It takes a village to raise a child, but the village is ruined

Care and family policy in South Africa

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ABSTRACT

All people are in need of care at some point in their life. Although families and kin used to provide care in all societies, the division between family and work life have led to new care arrangements. In today's societies not only families but also the state, the market and non-profit organisations are involved in care. The internal dynamics between these sectors are explained in certain welfare literature as a "care diamond" where local conditions determine the prominence of the different sectors in this care diamond. Welfare states in the North, the East Asian developmental states and Latin America have all followed distinct paths in providing care to individual family members. The social policies implemented in Africa are sometimes lead along these paths but have met with limited success. The logic of the care diamond is used in this article to focus on specific South African policy initiatives related to care and families. Although certain care policies are directed towards individuals regardless of family structures, specific family policy directions in South Africa are still stuck in outdated idealised family forms. Furthermore, the gender dynamics that are prominent in all care relationships are largely ignored in family and related policies on care. Even more disastrous is that the intersections between gender, class and race have been lost in the policy discourses.

Keywords: South Africa, family policy, care, gender, care diamond, citizenship

INTRODUCTION

This lecture focuses on care dynamics within families and the implications for family policy. The bulk of care used to take place in families, but as more women enter the labour market, they are less available to provide "free" care work and hence it has been postulated that there is a "crisis in care" (Glenn, 2004:501). Although family and care play a central role in all societies, they play out differently in local contexts. Yet, it has been observed that women all over the world take on the bulk of care work, regardless of the nature of the care or whether it takes place in the private or public sphere (Reddy, Meyer, Shefer, & Meyiwa, 2014; Patel & Mavungu, 2016). Despite increasing reports of male involvement in care work locally and internationally (Morrell & Jewkes, 2014), the male breadwinner ideology is pervasive in many communities in South Africa (Rabe, 2016a).

Although there is no linear trajectory, the diversity of family structures is seen in many Western countries where there is a transition from a dominant neolocal, nuclear, heteronormative family with the male being the main breadwinner to a variety of family configurations. In Western societies, the emancipation of women, the growing number of women in the labour market, increasing longevity, higher divorce rates, growing recognition for same-sex couples and never-married parents all contribute to a rising number of single-parent and single-person households, voluntary childlessness, same-sex families and so forth (Weeks, 2005:405*f*). In contrast, the nuclear family is regarded as relatively new in East Asian countries (Ochiai, 2009), and in many African and Latin American countries the nuclear family type was never the dominant structure. In African countries, factors such as poverty, migrancy and sickness (such as the HIV pandemic) have contributed to the variety of family and household configurations seen today. Poorer households often pool resources together and hence multi-generational and skip-generation households are common (Budlender & Lund, 2011; Makiwane, Gumede, & Molefi, 2016; Morison, Lynch, & Macleod, 2016). South Africa is especially rich in family diversity, one manifestation of this diversity is that it is the only country in the world where both same-sex marriages and polygyny (as part of customary marriages) are legally recognised (Rabe, 2016b).

Below a short analysis will be given of care, and then different ways in which family policy initiatives can enhance care will be briefly outlined. The aim is to find a clearer focus for family policy in South Africa by exploring the different possible links between the state, the market,

the community and the family in meeting the needs of individuals (the latter is often expressed as human rights in international agreements signed by representatives of states).

CARE

In exploring the meaning of care, Reddy, Meyer, Shefer and Meyiwa (2014) point out that the global discourse on care is predominantely in English, and by referring to synonyms of the word "care" that exist in African and European languages, the intricacies involved in using the word are reflected. A helpful explanation of care is given by Reddy et al (2014:4) who describe it as "*an action, a mental state* and a *moral value*" (emphasis in the original). Care may be predominantly thought of as action, but in addition to physical labour, it also entails emotional work (see Hochchild, 2003:7) and is related to a person's mental state. Moreover, care can be conceptualised as a fundamental principle that directs relationships within communities as expressed in Ubuntu, the feminist ethics of care and the Charter of Compassion (Du Plooy, 2014; Sevenhuijsen, Bozalek, Gouws, & Minnaar-McDonald, 2003).

Manderson and Ellen (2016:212) oberve that "[b]oth families and states take for granted that people who are sick, dying, frail, ageing and disabled will be cared for primarily within the safety net that the kinship system constitutes." This assumption about care within families is prevalent but Razavi (2014:40) draws our attention to the interconnections between families, states, not-for-profit organisations (NPOs) and markets in caregiving. It is argued that the specific relationships between these four sectors in society provide unique contexts in which care takes place, and make up the "care diamond" (see Addendum A). Within the care diamond, NPOs have also been described as "the voluntary sector" or have been replaced with the concept "community" (Ochiai, 2009:68).

Family policy will be discussed next to see how this plays out in different parts of the world.

FAMILY POLICY IN DIFFERENT PARTS OF THE WORLD

Mkandawire (2011:150) argues that the literature on social policies (which includes family policy) usually fixates on either developed countries or "developmental states" with little cross-fertilisation. Although the contexts are very different, the same outcomes, such as economic and social welfare, are desired. In trying to address this schism, I will refer to the understanding

of family policy in relatively wealthy welfare states, but will also focus on other regions such as the developmental states in the East and in Africa.

Welfare states in the North

Welfare states in the North are identified as democratic, industrial, capitalist societies where "extensive welfare provisions are legally provided" by the state to its citizens. The state, the market, civil society (or communities) and the family are believed to cooperate in caring for individual citizens (Arts & Gelissen, 2002:139). Family policy has been identified as functional in reducing gender inequalities and enhancing individual choices in countries belonging to the Organisation for Economic Co-operation and Development (OECD). An "employment-oriented family policy" is positively associated with an "enabling state" that promotes "active citizenship" where citizens can make decisions based on choice rather than necessity (Ferragina & Seeleib-Kaiser, 2014: 2-3).

In the often-cited work of Esping-Andersen, three ideal types of welfare societies are identified. The first is the liberal type of welfare capitalism where the emphasis is placed on individualism and the market. The second type is the conservative-corporatist welfare state where the state limits its influence to benefits related to occupational status, and preference is given to the male as breadwinner, and the state only supports citizens if the family proves that it is unable to support itself. The third type is the social-democratic welfare state where universal distributive benefits are aimed for, and all citizens are encouraged to join the labour market. This typology, which was first published in 1990, has been critically reviewed and revised (also by Esping-Anderson, 2013) and even rejected (Arts & Gelissen, 2002:140-146; Cerami & Wague, 2013:253-254). Alternative typologies all consist generally of similar indicators with different emphasis given to the major role players, namely the state, market, community (including NPOs) and family.

The terms "familisation" and "defamilisation" are commonly used to indicate how family policies have different effects on families. According to Lohmann and Zagel (2016), family policies in welfare states can be classified in different stages, but in essence, defamilising policies enable adult family members to be economically active by reducing care and financial obligations from family members (by providing adequate early childhood centres for example). Familising policies diminish the negative social and financial outcomes of caring for dependent family members (by ensuring generous parental leave for example). The authors do not see

these two types of policies as opposing each other but rather explore the different outcomes that a mixture of weak and strong elements of these two directions bring.

Developmental states in the East

If we turn to developmental states, it should be noted that the term was initially associated with Japan after World War II but it has become, towards the end of the twentieth century, synonymous with the four East-Asian so-called tiger states: South Korea, Taiwan, Hong Kong and Singapore. Very specific factors lead to promoting economic growth in these "miracle states" such as external support from especially the UK and the USA who wanted to promote trade and industry in the region in an attempt to defy communism. The "politically weak bourgeoisie, unorganized peasants and a subordinated working class" contributed to these authoritarian states being able to take advantage of their unique position. More relevant to this discussion though is that apart from the astonishing economic growth, these states managed a remarkable degree of equity and a better life for all citizens. These "miracles" took place when the economic gap between Western countries and other countries grew markedly (Williams, 2014:5). A closer examination of the East-Asian "miracle" states reveals that the state was in fact the driver of clear economic and social policies that led to the successes achieved in these countries. As Evans (2014:226) explains: "The East Asian Tigers did development theory a huge service by providing a credible empirical foundation for debunking conventional enshrined myths of superior growth consequences of the minimalist state." Evans (2014:232) further argues that another reason for the successes of the East-Asian countries was the ability to extract enough taxes from the wealthier citizens for further development and industrial transformation, a process that was less successful in Latin-American states (and will likely be tested increasingly in the future South Africa).

Ochiai (2009) analyses the relationships between the state, market, family and communities by applying the care diamond to China, Korea, Taiwan, Thailand, Singapore and Japan with regard to childcare and care for the elderly. In all five countries (three of the "miracle" states) the family sector looms large in care whilst China and Japan also have a large state sector (compared to the market). Taiwan and Korea have a large market component compared to the state, Singapore has equally sized state and market components, and Thailand equally small state and market components with a comparatively large community sector (see Addendum B). In essence, this work confirms that a strong state can enhance care, but it also shows that

families are still dominant in caregiving and that communities have a larger role to play in care in cases of weaker states and market contributions.

African states

In sub-Saharan Africa, donors dictated the direction of social policies from the 1980s onwards to such a degree that it has been labelled the "donor-sovereign rentier" establishment - an establishment that was intolerant to other initiatives on the continent (Adesina, 2007:11). The state was given a minimalist role and the belief was that the market will in the long run prove to be the economic saviour. Mkandawire (2001:292) argues that although the state was no longer vilified on a global scale, African states were seen as weak and unable to amount to anything, and state failure, not market failure, was given as the reason for the poor performance of African countries. Mkandawire (2001:300-01) argues further that the local buiness class failed to be part of policy making in African states. Largely due to colonialism, there is not a large indigenous capitalist class that can influence policy.[1] Current benefits, especially pension schemes, in most African countries only benefit those in the formal employment sector (Kangas, 2012). Since large numbers of people fall outside the formal wage employment sector and therefore cannot take advantage of benefits in this regulated environment, targeted social policy was encouraged. The countries that were encouraged to employ a targeted approach to benefits were precisely those countries that had "weak administrative capacity". According to Mkandawire (2001:289), these African states are "urged to 'delink', to reduce themselves, to stabilise the economy, to privatise the economy, to engage in 'good governance', to democratise themselves and society, to create an 'enabling environment' for the private sector and so on, in other words, to do what they cannot do."

I would argue if both the state and the market are weak in terms of care in societies, the logic of the care diamond would point to families and communities to take up care work.

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[1] Although one could argue that there is a large capitalist class in South Africa, this class consists mainly of white South Africans who may have (or are perceived to have) reached their privileged position through exploitation.

THE SOUTH AFRICAN SCENARIO

Welfare states are usually associated with countries that have relatively homogenous, small populations while South Africa is comparativley large and heterogeneous with a troubled history. Patel (1993), in reporting on the status of children and women in South Africa shortly before the first democratic election in South Africa, contends that "[i]ndications are that in pre-colonial times, the standard of living of the people was basic but adequate. The needs of women and children were met within an economic system which functioned well for many generations." The social organisation within communities were heavily reliant on kinship and family prior to colonisation but also well beyond. During colonisation and the apartheid era, this situation changed drastically as mining and other industries employed (at times reluctant) black workers in geographical areas that were declared as "white only". In practice, this meant that many black labourers lived away from their families for the greater part of their lives since families were only allowed to live in so-called homelands or townships. Labour migrancy thus became a distinguishing feature of black families due to a combination of capitalism and discriminating family policies (Budlender & Lund, 2011; Manderson & Ellen, 2016; Mokomane, 2014; Rabe, 2006). Although the first centralised Department of Welfare was established in 1937, racial fragmentation of this department was introduced in the 1950s and continued as the apartheid ideology (racial segregation) intensified (Lund, 1992:3).

South Africa as developmental state?

With the fall of communism, neoclassical development economics was vigorously branded as a success. The International Monetary Fund (IMF) and the World Bank pushed countries of the South into "privatizing state assets, limiting government spending, deregulating markets and dismantling domestic industrial and social policies" (Williams, 2014:6). The post-apartheid South African government played ball internationally by first casting itself as a neoliberal state largely through the Growth, Employment and Redistribution (GEAR) policies and then declared itself as a "developmental state" in various documents and in current state rhetoric (Edigheji, 2010; Lincoln, 2016; Satgar, 2014). Satgar (2014:134*f*) is critical of this latter rhetoric and identifies the post-apartheid state still as neoliberal in practice despite recently naming itself a "green developmental state". It may be fair to note that despite the macro-economic policies (GEAR), elements of a social development state can be noted in the policies relating directly to families (Budlender & Lund, 2011), albeit mainly towards poor

families. Another element that is crucial in understanding the role of the state in South Africa, is the financial support given by government to NPOs (Budlender & Lund, 2011:938).[2]

Developing family policies is complex in a country where income disparities are interlinked with class, gender, racial and geographical divisions. The old racial categories of the apartheid era are still being used in census questions to monitor development and issues of redress.[3] In the post-apartheid era, policies directed towards families are based on international human rights standards. There is a clear understanding that basic services (e.g. access to adequate sanitation and housing) have to be met in addition to implementing targeted family policies (Knijn & Patel, 2017), but basic services are still not available to all. Further, in the post-apartheid era, migrancy has not disappeared since many workers prefer to let their families stay in rural areas where it is cheaper to make a living. Although kinship ties and an ideological link to land contribute greatly to keeping a rural homestead, it can also be returned to in cases of retrenchment or retirement (Budlender & Lund, 2011; Rabe, 2006), suggesting that many workers understand the practical meaning of being part of the "reserve army of labourers" in a capitalist society.[4]

The current South African government follows a targeted approach by allocating grants to categories of people who earn/have access to less than a stipulated amount. These categories include older persons (60 years and older), people with disabilities, and children (under the age of 18).[5] These grants are targeted at individuals but in practice they are shared by families since the individuals live in poor households (Rabe, 2016b). It therefore comes as no surprise that Knijn and Patel (2017) report that there were 16.5 million recipients (total population reported as 51.8 million in 2011) of the above social assistance grants in 2016/2017.[6]

Social assistance grants are merely a safety net, but one with large holes, in other words the grants are necessary but hardly adequate. Apart from the insufficient amount itself, in welfare

[2] Patel (2014:252-253) distinguishes four types of NPOs namely public service contractors, donor-funded NPOs, faith-based organisations funded by religious bodies and community-based organisations.
[3] According to the last census held in 2011, 79.6% of the population is black, 9% is coloured (mixed race), 2.5% is Indian/Asian and 8.9% is white (Statistics South Africa, 2011).
[4] Poverty must be understood against the backdrop of the official unemployment rate that stood at 27.7% (and the expanded unemployment rate at 36.4%) in the first quarter of 2017 (Statistics South Africa, 2017:9).
[5] Not all people who qualify for these grants apply for them (often due to administrative difficulties) but a higher uptake has been noticed over time (Makiwane et al, 2006; Budlender & Lund, 2011; Mokomane, 2014).
[6] The so-called dependency that may follow due to accessing grants, it strongly refuted by Goldblatt (2005:242:) "Women mediate social assistance and deliver it on behalf of the state … unemployed, impoverished women (and some girls) are expected, without any means to feed themselves (or meet any of their other needs), to provide child care services for the society, in exchange for nothing."

societies at least, it was found that in the long run it is more advantageous to target services at all citizens instead of only "the poor". The targeted approach, distinguishing between those who are deserving recipients and those who are not, has an influence on people's self-respect. Mkandawire (in Adesina 2007:34) describes such experiences as "disempowering and even humiliating" with the result that "abuse and humiliation [become] common features of citizens' interaction with the state". In reflecting on the relationship between the state and the individual, Adesina (2007:40) describes it as "a web of obligations" and if the state is unresponsive to the needs of the citizens by inadequate social delivery on services, the legitimacy of the state is questioned. In interacting with the state, citizens then mainly experience the "coercive face of the state". If this is accompanied by greed from the elite or dominant classes, a widening gap between citizens is also expected. It can of course be seen that recipients benefit from targeted assistance in the short term, but it does not translate into sustainable poverty reduction since it creates further divisions between poorer and wealthier citizens. The latter have to fend for themselves through private insurance or payments, and the former have to rely on what can be seen as a type of "altruism" from wealthier citizens (Korpi & Palme, 1998).

Gender

A feminist ethics of care approach promotes the notion of care towards others as a core value for all citizens (Sevenhuijsen, Bozalek, Gouws, & Minnaar-McDonald, 2003), but in the Latin American conditional grant systems, women within a family context are the targeted caregivers.[7] Adesina (2007:45-46) points to the paradoxical gendered nature in these programmes where women as mothers receive the grants for their children and in exchange they have to ensure that their children attend school, receive their immunisations[8] and even have to participate in community work such as cleaning. The scheme thus reinforces the notion of women as mothers who are the primary caretakers and in the process may prevent them from entering the labour market (and men to take up their share of care work).

It is argued that this gendering of care is avoided in South Africa by the "follow-the-child" principle in administering the CSG (Knijn & Patel, 2017), but only 0.2% of caregivers of the CSG recipients five years after its inception were men (Lund in Morrell & Jewkes, 2014:328), and later this percentage was calculated to be between 3 and 8% (Knijn & Patel, 2017).

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[7] Particularly as it is applied in Mexico (Molyneux, 2006).

[8] The conditional grant system has not been implemented in South Africa due to the high school attendance and children receiving medical care; in any case the quality of the services are questioned, but citizens use them nevertheless (Lund, Noble, Barnes, & Wright, 2009).

Biological mothers, grandmothers and other older female relatives are the main caregiver recipients of the grants (Budlender & Lund, 2011:941). This low uptake by male caregivers is not surprising. In the General Houshold Survey of 2011, it was found that 63.7% of children under the age of 18 were not living with their biological fathers. If this is further broken down according to race, it is particularly black children (69.3%) who grow up without biological fathers. In focusing on gender and parenting, Rabe (2016a) points out that the lack of physical involvement by men in families has to be analysed more carefully. Apart from death, there are various aspects preventing men from being active fathers such as being unwanted by maternal kin and having to work away from their children. Men's capacity for caregiving should not be underestimated as the qualitative work by Morrell and Jewkes (2014) clearly shows how alternative constructions of masculinity can lead men to be exceptional or average caregivers.

Knijn and Patel (2017:2) maintain that the CSG, which is given to the child's caregiver irrespective of gender, "is a more enabling family policy and is more contextually appropriate than the family policy" (especially the White Paper on families) since it gives men the opportunity to be caregivers and some of them, albeit a minority, take up that opportunity. A similar gender argument can be made about the old age grant or pension that has a much longer history in South Africa (since the 1980s for all racial groups, even though the grant amount only became standardised for men and women of all races much later) and is about three times the value of the CSG. According to Budlender and Lund (2011:940), the positive impacts of the grant have been well-measured, and older people and their families are benefitting.[9] It was also observed that older women in particular spent their money to the benefit of other household members.

In contrast to the grant principles, the White Paper on Families in South Africa (Department of Social Development, Republic of South Africa, 2012) has been criticised widely by feminists (see Rabe, 2016b) and LGBTI activists (Charles, 2013). In essence, the White Paper pays lip service to the diversity of family structures in South Africa but promotes a middle class, heteronormative, nuclear family ideal with little regard for poor families and the implicit understanding that women will take on the bulk of care within families (Knijn & Patel, 2017; Rabe, 2016b). The implicit assumptions about the social assistance system in South Africa thus

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[9] Initial findings from the National Income Dynamics Study (NIDS) show positive health outcomes for children whose caregivers access the CSG.

provide far more opportunity for men to take up caregiving while family policies are placing an implicit caregiving expectation on women.

Racial differences and inequalities

As gender activists we can aim to get more men involved in caretaking and much will be gained from this for both men and women. However, this will not eradicate the inequalities between the rich and the poor.

Sithole's (2014) argument regarding land issues should be noted in this regard. She refers to black South Africans who have been dispossessed of their land (during the apartheid years). In referring to a specific community in KwaZulu-Natal, she argues that they now live in restricted areas and are asked to be thankful for a limited number of job opportunities in the tourism industry (as a form of redress for forceful removals). I would argue that this dispossession is also symbolic of being dispossessed in various other ways and family policies and gender redress can hardly erase such ruptures on their own.

Further racial differences can be observed from demographic variables in South Africa such as the total fertility rate (TFR). Ochiai (2009:74) explains how family care factors relate to the fertility rate profile in East Asia which was 1.6 in 2015 (a TFR of 2.1 is believed to be the replacement level) but which differs widely between the countries, with that of Taiwan being 1.1 and China 1.6 (United Nations, 2015). In countries with a large economic active population (demographic dividend) compared to the elderly and children, a large number of (especially female) parents/adult children or other relatives can take on care work. In the case of Japan, where the fertility rate was below replacement level for decades, there is a small demographic dividend and hence the pool of family care workers is small. In South Africa we see a general TFR decline from 3,23 children per woman in 1996 to 2,67 children per woman in 2011. The differences are stark if analysed according to racial category where it is 2.82 for black women, 2.57 for coloured women, 1.7 for white women and 1.85 for Indian/Asian women (Statistics South Africa, 2015:41). This implies that black and coloured families have a large demographic dividend. In addition, the high unemployment rate is affecting black and coloured women in particular (Budlender & Lund, 2011:927) and hence more kin (especially siblings and aunts) are available as unpaid caretakers. Elder care from families will become more challenging in future for white and Indian/Asian people due to a TFR below replacement level (lack of a demographic dividend), and hence care from the market, NPOs and the state will have to be relied on increasingly. However, paid care (the market sector) may be affordable for many as

the large number of unemployed people keep wages for care work low. In essence this means that there is huge potential for black and coloured women to be exploited further in unpaid care (within their own families) and paid care (for people without family caregivers) since care is undervalued. However, there is also potential for greater emotional caring across racial lines as revealed in a qualitative study on elderly white women living on their own as a minority group in the central areas of Pretoria (Rabe, 2015).[10] Although the burden of care as an act should not be underestimated, care as a positive moral value across racial lines should not be ignored.

CONCLUSION

Care is the focal point in this article as it relates to family, the state, the market and the community (including NPOs/FBOs) in South Africa. Care takes place within various family forms where the caretaker is usually a close female relative. Men's ability to care is beyond doubt and hence it is argued that gender differences in caretaking can be overcome if we encourage more flexible gender constructions. Re-evaluations of gender should encourage men to take care of others through dedicated policies, e.g. paternity leave (cf. Mokomane, 2014). Just as women are actively encouraged to join the labour market through various initiatives, men should be more actively encouraged to be part of physical and emotional care of family members. Although greater gender equality is an important ideal to strive for, it will not translate into general greater equality due to the increasing economic inequality.

The post-apartheid government has provided a safety net for vulnerable family members such as children, older people and disabled citizens through the social assistance programmes, but this is a bandage strategy that is not sustainable in the long run. A dedicated family policy will go a long way to improve the lives of individuals, but things such as paternity leave and work-life balance only make sense if people are formally employed, otherwise these policies are merely intended for the "relatively rich" (or some middle class citizens). We can thus end up with two sets of family policies, policies for those who are formally employed and policies for the rest, including poor people. The rifts are thus not erased.

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[10] Also, we can expect that many families will be less distinguishable according to a specific racial category in future due to an increasing number of interracial relationships.

If we look at the demographic dividend in South Africa, there are large numbers of potential caregivers. Family as a care institution could thus potentially be relied upon, especially in certain communities. In others, individual members will have to increasingly rely on paid care services since there are not many (or any) available family members to care for them. These demographic realities have the potential to perpetuate current gender, racial and class inequalities. Yet, moral values, such as Ubuntu, the feminist ethics of care and the Charter of Compassion may promote positive outcomes especially if volunteer work, NPOs and communities are supported and given more recognition by the state.

LIST OF REFERENCES

Adesina, J. O. (2007). In search of inclusive development: Introduction. In J. O. Adesina (Ed.), *Social Policy in sub-Saharan Context* (pp. 1-53). Houndmills: Palgrave Macmillan.

Arts, W., & Gelissen, J. (2002). Three worlds of welfare capitalism or more? A state-of-the-art report. *Journal of European Social Policy, 12*(2), 137-158.

Budlender, D., & Lund, F. (2011). South Africa: A legacy of family disruption. *Development and Change*, 42(4), 925-946.

Cerami, A., & Wague, A. (2013). Africa. In B. Greve (Ed.), *The Routledge handbook of the welfare state* (pp. 252-259). London: Routledge.

Charles, T. (2013). *'Marriage above All Else': The Push for Heterosexual, Nuclear Families in the Making of South Africa's White Paper on Families.* Institute of Development Studies Evidence, Report No. 41.

Department of Social Development, Republic of South Africa. (2012). *Draft White Paper of Families in South Africa.*

Du Plooy, B. (2014). Ubuntu and the recent pehnomenon of the Charter of Compassion. *South African Review of Sociology*, 45(1), 83-100.

Edigheji, O. (2010). Constructing a democratic developmental state in South Africa: potentials and challenges. In O. Edigheji (Ed.), *Constructing a democratic developmental state in South Africa* (pp. 1-33). Cape Town: HSRC Press.

Esping-Anderson, G. (2013). *The three worlds of welfare capitalism.* John Wiley & sons.

Evans, P. (2014). The developmental state, divergent responses to modern economic theory and the twenty-first-century economy. In M. Williams (Ed.), *The end of the developmental state?* (pp. 220-240). New York: Routledge.

Ferragina, E., & Seeleib-Kaiser, M. (2014). Determinants of a silent (r)evolution: Understanding the expansion of family policy in rich OECD countries. *Social Politics, 22*(1), 1-37.

Glenn, E. N. (2004). Creating a caring society. In S. Coltrane, *Families and society* (pp. 501-513). Belmont, CA: Wadsworth.

Goldblatt, B. (2005). Gender and social assistance in the first decade of democracy: A case study of South Africa's Child Support Grant. *Politikon: South African Journal of Political Studies, 32*(2), 239-257.

Hochchild, A. R. (2003). *The managed heart: Commercialization of human feeling, 20th anniversary edition.* Berkeley: University of California Press.

Kangas, O. (2012). Testing old theories in new surroundings: The timing of first social security laws in Africa. *International Social Security Review, 65*(1), 73-97.

Knijn, T., & Patel, L. (2017). Family life and family policy in South Africa: responding to past legacies, new opportunities and challenges. In T. Rostgaard, & G. B. Eydal, *Family life and family policy in South Africa: dealing with the legacy of apartheid and responding to new opportunities and challenges.* Cheltenham: Edward Elgar Publishing.

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality and poverty in the Western countries. *American Sociological Review, 63*(5), 661-687.

Lincoln, D. (2016). The ends of the developmental state. *South African Review of Sociology*, 47(2), 59-77.

Lohmann, H., & Zagel, H. (2016). Family policy in comparative perspective: The concepts and measurement of familization and defamilization. *Journal of European Social Policy, 26*(1), 48-65.

Lund, F. (1992). *The way welfare works: Structures, spending, staffing and social work in the South African welfare bureaucracies.* Pretoria: HSRC.

Lund, F. (2008). *Changing social policy. The child support grant in South Africa.* Cape Town: HSRC Press.

Lund, F., Noble, M., Barnes, H., & Wright, G. (2009). Is there a rationale for conditional cash transfers for children in South Africa? *Transformation: Critical Perspectives on Southern Africa, 70*(1), 70-91.

Makiwane, M., & Berry, L. (2013). *Towards the development of a family policy in South Africa.* HSRC.

Makiwane, M., Gumede, N. A., & Molefi, S. (2016). Continuity and change: Relationships, childbearing and children's living arrangements. In M. Makiwane, M. Nduna, & N. E. Khalema (Eds.), *Children in South African families* (pp. 24-40). Newcastle upon Tyne: Cambridge Scholars Publishing.

Manderson, L., & Ellen, B. (2016). Relatedness and care in Southern Africa and beyond. *Social Dynamics, 42*(2), 205-217.

Mkandawire, T. (2001). Thinking about developmental states in Africa. *Cambridge Journal of Economics, 25*, 289-313.

Mkandawire, T. (2011). Welfare regimes and economic development: Bridging the conceptual gap. In V. Fitzgerald, J. Heyer, & R. Thorp (Eds.), *Overcoming the persistence of inequality and poverty* (pp. 149-171). Houndmills: Palgrave Macmillan.

Mokomane, Z. (2014). Family policy in South Africa. In M. Robila, *Handbook of family policies across the globe* (pp. 59-73). New York: Springer.

Molyneux, M. (2006). Mothers at the service of the new poverty agenda: Progresa/Oportunidades, Mexico's conditional transfer programme. *Social Policy and Administration*, 40(4), 425–449.

Morison, T., Lynch, I., & Macleod, C. (2016). *Focus on 'the family'? How South African family policy could fail us.* Pretoria: HSRC.

Morrell, R., & Jewkes, R. (2014). 'I am a male, although I am a little bit soft': Men, gender, and care work in South Africa. In V. Reddy, S. Meyer, T. Shefer, & T. Meyiwa, *Care in context. Transnational gender perspectives* (pp. 326-341). Cape Town: HSRC Press.
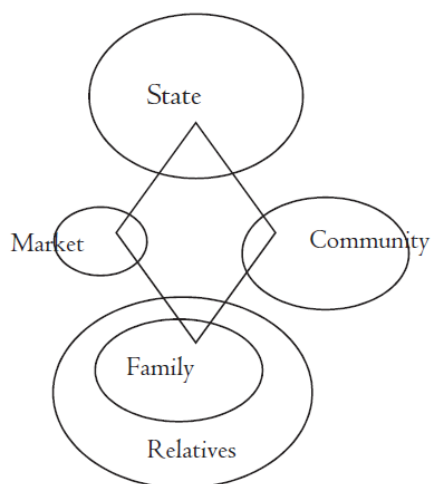
Ochiai, E. (2009). Care diamonds and welfare regimes in East and South-East Asian societies: Bridging family and welfare sociology. *International Journal of Japanese Sociology*, 18(1), 60-78.

Patel, L. (1993). *Children and women in South Africa: A situation analysis.* Johannesburg: UNICEF.

Patel, L. (2014). Gender and care in the non-profit sector in South Africa: Implications for welfare policy. In V. Reddy, S. Meyer, T. Shefer, & T. Meyiwa, *Care in context. Transnational gender perspectives* (pp. 246-264). Cape Town: HSRC Press.

Patel, L., & Mavungu, E. D. (2016). 'Children, families and the conundrum about men': Exploring factors contributing to father absence in South Africa and its implications for social and care policies. *South African Review of Sociology*, 47(2),19-39.

Rabe, M. (2006). *Black mineworkers conceptualisation of fatherhood: A sociological exploration in the South African goldmining industry.* University of South Africa: Doctoral thesis.

Rabe, M. (2015). Successful ageing amongst elderly women living independently in Pretoria central areas. *African Sociological Review, 19*(2), 149-166.

Rabe, M. (2016a). Revisiting the gendered discourse on parenting in South Africa. In M. Makiwane, M. Nduna, & N. E. Khalema (Eds.), *Children in South African families. Lives and times.* (pp. 116-138). Newcastle upon Tyne: Cambridge Scholars Publishing.

Rabe, M. (2016b). Family policy for all South African Families. *International Social Work*, DOI: 10.1177/0020872816655866.

Razavi, S. (2011). Rethinking care in a development context. *Development and Change*, 42(4), 873-903.

Razavi, S. (2014). Revisiting the UNRISD research on the political and social economy of care: Implications for future research and policy. In V. Reddy, S. Meyer, T. Shefer, & T. Meyiwa, *Care in context. Transnational gender perspectives* (pp. 32-51). Cape Town: HSRC Press.

Reddy, V., Meyer, S., Shefer, T., & Meyiwa, T. (2014). Towards a critical theory of care. In V. Reddy, S. Meyer, T. Shefer, & T. Meyiwa, *Care in context. Transnational gender perspectives* (pp. 1-27). Cape Town: HSRC Press.

Satgar, V. (2014). South Africa's emergent 'Green Developmental State'? In M. Williams (Ed.), *The end of the developmental state?* (pp. 126-153). New York: Routledge.

Sevenhuijsen, S., Bozalek, V., Gouws, A., & Minnaar-McDonald, M. (2003). South African social welfare policy: An analysis using the ethic of care. *Critical Social Policy, 23*(3), 299-321.

Sithole, M. P. (2014). Care and social cohesion in South Africa: Political engineering versus dealing with social discordance. In V. Reddy, S. Meyer, T. Shefer, & T. Meyiwa, *Care in context. Transnational gender perspectives* (pp. 86-98). Cape Town: HSRC Press.

Statistics South Africa. (2011). *Census 2011 Fact sheet.* Pretoria: StatsSA.

Statistics South Africa. (2015). *Census 2011: Fertility in South Africa.* Pretoria: StatsSA.

United Nations. (2015). *World fertility patterns 2015.* United Nations.

Weeks, J. R. (2005). *Population. An introduction to concepts and issues.* (9th ed.). Belmont, CA: Wadsworth.

Williams, M. (2014). Rethinking the developmental state in the twenty-first century. In M. Williams (Ed.), *The end of the developmental state?* (pp. 1-29). New York: Routledge.

Addendum A: Visual image of care diamond

State

Family   Market

NPOs/Communities
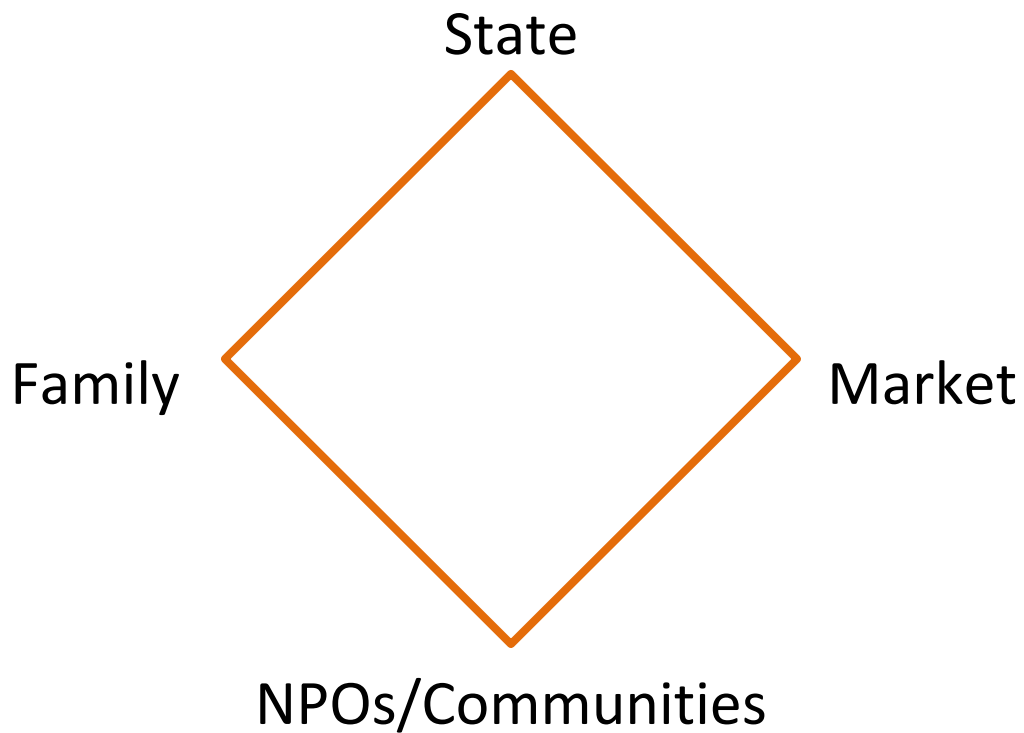
Addendum B: Visual images of care diamonds in China from Ochiai (2009:69)

Childcare

State

Market   Community

Family

Relatives

Elderly care