

Aspirations & Responsibilities

A qualitative study among female care workers in Khayelitsha



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Oooooo you can see me! Some of the things I learn while working with people, and then I develop this strength, I develop everything because of this... (Vivian, February 2010).

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Summary

In 1997 the South African Department of Social Welfare presented the *White Paper for Social Welfare* as a strategy to compensate for the apartheid regime's exclusion of the black majority for decades. In this document they employ human development in to the welfare policy. They are stressing people as agents in development processes, and recognise informal, community-based organisations as some of their most important partners in the provision of welfare services. In these organisations there is a majority of women working. The Department of Social Welfare do to some extent acknowledge women's important care work in families and communities, and their very important role in social development generally. However, there seems to be missing a discussion of the gendered division of such care work.

In this thesis I will explore the ways in which the South African approach to welfare both brings agency and opportunities to women in Khayelitsha, a township outside of Cape Town, and how it seems to undervalue their care work, and serve to reinforce gender inequalities. I have interviewed ten women working for four different organisations that are located within the communities Site C and Kuyasa in the township Khayelitsha. I have also done participant observations, mostly at the soup kitchen Iliso Care Society.

As theoretical framework for this thesis, I have drawn on different aspects in the human development discourse that South Africa has adopted into their welfare policy. Two central scholars within this discourse are Amartya Sen and his capability approach, and Arjun Appadurai and his notion of aspirations, capacity and capability. Further I will argue that there is a need to explore *caring practices* in development processes more thoroughly in order to avoid a possible reinforcement of gender inequality. I will thus draw on literature stressing the importance of social policy and care as a relational and contextual concept. This will be done by looking at Wærness' term *the rationality of caring* (1987), followed by a suggestion of adding an ethic of care as a new dimension in human development, drawing on Joan Tronto's (1993) four elements on an ethic of care.

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Abbreviations

AIDS: Acquired immune deficiency syndrome

ANC: African National Congress

ECD: Early Child Development

HIV: Human immune deficiency virus

NGO: Non-governmental organisation

PPU: Public Participation Unit

TB: Tuberculosis

RDP: Reconstruction and Development Programme

UCT: University of Cape Town

UIF: Unemployment insurance forms

UNDP: United Nations Development Programme

WID: Women in Development

WPSW: White Paper for Social Welfare

WWII: World War II

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1.0. Introduction

Around nine o'clock in the morning, 18th of February 2010, I was at the taxi rank¹ in the city centre of Cape Town, looking for the sign that says Site C, which is one of the many subsections in the township² Khayelitsha. It was the first day of fieldwork and I had an appointment with Vivian who runs a care centre in Khayelitsha, an area about 20 km outside of Cape Town. I found the Site C sign at the very end of the taxi rank, far away from the signs to the suburbs closer to the city centre. The taxi that was standing under the sign was empty and the driver waited outside. I stepped into the taxi, waiting for it to fill up. Slowly people came, and many of them carried heavy luggage. Half an hour later we could finally head off. After driving for a while, the two passengers sitting in the front of the car assisted the driver with collecting the money. The other passengers sent the money forward, the two in front counted, exchanged and sent the change back. Already here, in the middle of the highway N2, there was a sense of community.

After another half an hour, the taxi went off the highway and entered Khayelitsha. As opposed to the skyscrapers in the city centre of Cape Town, I was met with “shacks” or so-called informal settlements. At my stop Vivian met me, and took me to her house from where she also operates the care centre, Iliso Care Society. The centre consists of several projects offering care services to the community; a soup kitchen, a day care centre for children, a vegetable garden, a youth group and a safe home for orphans. For the moment Vivian has three women volunteering in the kitchen and with the children. At my arrival the women were busy making soup from two tremendous pots in the kitchen, and after a very short while people from the community were standing in line to get soup.

The theme for this master thesis is women's care work within their local communities in Khayelitsha. The empirical material for this thesis is the result of interviews with ten women working for four different organisations, three of them located in Site C. These four

¹ In South Africa it is common to make a living by driving informal taxis, or minibuses.

² An urban living area outside of the city centre characterised by migration from the rural areas.

organisations are: 1) Iliso Care Society, presented above, 2) Sizisa Ukhanyo Pre-school, located in Kuyasa, another subsection in Khayelitsha which provides day care for mothers in the local community, giving them an opportunity to go to work. 3) Mosaic, a faith based organisation providing counselling and workshops for people dealing with domestic violence and abuse, and finally 4) Aluta, a group of home-based carers. I also did participant observations, mostly at Iliso Care Society³.

As I shall elaborate in these pages, the main argument put forward here is that this type of care work is double-edged. On the one hand, it is important to acknowledge its developmental potential, but on the other hand, it can serve to reinforce gender inequalities. In this chapter I will present the background of the thesis, review South Africa's welfare policy, and present the context, main focus and research questions.

1.1. Background

1.1.1. Poverty and inequality in South Africa

Post-apartheid South Africa is facing many challenges with poverty and inequality among the population. The first decades after the ending of apartheid have showed an increase in unemployment and income inequality (Bhorat & Kanbur 2005). According to the South African Human Development Report from 2003, which was conducted by UNDP⁴, about 48.5 per-cent (21.9 million people) of the South African population falls below the national poverty line. The report points out that The Income and Expenditure Survey for 2000 shows that the share of black households in the bottom income quintile increased from 29 per-cent to 33 per-cent between 1995 and 2000, while the share of households in the top income quintile declined from 8 per-cent in 1995 to 5 per-cent in 2000. At the same time, the average income and expenditure among white households have improved during the same period. Their share in the bottom quintile declined from 2 to 1 per-cent, and the share of white households in the top quintile increased from 60 to 66 per-cents between 1995 and 2000.

³ A more thorough presentation of the informants and their organisations will be given in chapter three.

⁴ http://hdr.undp.org/en/reports/national/africa/southafrica/south_africa_2003_en.pdf.

Further, unemployment continues to rise. According to the report, the South African economy provided only 11.56 million jobs for 16.81 million economically active South Africans in March 2003. This results in 5.25 million people unemployed, or an unemployment rate of 31.2 per-cents.

1.1.2. Feminisation of poverty

Poverty and inequality in South Africa is closely related to race, class and gender. As Johanna Kheler (2001) claims, women's realities in the South African context are still determined by race, class and gender-based access to resources and opportunities. This further suggests that these three indicators are "the determinants for the prevailing political, social and economic inequalities" (Kheler 2001: 1).

Kristina Bentley (2004) argues that poverty in South Africa has a gender dimension that challenges the equal status for women in law, and poses a threat to the realisation of their equal human rights in practice:

The "feminisation" of poverty is significant because, according to the UN Economic Commission for Africa (UNECA), poverty is experienced differently by women than men. The problem is therefore not only statistical - revealing quantity of women who are affected by poverty - but rather that poverty for women tends to be more severe, and poses greater challenges for women who bear the burden of caring for children under these circumstances (Bentley 2004: 247).

Women are marginalised in terms of their access to the mainstream economy and employment opportunities, which is related to a continuing patriarchal cultural bias (Bentley 2004). Further, women mostly spend their time on non-market activities, meaning that women do more work, for less pay, and are according to Bentley primary actors in the domestic sphere. This issue is further closely related to other social problems experienced in South Africa.

1.1.3. Social problems

Poverty, unemployment, lack of access to social services, food insecurity, fragmentation of the family and alienation from kinship and the community are some of the social problems that contribute to the declining quality of family life in South Africa (Patel 2005). According to Leila Patel, families are also faced with special needs and problems due to the HIV/AIDS pandemic, which has resulted in the loss of caregivers and increasing numbers of orphaned and vulnerable children.

Further, the HIV/AIDS pandemic is a source to many people's decline of well-being. According to Patel there are 25 million people estimated to have HIV/AIDS in sub-Saharan Africa: "the pandemic is placing great pressure on systems of care and support, including health and family and community systems of care" (Patel 2005: 177). It is estimated that about 5 million people in South Africa are infected by HIV, and particularly vulnerable groups are women, children, youth, the elderly, people with disabilities, homosexual men, migrants and single parents (Department of Social Welfare, in Patel 2005).

Crime and violence is also a big problem in South Africa. Patel claims that serious crimes such as robbery, rape, child abuse, common assault, assault to inflict bodily harm, culpable homicide and attempted murder have increased over the last years (Patel 2005). Further domestic violence and gender-based violence is a rising problem.

1.2. Developmental Welfare in a Post-apartheid South Africa

1.2.1. Choosing a neoliberal direction

The new South African government's answer to the problems with poverty and inequality after apartheid was to implement development into the politics of welfare. The ANC came into power on the basis of a broadly supported national development plan called RDP: the Reconstruction and Development Programme (van der Waal 2008). However, the new government experienced increasing international pressure to control state spending, and

believed that development could not be implemented into welfare policy without a strong economy based upon neoliberal economic principles (van der Waal 2008).

Neoliberalism has since the 1970s been one of the most dominant political-economic practices and ways of thinking in many parts of the world (Harvey 2007). David Harvey defines neoliberalism as:

...a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices (Harvey 2007: 2).

According to Harvey neoliberalism has become a hegemonic discursive practice, meaning that it has universal effects on people's way of thinking to the point where it has been incorporated into the common-sense way many interpret, live in and understand the world (Harvey 2007). An increase in privatisation of the provision of care services is an example of the neoliberal turn in South Africa.

Those who criticise the South African government claim that the ANC's economic strategy has enriched those who are already well off, while further impoverishing the poor, and that the supposed "trickle-down" effect of liberal economic policy has not been realised (Koelbe 2008). Thomas Koelbe claims that just as the poor got poorer in countries like the US and Britain under Reagan and Thatcher's neoliberal approach to the economy, they are getting poorer also in places like South Africa which has imitated the neoliberal economic paradigm. However, as Koelbe stresses, such an approach seemed to be necessary for the new government after apartheid:

In South Africa, bringing down inflation and the deficit, liberalising the financial markets, and guaranteeing the independence of the Reserve Bank were all steps towards international recognition and acceptance to attract foreign investment. No emerging market economy, unless it produces a great deal of oil, can afford to disregard the dictates of the international financial markets in its economic policy choices. The assumption here is that once the economy is set on the path to prosperity, resources will accrue to the government to help fund policies designed to alleviate poverty, social inequity and unemployment (Koelbe 2008: 166).

1.2.2. The White Paper for Social Welfare

This policy is, as mentioned, very visible in South Africa. South Africa is one of the few countries in the world that has implemented social development in to their welfare system in line with the United Nations World Declaration on Social Development (Patel 2005). This approach to social welfare was enshrined in the document *White Paper for Social Welfare* (WPSW) developed by the Department of Social Welfare in 1997⁵. The goal of this developmental social welfare is:

...a humane, peaceful, just and caring society which will uphold welfare rights, facilitate the meeting of basic human needs, release people's creative energies, help them achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life (WPSW 1997: Preamble, point 1).

South Africa's developmental approach to social welfare evolved from the country's unique history and the violation of human rights as a result of colonialism and apartheid:

This history, experience and meaning of oppression for the majority of South Africans together with a long tradition of human agency and social action to change these conditions shaped the construction of the new society (Patel 2005: 98).

The apartheid system was not concerned with addressing mass poverty, inequality and meeting the basic needs of the majority of the population. Social policy was according to Leila Patel, modeled on Western European institutional policies, only benefitting the white minority, while the black majority were excluded from a residual system of social welfare (Patel 2005).

After the national democratic elections in 1994, the apartheid welfare system was abolished and a new dynamic approach answering the demands of the global era were adopted (Patel 2005). The mission with the paper is to:

⁵ This department changed its name in 2000, from Department of Social Welfare to Department of Social Development.

...serve and build a self-reliant nation in partnership with all stakeholders through an integrated social welfare system which maximises its existing potential, and which is equitable sustainable, accessible, people-centred and developmental (WPSW 1997: Chapter 2, point 2).

The Department of Social Welfare emphasises participation from the civil society and claims that South Africans will be afforded the opportunity to play an active role in promoting their own well-being and in contributing to the growth and development of the nation.

They recognise the importance of a partnership with informal community-based organisations. They acknowledge that non-governmental organisations and community-based organisations employ large numbers of social development workers, and volunteers are a significant human resource. Voluntary organisations operate as public service workers, but they also raise funds independently and operate separately from the government (Patel 2005).

1.2.3. Community-based welfare services

This welfare policy of the post-apartheid South African government fits well with recent development within international welfare policy directed towards developmental countries. Since the 1980s the United Nations has advocated family-centred and community-based strategies as a guiding principle of developmental social welfare (Patel 2005). As a way of addressing social problems and meeting limited resources in development countries, community-oriented social services have increased. Essential to these social services are strategies such as home-based and community care and development. Patel claims that in countries such as Uganda, Malawi and Zambia, community mobilisation strategies are being employed to address social needs through different models. Among these models are home- and community-care strategies, volunteerism, capacity-building, and mobilisation of grass root groups to meet the needs of people infected and affected by HIV/ AIDS. Similar projects are also taking place in South Africa, meeting needs and promoting well-being: “social policies stress the importance of the community as the context and the locus within which services and development are promoted” (Patel 2005: 159).

South Africa has a substantial voluntary sector that is estimated to consist of 98 820 organisations. Close to a quarter of the voluntary organisations focus specifically on social

services, and have expertise, infrastructure and other resources that complement public provision (Patel 2005). These organisations are considered to have a comparative advantage over formal welfare organisations, as they are believed to be more accessible at the local level and are better able to reach out to the poor. According to Patel at least half of the total number of voluntary organisations were informal and community-based, and could play an important role in poverty-alleviation, providing indigenous support networks, savings schemes, income generation and HIV /AIDS care and support.

This social structure does, however, also implicate a number of challenges. Patel stresses the importance of being cautious when it comes to how family-centred and community-based strategies are designed, so that they don't reproduce the unequal responsibility that women and poor households have to bear in providing social community care:

The challenge is to design and implement programmes that promote gender equality and that attempt to shift the burdens and costs of care more equally between men and women and between the state, the family, the community and the market (Patel 2005: 159).

It is these aspects of community care work that I am exploring in this thesis: The importance of acknowledging the *duality* of community care work. I will focus on its developmental potentials on the one hand, and its limits in terms of a potential reinforcement of gender inequality on the other hand.

The duality of the care work is also recognised by the Department of Social Development. On their webpages they have presented a so-called "ten point plan", representing the priorities to be addressed by the South African development sector in the time period 2000-2005. The first point in this list is: "Rebuilding of family, community and social relations":

We will restore the ethics of care and human development in all welfare programmes. This requires an urgent rebuilding of family, community and social relations in order to promote social integration (Department of Social Development 2008).

It is thus clear that the Department of Social Development wants to implement ethic of care and human development into their development programmes. However they don't fully explain how to do so, or how far they have got. Neither do they discuss the implications this will have for a possible reinforcement of gender inequalities.

1.2.4. Ubuntu: "we are people through other people"

Community work has a very strong cultural foundation in South Africa, and it is something that the authorities are consciously using. The Department of Social Welfare uses the principle of *Ubuntu* in the WPSW to stress the importance of citizen's responsibilities in terms of providing welfare:

The principles of caring for each other's well-being will be promoted, and a spirit of mutual support fostered. Each individual's humanity is ideally expressed through his or her relationship with others and theirs in turn through a recognition of the individual's humanity. Ubuntu means that people are people through other people. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being (WPSW 1997: Chapter 2, point 24).

Anne Outwater et al defines Ubuntu as a philosophy and a way of life "that is the spiritual foundation of many African societies, a central cultural factor and not easily translated" (Outwater et al 2005: 136). She claims that Ubuntu emphasises being human as "being-with-others" and it pertains to the promotion of the common good by building community through shared person-hood (Outwater et al 2005). The principle of Ubuntu is one central aspect in this thesis. In section 6.5, I will discuss whether the neoliberal welfare policy gains cultural anchor by using the principle of Ubuntu to reach out to the citizens, and whether it is one way of *depoliticising* care in social policy.

1.3. Context & Main Focus

The context for this thesis is, as mentioned, a township called Khayelitsha that is located around 20 km outside of Cape Town, and the main focus is on the care work that women within this township do through local informal organisations providing welfare services. There is a large majority of women working for such organisations, and these are the same types of organisations that the Department of Social Welfare define as some of their most important partners.

In the second section of the White Paper, the Department of Social Welfare also stresses women's care giving role in processes of development:

Women's contribution to development has generally been invisible to social planners and policy makers and has been underreported in social development studies. In the main, women are the key providers of unacknowledged social care to the sick, the physically and mentally disabled, the young and the elderly. In addition their roles in the family, women in the communities contribute voluntary time to social and developmental programmes (WPSW 1997: Section 2, point 88).

Even though the Department of Social Welfare acknowledges women's important care work in families and communities, and their very important role in social development generally, it seems to be a missing discussion of the gendered division of care (Sevenhuijsen et al 2003). Sevenhuijsen et al argues that the WPSW is inconsistent when it comes to gender and care. On the one hand it stresses that women should be a part of the economy, but on the other hand it values women's roles as caregivers in the family and the community⁶.

On this basis it is relevant to ask how the post-apartheid approach to developmental welfare value women's informal care work. Will this type of work promote the women's growth and well-being? Or do we see a tendency towards an undervaluation of women's important care work, in the sense that it reproduces women's status in the society as primary care givers.

⁶ I will come back to Sevenhuijsen et al's argument in chapter 2.

1.3.1. Female care workers and the welfare state: research questions

As mentioned in the previous section, the South African welfare state do to some extent acknowledge women's role as care givers in their families and communities. They admit that their contribution in development processes needs to be more visible. As a part of their strategy in the WPSW they claim that "community and home-care programmes will take into account the social and economic needs of women who are most often the primary care-givers of family members who have special needs" (WPSW 1997: section two, point 98). They also stress that options such as employment opportunities and financial support should be fully explored. Further, social policy and welfare services should aim to be more gender sensitive, and a focus on building capacities will be promoted.

Feminist research has revealed that community-based organisations providing social services prove how unpaid work tends to support neoliberal reforms by stepping in where government services have withdrawn (England & Lawson 2005). This thesis aims to argue that this also seems to be happening in Khayelitsha. Ogden et al (2006) argue that in the current South African finance environment a "care gap" has emerged which women frequently subsidise with their own time. The women I have interviewed and their organisations are situated within a context where neoliberal welfare policies, that sees citizens as responsible for their own well-being is strongly emphasised. These organisations and the women's care work are thus highly relevant cases for exploring how the neoliberal approach to welfare plays out in the everyday life in Khayelitsha. To look closer into these issues I have formulated a set of research questions that will be explored in this thesis:

- What characterises the everyday life?
- What are the women's motivations for providing welfare services to the local community?
- What are their personal benefits?
- What are the women's notions of what aspects that will improve their lives, and what are their aspirations and dreams for the future?
- What are the informant's notions of gender inequality?
- How does the welfare state appear in their everyday life?
- What are the responses from the recipients of the welfare services?
- What are the informant's notions of Ubuntu?

I believe that these questions combined will enable a thorough exploration of the duality of the community based care work, as they all highlight the intersection of developmental potentials on the one hand, and the potential for reinforcement of gender inequalities on the other.

When writing a master thesis one is met with limitations of time and space, and one has to make some choices. It can thus only serve as a small contribution to the gap in the literature. One choice I made was to only interview female care workers. This study is first and foremost a contribution in terms of mapping out some of the challenges that South Africa is facing, in terms of developing social policy, and to draw attention towards the female care workers in Khayelitsha, and their everyday life and needs.

1.3.2. Khayelitsha: “a new place”

Khayelitsha⁷ is a highly relevant case in point regarding these developmental issues. Located about 20 km outside of Cape Town, the historical development of Khayelitsha is rooted in the apartheid system. In the 1970’s and 1980’s people migrated from rural Eastern Cape to urban Western Cape in search for work. Men came first and often worked on a contract, while the women followed to be with their husbands (Conradie 2009). The 2001 census, compiled by the Information and Knowledge Management Department (2005), recorded the size of Khayelitsha’s population at 329 002 people living in 85 614 households. However, these are not accurate measures as a lot of people refuse to participate in these types of censuses because they are living in informal settlements, or so-called shacks. Therefore, the real number could be twice as much. When I was doing my observations in the area people told me that the number of people could be a place between 1-2 million. This makes up almost a half of Cape Town’s population, which is estimated to be around 4 million people.

⁷ For a map over South Africa and Cape Town, see Appendix I and II.



Figure 1: Site C seen from the N2.

According to the census the unemployment rate is very high. In 2001, 50.8 per-cent of the population in Khayelitsha was unemployed compared to 31, 2 in South Africa as a total. The unemployment rate was higher for females, where 57.6 per-cents were unemployed, compared to 44.1 per-cent unemployed men. Further, of those employed nearly 80 per-cent earned less than 1600 Rand per month (which is approx. 1500 NOK or 260 US Dollar), and income levels differ significantly by gender with 84 per-cent of females employed making less than 1600 Rand per month compared to 74 per-cent of males. Most households are relatively small, with 4 people or fewer. The majority of the households in Khayelitsha have a combined household income of less than 1600 Rand per month, which is below household subsistence level. It also means that in most households there is only one income. Further, many families are sustained through access to pension funds, disability grants and single parent maintenance grant, and if there is one member of the family receiving such a grant, it is used to provide for the whole family (Ndingaye 2005).

One major obstacle in terms of finding a job is the distance from the city centre. There is a sustainable public transport system with bus, local taxis and trains, but for many it is too expensive. One way from the city centre with a local taxi costs around 12 Rand. For a family that only has 1600 Rand or less per month it is clear that this is an expense that they cannot afford on a daily basis.

Informal work is very usual in Khayelitsha. According to Xoliswa Z. Ndingaye (2005), the fact that the formal sector is not able to accommodate all the people who are unemployed has contributed to the present focus on the informal sector. Examples of such informal work could

be sale of braaied meat⁸, vegetables and fruits on the streets. Others have so-called spaza shops, shebeens⁹, taxi businesses or hair salons.

As can be seen from the numbers and descriptions above, the majority of the people in Khayelitsha are living in extreme poverty. Social problems like crime, violence and serious illnesses like HIV/AIDS and Tuberculosis (TB) is a direct result of this high poverty rate. This is how two of my informants, Thandiwe and Linda, describe the area:

...Khayelitsha is...eh... big place...but there is a lot of poverty. Lack of work...there is a lot of people diagnosed TB, HIV, there's a lot of people they didn't have a house to stay, they are staying under the shelters, all the others they are sharing one room or maybe here there is one room, lot of people, maybe twenty people they can stay together. Ehm...what else... Lack of education. Lot of people here, they are not well educated, there are...lack of money to go further, they stay at home, because they don't have money to go to school. There is a lot of things like that in Khayelitsha (Thandiwe, February 2010).

Oh... Khayelitsha is a big township, and it's facing a high rate of problems like poverty, crime, child abuse, HIV and AIDS, TB cases, drug abuse, violence, that is domestic violence, women abuse, things like that. Yes, and these things happens because most of the people are unemployed. And so... When I'm talking about child abuse, so I mean this evil thing of abusing the children, that is sexual abuse, yes. And since there is a lot of poverty, that is unemployment, it's whereby the youth starting this gangster... starting doing drugs, yes. Also, this poverty, unemployment, also causes the families, doing this kind of domestic violence because the men are drinking too much now doing this domestic, hitting one another you know, yes (Linda, February 2010).

From these two stories it is apparent that extreme poverty, unemployment and thus violence and HIV/AIDS is a very big part of these women's lives. Over the last years there has been an increase in the number of HIV-positive people in the entire Khayelitsha area (Ndingaye 2005).

Because of these social problems there is also a lot of informal work that is related to providing care services to those who are unemployed and/or sick. Khayelitsha is full of community-based organisations providing various types of welfare services. Iliso Care Society, Aluta and Mosaic in the community of Site C, and Sizisa Ukhanyo Pre-school in the community of Kuyasa are examples of such work.

⁸ South African expression for barbeque.

⁹ Spaza shops are informal convenience businesses usually run from home. Shebeens are informal bars, located in the Townships. Many of them serve homebrewed beer.

1.4. Structure of the Thesis

In *chapter two* of this thesis I will present the theoretical framework. The chapter starts with a review of existing research. Then I will look at feminist debates in the development literature in order to get a picture on how women increasingly have been seen as important agents in development processes. Further, I will discuss different aspects in the human development discourse that South Africa has adopted into their welfare policy. Two central scholars within this discourse are Amartya Sen and his capability approach, and Arjun Appadurai and his notion of aspirations, capacity and capability. In the last section of the chapter I will review literature stressing the importance of social policy and care as a relational and contextual concept. This will be done by looking at Wærness' term *the rationality of caring* (1987), followed by a suggestion of adding an ethic of care as a new dimension in human development, drawing on Joan Tronto's (1993) four elements on an ethic of care.

To get deeper into my research questions I found it most fruitful to use a qualitative method. In *chapter three* I will discuss why I chose a qualitative method, what methodological approaches I am influenced by, and the priorities and choices I made during the process of collecting and analysing the data material. In this chapter I will also give a short presentation of my informants and the organisations they work for.

Chapter four serves as an introduction to the analysis of the empirical material. I have chosen to start the empirical part of the thesis by telling one of my informants, Charlotte's, life story. I will present her story at length because it is very illustrative of the context these women are located within. Her story exemplifies how women are struggling when living under extreme poverty, and how intersections of gender, class and race are important aspects to look at when doing research in post-apartheid South Africa.

In *chapter five*, Aspirations, I will look at the developmental potentials that community care work has to offer. I will start the chapter by looking at everyday life at a soup kitchen in Khayelitsha, followed by an analysis of the women's own experience of their work and activities in their community and what meanings they put behind it. The focus related to this will thus be on two aspects: 1) motivations for doing this type of job and 2) what they feel are their personal benefits. I will also look at their aspirations and dreams for the future. What are their notions of what will improve their lives, and how can this be achieved?

In *chapter six*, Responsibilities, I will discuss the “downside” of this developmental care work. In this chapter I will focus on four themes that all draw on important aspects in the caring processes in Khayelitsha: 1) notions of gender inequality, 2) the welfare state’s appearance in everyday life, 3) recipients of the care services, e.g. their acknowledgments and expectations, and finally, 4) “neoliberalising Ubuntu?” which will refer to a tendency within the Department of Social Development to gain support for their politics by using the cultural anchor of Ubuntu. These four aspects will, at the end of this chapter, be looked at through the lens of an ethic of care.

In *chapter seven*, I will summarise the main points and empirical findings of this thesis, as well as present some thoughts for further research.

2.0. Existing Research & Theoretical Framework

One of the goals with the developmental approach to welfare that South Africa has adopted is to help people to achieve their aspirations, build human capacity and self-reliance, and participate in all spheres of social, economic and political life. This goal is very similar to the key idea of the capability approach that stresses that social arrangements should aim to expand people's capabilities, meaning their freedom to promote or achieve what they value doing and being (Alikire & Deneulin 2009). This thesis explores the ways in which the South African approach to development *both* brings agency and opportunities to women in Khayelitsha, and simultaneously may undervalue their caring work and serve to strengthen neoliberal aspects of the development policy in the country.

In this chapter the theoretical framework that has been set for this thesis will be reviewed and discussed in relation to the main focus presented in chapter one. I will start the chapter by looking at relevant existing research, followed by a review of feminist debates in the development literature.

Further, I will discuss different aspects in the human development discourse that South Africa has adopted into their welfare policy. Two central scholars within this discourse are Amartya Sen and his capability approach, and Arjun Appadurai and his notion of aspirations, capacity and capability. Further I will argue that there is a need to explore caring practices in development processes in order to avoid a possible reinforcement of gender inequalities. In the last section of this chapter I will review literature stressing the importance of social policy and care as a relational and contextual concept. I will start the section by looking at Wærness' term the rationality of caring (1987), followed by a suggestion of adding an ethic of care as a new dimension in human development, drawing on Joan Tronto's (1993) four elements on an ethic of care.

2.1. Existing Research

I have chosen to focus on three texts in this section about existing research: Fiona Ross's recent book *Raw life, new hope. Decency, housing and everyday life in a post-apartheid community* (2010), Ina Conradie's current work on development oriented agency in Khayelitsha, and Sevenhuijsen et al's article *South African social welfare policy: an analysis using the ethic of care* (2003). These three works offers valuable perspectives for this thesis. They are drawing on similar problems and this thesis can work as a bridge between these different perspectives.

2.1.1. Fiona Ross – “Ordentlikheid”

Fiona Ross did, from 1991 to 2004, a study among residents in the township The Bush/The Park outside of Cape Town. This study is really interesting because, as Ross points out, this period has been characterised by radical social change in South Africa and internationally (Ross 2010). Among these changes is the ending of apartheid, the end of the cold war, the beginning of the “war against terror”, the liberalisation of global economies, and massive population movements. Further, Ross claims that “global shifts in geopolitical and economic relations have shaped a neoliberal economic agenda in South Africa” (Ross 2010: 3). Political changes have, according to Ross, been considerable since the democratic election in 1994, but as an effect of the neoliberal economy old legacies of inequality seem to be reproduced, affecting mostly the poor. Ross points out that focusing on a small context like The Bush, allows us to see these tensions play out in people's lives.

I read this book just before I went into the field myself, and I found it useful as a contextual and historical frame for my own study in the context of Khayelitsha, a township affected by the same social changes as The Bush¹⁰. The focus for Ross' study is:

¹⁰ The main difference between these two is that the majority of the inhabitants in The Bush are coloured and the common language is Afrikaans, while the majority in Khayelitsha are black, and speak IsiXhosa.

...how, in contexts of extreme impoverishment and marginalisation, people make meaning, make do and get by, and sometimes succeed in goals set by a mainstream society that, for the most part, does little to support them and has little sense of either the constraints they face or the ingenious ways in which they attempt to overcome them (Ross 2010: 7).

One aspect that is very interesting in relation to this thesis, that Ross found when exploring these people's everyday lives, is so-called "Ordentlikheid" (Afrikaans for decency, respectability) and the making of a moral community (Ross 2010). For many of the inhabitants in The Bush, making a respectable appearance seems to be important: "Many people describe ordentlikheid in terms of respectability marked by external appearance" (Ross 2010: 37). Ross' respondents described ordentlikheid as being clean and neat, and someone that is having ordentlikheid is someone that is clearly being *cared for*. Further, Ross is stressing the gendered dimension of ordentlikheid:

Ordentlikheid is clearly a relational concept, one usually (but not only) deployed by women. It was widely held that women were responsible for ensuring that houses and family life appeared respectable (Ross 2010: 37).

Ross claims that caring for persons is also a big part of ordentlikheid. "Moulding relationships so that people will be considered moral beings" (Ross 2010: 40). While Ross here writes about women as responsible for care work within the *family*, I use these aspects to focus on the moral responsibility women seem to have also in their *community* to provide care. The similarity here is that it seems to be difficult to look at women's care work in South Africa without taking the social changes and the adoption of a neoliberal economy into account, meaning the reinforcement of earlier legacies that are mostly affecting the poor, which will be explored later on in this thesis.

2.1.2. Ina Conradie – Women's development oriented agency

Ina Conradie has since 2006 worked on a project in Site C in Khayelitsha¹¹, which is the same context as my study. Her focus has been what role poor people have in development, and the ways in which a group of women in a South African township see their own agency and roles

¹¹ Site C is one of 22 sub-sections in Khayelitsha.

in addressing the problems of poverty (Conradie 2008). The research was intended as action research, and started out with a life-skills course in 2006, where about 50 women participated. One central aspect in this study is what role the poor and marginalised can play themselves to address their situation. In her research project Conradie analyses women's *development oriented agency*, within structural parameters, in the context of their social and economic exclusions, and with reference to the capability approach. In the course of the research Conradie became interested in whether Amartya Sen's capability approach could be used as a theoretical framework for the project (Conradie 2009). According to Conradie this was inspired by Arjun Appadurai's questions of whether the link between aspirations, capacity and capabilities, could be used to explore the way in which the poor can address their poverty. Both Sen's capability approach and Appadurai's notions of aspirations, capacity and capability will be reviewed and discussed later in this chapter.

Conradie's research question was "whether expressing and acting on your dreams and aspirations would evoke a different dynamic from the usual development strategy where people are invited to participate in the work of an NGO" (Conradie 2008: 2). Today about half of the 50 women are still active, and the activities consists of three different groups: a sewing group, one group that is working with catering, and one that does home-based care for sick people in the local community. On the basis of this Conradie argues that:

...working on one's personal aspirations provides high levels of motivation. The weekly evaluations completed during the Life-skills course also show that the course contributed to the high motivation levels and perseverance of the participants (Conradie 2009: 15).

Another finding is that some of the home based carers, some of the catering group and the entire sewing group have had an increase in personal income since 2006, but this has not been stable or considerable (Conradie 2009). However the women seem to be pleased with the opportunity they have got through this project:

The women have however remarked that being able to do what they want to do, caring for others, helping with the AIDS orphans in their community as many of them do with their earnings and other funds, working in their own way, is worth not having a fulltime job or a more steady income. (Conradie 2009: 15).

Furthermore Conradie argues that although all the women are constrained by their context and by a lack of instrumental freedoms¹², many of them have overcome the constraints with the nature of their particular agency. Conradie claims that therefore it is useful to employ a capability approach in this context: “it can assist us in conceptually engaging with the factors and dynamics that enable people to transform their lives towards their own ideals and aspirations” (Conradie 2008: 12). I believe that this is a very good argument for the relevance of the capability approach as a theoretical framework to be used in exploring women’s informal work in such a context. It helps us to better understand the beneficial side and the developmental potentials this work has in these women’s lives.

However, and as mentioned, I believe that it is also necessary to explore other aspects of this informal care work. Questions of how it is valued should be asked. It could be that women’s role as primary care workers and thus gender inequalities are reinforced. Therefore, I will suggest an ethic of care as a new dimension in human development, which I believe will be helpful in exploring the gendered dimensions of this work, and in recognising a possible depoliticisation of care.

2.1.3. Selma Sevenhuijsen – Caring responsibilities

Selma Sevenhuijsen et al focuses on the South African welfare policy and analyses the WPSW by using the ethic of care (2003). They use this approach as a lens to trace the normative framework of the WPSW and to evaluate it in relation to its adequacy in dealing with issues of care and welfare. When examining the WPSW as a whole Sevenhuijsen et al claims that there are different normative vocabularies at play that do not always fit easily together:

The overarching framework can certainly be characterised as neoliberal; this shows in the emphasising (economic) self-reliance, the development of human capital and respect for human rights. The neoliberal vocabulary is joined, however, by the more social democratic oriented values of need, equity, and basic welfare rights. But there is also an outspoken communitarian influence at play, stressing the

¹² Sen emphasises five instrumental freedoms: 1) political, 2) economic facilities, 3) social opportunities, 4) transparency guarantees, and 5) protective security. See section 2.3.1.

family in the community (read women) as the primary location of care, which is potentially reinforced by invoking the principle of Ubuntu (Sevenhuijsen et al 2003: 305).

One of Sevenhuijsen et al's main arguments is thus that the WPSW is inconsistent regarding gender and care. On the one hand the document states that women should be fully integrated into the economy while, on the other hand it emphasises and praises women's role as caregivers in the family and in the community (Sevenhuijsen et al 2003).

Sevenhuijsen et al defines an ethic of care as "a moral disposition and a set of moral sensibilities, issues, and practices that arise from taking seriously the fact that care is a central aspect of human existence" (Sevenhuijsen et al 2003: 314). The ethic of care departs from the individualistic understanding of human nature that underlies neoliberal programmes, and instead starts from notions of human relationships and interdependence. The basic idea is that humans are engaged in each other's lives in many different ways .

They believe that the ethic of care can be a good contribution when formulating social policy because it would start from the more basic knowledge of how responsibilities of caring are actually practised, and from reflections about how these can be supported and enhanced (Sevenhuijsen et al 2003). Sevenhuijsen et al claim that the ethic of care recognises that women are vulnerable because of the way society deals with caring responsibilities:

The value of responsiveness can deal with this vulnerability since it acknowledges care as an everyday practice of human life and thus accommodates women's needs as caregivers in the designing of social policy (Sevenhuijsen et al 2003: 317).

I believe that this analysis of the WPSW using an ethic of care is very useful to keep in mind as I go further with my thesis. Sevenhuijsen et al argue well how an ethic of care can contribute when formulating social policy and I believe that these arguments are also relevant when analysing women's aspirations and their experiences with care work in Khayelitsha. This analysis is useful in relation to suggesting an ethic of care as a new dimension in human development.

In the next section I am going to review feminist debates in the development literature. By doing this we can get a rough picture of how women increasingly have been considered as important agents in development processes.

2.2. Feminist Debates in the Development Literature

Mainstream Development emerged after the Second World War and is characterised by three major theoretical positions that have challenged each other at different times since (Lawson 2007a). These three positions are according to Victoria Lawson; a) the nineteenth-century classical economic liberalism (with Adam Smith and David Ricardo) which emphasises open capitalist markets as the key to economic development; b) the twentieth-century Keynesian argument that stresses the state's important role in regulating growth and investing in societal development; and finally c) structuralist-economic arguments, initiated by Raul Prebisch and his interest in the production of primary export commodities in Latin America. According to Lawson, Prebisch argued that "peripheral economies were at a long-term structural disadvantage in relation to the advanced economies due to their disadvantageous terms of trade" (Lawson 2007a: 90).

Lawson claims that "development economies in the post WWII period are a blend of these three arguments, with one position or another gaining strength at particular times" (Lawson 2007a: 82). According to Lawson these three theories all has a main focus on economic growth and the rise of liberal, independent states and individuals, but they differ in their views about the role of states versus markets in regulating and improving economic development.

In Mainstream Development the arguments have mainly been that economic growth is the primary goal of development, and that benefits would trickle down to countries who engage with the process (Lawson 2007a). Lawson argues that this growth-oriented modernisation work was built on a Eurocentric model that normalised a discourse of whiteness, the "rational man" and national citizenship. Accordingly, this approach to development was silent about issues like gender, indigenous identity, class difference and post-colonial subjectivity.

Recently, there has been a shift in the mainstream literature (as we also see in South Africa) towards a neoliberal approach to development. This approach stress that economic and social well-being can only be achieved through reductions in the state's role in both the market and social transfer programmes, using tools such as deregulation, privatisation and marketization (Peck and George in Lawson 2007a). As we will see further in this section, the feminist debates in the development literature is largely based upon reactions towards this mainstream way of thinking about development, starting with Women in Development (WID) in the 1970's, and later followed up by radical feminists, and post-structural / post-colonial feminism (Parpart & Marchand 1995; Lawson 2007a).

2.2.1. Women in development

WID was developed by Ester Boserup in the 1970s as a reaction against the mainstream thinking that focused mainly on men's knowledge and experience. According to Naila Kabeer (1994) Mainstream Development saw men as households heads and active agents, while women were relegated to the more marginal "welfare" sector: "Among First World policymakers women were seen as passive, rather than active, as recipients rather than contributors, clients rather than agents, reproductive rather than productive" (Kabeer 1994: 5). The implication of this criticism was a shift from *welfare* to *equality* for women in the development process, equality in terms of equal opportunity through education and training. However, the view met resistance from male-dominated development agencies, and equal-opportunity programmes represented high political and economic costs which undermined their chances of implementation. Instead the focus on women was linked to concerns with poverty alleviation and basic needs:

Casting women in the role of managers of low-income households and providers for family basic needs retained a reassuring continuity with earlier welfare approaches, in that it focused on women's responsibility for family and child welfare. However, it also incorporated the WID concern with women's reproductive roles by recognising that these responsibilities had an economic component and therefore required income-enhancing measures. In practice, though, this approach generally carried few prospects for changing women's lives (Kabeer 1994: 7).

Critics of WID argue that even though WID scholars put women on the development agenda, these critiques remained situated within mainstream thinking, assuming development to be

synonymous with Western modernisation (Lawson 2007a). Kabeer argues that a big problem is that:

WID scholarship rarely acknowledged that the distortions brought by colonial perceptions in the global distribution of power, privilege and resources also extended to the unequal terms of which First and Third World women entered into the development policy domain (Kabeer 1994: 33).

Those who criticise WID argue that the framework constructed a homogenous Third World woman (Lawson 2007a). According to Geeta Chowdry (1995), disempowerment of Third World women is exemplified and embodied by the WID regime, because it is situated at the intersection of two modernist discourses, namely the colonial discourse and the liberal discourse on markets: “They share the implicit assumption that Third-world women are traditional and non-liberated and need to be “civilized” and “developed” (Chowdry 1995: 28). Lawson claims that this picture of the “poor Third World woman” became a symbol of the promise of development and the ideal subject of development: “She is constructed as one who, if given the opportunity, can realise development’s full potential” (Lawson 2007a: 102). The Third World woman is also seen as an agent that will invest in family and community, and thus she becomes a foundation for mainstream, neoliberal development (Lawson 2007a):

Ultimately, WID maintained an internal critique of development, focusing on the exclusion of women from educational and economic opportunities, rather than an external critique of the fundamental assumptions and goals of this development project (Lawson 2007a:102).

2.2.2. Marxist feminism

In the 1980s a Marxist feminist approach emerged in the development debate that examines the ways processes of contradictions in capitalism, class struggle, uneven development and imperialism in the Global South are gendered (Lawson 2007a). Marxist feminists took into account the social reproduction of women as primary domestic workers, and assumed that women would be empowered through participation in the work market. However, according to Jane Parpart and Marianne Marchand (1995), development discourse, whether it is mainstream or radical, for the most part continues to define the Third World woman as a helpless victim: “Renewed interest in efficiency and increased donor support for women

entrepreneurs has done little to shake this image or to undermine most development specialists' belief in the modernisation development" (Parpart & Marchand 1995: 15). They claim that even though these perspectives have contributed with important insights in the feminist debates on development, they fail when it comes to challenging Western hegemonies.

2.2.3. Post-development and post-colonial frameworks

It is on the basis of this criticism that new insights emerged in the 1990s, focusing on development as a discourse constructed by Western ideas; namely post-development and post-colonial frameworks. According to Lawson post-development thought is sceptical of Western development knowledge, its interventions, and its constructions of hierarchies based on race, class, gender and post-colonial status. Lawson claims that post-development and post-colonialism have several ideas in common. Among the most important ones are; a) they stress the importance of taking excluded voices' arguments and experiences into account; b) they criticise so-called metanarratives, such as the inevitability of neoliberalism, and globalisation, the universal pretensions of modernity and the singular representations of development subjects:

This attention to complexity goes beyond theorising development subjects to include a broad emphasis on plurality and open questioning about the diverse ways 'Development' plays out in specific places and political-economic contexts, rather than theorising deterministic closure and essentialism (Lawson 2007a: 167).

The ideas of post-development and post-colonialism will also have a central place in this thesis, and is something I will come back to in chapter three.

As an answer to this criticism there has been a shift in Mainstream Development towards a so-called "Millennial Development" that is more concerned with *human development* than economic growth (Roy 2010). This people focused development is in line with the South African approach to welfare, based upon UNDP's Human Development Report (1990). As we saw in chapter one, the aim with this developmental social welfare is to "help people to achieve their aspirations, build human capacity and self-reliance, and participate fully in all

spheres of social, economic and political life” (WPSW 1997: Preamble, point 1). Two central scholars within this human development are (as is also apparent in Conradie’s work in Khayelitsha) Amartya Sen and Arjun Appadurai. In the next section I will review and discuss Sen’s capability approach and Appadurai’s notions of aspirations, capacity and capability.

2.3. Aspirations, Capacity & Capability

2.3.1. Development as Freedom

The human development and capability approach is an interdisciplinary paradigm, and was initiated by economist Amartya Sen. It emerged from dissatisfaction with subjective positions and understanding over resources such as concepts of well-being or advantage, and from the wish for a concept that presents persons as reasoning agents with the right to make their own choices (Gasper 2006).

Sen (1999) defines development as a process of expanding the real freedoms that people enjoy. The human development and capability approach is a people-focused perspective and raises issues of values, priorities and trade-offs so that people are better able to understand their own situation and shape their respective societies (Alikire & Deneulin 2009). One of the central goals of human development is to enable people to become agents in their own lives and their communities. The key idea of the capability approach is that: “social arrangements should aim to expand people’s capabilities - their freedom to promote or achieve what they value doing and being” (Alikire & Deneulin 2009: 31). Sen uses the term agent as “someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives” (Sen 1999: 19). By this Sen is referring to the individual as a member of the public and as a participant in economic, social and political actions. Sen distinguishes between five “instrumental freedoms”. These are: 1) political freedoms, 2) economic freedoms, 3) social opportunities, 4) transparency guarantees and 5) protective security. Sen argues that these instrumental freedoms both complement one another and they tend to contribute to the general capability of a person to live more freely (Sen 1999).

Sen argues that what the capability perspective does in poverty analysis, is to enhance the understanding of the nature and causes of poverty and deprivation by shifting primary

attention away from *means* (for example income) to *ends* that people have reason to pursue, and to the freedoms to be able to satisfy these ends (Sen, 1999: 90).

There are three central concepts in the capability approach. First there is *functionings*, which means being or doing what people value or has reason to value. Functionings relate to many different dimensions of life. Examples of such dimensions could be: survival, health, work, education, relationships empowerment, self-expression and culture (Alikire & Deneulin 2009). Secondly there are *capabilities*, which refer to a person's freedom to enjoy various functionings, to be or do things that contribute to their well-being. A person with many capabilities can choose between many different functionings, and thus pursue a variety of different life paths. Capabilities are described as the real possibilities open to a given person. The third concept is *agency*, which is a person's ability to pursue and realise goals she or he values or has reason to value. It enables people to be active and creative, and with the ability to act on behalf of their dreams and aspirations (Alikire & Deneulin 2009).

2.3.2. The Capacity to Aspire

The anthropologist, Arjun Appadurai (2004) is concerned with bringing “aspiration” in as a strong feature of cultural capacity, as a step in creating a more robust dialogue between “capacity” and “capability” that is the latter in Sen's terms. According to Appadurai, Sen's work is useful for anthropology when it comes to widen its conceptions of how human beings engage in their own futures. He points out that the poor are not just human bearers of the condition of poverty. The poor is a social group that is conscious of themselves as a group, in the real languages of many societies:

The poor are neither simple dupes nor secret revolutionaries. They are survivors. And what they often seek strategically (even without a theory to dress it up) is to optimize the terms of trade between recognition and redistribution in their immediate, local lives. Their ideas about such optimization may not be perfect, but do we have better optima to offer them? (Appadurai 2004: 65).

In speaking of the terms of recognition, Appadurai wants to highlight the conditions and constraints under which the poor negotiate with the very norms that frame their social life

(Appadurai 2004). He argues that poverty is partly a manner of operating with extremely weak resources where the terms of recognition are concerned:

...the poor are frequently in a position where they are encouraged to subscribe to norms whose social effects is to further diminish their dignity, exacerbate their inequality, and deepened their lack of access to material goods and services (Appadurai 2004: 66).

Further, Appadurai claims that the complex relationship of the poor and the marginalised to the cultural regimes within which they function, becomes clearer when we consider a specific cultural capacity, the capacity to aspire. According to Appadurai aspirations have something to do with wants, preferences, choices, and calculations, but because these factors have been (through Sen) assigned to the discipline of economics, where the market and the individual actor is in focus, they have been invisible in the study of culture.

Unlike Sen then, Appadurai's notion of aspirations are that they are never simply individual. They are always formed in interaction with the social life. For Appadurai, aspirations to the good life are part of some sort of system of ideas. In other words, his notion of aspirations, capacities, and capability is contextual and collective, and seen from a social scientist's point of view, rather than an economic one. In this thesis, Appadurai's notions of aspirations will have a central place in analysing the beneficial side of community care work in Khayelitsha.

2.3.3. Development from bottom up – reinforcement of gender inequality?

Even though the approaches above can be seen as useful tools in development processes, these approaches to development have also met a lot of criticism. Many scholars have recently argued that stressing the poor as agents in development can lead to a reinforcement of social inequality, that serve to support neoliberal policies. According to Roy, the focus on women as agents in development is tricky. On the one hand, millennial development draws attention to systematic and structural patterns of gender inequalities. On the other hand, "millennial development yokes gender to poverty, seeking to integrate poor women into development programs" (Roy 2010: 70). The result of this instrumental integration could thus be a reproduction of gender inequalities. Roy refers to this instrumentality as "feminisation of

policy”, that could contribute to create a “third shift of voluntary, unpaid labor for women” (Roy 2010: 70).

This is relevant for this master thesis: to explore the duality of this “new” development practices, stressing poor people, and especially women’s, important roles in development processes. On the one hand it can strengthen their life quality and contribute to building women’s capacities, but on the other hand it can also, as the scholars presented above claim, reinforce gender inequalities and depoliticise the provision of important care work.

In her article from 1978, *The Invisible Welfare State*, Kari Wærness is stressing the problem of privatising care. She refers to three dimensions of individual welfare developed by Erik Allardt. The first dimension, “having”, refers to resources and what the individual has and can command in order to satisfy his or her needs. The second dimension, “loving” refers to the needs that are satisfied on the basis of the way people relate to each other as whole individuals. These needs are the need for love, care, friendship and fellowship with others. Finally, the third dimension, “being”, is related to personal growth, self-realisation and self-actualisation. It refers to the need for social recognition, social influence and the need to have interesting and challenging work (Wærness 1978). Wærness argues that women’s work as producers of welfare on the “loving” dimension is a very concrete and important barrier to their own satisfaction of needs on the “being” dimension and for their independence on the “having” dimension (Wærness 1978). This is also related to the developmental welfare in South Africa, where women are for most of the time responsible for the care work in families and communities.

Therefore, *Caring practices*, also in contexts where care is considered as a part of a development process, where the intentions are to build human capacity, needs to be explored more thorough. We need to do this in order to avoid a possible reinforcement of gender inequalities, and thus support neoliberal welfare policies. Asun St. Clair (2009) argues that there is an urgent need for social research and policy in low-income countries. She claims that generally speaking, international development aid is often ineffective and plagued with implementation failures. This is partly because of the dominant understanding and categorisations of the problems faced by low-income countries that come from development aid bureaucracies (St. Clair 2009). According to St. Clair these dominant ideas and perspectives are produced by such agencies. Further they are politicised and follow the

interest of the high-income countries represented on their boards: Social research and social policy have been absent in many poverty and development perspectives:

...there is substantial – and rather urgent – need for analyses elaborated with deep knowledge of not only economic but also socio-political conditions of poor and vulnerable people in ways that are respectful of people’s agency, responsive to their needs and values, as well as enhancing their participation while providing feasible guidance to policy-makers” (St. Clair 2009: 253).

In the next and final section of this chapter I will review relevant literature stressing the importance of social policy and care as a relational and contextual concept. I will start the section by looking at Wærness’ term the rationality of caring (1987), that has been very important in Scandinavian social research over the last decades, followed by a suggestion of adding an ethic of care as a new dimension in human development, drawing on Joan Tronto’s (1993) four elements on an ethic of care.

2.4. Care as Relational & Contextual

2.4.1. The Rationality of Caring

The concept of caring started to gain interest in sociological literature in the 1980s, due to challenges springing out of feminism and the search for a women’s perspective in social theory (Wærness 1987). Wærness argues that the responsibility for caring is still gendered. What this means for women today is that they are faced with both the task of caring for children, the ill, the disabled, and the elderly in the private sphere, while at the same time they are trying to achieve more economic independence and more control over their own lives. Further, Wærness points out that the new ideology stressing that informal care is better than public care contributes to reinforce these problems. This also seems to be happening in the South Africa today. As mentioned in chapter one, Ogden et al (2006) points out that in South Africa’s neoliberal economic environment, a so-called care gap has emerged which women frequently subsidise with their own time.

Caring is about relations between at least two people: “One of them (the carer) shows concern, consideration, affection, devotion, towards the other (the cared for)” (Wærness 1987:

210). Wærness developed the term rationality of caring both based upon her own experience with caring in the domestic sphere and from her empirical research on caregiving work:

There exists something that should be called ‘the rationality of caring’, of fundamental importance for the welfare dependents, and at the same time different from and to some degree contradictory to the scientific rationality on which professional authority and control in the field of reproduction is legitimated (Wærness 1987: 217).

Wærness argues that caring is in some way or another something that has to be *learned*. She points out that even if emotions are important for our caring for others in the private sphere, caring defined as the “proper” way is something which can be learned, and for which there are rules for proceeding. In order to solve the specific problems in the real world of care, Wærness suggests a way of thinking that is *contextual* and *descriptive*, rather than *formal* and *abstract*: “Personal knowledge and a certain ability and opportunity to understand what is specific in each situation where help is required, are important prerequisites in order to be able to provide good care” (Wærness 2001: 12).

In this thesis looking at care as a concept becomes relevant in order to capture a possible undervaluation of women’s so-called developmental care work in a local community in South Africa. Feminist research has also revealed that community-based organisations that provides social services prove how unpaid work tend to support neoliberal reforms by stepping in where government services have withdrawn (England & Lawson 2005).

2.4.2. Ethic of care

An ethic of care gives us an understanding of how care work is society’s work, and that everyone benefits from the unpaid or undervalued work of care (Lawson 2007b). Care ethics “foregrounds the centrality and public character of care activities and so reframe responsibility” (Lawson 2007b: 5). Lawson claims that this reframing is challenging neoliberal market logics, and calls attention to the ways in which neoliberal discourse, government policy and laws have “effectively privatised responsibility rather than politicised it” (Lawson 2007b: 5). In other words, women’s care work can be said to subsidise the state

and private sectors in the provision of important welfare services. This is depoliticisation of care.

Des Gasper and Thanh-Dam Truong (2008) argue that bringing the ethic of care into a human development approach may help to renew and reshape responsibility and reciprocity between persons and citizens. They claim that the ethic of care offers a rich mix of ethnography, social theory, ontology and moral reflection. They argue that it presents a multiple vision of care as:

...a moral orientation, disposition, and emotion; second as a set of skills and understandings, third as a social practice found in a variety of significant relations such as mothering, friendship, nursing and citizenship; and lastly, as a socio-economic system jointly managed by private and public actors, which faces many dangers including paternalism and corruption (Gasper & Truong 2008: 26).

According to Lawson care ethics begins from a relational social ontology, understanding our world in terms of the connections that bind us together (Lawson 2007b). She claims that care ethics has epistemological power beyond raising different research questions. It encourages us to take seriously the ways in which social relations are produced through emotion and the ways in which emotional connections are also sites of power. Care ethics challenges us to “carefully design methodologically rigorous research that addresses the nexus of emotions, power and geographical processes” (Lawson 2007b: 5). A care ethics approach to research design also asks us to take seriously the ways in which our work is “*for others*” and to build connection and responsibility as key values in our research approaches (Lawson 2007b). Care is much more than individual emotions, it must not be sentimentalised or privatised: “care is practise and politics” (Tronto in Lawson 2007b: 5).

Joan C. Tronto has developed a highly contextualised account of caring. She argues that an ethic of care must be understood in its full moral and political context (Tronto 1993). Care as a political concept requires that we acknowledge how care marks relations of power in our society and how it marks the intersections of gender, race and class with care giving. Together with Bernice Fisher she has defined four elements of care to describe some aspects of an ethic of care. These four elements are: 1) *Caring about*, that refers to noticing the need to care in the first place, 2) *Taking care of*, assuming responsibility for care, 3) *Care-giving*, which refers to the actual work of care that needs to be done, 4) *Care-receiving*, the response from those who are being cared for. “From these four elements of care arise four ethical elements

of care; attentiveness, responsibility, competence, and responsiveness” (Tronto 1993: 127). Tronto claims that acting properly in accordance with an ethic of care, requires that the four moral elements of care are integrated into an appropriate whole (Tronto 1993). Care as a practice involves more than simply good intentions. It requires “a deep and thoughtful knowledge of the situation, and all of the actors’ situations, needs and competencies” (Tronto 1993: 137). Kari Wærness (2001) points out that even if Tronto’s four elements can overlap each other in practice, they are valuable in order to identify several aspects of the gender and class-related division of responsibility and labour in relation to care. According to Wærness this also makes the care issue in today’s society more relevant for further development of political theory (Wærness 2001).

Using an ethic of care reminds us that care is fundamental to society, meaning that everybody needs care. Sevenhuijsen et al point out that care is a central aspect of human existence, it stresses that it is not only concerned with private relations but also social and political institutions and cultural values. I believe that looking at women’s informal care work in Khayelitsha through the lenses of a feminist ethic of care can help us to frame a possible depoliticisation of care within the South African welfare system, and it could work as a solution to the problems human development is facing with policies that stand in danger of reinforcing gender inequalities, as discussed above.

3.0. Method & Methodology

3.1. Why Choosing a Qualitative Approach?

To get deeper into my research questions I found a qualitative method most useful, more specifically participant observations and informal interviews. In this chapter I will discuss why a qualitative approach is the most fruitful one for my project, what methodological approaches I am influenced by, and the priorities and choices I made during the process of collecting and analysing my data material. I will also give a presentation of my informants and the organisations they are working for.

According to Steinar Kvale and Svend Brinkmann (2009) the use of qualitative research methods has increased in many disciplines. This popularity has also led many researchers to take what Kvale and Brinkmann are calling *a qualitative stance*. From this stance, the processes and phenomena of the world are: “described before theorised, understood before explained, and seen as concrete qualities before abstract quantities” (Kvale & Brinkmann 2009: 12). A qualitative approach enables a foundation to explore social phenomenon based on rich data about persons and situations (Thagaard 2003). Qualitative research can be a way to get insight into social phenomena the way they are understood by the informants. In this project a qualitative approach (opposed to a quantitative approach) enables me to get deeper into these women’s own experience of the work they do, the social relations in their local community, their understandings of the oppression and poverty issues in South Africa, as well as their notions of what aspects that will improve their lives. As Kvale and Brinkmann claims:

The qualitative stance involves focusing on the cultural, everyday, and situated aspects of human thinking, learning, knowing, acting, and ways of understanding ourselves as persons and it is opposed to “technified” approaches to the study of human lives (Kvale & Brinkmann 2009:12).

3.2. Methodological Influence

“The academic feminist must learn to learn from them.” (Spivak 1998: 186)

3.2.1. Postcolonial feminism

A lot of criticism has been directed to researchers from western countries doing research in African contexts. Filomina Chioma Steady (2004) claims that the study of gender in Africa cannot escape the realities of post-colonial domination. Through “the reproduction of colonial-like policies supported by international financial institutions and international corporate laws, the patriarchal ideologies of colonisation are being reproduced through globalisation” (Steady 2004: 43). Further she argues that despite significant epistemological challenges of the postmodernist era, Eurocentric concepts, methodologies and paradigms in the study of gender in Africa over the last 30 years are still very influential. According to Steady they remain the compelling and pervasive force in presenting one-dimensional, frozen and simplified writings about women in Africa.

To overcome this difficulty I’ve found inspiration in scholars such as Gayatri Spivak and Chandra T. Mohanty, commonly understood within the post-colonial tradition. This is an interdisciplinary field where the researchers are trying to understand how colonial power relations has contributed to subordinated and dispossessed power between Western- and non-Western countries (Gressgård et al 2008). Sociologist Randi Gressgård claims that what is of special interest among the researchers within the postcolonial tradition is how colonialism and imperialism are built upon discursive practises. In this way colonialism is not only happening through armed forces and economic gain, but also through distinct ways of defining the world we are living in (Gressgård et al 2008). One example of this is, as we saw in the previous chapter, various feminist approaches to development, which have, according to and Parpart & Marchand (1995), been reproducing Western hegemonies.

In her article *French Feminism in an International Frame* from 1981, Spivak questions the American and European feminist scholars' way thinking about the so-called Third World woman. She claims that the articulation among these scholars is inspired by the question: what can I do *for* them? Further she argues that this articulation is part of the problem, and re-articulated the question to: "what is the constituency of an international feminism?" (Spivak 1998: 185). The academic feminist must according to Spivak "learn to learn from them, to speak to them, to suspect their access to the political and sexual scene is not merely to be corrected by our superior theory and enlightened compassion" (Spivak 1998: 186). In other words Spivak argues that in order to learn enough about Third World women and to develop a different readership, the massive heterogeneity of the field must be acknowledged, and the idea of the First World woman as privileged must be rejected.

Another important scholar rooted in the postcolonial tradition is Chandra T. Mohanty. In the article *Under Western Eyes: Feminist Scholarship and Colonial Discourses* (1991) she wants to analyse the production of the "Third World Woman" as a singular monolithic subject in some Western feminist texts. According to Mohanty it is clear that Western feminist discourse and political practice is neither singular nor homogeneous in its goals, interests and analyses, but that it is possible to trace "a coherence of effects resulting from the implicit assumption of "the West" (in all its complexities and contradictions) as the primary referent in theory and praxis" (Mohanty 1991: 334). Mohanty argues that the connection between feminist scholarship and feminist political practice and organising determines the significance and status of Western feminist writings on women in the Third World. Mohanty claims that feminist scholarship is a directly political and discursive practice, it is purposeful and ideological. In other words, feminist scholarly practices are inscribed in relations of power.

Inspired by Spivak and Mohanty I wanted to approach the field with a focus on the informant's knowledge of their own world. To manage this I needed a flexible research design that enabled me to get close to my informants and their everyday life, a research design that could be changed as I learned about *their* experiences. A qualitative design was therefore the most fruitful way of approaching the field, as it allows me to make changes during the data collection. A post-colonial thought tradition also becomes a way of acknowledging the actual power relations in the field. Further, it puts light on the editorial control one has as a

researcher, in terms of what aspects of these women's everyday lives that will be covered when collecting and analysing the data material.

3.3. Participant Observation

According to David Silverman it is common to say that social scientists do something extra with their observations, *they write ethnographies*: “Ethnography refers to social scientific writing about particular folks” (Silverman 2006: 67). Ross (2010) mentions that ethnography offers the tools for a careful, sensitive and sensible assessment of people's lives and contexts: “ethnography differs from other social scientific accounts in that it attempts to make sense of people's experiences using people's own everyday categories and models” (Ross 2010: 9). Sometimes this involves comparisons that highlight differences between ways of doing, seeing and saying. The ethnographic process can also reveal similarities between social systems and relations that on the surface seem different. Ross claims that the significance of ethnographic approaches is twofold – one part lies in seeing people's lives from the inside, showing how they organise social life and make sense of what happens to them. This perspective is complemented by an ethic approach which involves systematising that knowledge, extending through abstraction, generalisation and comparison so that we can say something more broadly about the people living in the field's situations (Ross 2010).

According to Thagaard (2003) observation in another culture is based on an attempt to understand the culture from the inside by participating with the subjects of the study. The position as an outsider can contribute to a more distanced perspective on the other culture. She argues that being an outsider can make it easier for the researcher to ask questions about things the informants take for granted, but on the other hand it is necessary to be connected to the culture to be able to understand it (Thagaard 2003).

3.3.1. Dorothy Smith: a sociology for women

In my attempt to adopt a post-colonial frame of mind in terms of approaching the field with a focus on the informant's knowledge of their own world, I found Dorothy Smith's

“institutional ethnography” (1987) very useful. Smith’s project is to write a sociology for women that “preserves the presence of subjects as knowers and as actors” (Smith 1987: 105). Her sociology thus puts an emphasis on the presence of the active and experiencing subject. Smith is concerned with how to write the social. She wants to make it more visible in sociological texts in ways that will “explicate the problematic, the actuality of which is immanent in the everyday world” (Smith 1987: 106). Her project is to explore the everyday world from the standpoint of women.

Smith is concerned with finding a method that proposes an analysis that intends to disclose how activities are organised and how they play out to the social relations of the larger social and economic process (Smith 1987). An example of this in relation to this thesis is how the female care workers in Khayelitsha are situated in a larger context where the government has adopted a neoliberal approach to developmental welfare. It would here be interesting to see how the activities in Khayelitsha play out in relation to this larger socio-economic process. A sociology for women must be able to disclose for women how their own situations are “organised and determined by social processes that extend outside the scope of the everyday world and are not discoverable within it” (Smith 1987: 152).

3.3.2. Access to the field

The process of getting access to the field started in September 2009 when I contacted the care centre Iliso Care Society in Khayelitsha. I knew this place through a friend who has helped them with fundraising and creating their website since we were studying at University of Cape Town in 2007. The founder of Iliso welcomed me to come and do research in the organisation. Before I went to Cape Town I was also in contact with Ina Conradie, who agreed to let me get access to some of her work with women in Khayelitsha and the home-based care organisation, Aluta. Through these two contacts I also managed to get access to the two other organisations, Mosaic and Sizisa Ukhanyo Pre-school.

I went to Cape Town at the end of December and stayed there for two months. As it was summer vacation in South Africa at my arrival, and many people in Khayelitsha went to the

Eastern Cape, I couldn't start working until the 18th of January, meaning that I had a fairly limited amount of time to collect my material.

3.3.3. Closeness and distance – how much to interfere?

...having people like you, your tutors... who created this opportunity for you guys to come here in South Africa, trying to learn, research about our living, our problems within South Africa, and also our projects, I think this is what's makes us sustainable within our project, because at the end of the day, eh you don't know where this organisation can be, through even the exposure right now, even the lecturer or whatever, some of the people within the university, eh can be exposed to. And then at the end of the day I know that people will be touched, about some of these issues. And be involved (Vivian, January 2010).

The majority of my observations were conducted at Iliso Care Society. By doing that I managed to get close to the project and the daily routines. For most of the time when I was there I helped out in the kitchen or with administration together with Vivian and the other volunteers. The more time I spent at the centre, the more I realised that the volunteers were completely on top of the everyday routines concerning the care work (taking care of the children, making the soup, handing out the soup, cleaning), but the administration of the project was seriously lacking. One dilemma that followed me throughout the period I was there was how much I should interfere with those issues. In other words, what was my *role* in the field?

It is common to say that the objective researcher role is the ideal. According to Karen Christensen (1998) this means that we are talking about a role where the researcher is trying to collect data in a neutral way by trying not to influence the informants and to have full control over the characteristics in the situations where the data is collected (Christensen 1998: 76). Christensen claims that in the social sciences this is quite a complicated process, because human beings are interpreting their own reality. Reality is then not just available, it is also interpreted. She refers to this as a so-called *double hermeneutic* (Giddens in Christensen 1998) that means that the data is already interpreted once, by the informants themselves. In this way we are not talking about a subject (researcher) - object (informant) relationship,

according to Christensen we need to look at it as a subject – subject relationship (Christensen 1998).

With this in mind I gradually took a role in the field as a volunteer. It was not natural for me to be a totally objective and passive observer while the informants were doing their daily routines. Aiming for a data collection and an analysis with the informants own experiences and knowledge of the world in focus I also believe that this was the most fruitful way of collecting the data. However it was difficult for me to know *how much* I should interfere, especially concerning the administration part. Regina Scheyvens et al (2003) claim that doing ethical research in a foreign setting is about building mutually beneficial relationships with people you meet in the field and about acting in a sensitive and respectful manner. There is a moral imperative that should inform research on development: “ethical research should not only “do no harm”, but also have potential “to do good”, to involve “empowerment” (Madge in Scheyvens et al 2003: 139).

I tried to solve this issue by making sure that I did things *together* with Vivian, for example updating Iliso’s website. In that way I wasn’t “taking over” the action and it enabled me to show her a few things on the computer, and perhaps help to improve her computer skills. Together we worked a lot with the website. I showed her how to create newsletters, and the goal was to enable her to do this by herself after I was gone. I always made sure that she was the one formulating the newsletters. In this way I believe I managed to get close to the field, also without taking up too much space as the foreign researcher.

3.4. Approaching the Field as a Traveller: Semi-Structured Life World Interview

Kvale and Brinkmann argue that the qualitative research interview attempts to understand the world from the subject’s point of view (Kvale & Brinkmann 2009). The research interview is based on the conversations of everyday life and it is: “a professional conversation where knowledge is constructed in the inter-action between the interviewer and the interviewee” (Kvale & Brinkmann 2009: 2). In this project I have used the form of research interview that Kvale and Brinkmann refers to as a semi-structured life world interview. This interview form is rooted in phenomenology and seeks, according to Kvale and Brinkmann, “to obtain

descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena” (Kvale & Brinkmann 2009: 124). It is common for the researcher to prepare a sequence of themes to be covered and some suggested questions in an interview guide, there should still be openness to change sequences and forms of questions in order to follow up the specific answers given and the stories told by the subjects.

During the process of planning the fieldwork I tried to create an interview guide, and I came up with a few themes influenced by the theoretical framework in my proposal, building mostly on Amartya Sen’s notions on agency and capabilities. However I felt that I could not “finish” the interview guide before I had spent some time in Cape Town, reading local literature and talking to the informants and participating in the field for a little while. After a couple of weeks in the field I came up with the ten following themes:

1. The informants background
2. Khayelitsha
3. Their work
4. The recipients of their work
5. Social Problems in South Africa; a) Crime and violence in their local community and how these issues relate to poverty and HIV / Aids. b) Gender violence in their local community and how it relates to poverty and HIV /aids.
6. Preventing social problems
7. Ubuntu
8. Agency and Care
9. Dreams for the future
10. Skills

While doing the interviews I aimed for the informants’ own knowledge and experience around these themes, by approaching the field as what Kvale and Brinkmann refers to as an interview-traveller.

Epistemology is the philosophy of knowledge and involves long-standing debates about what knowledge is and how it is obtained (Kvale & Brinkmann 2009). Kvale and Brinkmann show how epistemological assumptions of qualitative interview knowledge concretely bear upon conceiving and practising research interviewing. Kvale and Brinkmann propose two

metaphors, the interviewer as a *miner* and the interviewer as a *traveller*, to illustrate the different epistemological conceptions of “interviewing as a process of knowledge collection or knowledge construction” (Kvale & Brinkmann 2009: 48). Kvale and Brinkmann argue that in the miner metaphor the knowledge is waiting in the subject’s interior to be uncovered, uncontaminated by the miner. In the traveller metaphor the interviewer is: “a traveller on a journey to a distant country that leads to a tale to be told upon returning home” (Kvale & Brinkmann 2009: 48). The interview-traveller walks along with the local inhabitants, asking questions and encouraging them to tell their own stories of their lived world. Kvale and Brinkmann argue that “the potentialities of meanings in the original stories are differentiated and unfolded through the traveller’s interpretations of the narratives he or she brings back” (Kvale & Brinkmann 2009: 49). Another important point with this metaphor is that the journey may not only lead to new knowledge; the traveller might change as well. As Kvale and Brinkmann claim:

The journey might instigate a process of reflection that leads the traveller to new ways of self-understanding, as well as uncovering previously taken-for-granted values and customs in the traveller’s home country (Kvale & Brinkmann 2009: 49).

3.5. Ethical Questions

Ethical issues which arise in relation to cross-cultural situations thus need to be considered and questioned seriously by all scholars pondering fieldwork in the Third World, and ethical principles should in turn inform all stages of research, from the inception of a research project through to writing up results (Scheyvens et al 2003: 139).

In this section I will focus on two ethical questions that are often discussed in the literature about ethical issues in the social sciences, questions which I consider important in relation to my study: 1) how informed is the informed consent? And, 2) the power relation between me as researcher and the women in Khayelitsha.

To get deeper into our research questions we are dependent on those we have chosen as informants to voluntarily let us into their lives (Alver & Øyen 1997). Alver and Øyen argues that nobody should be a part of a research project without being oriented that they are about to

be objects of research, what the research is about, and without explicitly consenting to participate in the project. A researcher should always remember that the individual has the right to a private sphere, the right to make her own decisions on behalf of oneself, one's own decisions and choices, as well as one's own body. Further, Alver and Øyen argue that when voluntary, informed consent from the informants is so strongly emphasised, one has to ask how informed and how voluntary this really is (Alver & Øyen 1997).

When it comes to voluntary consent, there are often problems attached to so-called "weak groups", or groups who are marginalised in the society. This was one of the things I had to consider during my fieldwork. All the women in the study got an information letter before the interviews were conducted, and those who needed it got an oral translation into Xhosa. Still, it was difficult to know how much of the information they understood, and what meaning they put behind it. At the same time all the participants were informed that they were allowed to withdraw from the project at any time in the process. On the basis of this I had to assume that the participation was voluntary.

The question about informed consent is closely related to my second question, about the power relation between me as researcher and the women in Khayelitsha, an aspect that I have pointed out earlier in this chapter when discussing post-colonialism. According to Scheyvens et al, doing research in a foreign setting is about "building mutually beneficial relationships with people you meet in the field and about acting in a sensitive and respectful manner" (Scheyvens et al 2003:139). Scheyvens et al argue that researchers should avoid reinforcing feelings of powerlessness which our research participants may have by considering carefully both how we interact with our informants and how we behave in the community more generally. Interviews must be conducted with care.

As I have discussed earlier in this chapter one of the biggest challenges I had in relation to this was in terms of finding my place in the field as a Western researcher. According to Scheyvens et al, Chambers suggests the strategy of "handing over the stick" by asking residents to teach the researcher local skills. This is an important way of showing appreciation of their knowledge. This became a solution to my problem. I decided to participate in the field as a volunteer, learning about the work and the daily routines in the soup kitchen. In this way I managed to create a good relationship with the women who had agreed to participate in my study. But I also had to acknowledge the fact that as a researcher, I was the one to control

what aspects of their lives to be the focus for the collection and analysis of the data material. Daphne Patai (1991) stresses the importance of recognising the material inequalities that creates the conditions for much feminist research. She argues that in spite of how subtle the guidelines we might develop for appropriate ethical research – we must not disregard the material facts that determine who gets to do research on whom.

3.6. Presenting the Informants and their Organisations

The whole process of interviewing started at Iliso Care Society. I used the snowball method to reach the other informants and organisations. This method takes place in an interaction with the actors and is useful in cases where the researcher have limited overview of the field (Grønmo 2004), as was the case with me and the various organisations and care workers. At the end of the stay I had ten interviews with different female care workers in Khayelitsha, located in the communities Site C and Kuyasa. As mentioned, at the beginning of every interview the informants received an information letter and they signed a consent where they were informed about their rights to be anonymous and their rights to withdraw from the project at any time. Eight of the informants wanted to be anonymous, therefore I have given them fictive names in the thesis. Vivian, the founder of Iliso Care Society, and Linda, the principal at Sizisa Ukhanyo Pre-School, did not want to be anonymous in order to make their organisations visible. These factors can also be said to indicate that the participation was voluntary, as discussed in the previous section. It shows that the informants had a reflected view of what they participated in. Further, three of the interviewees were not fluent in English, therefore I had to use an interpreter. The interpreter I used was a young man, and in this context, one implication of this could be that the openness between the informants and me was weakened because of gender relations between men and women. However, in the field one cannot always choose ones interpreters and I had to make do with the resources I had access to.

3.6.1. Organisations

The women are as mentioned working for four different organisations that are providing different welfare services to the people in the local community. These four organisations are:

1. Iliso Care Society
2. Mosaic
3. Sizisa Ukhanyo Pre-school
4. Alotha

Iliso Care Society is the organisation where I spent most of my time, and from where I have conducted five of my ten interviews. Iliso Care Society is located in Site C. It started up in 2005 and functions as a care centre where the care workers are handing out soup every day to people in the community who are coming to Iliso either because they are old, unemployed or diagnosed with HIV or Tuberculosis (TB). Additionally they are serving lunch to children from the local school so that they won't have to go to school empty stomachs. Next to the soup kitchen Iliso contains of an orphanage, a safe home for children, a youth group, a vegetable garden, and a similar project in the Eastern Cape. They have room to accommodate five children in the orphanage. The organisation is very dependent on funds from private people or organisations in Europe and USA in order to survive. For the moment Iliso Care Society have three women working in the kitchen and with the children, one gardener, a driver and other volunteers like people from the youth group or students. The women are working from early in the morning to late afternoon. It is basically volunteer work, but those who are working full time get a small amount of money every month for the work they do.

Mosaic is a non-profit organisation that enables abused youth and adults to heal and empower themselves in dealing with domestic violence and abuse. They work in partnership with the government, basically the Department of Social Development and Justice and Health. The organisation has its main office in Cape Town, but has several bases in local communities outside the city centre. According to their own numbers they deliver services to over 100 000 people annually in more than 30 communities in the Cape metro pole region and its surrounds. These are the services that Mosaic offer:

- Individual, couple and family counselling for survivors of abuse and perpetrators

- Support groups
- Awareness talks and workshops on abuse and domestic violence
- Referrals to other resources
- Networking , campaigning and partnering
- Material assistance
- Youth and men's programme
- Sexual and reproductive health information

Further the organisation has several employees, working as counsellors. I had an interview with one woman operating in Site C in Khayelitsha and I also attended one of the workshops she had with people within this community. To become a counsellor for Mosaic the care workers go through one year of training, which involves theory the first semester and practice in the second. The counsellors at Mosaic do get monthly payments.

Sizisa Ukhanyo pre-school was started by Linda in 2005 in an area of Khayelitsha called Kuyasa. At that time there was no pre-school service in that area, now the pre-school has two departments. Linda saw that there is a high rate of child abuse and that children were lying around the streets. Her vision is to make sure that the children in the community has a safe place to be while their parents are working. The pre-school is supported by the Department of Social Development and there are about 15 employees, either working with the children or in the kitchen. These employees get a monthly salary. One of the aims is to provide an opportunity for unemployed people in the community to come working for the pre-school. The employees get to attend workshops, and some of them get the opportunity to go to one of the local colleges to take classes in Early Child Development (ECD).



Figure 2: In front of Sizisa Ukhanyo Pre-School

Aluta means “struggle” in Xhosa, and is a group of women that belongs to the organisation Somaleze started up by Ina Conradie at the University of Western Cape. *Aluta* is located in Site C and is offering home-based care services to people in the community that are diagnosed with HIV/ AIDS or TB. From Monday to Friday they are going door to door in the community to make sure that the patients take their treatments, encouraging them to go to the clinic, and to do counselling. While I was in Khayelitsha, there were three women working for *Aluta*, two of them were diagnosed with HIV themselves. They have been volunteering with no payment for about a year, but have been promised that they will get about 700 Rand a month from a fund that Ina Conradie is trying to set up.

I believe that these various organisations are quite representative for asking questions about a possible privatisation of care, as they are all located in a context of the post-apartheid government’s development approach to welfare. As we have seen this approach is drawing on a neoliberal political-economy, and is highly dependent on local organisations in the provision of welfare. In the following section I will give a short presentation of the women.

3.6.2. Informants

Vivian is the founder of Iliso Care Society. She is 46 years old. She moved from the Eastern Cape to Cape Town to find a job and hopefully improve her life. She is married and has one

daughter. After working as a research assistant at a local university she started Iliso Care Society in 2005. After doing some research in her local community and experiencing the poverty and unemployment, she sat down with some of the women in the community to try and form the organisation together with them. After a year of planning they opened the food nutrition centre in 2006. For the moment Vivian and her family are living at the centre, but her dream is to build a new house for them so that the safe home program for the orphans can be expanded. Vivian also has a small business next to soup kitchen in order to take care of her own welfare needs. The salary from the job at Iliso is based upon donations from Overseas.

Sophia is one of the volunteers at Iliso. She is in her fifties and comes from the Eastern Cape, where she has a family. Her mother and father died a long time ago, but she has seven sisters and one brother, Sophia also moved to Cape Town in order to find a job. Her tasks at Iliso are to cook, take care of the children and cleaning. She works fulltime at Iliso.

Notuna is volunteering fulltime at Iliso. She is 34 years old and came from the Eastern Cape to look for a job. She has a husband and two children. Her main role at Iliso is to register the beneficiaries when they come to eat the soup, and to take care of the children.

Mandisa is also a volunteer at Iliso. She is 39 years old. She is married and has two children. She moved from the Eastern Cape to Cape Town to find a job. Her main role at Iliso is to cook and to do the dishes. Mandisa also works fulltime.

Thandiwe used to work for Iliso, she quit volunteering because she got a paid job at a care centre for elderly, but still helps out as much as she can. She is in her late twenties and comes from the Eastern Cape. She now lives with her brother. One of her main reasons for volunteering at Iliso is because she wants to help people in her community. She used to take care of her sister who was HIV positive, and through that she learned a lot about how to deal with people who are diagnosed with HIV.

Charlotte is working as a counsellor for the organisation Mosaic. She is in her fifties and moved to Cape Town from the Eastern Cape because she got married to a "Capetonian". For many years she had a very hard life. Her husband was sick and she had to take care of him and their two children. She was the family's breadwinner and she went to an evening school.

Her life took a new turn when she was attending a course conducted by Mosaic. After the meeting she asked if she could start working there. She got a year of training, and learned counselling skills. Her main role at Mosaic today is to be a social worker in the communities, to give people awareness about domestic violence, do counselling and arrange workshops. Charlotte gets a salary for the job she does for Mosaic.

Linda is the principal of Sizisa Ukhanyo Pre-school that she started in 2005 after seeing that there was no pre-school service available for the people in that community. She is in her fifties, from the Eastern Cape, and moved to Cape Town because the employment opportunities are better there. She is married and has four children. She has an education in ECD.

Camilla is working for Aluta focusing on people with HIV and TB. She is in her thirties and has lived in the same community for 20 years. She has three children. In 2002 she was diagnosed with HIV and this is the reason why she wants to work with people in her community that do not accept their status as HIV positive. By doing this work she wants to encourage people to go to the clinic and increase the awareness about the diseases.

Lina is working in the home-based care project with Camilla. She is in her early fifties and moved from Eastern Cape to Cape Town to look for a job, she is married and has four children. She cannot find a job, so instead of sitting at home every day she joined this project.

Olive is the third member in the home-based care project Aluta. She is in her thirties, grew up in Cape Town but was born in the Eastern Cape. She is unemployed and a single mom of two young boys. She was diagnosed with HIV in 2006 and during that period she has also had TB. She is working in the home-based care project because her dream when she grew up was to be a nurse, so she started in this project hoping that it will help her to fulfil her dream.

What is common for the majority of the women I interviewed is that they have migrated from the rural area Eastern Cape to the urban area Western Cape in search for a job and a better life. For many of the women that are doing volunteer work, it seems that they couldn't manage to actually find a job after they migrated, so volunteering is a second option to avoid staying at home doing nothing at all. The work they do is basically unpaid, but they get a small amount of money every month to survive. All of the women have some basic education,

but most of them had to quit school early because of low income in their family. Many of the women are dreaming of a future where they can be able to go to school, and fulfil their dreams of having a profession.

As we have seen above there are variations among the informants, in terms of how much they earn from doing this type of work. Everyone make *some* money, but Iliso and Aluta are dependent on donors from Overseas, and these funds are only enough to put some food on the table. Sizisa Ukhanyo and Mosaic are more “formalised” and do get some support from the government. However the economic gain is not very high for any of the informants.

4.0. Introduction to the empirical material

4.1. Charlotte's story

A young man from Iliso Care Society's youth group introduced me to Charlotte. Charlotte works as a counsellor in Mosaic, a faith-based organisation providing counselling and workshops about domestic violence. They had been working together with arranging awareness workshops for young people in Khayelitsha. I met Charlotte in her office in a container next to the taxi rank in Site C. The area is characterised by a lot of traffic, small informal businesses and people selling braaied meat from open fires. As an introduction to the empirical material, I will present Charlotte's story at length because it is very illustrative of the context these women are living in. Her story exemplifies how women are struggling when living under extreme poverty, and how intersections of gender, class and race are important aspects to look at when doing research in post-apartheid South Africa.

Charlotte grew up in the Eastern Cape. She is from a family of polygamy and her mother was her father's first wife. He worked in the mines, and her mother had to take care of the children alone for the most of the time and sometimes without money. After a while Charlotte's mother started to do her own business by selling wood, making African beer, ploughing the fields and selling pumpkins and mealies¹³ as a way of supporting her livelihood. Because of this Charlotte and her siblings had to move to their grandmother.

After a while Charlotte's father came back from the mines, and she and her siblings could move back home. Her parents never went to school, but they wanted their kids to be educated. So she went off to high school. However, the school was far away from home, and the children had to walk for many hours. Her parents decided that she should go and live with

¹³ South African word for maize.

relatives closer to the school. After passing her standard eight¹⁴ she started to go to church and here she met her future husband who was from Cape Town:

Charlotte: My partner was from Cape Town, and I'm from Eastern Cape, BIG difference! And it wasn't easy for me because I was born and bread in the rural areas. I never knew about the town life, and it was the first time, and it wasn't...even by...even by my parents, because they know that in a relationship there will always be conflict and dispute, and then how am I going to cope with that without having relatives around me. And I didn't listen to that, I think it's another step to go, and then it's only the church people who came and asked me about this brother of us who want to marry you (...), and I can remember myself saying –yes I will marry you.

The first years in Cape Town Charlotte worked in different jobs during the day, and she went to night school to graduate from high school. During that period she also had two children. Additionally, her husband did not have a job, and she struggled a great deal:

Charlotte: And I was struggling, and the other one was schooling far, she needs... the first one she needs the transport money, and I worked in different places while I was doing my studies during the night...daytime I was doing different job, I was working as a teller in one of the supermarkets in Cape Town, and then from there I got pregnant, the second baby, of which when I was from maternity they never take me back, and then I looked another job, in the laundry yet, as a coin operator, in laundry yet, yes. And then I worked there from there I...I found another job...so that wasn't having enough...We never had enough money, enough income...I looked for another job, I went to the clothing factory, as a ironer. Ahh... It was a terrible place which I never even dream of it, because the people, the supervisors, were so rude, mind you I'm coming from the Christian background.

In 1996 her husband was diagnosed with liver cancer – and the clothing factory was shut down, which meant that Charlotte no longer had a job. Charlottes struggle for survival thus became even worse. She was a part of the increase in poverty and unemployment among the black majority that South Africa has seen in the years after apartheid. As we saw in the beginning of chapter one, UNDP claims that in 2003 South Africa had an unemployment rate of 31,2 per-cent, which means that 5,25 million people were unemployed.

Charlotte's story is shaped by the structural racism of the apartheid system, and in the aftermath of this system, she was also facing other, more bureaucratic problems:

¹⁴ Tenth grade.

Charlotte: Then the problems that I was facing, I was supposed to get UIF¹⁵ money, do you know what the UIF money?

I: No I don't know...

Charlotte: Do you know that there's that ehm...organisation that is looking after the workers eh? And then when we are working getting an income, there's some money that are kept by the workers eh? And so that when you are not working you can go and claim that money. Yes, that is UIF (...) And it was difficult for me, they find out that my id number, from my id book, it's a male id number, and you know it was the money that we were expecting to get, so that we can live in our house, and then they never gave us that money, until I must go and reapply for another id book, so that I can get another id number, because my id number was a male id number, not female, of which I didn't know. And then it was like... I didn't know that it was a difference between the male id numbers and between the female id numbers, and I was in there, those people who were doing that...they are supposed to pick it up. It drives me to go and reapply and now it takes time, because you apply from Cape Town, and it is processed in Pretoria, and it takes maybe three months, and then we are hungry now.

As pointed out earlier, South African women's realities are very much determined by race, class and gender-based access to resources (Kheler 2001). Charlotte's stories both from her childhood and from her life in Cape Town as a mother, a wife, and breadwinner for her family, are examples of this. These are stories about how women often get the caring responsibilities. As Bentley (2004) claims, poverty for women poses greater challenges, and tends to be more severe, as they often get the burden of caring for others. She refers to this as the feminisation of poverty. These aspects are apparent throughout Charlotte's story:

Charlotte: And then they ask me to go to the doctor to examine me if I was born a female, it was discrimination for me, because as I said -you see...you see my...my buns...my breasts...you see that I'm a woman! I was born a woman! And you see me...no... -we need something that is written down. And I asked them, why is happened...-why is this happening to me? They said -you never know...so many reasons...maybe as we are coming from apartheid. Maybe they did that because they want black person to suffer, they said maybe, and then I said -whose fault is this? They said we can ask that question all of us, I said, it wasn't my fault, and I didn't aware of this, what you are telling me they said, it's no other way they can do it, I must go through this channel. I went to the doctor and the doctor examines me and I said -I'm a woman! I've bared children, I've born children, I know myself! They said -no we need something written down. You know, to go to the doctor is the money, I had to pay money, of which I didn't know... I didn't have it.

As a mother, a wife caring for her sick husband, and the family's breadwinner she was dependent on the economic support from her trade union. This illustrates feminisation of

¹⁵ Unemployment Insurance Forms.

poverty and it illustrates that gender needs to be looked at in a contextual manner, and in relation to class and race.

Charlotte started to work for Mosaic at a time when she was applying for a disability grant for her sick husband. From the age of 18 it is possible to apply for a disability grant if you are not able to work because of mental or physical disability. The receivers of such support get a monthly payment from the government. In 2006 the maximum grant was 820 Rand¹⁶.

Charlotte's husband was supposed to attend counselling to get the grant, but because of the stigma associated with cancer, he didn't want to go, and Charlotte had to go in his place:

Charlotte: ...he didn't want to go for counselling because (...) cancer was like HIV/AIDS now, if someone is having cancer, the only thing that is to think of is dying, that now, this person is going to die, if you hear the word cancer you think of a dead person. But, he is supposed to go for counselling, but he doesn't want to go there, he doesn't want ambulance to come and fetch him in front of his door, and then I was the one who was the client of the cancer people.

Charlotte: Okey, it was that, when I was applying disability grant for him, I had one of Mosaic workers doing education about domestic violence and abuse, and then I was there in...within the audience there, and this lady introduce herself, but she is coming from Mosaic. Mosaic is an organisation working with domestic violence and abuse, and then they do *all* the Mosaic services: counselling, and educational presentation, all that and all that and all that... And then I listened to her, and then I said to her, and then she gave us the chance to ask questions or to say something, I called her... I called her, saying that I want to join your organisation, and then she was so pleased, by that time, Mosaic wanted other people to help those that are working there, they want assistance, and then she was so pleased, and then I started to be in Mosaic, I was trained for a year, six months theory, and six months for practical working. Doing this educational presentation. Practicing counselling skills, all that, facilitating the groups.

Charlotte is still working for Mosaic as a social worker. She works in the communities, giving people counselling and awareness about domestic violence. She also has a project on her own. She wants to open a Bed & Breakfast in her home:

I: What are your dreams for the future?

Charlotte: My dreams for the future? Ye! (laughing) Yes I do...For my age, and sometimes I'm sitting down and thinking about people's problems, I find sometimes it's overwhelming me. Yes, I do have skills, but I'm a human being, I have feelings...eh...feel for the way the clients feel, and in my future

¹⁶ <http://www.capegateway.gov.za/eng/directories/services/11586/47485>.

I'm looking forward to have my own manageable business. And I want an easier business for me, not something...that I can use all the instruments to count...to make more money, but I want to live as a...a life that I can afford. I don't want to be a rich person, but I want to have things. I dream to have a car, and then this car I will still help people as much as they are going to help me, eh... to transport people from airport, where they want to stay. And then another one is that I want to have a place where I can have a Bed & Breakfast. Take those people from the airport, advertise that I do have accommodation for them, they can sleep there, eat breakfast, and look around South Africa, and come back and sleep and have something to eat, in my place. I'm still looking forward to help people (laughing), as much as they are going to help me.

I: How do you think you can achieve this?

Charlotte: I started already. I renovated my house, add more rooms, I've made a garage, and this...this year I'm starting to save money to buy a car, maybe in July, that can transport people all...what do you call it? Ehm...tourism. Tourism yeah...transport all over, and I budgeted the money. Yeah, it's only about time (laughing).

The statement above illustrates the core of this thesis: the duality of community- and so-called developmental care work. On the one hand Charlotte recognises that she, because of her counselling skills, is important for people in the community, and she seems to have a better life herself now than before when she had to keep work for several jobs to survive. On the other hand, her dream is to start her own business, to earn enough money to live a life where she doesn't have to worry about survival, and to be able to buy a few things extra. She admits that caring for others can be overwhelming, and that it doesn't always fulfil *her* needs, or help her to achieve what *she* wants with her life. Roy (2010) argues that even though millennial development draws attention to systematic and structural patterns of gender inequalities, it can also contribute to a *reproduction* of gender inequalities, where the roles of women is primary to provide care. The ways in which care is gendered and becomes the responsibility of the women I have interviewed, is analytically important in this thesis.

4.2. Aspirations & Responsibilities

As pointed out in the introduction, voluntary, community-based organisations are recognised by the Department of Social Development as one of their most important partners in the provision of welfare services. They claimed in the WPSW that South Africans will be afforded the opportunity to play an active role in promoting their own well-being and in contributing to the growth and development of the nation. They want to help people to

achieve their aspirations, build human capacity and self-reliance. In these types of organisations, there is a majority of women providing their communities with important care services. And even though the Department of Social Development acknowledge women's important role when it comes to caring, an elaborated discussion of the gendered division of labour seems to be missing.

In the two next chapters I will explore this issue. I believe that there is reason to ask questions about how care is valued in the post-apartheid approach to a developmental welfare, and at the same time acknowledge how the women benefit from this welfare policy. In other words I will stress the importance of acknowledging the duality of this care work, both its developmental potentials and its limits in terms of a potential reinforcement of gender inequalities and contribution to a privatisation of care. Chapter five, *Aspirations*, will focus on the developmental potentials this type of job has to offer; while the focus for chapter six, *Responsibilities*, will be on its limits, suggesting that we need to explore the care process as a whole.

5.0. Aspirations

One of the main goals of human development is enabling people to become agents in their own lives and their communities. Aspirations, capacity and capability are all aspects that are important in this discourse, drawing on development from bottom up. Further, in the last decades women have been seen as important agents in development processes. As we saw in section 2.1.2, Ina Conradie's study has so far revealed that even though all the women in her study are constrained by their context and by a lack of instrumental freedoms, many of them have overcome those constraints by the nature of their particular agency. On the basis of this she claims that employing the capability approach can assist us in understanding the factors and dynamics that enables people to transform their lives towards their own ideals and aspirations (Conradie 2008).

In this chapter, I will look at the developmental potentials this type of community care work has to offer. I will start the chapter by looking the at everyday life at a soup kitchen in Khayelitsha, followed by an analysis of the women's own experience of their work and activities in their community, and what meanings they put behind it. The focus related to this will be on two aspects; 1) motivations for doing this type of job and 2) what they feel are their personal benefits. Further, in relation to Sen and Appadurai, I will look at their aspirations and dreams for the future: what are their notions of what will improve their lives, and how can this be achieved?

5.1. Everyday Life at a Soup Kitchen in Khayelitsha

Most of my observations were conducted at Iliso Care Society, where I was participating in the everyday routines. The soup kitchen is in Vivian's house. It is a shack, but is more "solid" than many other shacks in the area. The house has running water, a toilet, electricity and an internet connection, all of which are not given facilities in this context. The day starts at

09:00 am when the children arrive for the day care centre. During the period when I was there, around six or seven children attended every day. They have their own room in a container build into Vivian’s house, where they have some toys, a few small tables and chairs and mattresses for their naps. They are staying at Iliso for free, but they bring their own “snack” and something to drink. The idea behind this day care centre is to enable the children’s mothers to go out and look for a job.



Figure 3: In front of Iliso Care Society

During the time I was doing my observations at Iliso, there were three women volunteering on a daily basis. Their responsibilities were to take care of the children, to cook and clean. Early in the morning after the children have arrived, they also start preparing the food. The soup is thick and nutritious and contains of potatoes, beans and butternut squash (pumpkin), and sometimes some meat and bones if they have that available. Between 11:00 am and 02:00 pm people from the local community come to get soup. Most of them bring boxes and take the soup home with them, but some also get a plate at Iliso to sit there and eat. Before they get the soup they have to stand in line and get registered in a book. One of the volunteers writes down their name and their address. The purpose of this bookkeeping is to keep the



Figure 4: The soup served at Iliso

donors updated. It can be somewhere between 100-150 people coming every day, which means that it can become very busy during those three hours.

On my first day of observation I asked Vivian why they come to Iliso. She answered that most people come because they are unemployed and/or sick (usually either of HIV/AIDS or TB), and they need to eat something next to the pills they have to take, because the medication is too strong to take on an empty stomach. There are also school children coming straight from school for a free meal because no members of their family are working and they often have to go to school without anything to eat. When the volunteers are finished handing out the soup, the children at the day care centre take a mid-day nap while the women eat and clean up the kitchen. The day is over around 05:00 pm.

5.2. Motivations for Providing Welfare Services to the Local Community

As we can see from the description of the everyday life at Iliso, these women are spending a lot of their time offering care services to people in their community. In this section I am going to discuss the informants' motivations for providing such welfare services. In relation to this I will focus on three aspects that appeared throughout my data material. These are: 1) an acknowledgement of social problems, 2) personal experience, and 3) It is a good alternative to a paid job.

5.2.1. Acknowledging social problems

Living in a context like Khayelitsha the social problems that South Africa is facing reflects a very big part of these women's and their recipient's lives. Most of the informants express a large awareness of what is happening around them. Many of them have reflected a lot about why these social problems emerge, and there seems to be a common understanding that crime, gender based violence and diseases like HIV/AIDS and TB develop because of poverty and unemployment. This is clearly expressed by both Camilla and Vivian:

Camilla: Yeah... in South Africa there is many high crime rates. Because there are high rate of poverty. And no jobs, because the young people they come from the poor family. And after finished metric¹⁷ they have nothing to do and they think about the robbing and house robbery, so that is why the rate of crime is so high here in South Africa...because of the poverty.

Vivian: It's a cycle, if you can draw like a chart, if you put somebody inside there, and they look at, for example if you can put a shelter there, you find out there's a shelter around this person, but this person is lacking having food, and this person is lacking having clothes, and this person is lacking having education, and this person is lacking having access to basic needs, which is water (...) What is coming next is that this person is having children, there is a population or whatever around, and then you find that after there is HIV and AIDS, there's gender based violence, and then you find that there is poverty involved. And then crime, this is a cycle, a cycle, which I'm not really sure what really have this end. Unless a lot of people will stand up and then step by step trying to do something for their own benefit rather than depending on other people.

One of the main motivation factors for doing this type of work is thus an *acknowledgement of the social problems around them*, and an aspiration to do something about it. They can see that many people in the community are in fact suffering, many are unemployed, many children are homeless, and there is a high rate of HIV/AIDS and TB. Here Vivian, Linda and Camilla are explaining why their respective projects started:

Vivian: Iliso means an eye, an eye, yes. Why we name it Iliso Care Society is that, if you stand outside and look around you, whatever it's your neighbour, he is suffering, or is the community, social problems, that you saw from the community, eh we thought that, if maybe we can stand up after we saw these things, and do things and then it will help someone's life.

Linda: Also seeing that there is high rate of child abuse, seeing that children is lying around the streets, it's whereby I had a vision, a vision of having a safe place for the children so that while their parents are at work they are safe in my centre.

Camilla: ...because there are many people that are sick, around this community, and other people do not want to accept their status, and if he or she is diagnosed with TB or HIV, they did not want to go to the clinic or eat their treatment, as the clinic said to him or her, so we want to work... with clinics because we avoid of spreading of TB and also HIV.

¹⁷ High School.

As we can see from these stories, there is a clear gap in the provision of care services in Khayelitsha. These women have a vision of and feel a responsibility to fulfil this gap. Acknowledging social problems in the community becomes one very important motivation factor.

5.2.2. Personal experience

Another important factor of motivation is *personal experience*. Many of my informants have had family members, sisters or even their own children, suffering and dying of HIV/AIDS. Below, Thandiwe and Camilla are telling the story of why they started to work as volunteers in Khayelitsha:

Thandiwe: Ehm... first thing, Thandiwe is my name. I'm working in Iliso Society as a volunteer. So...I was coming here to help Vivian, because I was involved with HIV positive, my sister was HIV positive. So I was feel my heart very sorry, because I feel it is terrible when you are looking after a person and she is HIV positive. So I take a decision to come here to help Vivian because I feel pain. To help people. That is why I was working here. So I like to work with people, because I know how to deal with those who are diagnosed with HIV and AIDS.

Camilla: It is not nice to live with being HIV positive, because the people of the community are not nice, because to their family they are more discriminating and to you also...Me, I think I feel like it's nice with me because I know myself (...) My ma gave me full support and also my sister and my child also. And I started to disclose outside to the community, to tell people what is HIV and I want to go and learn more about HIV and AIDS. So I feel great about myself. And also in 2009 I was diagnosed about TB. I always go to the clinic, to get my treatment, I don't want the health worker to come and give me the treatment, I want to go by myself because I want to become stronger... I walk up and down every morning, so I feel strong. I want to do that exercise because I want to be strong, and I want to live longer because of my children. So that is why I was thinking about this project. So I think to do this to help the community of Site C. To help other people.

Caring for other people is something they know how to do. Further, two of the women, Camilla and Olive, are HIV positive themselves. The motivation then is, as we can see in the quote, related to their own experience of living with the virus, and one aspiration is to reduce the stigma related to HIV/AIDS. They encourage people to go to the clinic and to take their medicine, and to avoid spreading HIV and TB.

5.2.3. A good alternative to a paid job

Khayelitsha is characterised by migration. The majority of the women I have interviewed have migrated from Eastern to Western Cape, with the dream of finding a job. There are two exceptions to this pattern among the informants; Olive grew up in Cape Town, while Charlotte moved from Eastern to Western Cape because she got married to a Capetonian. For many of the women, there seems to be a third motivation for providing such care services – it is *a good alternative to a paid job*. Lina, one of the home-based carers expresses clearly that one of her main reasons to volunteer is because of this:

I: Why do you want to participate in this type of work? What is the motivation?

Lina: Because I'm not working...I'm not working...If I'm going to find any kind of job...Ehm, I stayed home, everyday....that is why I come here...

Several of the informants mentioned that after they started to volunteer they no longer have to sit home with nothing to do. Notuna, one of the volunteers at Iliso, said in my interview with her that before she was only at home, with no job and nothing to do. She said that her life was boring, and that is why she wanted to volunteer. Both Lina and Notuna's stories are very much related to one of Appadurai's main points – the poor are survivors, and they often seek strategically to improve the terms of trade between recognition and redistribution in their immediate, local lives (Appadurai 2004). In other words the informants are trying to make the best out of their situation, in order to enhance their quality of life.

The informants also get a lot of positive feedback from people in the local community for the work they are doing, one of the informants, Mandisa, says that nobody knew who she was before. Now people in the community know who she is and they look at her as a role model. Being a role model for people in the community also relates to respectability, which will be the focus for the next section.

5.3. Personal Benefits

For many of the women, the benefit from doing this type of work is closely linked to the recipients. When I ask the informants if they feel that they become stronger themselves by being active in their local community, their answers are very often related to what they can do for others. However, they also claim that the work gives them something back. I have chosen to focus on two aspects that engaged the majority of the informants, namely *respectability* and *skills*. As mentioned, Conradie argues that the capability approach is useful when conceptually engaging with the factors and dynamics that help people to transform their lives (Conradie 2008). The factors and dynamics that seems to be important for my informants are thus receiving respectability from the people in the community, and having a set of skills.

5.3.1. Respectability

Many of the informants emphasises respectability as one thing they gain from working with care. They claim that people in the community know who they are now, and they feel more respected than they did before. This respectability is often expressed through the recipients' appreciation of the food they are receiving, and the good job the care workers are doing with the children. My informants see this respectability as something that *empowers* them. This respectability is also expressed in terms of trust, many people in the community feel that they can come to them and talk about their problems:

Thandiwe: ...sometimes there is some of them they can come to me to need help... like eh...counselling. There is one lady, a little lady, 26 years old. She was coming to me, she came from the clinic, she diagnosed she is HIV positive, she was crying and she come to me, to tell me: -“Thandiwe, I’m coming from the clinic and the clinic tell me I’m HIV positive, what must I do?” I was encouraging her, I tell her this is not the end of the world: “-you must eat good food, and do everything that you want to do, carefully you must economise if you want to keep your body healthy”.

As we can see from Thandiwe’s story, she is here recognised by one lady from the community as someone she can trust, and as someone that it is safe to come to and ask for good advice

and encouragement. According to Thandiwe it is because of this kind of respect from people who receives her help that she wants to continue helping people in the community.

5.3.2. Skills

Further, many of the women claim that they gain what they call *skills* from the work they are doing. The skills they mention as the most important are listening skills, communication skills, patience, child care, cooking, sewing and taking care of the sick and the elderly. However, many of them wish they had more skills within administration and computers, especially those with administrative responsibility, like Vivian at Iliso, Linda at her pre-school, and Charlotte with her work for Mosaic:

Charlotte: You know, the...the computer skill... I don't have. I need it, I need it to have the computer in my office. As a result I tried to ask many people, Mosaic people, they have computers, and I can have my own computer, but because I'm still working for Mosaic they must provide me, or maybe PPU¹⁸, provide me, there are computers out there. And...If I see that they are not providing me, I will buy mine...I need the computer skill, I need... You know I'd like the computer to page it...and see the internet...the sales...you know the...motivations speakers, all those people, all those words that they are saying, coming top me. They build me, they empower me.

The skills that the women have are thus mostly related to care work, meaning what they can do for other people. As we will see later on in this thesis, for some of the informants, it is necessary to expand their set of skills beyond care work in order to achieve their aspirations.

5.4. Aspirations and Dreams for the Future

In this section of the chapter I will look at the women's dreams and aspirations for the future in terms of enhancing their quality of life. What do they value doing and being, and are these dreams possible to achieve? In other words, do they have the freedom to enjoy these aspirations?

¹⁸ Public Participation Unit.

In chapter two we saw that Sen defines an agent as someone who “acts and brings about change, and whose achievements can be judged in terms of her own values and objectives” (Sen 1999: 19). The key idea of Sen’s capability approach is that social arrangements should aim to give people the freedom to achieve what they value doing and being. Appadurai’s project is to bring “aspiration” in as a strong feature of cultural capacity in order to create a dialogue between capacity and capability (Appadurai 2004). According to Appadurai, aspirations are related to people’s preferences, choices and calculations. By focusing on the capacity to aspire he believes that we can get a clearer understanding of the complex relationship of the poor and marginalised to the cultural regimes where they operate.

5.4.1. Notions of what will improve their lives

The informant’s aspirations and dreams for the future are quite various. I therefore decided to divide them into three different categories; 1) having a profession, 2) extend the program, and 3) starting their own small business.

Having a profession

As mentioned above, many of the informants were working as volunteers because they were not able to find paid jobs after they moved to Cape Town from the rural areas. Working as a volunteer thus becomes a good alternative. However, many of them are dreaming (or were dreaming when they were young) of going to school and getting an education within a profession. Here are Thandiwe, Camilla and Olive’s stories of what they want to become, or in other words, what they aspire to do:

Thandiwe: I’m saving money to further my education, because I did primary health care, we call it home-based care, so I want to go further in future to be a sister, what I want. Even the Iliso Care Society, it can expand, I can go further with my nursing because I know that nursing is very important in this project.

Camilla: I think God also help me because I believed to God so I like to help the people because it’s my dream, if that time I was at school I think my dream I was to become a doctor, but I didn’t fulfill my dream because I come from a poor family. So my dream...is...I failed my dream. Now I think now it’s the time to fulfill that dream.

Olive: Ehm...when I was growing up I was thinking of...my dream was to be a nurse, so I just pick up this home based care as my dream come true someday...yeah.

Most of the informants that are dreaming of having a profession, express interest in professions like nurse or doctor¹⁹. These are care work professions, and it seems that their aspirations and what they value doing and being is based upon what they can do for other people. This could indicate that their aspirations are also based upon a feeling of *responsibility* to provide care services and to fulfil the care gap that we can see in Khayelitsha.

Extend the program

Both Vivian and Linda are managing their respective projects in Khayelitsha. They have managed to build something from the ground, and become leaders in their local community. Their aspirations are very much based upon these projects, and they have a vision to go further and become bigger:

Vivian: My dream for the future is a bigger structure than this one. Ehm make sure that we double up the number of people that we are helping, we'll fulfil our dreams although we're not going to be there overnight...we are looking forward to that.

Linda: Oh my dream is if I can have a...a well registered edu-centre, which is in a good condition, yes...And I would like to be registered with 200 children in future. That will accommodate all of our need for our day-care center. Because I have two day-care centers which is Ukhanyo I and Ukhanyo II. If I can be registered with 200 children, it will accommodate all the needs of our community and have the well structure.

Vivian's and Linda's aspirations are also very much related to what they can do for people in the community. However, Vivian's and Linda's aspirations differ somewhat from the former informants aspirations, because of their position as leaders. First of all both Vivian and Linda had jobs before they started the projects. Vivian worked as a research assistant at a local university, while Linda worked as a principal in another day care centre. Vivian has her own small business on the side to provide for her own welfare needs. Linda gets support from the Department of Social Development to run the day care centre, meaning that both she and her employees get paid every month for the work they do. This means that running an informal

¹⁹ Except Mandisa, who wants to be a chef and work for a restaurant, and Sophia who wanted to be a police woman.

community-based organisation that provides welfare services is not something they do because it is a good alternative to a paid job, this is what they aspire to be and this is what's making them stronger.

Starting their own small business

Most of the informant's aspirations are related to care work, either in terms of having a profession like nursing, or in terms of extending their community-based organisation. Only one of the informants expresses clearly that caring for other people can sometimes be overwhelming, and not necessarily always contributing to her own well-being. As described in chapter four, Charlotte's dream is to open up a Bed & Breakfast in her house. This is a dream that she has started to realise. She has built more rooms in her house and she hopes to buy a car soon to transport people from the airport. Even though she acknowledges her importance to the people in the community, and even though her life seems better now than it was before, she is the only informant that is taking a clear step away from care work, explicitly expressing her own needs. For her, then, doing this type of care work seems to have functioned as a door opener to take a step further towards fulfilling what she values doing or being on a more individual level.

5.4.2. Is it achievable?

For all of the informants, life seems to be better now than it was before. Because of this job they don't have to sit at home with nothing to do, people in the community know who they are and respect them. They also have become holders of a set of skills, like counselling, child care, cooking and taking care of sick people. However, some of the women have clearly come further than others, and in this last section of the chapter I am going to explore this in relation to important questions in human development literature: do the women have the freedom to enjoy what they value doing or being, and do they have the ability or resources to fulfil their dreams and aspirations for the future? As we saw in chapter two, these questions are related to both Sen's and Appadurai's work.

For some of the women, community care work can be said to have opened up doors to go further with their aspirations. This is clearly exemplified with Charlotte's story about her Bed

& Breakfast, and also Thandiwe's story is an example of this. She used to work fulltime as a volunteer at Iliso, but is now, partly because Vivian recommended her, working two-three days a week at an elderly centre. Having a part time job also enables her to save up money so she can afford the education that she wants. She is thus one step closer to her aspiration to become a nurse.

When it comes to Vivian's and Linda's visions of extending their projects, they are working hard at networking and fundraising. Considering how much they have actually managed to do in just a few years, there is – in my opinion – good reason to believe that their projects will continue to expand. Their greatest challenges in reaching their goals are the lack of skills within administration and computers, and expectations and requirements in terms of registration and bookkeeping from the welfare state. These challenges are closely related and will be discussed more thoroughly in section 6.3.

For the rest of the women their chances of having their dreams fulfilled are very dependent on whether they have the money to finish their education. It can be argued then, that if they continue volunteering, their chances of fulfilling their dreams are quite small, even though they do get paid a small amount of money per month. Therefore I believe that it is absolutely essential to have a closer look at how this care work is valued by the welfare state of South Africa. The welfare state claims in the WPSW (1997) that one of their main goals is to help people to achieve their aspirations – something that both parts will indeed benefit from. However, today the human resources that are available are not used in an optimal way. Roy (2010) argues that however good the intentions are, such a developmental approach can contribute to reinforce gender inequalities. A focus on women as agents in development can have problematic implications if it is not followed by a clear political will to implement measures in support of such agency.

A solution to this can be a focus on the concept of *caring* when developing social policy. Wærness (1978) stresses the need for a conceptualisation of care as contextual and descriptive. Her term rationality of caring is emphasising personal knowledge and the specific in each situation. In the next chapter, *Responsibilities*, I will explore the caring practices in Khayelitsha in the light of Tronto's four elements of an ethic of care (1993), which offers a framework to capture the caring practices as a whole and to move the responsibility away from private to public actors. This is an attempt to acknowledge that this type of community

care work is in many ways “double-edged”, and that an ethic of care can be useful as a new dimension in human development. As I have argued before, *caring practices*, also in contexts where care is considered as a part of a development process, needs to be explored more thorough, in order to avoid a possible reinforcement of gender inequalities.

6.0. Responsibilities

The enthusiasm with which community care or ‘informal caring networks’ has been taken up in social policy is not matched by much clear thinking, neither about conditions, nor about consequences. It seems to be based on a somewhat nostalgic idea about people’s caring for each other in the ‘good old days’ and at the same time ignoring the fact that community care hitherto has been fundamentally based on women’s unpaid domestic labour (Wærness 1984: 68).

6.1. Who has the Responsibility of Fulfilling a “Care Gap”?



Figure 5: Iliso Care Society's slogan

As we saw in section 1.2.3, Patel (2005) claims that as a way of addressing social problems and meeting limited resources, many development countries have increased the usage of community-based social services. Feminist research has revealed that such community-based organisations prove how unpaid work tends to support neoliberal reforms by stepping in where government services have withdrawn (England & Lawson 2005). Patel stresses the importance of being cautious when it comes to such community-based strategies, as they might reproduce an unequal responsibility that women and poor households have to bear (Patel 2005).

As pointed out in chapter one, Ogden et al (2006) argues that in the current South African finance environment a care gap has emerged which women frequently subsidise with their

time. This is also the case in Khayelitsha. The women are fully aware of what is happening around them, and thus they aspire to do something about it. However, it is not sufficient to look at this work *only* as an aspiration. Many of the informants also implied that they want to work in their community because they have a personal experience with family members suffering from and dying of HIV/AIDS. Therefore, the work they do also has to be considered as a responsibility they feel, to fulfil the gap. Women as those mainly responsible for care can also be related to Ross' (2010) finding about "ordentlikheid" in her study of the township The Bush. Ordentlikheid is a relational concept, usually deployed by women. In her study Ross found that women were usually responsible for ensuring that houses and family life appeared respectable or "ordentlik" (Ross 2010).

The responsibility of fulfilling a care gap will here be discussed in the light of an ethic of care. As mentioned in chapter two, Lawson (2007b) claims that one of the missions with the ethic of care is to focus on the centrality and public character of care activities, and thus reframe responsibility. In this chapter I will thus focus on four important aspects of the caring processes in Khayelitsha: 1) notions of gender inequality, 2) the welfare state's appearance in everyday life, 3) the recipients of the care services, i.e. their acknowledgments and expectations, and finally, 4) "neoliberalising Ubuntu?" – Which refers to a tendency within the Department of Social Development to gain support for their politics by using the cultural anchor of Ubuntu. These four aspects represent the potential problems of the duality of such care work, and at the end of this chapter they will be looked at through the lenses of an ethic of care.

6.2. Notions of Gender Inequality

Khayelitsha is characterised by a high degree of gender inequality. As we saw in chapter one the 2001 census on Khayelitsha recorded that income levels differ significantly by gender: 84 per-cent of females employed earning less than 1600 Rand per month compared to 74 per-cent of males. Feminisation of poverty is thus a big problem in South Africa (Kheler 2001; Bentley 2004). Because of continuing patriarchal cultural bias, women in South Africa are marginalised in terms of their access to mainstream economy and employment opportunities (Bentley 2004). Women are using most of their time with non-marked activities, meaning that

women do more work for less pay and are primary actors in the domestic sphere (Bentley 2004). Here are the stories Charlotte and Linda told when I asked them about gender based violence in Khayelitsha, and as we can see their notions of gender violence is very related to gendered division of work and patriarchal attitudes towards women:

Charlotte: Sometimes I'm this woman, driving my own car, and then males think that you are not good drivers, of which we are as much as they are good drivers, and you can hear even the comment "You can gooooo woman!" "Oh woman, you which!" You know? This is gender based violence... And I can come on this eh... there is eh... what do you call it... affirmative action that is happening in South Africa, for years and years, I'm not supposed to be a manager and my assistance manager is a *male*, it's very rare, it was happening for those years, even now, they say, you know our constitution is very good, but in terms of implementing it's not. Because the one who is my assistant, the male one, sometimes can't cope with having me above him. That is gender based violence (...). There's a lot of gender based violence. Why? Sometimes there is this eh... eh gender roles, gender roles... It's happening very much in South Africa. Gender roles... it's because of our culture, our background, thinking that the female's place is in the kitchen, the girl must cook, must use pots, cups and all that. The way we're raised up, the girl must wear pink clothing, must be soft all the time, can't shout, can't jump, can't climb the tree, all that is the gender roles that our society have in their mind. The girl can't jump, can't do rough things... cause she's a girl. And then the boy can do all that! Can jump, can cry, he can be untied, he can be dead, he can *shooout*, he can... you know? It's the gender role; it plays a big role...

Linda: ...giving them opportunities like the women must do the same work as the... the other, like the men, what they are doing. Also there is gender violence like men are always eh overcome with the... with the women. If you can see that, you will find that most of the people that are working are women, going as domestic workers. Even the projects are started by women, you know, that's why men are always doing these evil thing, because they got nothing to do. If the men can do things like the women. So I can say that women are so powerful... yes... yeah.

In these stories Charlotte and Linda are emphasising gender roles as something that is anchored in their culture. According to certain cultural traits, the woman's place is in the kitchen, she belongs to the domestic sphere. From these stories appear two very interesting points of view appear. First of all, Charlotte points out that over the last years there has been an affirmative action in South Africa, which has resulted in a very good constitution. However, she claims that it is not very good in terms of implementing its action plans.

Secondly, Linda is pointing out that women are doing most of the work in Khayelitsha, either as domestic workers or by starting up a project in the community. She says: "If the men can

do things like the women. So I can say that women are so powerful”. Linda’s point of view reminds us of the duality of the community care work women are doing. On the one hand, Linda emphasises that women become powerful by doing this job, but on the other hand, she also claims that women do not have the same opportunities as men and that they are spending most of their time doing domestic work.

Further, she expresses a wish for men to be as active in the community as women. This could also be interpreted as an indicator that men have become the “losers” in certain aspects of social development. Since there has been such an increased focus on women as agents in development, men have been left behind. Even though they have easier access to the job market than women, many are also unemployed and sit at home doing nothing at all because they don’t have any role in the domestic sphere²⁰.

6.3. The Welfare State’s Appearance in Everyday Life

Even though the South African welfare state emphasises the value of the relationship it has with the informal community-based organisations in the provision of care, this acknowledgement is not very visible in the everyday life of my informants. The absence of the welfare state is also illustrated by the fact that my informants rarely talk about it in the interviews. However, there are a few exceptions, and these stories are very much related, as we shall see, to administrative requirements and lack of support when it is needed.

6.3.1. Thandiwe: “I didn’t get nothing from the government to help me when my sister was sick...”

Thandiwe is one of the informants that explicitly express dissatisfaction with the South African welfare system based upon the lack of support when her sister was sick:

²⁰ This is not the subject for this thesis, but men’s role and their alternatives in human development would be an interesting subject for further research.

Thandiwe: Hmm...HIV and AIDS, there's a lot of people diagnosed about that, and what I'm thinking with HIV and AIDS...I was involved, because my sister was HIV positive, I didn't get nothing from the government to help me when my sister was sick. I was struggling with her alone. If our government...mmm...it can go straight to our day clinics, to found people diagnosing with HIV and AIDS, and follow them where they live, I think it can help because the other they are not employed, the other they are employed, they can buy better food to give them, but the other they are unemployed, there is no food and the weakness is going. If you didn't get a good proportion it can make you worse. So if government he can do that to go straight in our day clinic or he can employ eh... community carers to look after them, to give better food for them. But he didn't do that. I was struggling with my sister, I was supposed to go to buy broccoli, fruit, yoghurt, everything, my own.

Apart from dissatisfaction with the lack of support from the government, this story also reveals the point I made in section 6.1, about the care gap in Khayelitsha. Also in this story there is a clear message about the care conditions in Khayelitsha, and about the enormous *need* for care. Thandiwe expresses a request for the government to be more active in the community and to provide welfare services for those who are sick. When her sister was sick, there was a gap in the provision of care, which she had to subsidise with her own time.

6.3.2. Linda: "we are trying our best to meet the requirements that they need"

Linda is the principal of two day care centres in Khayelitsha which are supported by the Department of Social Development. The department provides them with an education at the local university within Early Child Development (ECD):

Linda: And now I'm here in Sizisa Ukhanyo, there is a learnership that is being provided by the social services...that is the Social Development, where they send us to second colleges where we are doing this level, so just now I'm doing level five. Yes, that is I'm upgrading my studies for the ECD.

Even though this support helps Linda and some of her employees to get an education, it is also clear that there are some limits in this relationship, especially in terms of the requirements from the department, that sometimes are difficult to fulfil:

Linda: And also we are facing with a eh...sort of registration like from the Department of Education, they take a long process in order to be registered, and also from the social services they take and they also need the requirements that they want. Sometimes we don't have it because we are starting, you are

helping the parents, you've got money, but they want this and this and this, who you can't afford...but we are trying our best to meet the requirements that they need. Yes...yeah.

Such requirements refer to administration and bureaucratic registration. This is a field where Linda herself feels that she lacks competence and wishes she knew more about:

Linda: The most part is the admin. I'm poor in the administration, yes. Bookkeeping, the receipts, put in order, do your books in order, that is the thing. The computer skills if I can have them as well...yes.

This is an issue I touched upon in chapter five. Many of the informants have skills when it comes to caring for people, and feel confident in such situations, but they lack skills within administration and computers. This lack results in challenges from actors the women depend on economically to continue their work. In this case, Linda and some of her employees get many opportunities based upon the support they get from the welfare state. However, in order to get any further with the project and thus succeed with her aspirations, she needs training within computers and administration.

6.3.3. Observation at Iliso: a visit from the Department of Social Development

During my fourth observation at Iliso, Vivian got a visit from three people from the Department of Social Development. They wanted to ask questions about the routines at Iliso in order to give her the financial support that she had applied for. When they came, Vivian showed them to the living room and started to tell them about the project and the different programs within it. The people from the department also got to see the house, the pictures and newspaper articles hanging on the wall and they met the children at the day care centre. Through this they managed to get an impression of the project. They seemed to be impressed by the work, and they showed Vivian a lot of appreciation. However, they had to ask questions about the administration of the project and Vivian was criticised for not having attendance registrations of the children and general bookkeeping in order. They also reacted negative to the fact that Vivian lives in the same house as she operates the soup kitchen and the day care centre from, which blurs the lines between personal and non-personal economy. Accordingly they could not give her the support she had applied for before these things were

fixed. Vivian also stresses that she is lacking administration skills, as she told me in my interview with her when I asked about the problems they are facing at Iliso:

Vivian: We have problems of...of we don't have skills. We don't have skills to run the project. If I'm saying to you, -we don't have skills, there are skills that are within me, which is general skills that I have, that makes me to start the project, I have that. But I don't have skills where I sit down in college or in a university and then study how to run a project, a project management skill.

At the same time, even though they don't fulfil the formal requirements from the Department of Social Development, they are still allowed to continue their projects, only without financial support from the government. This could further add to the care gap in Khayelitsha. The neoliberal welfare state's cuts in state spending and its emphasis on private actors' responsibility in provision of care, enhances these organisations very important roles in the work of fulfilling this gap.

6.4. Recipients of the Care Services: Acknowledgements and Expectations

The recipients of these care services acknowledge the work the women do, and this acknowledgement makes the care workers feel respected. However, in this type of job there are also challenges related to the recipients, and their expectation are not always easy to meet. Sometimes the recipients expect more from the care workers. At one of my observations at Iliso that became clear.

One day Vivian got a phone call. We heard loud voices in Xhosa, she was obviously angry and when she came out from her room she cried. At that point I didn't understand what was happening but the day after she told me what had happened. A man came to Iliso in the morning before the phone call and asked for groceries. Usually Vivian gave groceries, or "food parcels" to him and his girlfriend and their baby. However, he was not together with his girlfriend anymore, and therefore Vivian told him that she could only afford to support his ex-girlfriend and the baby. A couple of hours later this man's brother called Vivian. He had been told from his brother that Vivian refused to give him the food parcel because he is HIV positive, and thus he called Vivian to ask about this. This incident made Vivian very angry

and sad, but she was hoping to sort things out, and she told me that felt she had managed to explain to the brother what actually happened.

This story illustrates a tension between those who care and those who are being cared for. One of the recipients has clearly a need that has to be fulfilled, and he is expecting Vivian to help him. However, she does not have the opportunity to meet this expectation. This incident also came up during the interview I had with Vivian later that same day:

I: Can you say that being active in your local community and caring about other people helps you to be stronger person?

Vivian: Oooooo you can see me! Some of the things I learn while working with people, and then I develop this strength, I develop everything because of this...this challenges that I got from people. Even myself there are challenges that sometimes you see, you saw me yesterday! I was crying, because of the beneficiaries whom you know the story, but now I don't need to say I'm not going to do this because of this, No! I Need to because of this these persons...these people that are doing these things or labelling you or being jealous of what you are doing because they don't have the potential to do it, and then now what is it that you need to do, you will say no, I'm not giving up, no! It's about standing up, and then telling yourself that this is what I'm going to do, not because of this person who is jealous about what I'm doing, but what about the hundreds of people. Who have nothing, who didn't even say anything, but they are benefitting from this. This is what makes me strong.

In this statement Vivian emphasises that the recipients of their care services can be a challenge sometimes, but she also stresses that she has a responsibility towards those who don't have these types of expectations or put her in such a situation as described above. Likewise Olive points out that the recipient's expectations are sometimes difficult to live up to. This is what she said when I asked if there are any challenges or problems that she faces in her work:

Olive: Sometimes if you go to the house to see to the house and talk to the people at their house, personally, and sometimes those who are sick say no (...) because we don't came up with something, yeah, they expecting us to come with something like food parcel or money or something like that.

What becomes visible from these stories is that even if most of the recipients acknowledge and appreciate this care work, it also creates a dependency for some, which results in growing expectations. These expectations can also contribute to a stronger feeling of responsibility among the care workers, a responsibility that sometimes can be difficult to fulfil.

6.5. Neoliberalising Ubuntu?

Due to the neoliberal direction that South Africa has taken since the end of apartheid, described in chapter two, it becomes necessary to consider how aspects of this neoliberal direction manifest themselves vis-à-vis caring practices in Khayelitsha. As we saw in section 1.2.4, the South African welfare state uses the principle of Ubuntu in the WPSW to stress the importance of citizen's responsibilities in the provision of welfare. Ubuntu is an old African philosophy which emphasises being human as "being with others" and that community should be built through shared person-hood (Outwater et al 2005).

In this section I will explore the informants own notions of Ubuntu, and I will continue the exploration of how Ubuntu is used by the South African government. The central point to be made here is that by using Ubuntu as a rhetorical device, the South African government attempts to gain cultural anchor for their neoliberal welfare policy. This could very well be a way of depoliticising *care* in social policy.

6.5.1. The informants own notions of Ubuntu

The informant's notions of Ubuntu are very much based on what they have learned from elder generations in their families. All of the informants relate Ubuntu to kindness, openness towards other people and mutuality in terms of respect and care for each other. Here is how Linda, Thandiwe and Vivian explain Ubuntu:

Linda: Wow, Ubuntu mean, it's a word from the old people, from that they say Ubuntu. It's the kindness, because we Africans we are the most people with the kindness. For instance, before we would stay with a lot of families...like the aunties, the uncles, are staying together, that is called Ubuntu. Even a stranger, even if he is coming all the way from... maybe from Site B, so you have to come and call that person and give him some food. That is called Ubuntu. Yes, we got kindness as we are Africans. Yes.

Thandiwe: Ubuntu means... oh no how to explain... Just like me, Ubuntu; a person she is very kind, that's like me. I know you, you are a white woman, and I'm a black woman. But I forget about the colour, because I know that you are a human being like me. Do you understand? Yes.

Vivian: Ubuntu, Ubuntu is a... for example, I grew up in the Eastern Cape, as I said to you, rural areas, where we have mud houses, we carry water from rivers, we don't have electricity, we get milk from the cows, we don't have all the things that we have in the urban areas (...). It's where I learned Ubuntu. It's when your neighbour will come to you and say: -here I'm having this cow, and you have a lot of sheep, and then now can we exchange this? So that you can have one cow, and I have three sheep from you, and then we'll try to grow this (...) so that you can have income. So if now, you have a bucket of maize meal, and then we have sugar, and then you don't have sugar, you take the bucket of maize meal, you give it to me and exchange with sugar (...). Everyone is in the same level. But trying to make sure that, what is it that will benefit you and myself so that we are not going to sit at the end of the day in our house looking for food.

Through Ubuntu “caring for others” is very strongly culturally anchored in these women's lives. Caring for others is something they have “learned” from their parents and their grandparents. This is very apparent when they talk about their work. The women often relate their understanding of Ubuntu to their own lives and their own identity. As mentioned in chapter five, when I asked the informants if they felt that they became stronger by being active in their local community, their answers very often emphasises what they can do for others. The recipients are the focus. Many of the informants also points out that Ubuntu is related to their work:

Vivian: Yes! Yes, this is what I'm doing! This is what is happening at Iliso! Because we don't charge these people about the food that we are giving them. Even if they come here after the meal is finished, sometimes they come here on Sunday, when we don't cook, but I will make sure that whatever I have I give to that somebody. As long as I know at the end of the day, they are going to say “thank you” for and then he's going to sleep at home and having something.

Linda: Yes, it is, because as I said before we also accommodate children that their parents are unemployed, that is Ubuntu, you take them for free. And also I go around the streets, taking the vulnerable children, seeing children that are just lying around the street. That is Ubuntu. So you just do that favour, you take them to your centre for a safe place.

Vivian and Linda connect Ubuntu and the community care work that they are practicing. In the next section the state's usage of Ubuntu in the WPSW will be discussed in relation to neoliberalism and depoliticisation of care.

6.5.2. The welfare state's usage of Ubuntu

In the WPSW (1997) the Department of Social Welfare claim that mutual support and principles of caring for each other will be promoted in the process of achieving developmental social welfare. They argue that Ubuntu also “acknowledge the rights and responsibilities of every citizen in promoting individual and societal well-being” (Department of Social Welfare, Republic of South Africa 1997). In other words the Department of Social Welfare defines Ubuntu or *caring for others* as a responsibility of every citizen to ensure their own well-being. This can thus contribute to strengthen and support the neoliberal approach to welfare, which stresses the importance of private actors in the provision of welfare services.

Sevenhuijsen et al (2003) argue that the WPSW is stressing the family in the community as the primary location of care. In reality this, for most of the time, refers to women. They claim that this could be reinforced by implementing the principle of Ubuntu. As we have seen, Ubuntu is a strong cultural aspect in the informants' way of thinking, emphasising caring for others as absolutely central to humanity. The implementation of Ubuntu into a welfare policy document can thus be seen as a way of legitimising a neoliberal approach to welfare, which aims to privatise care responsibilities. Such a legitimisation of neoliberal welfare policy can thus contribute to a reinforcement of gender inequalities, pushing the responsibility of caring for others on to women. As we saw in the opening quote of this chapter, Wærness (1984) argues that the new emphasis on community care work in welfare policy seems to be based upon a nostalgic idea about people caring for each other in the “good old days”, ignoring the fact that this work is for most of the time done by women. In South Africa, the welfare state's usage of Ubuntu can be an example of such a nostalgic idea. In the next section I will discuss how the ethic of care can be useful as a new dimension in human development, and in particular in South Africa where the government wishes to include development into their welfare policy. An ethic of care can be useful because it aims to reframe the responsibility of caring from private to public actors.

6.6. Ethic of Care: a Reframing of Responsibility

6.6.1. Why draw on an ethic of care?

Over the last years there has been a shift in the development literature towards a more humane and people-centred approach. The aim within this approach is to enable people to become agents in their own lives. As mentioned in chapter five, after my informants started working with providing care services to their communities, their lives seems in some respects to be better than before. Certain aspects within in human development, such as aspirations, capacity and capability can be useful as tools to acknowledge the beneficial sides of this community care work. However, this perspective has in recent years been met with a lot of criticism, emphasising that women as agents in development can also lead to a reinforcement of gender inequalities.

It thus becomes crucial to question how this care work is valued, and the ethic of care can – in my opinion – prove to be a valuable approach in this regard. The ethic of care emphasises a reframing of care responsibilities by challenging neoliberal policies aiming to privatise care (Lawson 2007b). According to this approach care is political. Gasper and Truong (2008) points out that bringing the ethic of care into a human development approach may help to renew and reshape responsibility and reciprocity between persons and citizens. The empirical examples above show us that there is a clear gap in the provision of care in Khayelitsha that these women feel the responsibility to subsidise with their own time. The stories also represents disclaim of responsibility from the state, which is arguably – as we have seen – a typical characterisation of neoliberal welfare policies. Ethic of care can help us to understand the care process as a whole and it can help us to shift the responsibility away from private and informal actors. In the next section I will discuss how to employ an ethic of care by looking at the empirical aspects presented above in the light of Tronto's (1993) four elements of an ethic of care.

6.6.2. How to employ an ethic of care?

Tronto (1993) sees care as a political concept. She claims that this involves acknowledging how care marks power relations and how it marks the intersection of gender, race and class with care-giving. As mentioned in chapter two, Tronto and Fisher have developed four elements of care to describe some aspects of an ethic of care. Tronto argues that these four elements need to be seen in relation to each other. Care as a practice involves more than simply good intentions. It requires a thorough knowledge of the context of the care process (Tronto 1993). In order to analyse and interpret the implications of informal care work in Khayelitsha – I have created the following matrix. Even though the four elements to some extent overlap each other, it allows for a visually comprehensive comparison of Tronto’s theoretical concepts, and the contextual case of care work in Khayelitsha:

	Caring about	Taking care of	Care-giving	Care-receiving
Refers to:	To acknowledge the need for care	To assume responsibility for care	The actual care work that needs to be done	The response from those who are being cared for
Context:	The “care gap” in Khayelitsha. The importance of care and the need for more state support	Neoliberal welfare policy: Private actors responsible for care. Leads to gender inequality.	Soup kitchens; day care centres; home-based care; counselling	Acknowledgements and expectations

Figure 6: Matrix: Four elements of an ethic of care

This matrix represents the care process in Khayelitsha as it appears from the empirical material presented above. The first element, caring about, can refer to the women’s acknowledgement of the immense need for care in their community and the need for more state support. This aspect is something that is consistently repeating itself throughout my data material, and it can therefore be said to make up the basis for the caring processes that goes on in Khayelitsha. One clear example of this is the story of Thandiwe referred in section 6.3.1, where she talks about how she had to take care of her sick sister by herself, without any support from the government. Thandiwe saw her sister’s need for care, and because of the lack of support from the government, she had to step up herself. It is because of this that she wants to work as a volunteer today.

The second element, taking care of, meaning defining *who* has the responsibility to care, refer in this case to the South African welfare policy’s emphasis on private actors (in reality mostly

women's) role in the provision of care services. This is a neoliberal approach to welfare, which stresses less state spending. This approach can, as we have seen, contribute to a reproduction of gender inequalities. This is exemplified in the WPSW's usage of Ubuntu. Ubuntu is in this document defined as a responsibility every citizen has to ensure their own and each other's well-being. In reality this responsibility is mostly covered by women. This is further stressed by the informants' notions of gender inequalities, which I discussed in section 6.2. One of Linda's main points is that women are doing most of the work in Khayelitsha, either as domestic workers or by starting up projects.

The third element, care-giving, refers to the competence of caring that we find in Khayelitsha. As I have pointed out earlier the women have become holders of a set of skills which are care related. They are using these skills to fulfil the care cap in Khayelitsha by opening soup kitchens, day-care centres, offering counselling and home-based care, etc. This can be related to Wærness' term, the rationality of caring. As pointed out in chapter two, Wærness claims that what is defined as the proper way of caring is something which can be learned. These aspects are illustrated by the informants notion of Ubuntu, which is one way of caring they have learned from "the old people". To them, Ubuntu means to make sure that people in their community survive. This way of caring is further reinforced by the welfare state's usage of the concept in policy documents. In such documents the concept is used as an integrated part of a development process where the overall aim is to help people to "achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life" (WPSW 1997: Preamble, point 1).

Finally, the fourth element, care-receiving, can in this context refer to the response the care workers get from their recipients. As we saw in section 6.4, even though the women receive a lot of appreciations and respect from their recipients, they are also met with expectations that are not always easy to satisfy. This dependency from the recipients can also contribute to strengthen the care worker's feeling of responsibility.

When considering these four elements, it also becomes evident that the structural limitations that the care workers meet are huge. These limitations are grounded in access to education, and thus access to the work market. Further, they are located in Khayelitsha, a township where there is an immense need for care. This need for care has in a very small extent been addressed by the Government. This disclaim of responsibility from the state, is mostly

affecting the poor, and reinforces a feminisation of poverty, as there is mostly women who do the caring work.

Sevenhuijsen et al (2003) argues, as mentioned in section 2.1.3, that an ethic of care recognises that women are vulnerable because of the ways society deals with caring responsibilities. Drawing on an ethic of care reveals how the women I have interviewed are placed in an ambivalent position as a result of South Africa's neoliberal policy making. The contextualisation I have made in the matrix above illustrates what potentials embodied by these women, and what challenges the South African government is facing in terms of developing a social policy.

Implementing an ethic of care as a new dimension to the South African approach to human development, enables us to see that this approach is not sufficient when it comes to asking how community care work is valued. An ethic of care helps us to accommodate women's needs as caregivers in the designing of social policy (Sevenhuijsen et al 2003). It also highlights the intersections of gender, race and class that contribute to extend these women's marginalised positions in their society. To explore the processes of caring as a whole, including all of the actors and socio-political aspects involved is crucial in order to avoid a possible reinforcement of gender inequalities in a development process. As Wærness (1987) has argued, we need a framework that is *contextual* and *descriptive*, where personal knowledge and the specific in each situation is our focus.

7.0. Concluding Remarks

The new government after apartheid experienced increasing international pressure to control state spending, and believed that development could not be implemented into the welfare policy without a strong economy based upon neoliberal principles (van der Waal 2008) – principles based upon an emphasis on individuals own responsibility in enhancing their personal well-being. In 1997 the Department of Social Welfare published the *White Paper for Social Welfare* where they present how they wanted to employ development in to the welfare policy.

One of the main goals presented in this document is to help people to “achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life” (WPSW 1997: Preamble, point 1). Further, the department of welfare recognise the importance of a partnership with informal, community based organisations. They acknowledge that non-governmental organisations and community-based organisations employ large numbers of social development workers, and volunteers are a significant human resource. In these organisations, which the Department of Social Welfare defines as some of their most important partners, there is a majority of women working. The department do to some extent acknowledge women’s important care work in families and communities, and their very important role in social development generally. However, a discussion of the gendered division of such care work seems to be missing.

In this thesis I have explored the ways in which the South African approach to development both brings agency and opportunities to women in Khayelitsha, and how it seems to undervalue their caring work, and serve to reinforce gender inequalities. As a theoretical framework for this thesis I discussed different aspects of the human development discourse that South Africa has adopted into their welfare policy. Two central scholars within this discourse are Amartya Sen and his capability approach, and Arjun Appadurai and his notion of aspirations, capacity and capability. Even though these approaches can be useful as tools in development processes, they have also met a lot of criticism. As I pointed out in section 2.3.3,

it can lead to a reinforcement of gender inequality. In order to avoid this I argued that caring practices, also in contexts where care is considered as a part of a development process, needs to be explored more thoroughly – care needs to be seen on its own premises.

Therefore I employed Kari Wærness' term Rationality of Caring, which is a way of thinking that is contextual and descriptive, rather than formal and abstract, and which takes personal knowledge and the specific in each situation into account (Wærness 1978). I also suggested adding an ethic of care as a new dimension to human development, drawing on Joan Tronto (1993). One of the central goals in an ethic of care is to reframe responsibility by challenging neoliberal market logics, and call attention to the ways in which neoliberal discourse, government policy and laws have privatised the responsibility of caring, rather than politicised it (Lawson 2007b).

7.1. Empirical Findings

I chose to divide the empirical part of this thesis into two main chapters: chapter five – Aspirations – focusing on developmental potentials, and chapter six – Responsibilities – focusing on limits. By looking at aspects related to motivations, personal benefits and aspirations for the future, it became clear in chapter five that for all of the informants, life seems to be better now than it was before. Because of the job they are doing in their local community, they no longer have to sit at home with nothing to do, and people in the community know who they are and respect them. They also have become holders of a set of skills, like counselling, childcare, cooking and taking care of sick people.

The informants' aspirations for the future were various, and so were the likelihood of achieving these aspirations. For some of the women, community care work can be said to have opened up doors to go further with their aspirations. For those whose aspirations are to extend their respective projects, it seems very likely that they will manage to do that to some extent. However, they are also met with challenges concerning administration and requirements from the government. Further, for those of the women who are volunteering, achieving their aspirations seems less likely. Most of them have aspirations related to having a profession (for example nursing), which requires an education. As long as they continue to

volunteer for only a small amount of money per month, this will be difficult. Therefore I believe that it is absolutely essential to problematize *how* this care work is valued by the South African welfare state.

In chapter six, the focus was thus directed to the immense gap in the provision of care in Khayelitsha, and the informants' responsibility to fulfil that gap. This responsibility was discussed in the light of an ethic of care. I focused on four aspects that represent the potential problems of the duality of such care work. These aspects are: 1) notions of gender inequality, 2) the welfare state's appearance in everyday life, 3) the recipients of the care services, and 4) the process of turning the traditional concept of Ubuntu in to a neoliberal dynamic.

These four aspects were further looked at through the lenses of Tronto's (1993) four elements of an ethic of care. When considering these four elements it became obvious that the women are faced with many structural limitations. Further, they are located within a context where the need for care has to a very small extent been addressed by the government, as a result of a neoliberal policy over the last decades. I thus argued that drawing on an ethic of care reveals how the women I have interviewed are placed in an ambivalent position as a result of South Africa's policy making. I argued that exploring the processes of caring as a whole, including all of the actors and socio-political aspects involved is crucial in order to avoid a possible reinforcement of gender inequalities in a development process.

7.2. Choices made and thoughts for further research

As mentioned in chapter one, this study is first and foremost a contribution in terms of mapping out some of the challenges that South Africa is facing in terms of developing a social policy, and to draw attention towards the female care workers in Khayelitsha, and their everyday life and needs. When writing a master thesis one is met with limitations of time and space, and one has to make some choices. It can thus only serve as a small contribution to the gap in the literature. One choice I made was to only interview female care workers. What has become apparent in this thesis is that we can see a devaluation of the work the women are doing. A professionalization of the same job would, for many of them, contribute with helping them to achieve their aspirations. The home-based carers in Aluta and the volunteers at Iliso

Care Society are clear examples of that. As we saw in chapter five, many of them aspired to have a profession related to care.

Even though drawing attention towards the care workers is indeed valuable – a closer study of other aspects of the caring processes in Khayelitsha can also be useful. Therefore I will in the following sections suggest two aspects for further research, which I only briefly touched upon in chapter six: 1) Men's role, and 2) the recipients' needs and their notions of their own situation.

7.2.1. Men's role

As mentioned in section 6.2, Khayelitsha is an area characterised by a high degree of gender inequality. In one of the quotes presented in this section the principal at Sizisa Ukhanyo Pre-school, Linda, clearly points out that even though men have greater access to the job market, women are doing most of the work in Khayelitsha, either as domestic workers or by starting up a project in the community. This could imply that there are differences between men and women who are unemployed in terms of access to “alternative work” or activities to avoid sitting at home with nothing to do. Women already have a lot of experience with care work, of which there is a great need, while men do not have as strong a role in the domestic sphere as women. In section 6.2, I also pointed out that because of the growing interest in poor women as agents in human development, men can have been left behind. The challenge is thus to not forget about men and their potentials in development processes. A more thorough analysis of these issues could be useful in a context like Khayelitsha: why are not unemployed men working?

7.2.2. The recipients' needs and their notions of their own situation

The recipients of the care services have been addressed in section 6.4. of this thesis, where the focus was on “acknowledgements and expectations”. However, since my focus has been on the care workers, the aspects concerning the recipients were seen from the care workers point of view. As we saw in section 6.4., what becomes visible in the stories of my informants is

that even if most of the recipients acknowledge and appreciate this care work, it also creates a dependency for some, which results in growing expectations that sometimes can be difficult to fulfil. For further research it would be interesting to look at the recipients' point of view. This study has highlighted the care workers chances of life improvement through their work, from a recipients point of view it would be interesting to look at how this work really affects *them* and *their* notions of their own situation. In other words what are the recipients' experiences with the care they receive, and to what extent does it fulfil their needs?

7.3. Closing Comments

What is remarkable about the community-based care activities in Khayelitsha is that even though they at first glimpse seem unorganised, there is a very strong system there, which is based upon their own experiences and their knowledge of their everyday life. In other words, the resources of creating a sustainable welfare system should already be in place, indicated by people's (read: mostly women's) will to enhance their own and each other's quality of life.

It is important to note that the intentions in the White Paper for Social Welfare (1997) and in human development in general are good. These approaches are trying to put light on the poor and *their* role in development processes, and to avoid a way of thinking of the poor as weak and helpless regarding their own situation. However, this practice of emphasising the individual's responsibilities – which is very much in line with a neoliberal thought tradition – is not sufficient without a stronger formal acknowledgement from public institutions. It thus becomes a question of how to implement these intentions in to the real life, so that they can work out *better* in practice.

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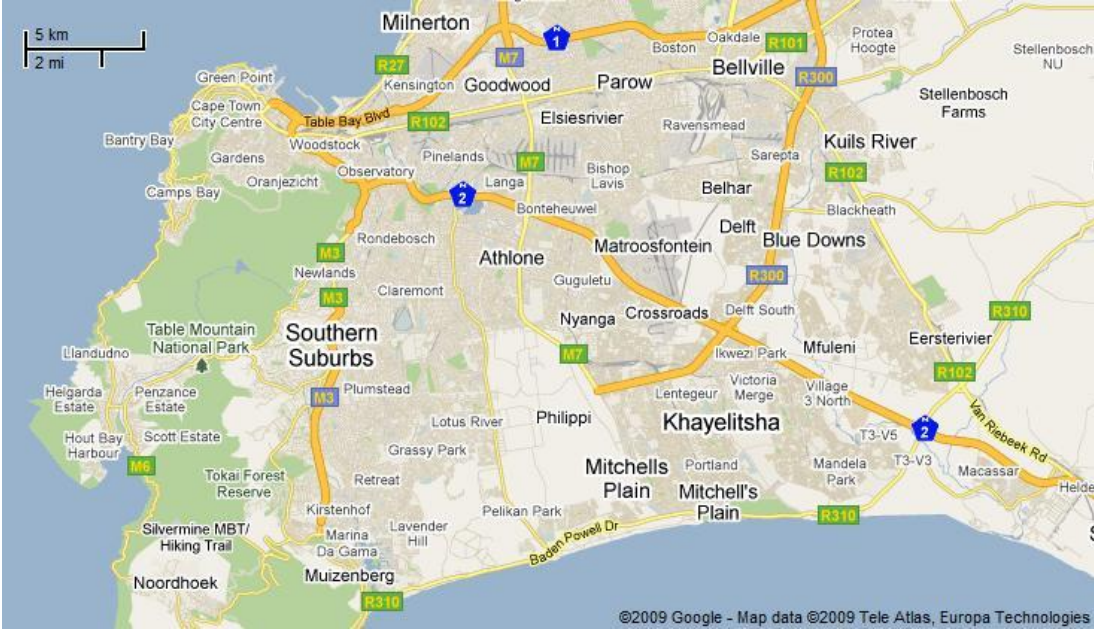
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Appendix I: Map of South Africa



Resource: <http://www.embassyworld.com>

Appendix II: Map of Cape Town



Resource: Google Maps

Appendix III: Interview Guide

The informant's background

can you please tell me a little bit about yourself?

Khayelitsha

Can you please tell me about Khayelitsha? How would you describe the area for someone that has never been here?

Volunteer work

Questions about the work; what they exactly do;

- What is your main role at the organisation?
- What are your tasks?
- How often do you work?
- Do you have another job next to the work you do for the organisation?
- Who are you working together with?
- What are the problems that you face in your work?
- Why do you want to participate in this type of work? What is the motivation?

Information about the recipients of this volunteer work

- Who receives your help?
- How many people come to the organisation during the day?
- Mostly women or men, or equal amount?
- Why do they come to Iliso? Different reasons?

Social problems

- South Africa is facing social problems like crime and violence. What can you say about these issues?
- What can you say about gender violence in your local community?
- How does these issues relate to poverty?
- How does these issues relate to the problems with HIV/ Aids?
- Do you feel that the work you do can contribute to a positive change to these problems?
- If so, in what ways?

“Ubuntu”

- What does Ubuntu mean?
- Does the concept Ubuntu relate to your work?
- What is Ubuntu for you?
- Does the principle of Ubuntu have anything to do with your work?

Agency & Care

- Can you say that being active in your local community and caring about other people helps you to be a stronger person? If so, in what ways?
- Can you say that it strengthens your life quality? If so, in what ways?
- How do you think your life would be if it wasn't for the organisation?
- Are you familiar with the term “Agency”? What is agency to you?
- Amartya Sen describes the term “agent” as someone who acts and brings about change. Do you recognise yourself in this definition? Do you see yourself as a person that acts and brings about change?
- What about the people that comes to the organisation? What do you think agency means for them?
- Do you think that the help and care they receive from you contributes to strengthen their life quality?

Appendix IV: List of Figures

Figure 1: Site C seen from the N2

Figure 2: In front of Sizisa Ukhanyo Pre-School

Figure 3: In front of Iliso Care Society

Figure 4: The soup served at Iliso

Figure 5: Iliso Care Society's slogan

Figure 6: Matrix: Four elements of an ethic of care

All of the photos used in this thesis are taken by me.