measures have been put in place to curb this violation of women's rights. However, despite PEPUDA, South Africa's efforts to curb these harmful cultural practices are impaired because of a lack of empirical information on their prevalence. More importantly, these practices are culturally embedded in contexts where victims remain silent and tolerant of the practices.

3.11 Changing social trends
Social trends over the 20-year period show that there have been dramatic changes in South African society. In the immediate post-apartheid period, spatial and socio-economic barriers were removed and there was an increase in household numbers. There is a large youth and working-age population, also referred to as the demographic dividend. These changes have a direct bearing on planning processes and service delivery based on the changing needs of citizens.

According to the 2011 Census, a substantial number of households (41.2 percent) were headed by females, with the percentage increasing with age: 18 to 34 years at 34.4 percent, 35 to 59 years at 40.2 percent, 60 to 69 years at 47.7 percent and over

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[10] 'Ukuthwala' involves the abduction of a bride by the bridegroom, supposedly according to plan and agreement. It was traditionally intended for people of the same age group. However, forced marriages of girls as young as 12 years to older men is still practised in some remote villages in KwaZulu-Natal, the Eastern Cape and the Western Cape.

70 years at 60.2 percent (Statistics South Africa, 2013b). What is significant to note is that the female-headed households comprise more household dependents. Thus older women bear the largest burden of care, particularly those living in traditional areas.

Data spanning the post-apartheid period suggests that complex household forms continue to dominate, marriage rates have declined (especially customary marriages, as shown in Table 5) and there has not been a shift towards a more nuclear family structure. The changing social dynamics of the post-apartheid period have reinforced patterns of migration. For women, the HIV/Aids pandemic, increased orphaning of children and increased labour force participation rates by young women have had an impact on household formation and structures. This, in turn, has implications for the care arrangements of young children and vulnerable family members.

**Table 5: Marriage registrations, 2003-2010**

Year	Civil marriages	Customary marriages	Total
2003	178 689	17 283	195 972
2004	176 521	20 301	196 822
2005	180 657	19 252	199 909
2006	184 860	14 039	198 899
2007	183 030	20 259	203 289
2008	186 522	16 003	202 525
2009	171 989	13 506	185 495
2010	170 826	9 996	180 822
Percentage decrease	**-4.4%**	**-42.2%**	**-7.7%**

Source: South African Institute of Race Relations, 2012 (as calculated from Stats SA Marriages and Divorces, 2010)

With evidence of a dramatic increase in the economically active population, Figure 10 demonstrates migration to Gauteng and the Western Cape from rural areas. This migration pattern is characterised by an increased influx of women between the ages of 20 and 34 years (Statistics South Africa, 2012). Census 2011 shows that there are currently 67.3 percent of women in the age category of 18 to 34 years, who have never been married, with 22.6 percent in the 35 to 59 age group. More women were found to be separated or divorced when compared to men: 2.1 percent of women and 0.9 percent of men (18 to 34 years); 8.61 percent of women and 5.1 percent of men (35 to 59 years); 6.1 percent of women and 4.7 percent of men (over 60 years). In addition, the percentage of African children living without both their parents is still high at 26.7 percent, with 41.9 percent living only with their mother (South African Institute of Race Relations, 2010). While these trends can be attributed to women's emancipation in the choices they make on how they want to live their lives, coupled with improved access and control of resources, they also lead to economic

pressures and new social risks for women who bear the burden of being both breadwinner and caregiver.

Figure 10: Migration patterns to Gauteng and Western Cape
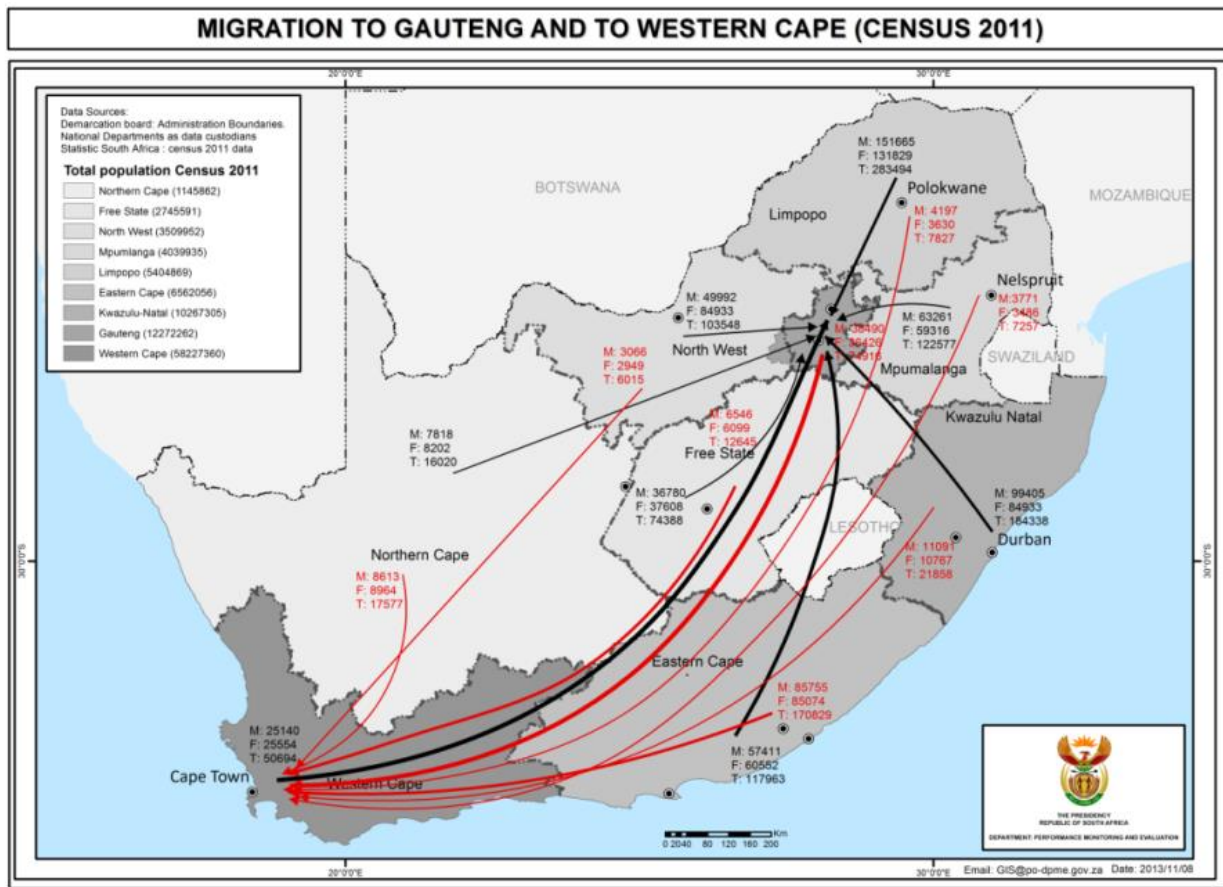
Source: Stats SA & DPME GIS unit, using Census 2011 data

4. Identifying challenges and doing things differently

4.1 Breaking the cycle of dependency

Great strides have been made for women's emancipation in South Africa by guaranteeing rights and access to services. A major challenge in realising gender equality, however, lies in breaking the cycle of dependency for women who continue to be marginalised. Persistent challenges and continued vulnerability due to changing social trends require specific interventions to break the vicious cycle of dependency by affected women.

High levels of maternal death remain a key challenge for the health sector. Various factors contribute to overcoming this challenge. These range from the uneven quality of public healthcare service delivery, health infrastructure, human resources for health, delayed health-seeking behaviour by women, violence, substance abuse, lack of accountability by professionals and a high burden of disease, particularly HIV/Aids. Evidence of African females (20 to 34 years) having the highest

prevalence of HIV in the country has to be understood within the context of South Africa's history of racial and gender discrimination. Rispel and Popey (2009) state that gender power relations are the root causes of gender inequality, and this is reflected most in the social determinants of health.

Despite the achievement of gender parity in basic education, the quality of educational services, combined with societal norms and values that emphasise the reproductive and nurturing roles of women, leads to many women not accessing further or higher educational opportunities. Many of the women who have been able to complete higher education are not able to pursue their chosen careers due to breaks from child-rearing. Evidence suggests that the informal employment sector continues to be dominated by women, mainly through domestic services. These women are faced with precarious working conditions and difficulty in making long-term plans and commitments (Devey, Skinner & Valodia, 2006; Dayal, 2009). This is reflected in the large disparity in earned income between men and women, as demonstrated in the GGI. It is also contributing significantly to income inequality as reflected in the Gini coefficient for South Africa.

Improved access to basic services has led to improved participation rates by women in exercising their citizens' rights. It has even enabled women to gain some control in their bargaining power over men. Yet, the deeper social strata upon which women are required to fulfil their roles on a day-to-day basis has not been fundamentally influenced or transformed. Access to basic services requires ownership of assets, especially land and homes, to realise the goal of empowerment. Employment, which leads to job security and the ability to earn a decent income, is needed to equalise the opportunities between men and women in the economic sector. From being dependent on male partners for resources, services and assets in the past, women from female-headed households may have shifted the role of provider onto the state. In addition, access to productive resources provides a critical step in the right direction to reduce women's dependency on abusive men, which impacts on GBV.

Access to information on entitlements, rights and responsibilities is a challenge for rural women, especially those who are unable to read in at least one language. At the local level, the argument against using the household as a unit of analysis is taken further to consider structures of power not only within the home, but also in the area of communities, local markets and local government, which impacts directly on the lives of marginalised women. Over the years, the growing understanding of the multidimensional nature of poverty has been strongly influenced by feminist and gendered insights. Bennett (2009) demonstrates that overcoming poverty involves more than access to essential commodities and services. It includes access to social networks and agency to empower women to live the lives they choose to live.

Women with disabilities (mental and physical) have become an emerging social group with particular vulnerabilities that are compounded by the challenges already

experienced by women in the mainstream. The intersection between discrimination on the grounds of gender and disability creates new and multiple forms of inequality. Women with disabilities present a useful case in question when examining the factors that impact on poverty and disability, as well as on gender and disability. Discourses on the social model of disability and feminism challenge the social structures that shape identity and power relations based on men and able-bodied people. The needs of women with disabilities are further complicated by inadequate facilities, additional expenses, inaccessible transport and the costs of childcare or family members who are ill. The single case taken to court pertaining to the right to social assistance was the case of Khosa vs Minister of Social Development. This case shows that equality on the basis of disability and gender is guaranteed by the Constitution and upheld by the Constitutional Court. However, it requires greater societal awareness and an understanding of rights and responsibilities to challenge the dominant cultural practices of social exclusion, which are still widely practised at local levels.

Increased literacy rates among women, combined with reduced fertility rates, access to housing and ownership of assets, have resulted in younger women migrating to cities in search of an improved quality of life. Increased participation by urbanised women in civic activities, less dependence on male figures and freedom of movement have resulted in shifting power dynamics between men and women – with fewer women compelled to enter the institution of marriage as a safety net. An emphasis on the establishment of social networks and social support structures that are not tied to family members, however, poses its own social risks. A shift in gender relations requires men and women to redefine the way in which social norms and structures are constructed, hereby influencing the development of a new value system based on the recognition of rights and equality.

The effect of labour migration, declining marriage rates, single parenting and orphaning has had a significant change on the nature of vulnerability since 1994, and extends vulnerability from individuals to families. Survey results show a decline in the proportion of children who live with both parents. This decreased from 42 percent in 1993 to 33 percent in 2011. The care of young children and illness among family members, within the context of high burdens of disease and a lack of adequate care facilities, have resulted in women remaining locked in their reproductive and nurturing roles. The high costs of private day care facilities, added to high living costs, result in a break in career paths for many working women and difficulty re-entering the labour/professional market. The care economy has been overlooked or, where considered, is approached in an individualistic, private manner, which requires family members to deal with the need. International research highlights the importance of care as a development issue, and findings suggest that the unequal cost and responsibility of care is the major barrier to gender equality (United Nations Research Institute for Social Development, 2012).

4.2 Balancing between mainstreaming and targeting of interventions

Gender mainstreaming[11], through the establishment of gender focal points has been documented in the Gender Policy Framework since 2003 as a strategy to deepen the transformation of the public service. It was understood that gender mainstreaming is not an automatic process after the adoption of a transformation agenda. However, gender mainstreaming as a strategy is criticised to have not been effectively converted into programmes with adequate resources, capacity and leadership to drive the process. Furthermore, those who are expected to influence the mainstreaming process are not strategically positioned to influence change at all levels of government.

Similarly, affirmative action policies and targeted programmes, despite their achievements in highlighting the needs of women, have not been effective in meeting employment equity targets in the public sector, at the senior management level, but more so in the private sector. The private sector has demonstrated resistance to implementing measures to achieve equality in the workplace. Over the years, critics and activists have questioned the use of quota systems where representation in numbers is achieved for targeted groups; yet there is little policy influence and change in the lives of ordinary women.

Targeting meant developing means testing and eligibility criteria to ensure that programmes were well targeted. However, targeting has presented its own administrative and institutional challenges. This became evident when the system of means testing and eligibility criteria to identify those most in need and most vulnerable had to be reviewed due to corruption, inefficiencies and problems with coverage. Evidence shows that effective targeting has been achieved for vulnerable children, for example, through the CSG as a social assistance measure to improve the lives of children primarily. However, in specific cases, rural communities have not enjoyed the benefits of targeted programmes due to language barriers, access to information and poor service delivery at local levels.

A starting point is to understand the differing needs of women. Women are not a homogenous group. Rural women have much more in common with rural men in their experience of poverty and social exclusion than they do with women from urban areas. Women in rural areas and women with disabilities are particularly vulnerable, with specific needs to be addressed, differing in needs from women who have been victims of gender-based violence. Thus, the accurate targeting of beneficiaries has to be reviewed in social interventions if any real impact is to be made.

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[11] "Mainstreaming" is a process that brings what can be seen as marginal into the core business and main decision-making process of an institution. The term mainstreaming is derived from the objective to prioritize gender equality as a development activity. An important element in the mainstreaming strategy is to give attention to gender equality by influencing goals, strategies and resource allocations, and thus bring about real changes in polices, programmes and other activities. (See Public Service Commission report, 2008)

Gender-based budgeting is not yet a mainstream activity across departments. While this initiative has been included in some areas of public finance, Valodia (2009) draws attention to the issue that the other side of government budgeting (the revenue side) has received little attention from analysts and gender activists concerned about the impact of policies and programmes. A shift in taxation prior to 1995, from households (on the basis of a male breadwinner where a married woman's income was considered additional and therefore taxed higher) to individual filing, has been reported to address a past gender bias in taxation (Valodia, 2009). Yet, the impact of these new tax laws on single-parent households (which were shown to comprise women with children in most cases) needs to be addressed by policy-makers and gender activists, as women have to bear the burden of the dual role of being both breadwinner and caregiver.

4.3 Institutional review of the National Gender Machinery in South Africa

The functioning of the existing institutional framework outlined in the GPF had been put to the test over the past 18 to 20 years. In dealing with both the critical and emerging issues, the related structures responded according to their individual mandates. However, evidence suggests that problems exist within and between structures, i.e. split between national and provincial offices, problems of communication, accountability, workload and strategic leadership. This was found to require "certain conditions … to shift the South African NGM into the category of successful gender machineries, without which enabling environments and conditions mean little" (Gouws, 2006; State of the Nation Address; Bentley, 2004). The Public Service Commission also found that tensions existed between the CGE and OSW around their respective mandates and functioning.

The inclusion of complementary institutions and structures that impact on gender equality requires a deeper understanding of social policy in South Africa. The institution of "family" and "marriage" has been overlooked in the achievement of gender equality and the wellbeing of families. Other community structures, such as legal aid centres and formal or informal social networks, play an important role at the local level to access information, understand constitutional rights and entitlements, and provide supportive mechanisms to put these rights into practice. Even though the Department of Social Development has recently introduced a National Family Policy, coordination between and within agencies is necessary to achieve a common goal. Thus, conducting a comprehensive institutional review of the NGM in South Africa will be critical to inform appropriate medium-term frameworks to meet the visionary goals of the NDP relating to gender equality.

4.4 Strengthening local participation

Civil society has been the centre of development activities to promote gender equality in South Africa. The journey shows that, in the early years post-democracy,

the inheritance of high levels of activism and strategic leadership provided by civil society organisations influenced policy development and programmatic reforms in the field of gender and development. However, the status quo of civil society organisations today is challenged to positively influence women's empowerment and achieve gender equality at local levels. As with many women activists, the choice of maintaining "autonomy" within progressive organisations or "integrating" into broader structures, which resulted in affiliations to political and civic structures, resulted in splits between women's groups. South Africa is reported to have preferred the "integrationist" strategy, with many other women's organisations forming non-governmental organisations (NGOs) in response to the nature of funding models.

> **Development caravans – a case study**
> The Development Caravan, an action research project of the South African Women in Dialogue (SAWID), was started in 2003 by about 1000 women who attended the first SAWID Annual Forum. Informed by research conducted on poverty eradication strategies of Tunisia and Chile, two countries that have reportedly managed to address poverty and inequality, the Caravan:
> …adopts the family-focused and community development approach to facilitate access to basic services, information and skills that will enable families and communities to improve their quality of life. These include families with limited resources, and those which are isolated from mainstream society… (Silinda, 2009:122).

Local initiatives provide insights into the challenges, at grassroots level, related to advocacy and the involvement of women in community structures. Women have largely been excluded from decision-making at a local level, and have relied on their collective capacity to influence planning and priority-setting (Hassim, 2004). Perspectives from the Social Movements Indaba (SMI) have raised concerns on the role of women in leadership positions in community-based organisations, especially in informal settlements and rural areas (Nadvi, 2009). Women are not involved or represented in a sustained manner due to the highly prevalent culture of masculinity and patriarchy, relegating women predominantly within the domestic sphere, or resulting in career breaks due to reproductive responsibilities. Access to information and supporting women to take up leadership positions at community levels require commitment and collective efforts from both men and women.

In the "vertical relationship" between the individual and the state, concern is growing on whether government may have promised too much within the constraints of limited resources. Active citizens who are able to hold government and other citizens accountable to a common value system that recognises and puts into practice the rights of women within the institutions of family and marriage will fundamentally shift the balance of forces towards the empowerment of women. Collective responsibility and the effective functioning of existing structures is required to advance the course

of women's empowerment in the context of a society that remains highly patriarchal at all levels.

5. Conclusion

The journey travelled in achieving gender equality in South Africa since 1994 has been a promising, but difficult one. It is evident that, in comparison with where the country was before 1994, when women had little choice in the kind of lives they wanted to live, huge strides have been made in realising the rights of women post-democracy. Empowering women has a direct benefit for families, communities and society at large, especially when investments are made in increasing the capability of women and recognising both their productive and reproductive roles.

There have been extensive and progressive policy developments, aligned to international best practice, with renewed efforts to effectively implement the legislative aspects of these policies and achieve a minimum level of equality. The Gender Policy Framework of 2000, as the national benchmark, includes critical elements to promote women's empowerment and gender equality. Yet, an overarching conceptual understanding of cause and effect, and the differing needs in relation to localised realities and inter-agency coordination, requires the development of a theory of change that addresses how gender equality is to be achieved in South Africa. The implementation of the NDP requires a gendered focus if its social and economic objectives of reducing poverty and inequality are to be met.

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