

United Nations Expert Group Meeting on  
“Promoting Empowerment of People in  
Achieving Poverty Eradication, Social  
Integration and Full Employment and  
Decent Work for All”,  
10-12 September 2012  
United Nations, New York

## **Role of Families in Social and Economic Empowerment of Individuals**

Prepared by

Zitha Mokomane, PhD.

*Human Sciences Research Council of South Africa*

[zmokomane@hsrc.ac.za](mailto:zmokomane@hsrc.ac.za)

## **Introduction**

While there is no consensus about its definition, empowerment—broadly construed—refers to the process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes (World Bank, 2012). The World Bank asserts that empowerment essentially:

- addresses the plight of marginalised people who generally lack self-sufficiency and self-confidence as a result of being denied opportunities and/or due to discrimination based on their disability, race, ethnicity, religion, age or gender;
- provides opportunities for marginalised people, either directly or through the assistance of non-marginalised others who share their own access to these opportunities; and
- thwarts attempts to deny those opportunities, and encourages and develops the skills for self-sufficiency.

All in all, therefore, empowered people and groups have freedom of choice and action which enables them to better influence the course of their lives and the decisions which affect them (World Bank, 2012).

While the key dimensions of empowerment includes legal empowerment (empowering people to demand and exercise their rights while at the same time strengthening institutions so that they can better respond to the needs of people), and political empowerment (the ability of marginalized groups to influence processes and decisions that affect their well-being), this paper will focus on the two other dimensions of empowerment: social and economic. Social empowerment refers to the capacity of individuals and groups—through developing a sense of autonomy and self-confidence—to foster the relationships and institutional interactions necessary for their well-being and productivity. It is closely related to social integration and poverty eradication, and is strongly influenced by individual assets (e.g. housing, livestock, savings) and human (good health and education), social, (e.g. social belonging, sense of identity, leadership relations), and psychological (e.g. self-esteem, self-confidence, aspirations for a better future) capabilities (GSD, undated). Economic empowerment, on the other hand, enables marginalized people to think beyond immediate daily survival and assert greater control over their resources and life choices, especially decisions on investments in health, housing and education. Through improving participation in economic activity and promoting productive employment and decent work it, economic empowerment facilitates poverty reduction and social integration.

For the purpose of this paper, the role of families in enhancing the social and economic empowerment will be discussed in the context of individuals that fall under the mandate of the United Nations Commission for Social Development, specifically: youth, older persons, and people persons with disabilities. Particular focus will also be placed on developing countries, particularly sub-Saharan Africa.

## **Social and economic empowerment of individuals: The role of the family**

A large and established body of research evidence has shown the significance of the family as a major institution for carrying out essential production, consumption, reproduction, and accumulation functions that are associated with the social and economic empowerment of individuals and societies. The key pathways to these functions and, in turn, to social and economic empowerment include family capital and family resilience. The concept of family capital borrows from the literature on social capital where the latter refers to “resources embedded within a person’s social network that influence decisions and outcomes by shaping a personal identity while delineating opportunities and obstacles within a person’s social world” (Belcher et al, 2011:69). Social capital has also been described as “those social relationships that allow individuals access to resources possessed by their associates, and to the amount and quality of those resources upon which people depend for social, economic and emotional support” (Belsey, 2005:17). To this end family capital provides enabling resources and strengthens the capacity of individual family members to function and attain their current and future goals and objectives.

Family resilience, on the other hand, refers to the ability of families “to withstand and rebound from disruptive life challenges” (Walsh, 2003:1) and is especially critical for the most vulnerable individuals and families who, in terms of family function, can be described as those likely to experience the following (Belsey, 2005:20):

- the inability to meet the basic needs of their members in the areas of gender, nutrition, shelter, physical and emotional care, and the development of individual;
- Physical and psychological exploitation, the abuse of individual members, discrimination against the family or individual members, injustice in the distribution of rights and responsibilities and/or distortion of the roles of family members; and
- a higher likelihood of breaking up as a consequence of external economic, social and/or political factors.

According to Silliman (undated:3), families and their members demonstrate resiliency when they build caring support systems and solve problems creatively, while their resilient behaviour can be reflected in the maintenance of normal development of optimism, resourcefulness and determination despite adversity (Silliman, undated; Belsey, 2005). These strengths and resources enable individuals to respond successfully to crises and challenges, to recover and grow from those experiences, and to generally attain empowerment (Walsh, 2003).

Against the above background it is evident that both family capital and family resilience emphasize the importance of nonmaterial resources which, while not easily measurable, have a significant effect on the family’s ability to shape the future. These are attained through instrumental and affective roles of the family (Patterson, 2002). Instrumental roles are concerned with the provision of physical resources such as food, clothing and shelter while affective roles promote emotional support and encouragement of family members (Peterson, 2009). Those roles that have the potential to enhance the socio-economic empowerment of individuals include membership and family formation; economic support; nurturance, support, and socialisation; and protection of vulnerable members.

### ***Membership and family formation***

As the seat of the first integration of individuals into social life, families are the major source of their members' basic personal and social identity, and capacity for love and intimacy. As the Centre for Social Justice in the United Kingdom posits:

It is within the family environment that an individual's physical, emotional and psychological development occurs. It is from our family that we learn unconditional love, we understand right from wrong, and we gain empathy, respect and self-regulation. These qualities enable us to engage positively at school, at work and in society in general (Centre for Social Justice, 2010a:6).

Indeed, the family environment in which children grow up has been considered a key predictor of their future outcomes (Putnam, 1993; Centre for Social Justice, 2010b). International multidisciplinary research evidence, for example, indicates that children growing up in low-income families and households—where parenting practices and behaviour are created as a result of economic strain and material hardship—generally experience social and health conditions that place them at risk of later academic, employment and behavioural problems (Shanks & Danzinger, 2005). Conversely, early positive childhood experiences acquired through strong and effective parent-child attachment and communication; a nurturing, loving family environment; enhancement and support of academic functioning; and monitoring of peer influence promotes the development of pro-social and foundational psychosocial systems in children and young people (Perrino et al, 2000; Centre for Social Justice, 2010b).

Stable functional families have also been shown to contribute to youth social empowerment by providing many of the factors that protect young people from engaging in risky sexual behaviour, drug use and abuse, delinquency, and other anti-social behaviours (Perrino et al, 2000). It has been shown, for example, that teenagers who talked with their parents about sex are also more likely to discuss sexual risk with their partners, and are less likely to be involved with deviant peer groups (Perrino et al, 2000; Whitaker and Miller, 2000). In a very general sense, therefore, negative family experiences—poor child-parent attachment; a chaotic, dysfunctional, abusive, neglectful, or impoverished family environment may directly or indirectly hamper youth's social and economic empowerment. For example, explanations have been offered at several levels as to how poverty may increase youth's susceptibility to socio-economic and health disadvantages. Many research findings have shown that at its core, poor childhood is associated with weak endowments of human, capital and financial resources such as low levels of education and literacy, few marketable skills, low labour productivity, and generally poor health status—all of which can exacerbate young people's socio-economic and health vulnerabilities including HIV infection (Ganyaza-Twala & Seager, 2005). With regards to the latter, it has also been argued that many poor young people often adopt risky sexual behaviour not because prevention messages do not reach them, but because such messages are often irrelevant or inoperable given the reality of their lives. As Eaton et al (2003) found in South African, for young people struggling for daily survival, protection from possible future illness may be a lower priority than meeting immediate economic needs.

### ***Economic support***

In developed countries, financial safety nets for individuals facing economic setbacks are typically provided by comprehensive social security systems, pensions, insurance, banks, and credit unions. In developing countries such institutions are extremely limited and where they exist they are typically only available to the better-off (Canning et al, undated). In the latter countries, therefore, people generally rely on their family for support in times of financial and economic setbacks, and as Canning and colleagues assert, families contribute to the economic empowerment of their members by playing a “role of insurer of last resort, providing aid and solace when all else fails and preventing temporary setbacks from becoming permanent” (Canning et al, undated: 4).

In Africa, as in many other developing regions (see for example, Fuligni, 1999; Carapas, 2011) the extended family is a long established institution which provides its members with sophisticated social security system, an economic support to meet their basic needs for food, shelter, and clothing, and a wide circle of relatives on whom to fall back in times of crisis, unemployment, sickness, poverty, old age, and bereavement (African Union, 2004:3). Indeed the African Union asserts that the continent’s development thus far can be largely attributed to the strength of the family as large families were traditionally a source of labour and prosperity, and the extended family ensured that poor families were generally supported by the better-off. The practices of *education or training* fostering (where children are boarded out with relatives who are expected to provide formal education to the younger one, often in return to have themselves received educational assistance) and *alliance building* fostering (where children are sent out as wards to the homes of non-relatives, including friends and acquaintances of respected social standing to establish and strengthen social, economic or political alliance) are examples of how this was, and continues to be, achieved (Isiugo-Abanihe, 1985)

### ***Nurturance, support, and socialisation***

The family’s affective role of nurturing and supporting its individual members includes promoting and safeguarding the health of children as well as instilling moral and social values in them, with the overall goal being to ensure that the next generation is productive and socially responsible (Perrino et al, 2000; Peterson, 2009). To execute this role parents and other adult family members generally exert considerable influence as teachers and role models for children through skill building, limit setting or discipline, and as models of healthy and competent behaviour (Perrino et al, 2000).

Intergenerational solidarity, which manifests itself when “one generation uses its vantage position of being outside a particular generation to be of assistance to a generation in need” (Biggs 2007), is an additional pathway to achieving this role. For example, in addition to child socialisation discussed earlier, the traditional African extended family is also the base for reciprocal care-giving relations between generations where older persons play a major role in taking care of grandchildren while younger family members are the main caregivers of older members (Blanc & Lloyd, 1994). Asian societies also have a strong traditional culture of intergenerational support where children are expected to have a sense of gratitude towards their parents and an obligation to provide care for them in their old age. At the same time, the extended family—grandparents, aunts, and other relatives—are counted upon to provide child care-giving support (Caparas, 2011). In Latin America many societies possess a collectivistic orientation which underscores a strong concern for the fate and well-being of

one's kin, and the need for family members—young and old—to support each other and to assist in the socio-economic maintenance of the family (Fuligni et al, 1999).

All in all, therefore, the nurturing and supporting role of the family can enhance the social and economic empowerment of both older persons and young people. Essentially, developing connections with a younger generation can help older adults to feel a greater sense of fulfilment, while linking older adults with youth can provide advantages for both groups including providing an opportunity for both to learn new skills; giving the child and the older adult a sense of purpose; helping children to understand and later accept their own aging; invigorating and energizing older adults; helping reduce the likelihood of depression in the elderly; reducing the isolation of older adults; and helping keep family stories and history alive (Spence & Radunovich, undated):

The provision of childcare support by grandparents and other family members can also be invaluable in facilitating parents' participation in the labour force. As the European Commission, (2009:18) concluded "without the help of grandparents, many women in Europe would be unable to go back to work, especially in those countries where childcare structures are still inadequate". Similarly, in many African societies members of the extended family such as mother-in-laws or sister-in-laws from either the husband's or wife's family make themselves available—right from birth—to assist in caring for a new-born baby and the nursing mother, a practice that lessens the emotional and physical burden that a nursing mother goes through during the early period of childrearing (Wusu & Isiugo-Abanihe, 2006). This kinship support for care responsibilities generally continues throughout the childrearing years and enhances parents' participation in income generating and socially enhancing activities, thus contributing to social and economic empowerment.

### **Protection of vulnerable members**

In addition to childcare support, families typically provide protective care and support for their disabled, frail, ill, and other vulnerable members who cannot care for themselves. As Nukuya (1992:4) observed, the family is a "social arrangement in which an individual has extensive reciprocal duties, obligations and responsibilities to his relations outside his nuclear family".

In the context of high HIV and AIDS prevalence in sub-Saharan Africa, a substantial body of literature provides evidence that grandparents particularly grandmothers, have increasingly taken up the responsibility of caring for the sick and the dying, and for grandchildren orphaned or made vulnerable by the epidemic. According to UNICEF (2007), more than 90 per cent of orphans in many countries of the region are living with extended families, with most being cared for by grandparents. Save the Children (2007), for example, found that in Namibia, South Africa and Zimbabwe, 60 per cent of orphans and other vulnerable children were living in grandparent-headed households. This 'crisis fostering'—defined as the boarding out of children as a result of the dissolution of the family of birth by, among other things, the death of one or both parents—is a major source of social and economic empowerment for the orphans as it generally improves the children's survival chances by removing them from the source of a crisis (Isiugo-Abanihe, 1985).

Families—especially women and older persons—are also primarily responsible for executing the home-based care model through which many many African governments shifted the burden of HIV and AIDS-related care from the state to families and communities. In terms of social and economic

empowerment of those individuals infected and affected by the epidemic, potential benefits of home-based care include that (see, for example, Fox et al, 2002; Ogden et al, 2006):

- the sick are surrounded by people they love and are familiar with, and hence are more likely to receive more flexible and nurturing care;
- the distress of travelling to and from hospitals or health centres—for both the sick and their families—is removed;
- expenditure on transport and hospital costs is also reduced;
- in being cared for at home, a person with HIV or AIDS may be in a ready position to work or look after family members for short periods of time while the primary earners work. This promotes social empowerment for the sick and economic empowerment for other individuals in the family; finally
- the time the family would otherwise use travelling to and from hospital can instead be spent on other life-enhancing social and economic activities.

In a different vein and against the background of the global economic crisis and widespread youth unemployment, recent evidence shows that increasing proportions of young people are living longer with their parents, and are entering the labour market later than was previously the case. In such cases these young people often rely on their parents and grandparents for financial assistance to access basic socio-economic resources, and in turn empowerment (European Commission, 2009).

In terms of the individuals and groups of interest to this paper, the protective role of families is particularly relevant for people with disabilities. Generally, with no stable income, people with disabilities have to depend on the mercy of family members, well-wishers and charity groups for hand-outs to sustain their livelihood (Tsengu et al, undated). Tsengu and colleagues, however, argue that “the ability of [people living with disabilities] to earn a living for themselves rather than depending on others for a living, is a cornerstone for their economic empowerment”(Tsengu et al, undated:57). To this end, families’ resiliency, reflected in their absorption of the added demands on time, emotional resources and financial resources, are the most critical source of support for people with disabilities.

### **Changing family circumstances and the challenge for social and economic empowerment**

The discussion in the foregoing section can be succinctly summarised by the following statement:

The family plays a key role in preventing social alienation, because it is the one structure individuals are part of by birth rather than by choice. Even if all other institutions fail individuals, they can always turn to their family in times of difficulty if the institution of the family is functioning. Without the family to fall back on in times of stress, the likelihood that individuals leave society and enter the underclass when for example, they face unemployment, increases (Canning et al, undated:7).

Against this background, some of the prevailing socio-economic transformations taking place in contemporary sub-Saharan Africa are noteworthy as they create family circumstances associated with economic fragility and debilitating poverty (Dintwa, 2010) and hence threaten the social and

economic empowerment of individuals. These include persistent poverty, high proportions of female-headed households, absentee fathers, and the high level of HIV and AIDS prevalence.

### ***Persistent poverty***

Although Africa has, over the last decade, experienced rapid economic growth and declines in the poverty rate and the absolute number of poor people poverty continues to deter families in the continent from playing their various roles, and hence makes it difficult for individuals to realise full social and economic empowerment. In essence, just less than half (47.5 percent) of people in sub-Saharan Africa were living on less than US\$1.25 per day in 2008, a decline from 52.3 percent and 56.5 percent reported in 2005 and 1990 respectively (UNDP, 2012). It is also universal knowledge that a third of sub-Saharan Africans are underfed, largely as a result of the region's dependence on small-scale subsistence agriculture which is increasingly affected by environmental and climate changes (Cook & Kabeer, 2009).

According to UNDP (2012), the slow pace of poverty reduction in the continent can be linked to low employment creation, and gender inequality, among other things. For example, over 75 per cent (up from 21 per cent in 1990) of the labour force was employed in the informal sector in 2008 (Economic Commission for Africa, 2010). While the informal sector has the potential to play a pivotal role in job creation and bolstering entrepreneurial activities, it is notorious for long working hours, low productivity, low earnings and high poverty among its workers. Overall, informal sector workers are generally known to live and work under the harsh conditions associated with such shocks as illness, loss of assets and loss of income. They also have little or no access to formal risk-coping mechanisms such as insurance, pensions and social assistance (African Union, 2009; World Bank, 2009).

A disproportionate burden of poverty in sub-Saharan Africa is borne by women as they typically assume more household responsibilities, spend a larger portion of their time on unpaid care work than men, and form a greater proportion of discouraged work seekers (UNDP, 2012). This situation is further exacerbated by the inadequate provision of childcare facilities, causing the amount of time women spend on wage work to be reduced, and their vulnerability to poverty to increase.

By the same token, while youth in sub-Saharan Africa have lower unemployment rates than their North African counterparts, they are over-represented among the working poor as they find it more difficult to secure formal employment than adults, owing to their short or no work experience and limited professional networks. In consequence, even if they find work, the jobs "tend to be characterised by low wages, poor working conditions and few opportunities for skills development" (UNDP, 2012:19). Therefore, like women, young people's social and economic empowerment is generally hampered by persistent poverty on the region.

### **Female-headed households**

As a result of transformations such as, among others, increased marriage timing and increased female educational attainment, female-headed households have become a discernible pattern on the African social landscape, with recent figures showing that these type of households account for more than 20 percent of all households in many countries of the region (Bigombe & Khadiagala, 2003; Mokomane, 2012). This pattern has implications for the social and economic empowerment of individuals in these

households given that female-headed households have been shown to be generally disadvantaged in terms of access to important socio-economic resources such as land, livestock, credit, education, health care and extension services (Connell, 2003; Ellis & Adams, 2009:14; UNECA, 2009).

### **Absentee fathers**

Due to the changed marriage patterns (Mokomane, 2012) and the high prevalence of female-headed households discussed above, the phenomenon of absentee fathers—where a father is alive but is socially, emotionally and/or financially absent in his child(ren)'s lives—is notably increasing in some African countries. In South Africa, for example, the Institute of Race Relations recently released figures showing that the proportion of fathers who are absent but living increased from 42 percent to 48 percent between 1996 and 2009. Conversely the proportion of fathers present decreased from 49 percent to 36 percent over the same time period (Holborn & Eddy, 2011). While poverty, high rates of unemployment, and financial constraints may contribute to large numbers of fathers failing to take responsibility for their children this trend is a cause for concern given the significant body of evidence showing the positive effect of the presence and active involvement of a father in a child's life chances; academic performance; and social, emotional and cognitive functioning (Engle et al, 2006; Richter, 2006; Kang & Weber, 2009). Overall, this phenomenon can negatively affect the social empowerment of children and young people.

### **HIV and AIDS**

That sub-Saharan Africa remains the epicenter of the HIV and AIDS epidemic is well established. Among the most evident impact of this epidemic has been the great strain on the care-related activities of families, often with critical implications for gender inequality and overall social and economic empowerment. For example, while the home-based care model discussed earlier has eased the pressure on public health systems that do not have adequate resources, it is done with the assumption that there is adequate community and family support to meet the needs of those who are sick. However, the socio-economic realities of the continent means that majority of caregivers have little choice than to combine their caregiving roles with those of work or other income-generating activities. This often has important spill-over effects at both work and home. A study in Botswana, for example, found that HIV caregivers are more likely to take leave from work, to take this leave for longer period of time than non-HIV caregivers, and for the leave to be unpaid—factors that can affect income and, to some extent, job security (Rajaraman et al, 2008).

It has also been shown that adults caring for children orphaned by AIDS face substantially greater obstacles in both caregiving and work responsibilities than other families. Generally, those caring for orphans have difficulties and problems providing adequate care for the health and development of the orphans and for their own children because of work conditions (Heymann et al, 2007). In Rajaraman and colleagues' Botswana study, working mothers with HIV and AIDS caring responsibilities spoke of how they were often unable to cook for and bathe their children or help them with homework. It is thus not surprising that the study also found that children of HIV-caregivers had relatively poorer academic and behavioural outcomes than children of non-HIV caregivers (Rajaraman et al, 2008). These factors place the children at risk of later social and economic disempowerment.

Furthermore, to the extent that the HIV and AIDS ‘care economy’<sup>1</sup> is performed primarily by women, it tends to reduce women’s time to do other potentially life-enhancing activities such as engaging in the labour force and other income generating activities, participating in skills building projects, or further education programmes, and to attend to other social relationships (International Labour Organisation, 2004). Heymann et al (2007), for example, noted that in Botswana, caring for children orphaned by AIDS impacted the time caregivers could care for other family members including their parents and in-laws: caregivers spent 34.7 hours per month caring for parents and in-laws compared with 43.7 hours for those without orphan care-giving responsibilities. The study concluded that the challenges of meeting the work and caring responsibilities severely restricts women’s options, often forcing them to choose between employment and care, or to combine them, all of which require painful trade-offs in terms of quality of employment and/or quality of care and long-term consequences for escaping poverty and achieving overall empowerment (Heymann et al, 2007). This was echoed by Urdang (2006:167) in a paper on the care economy in Southern Africa:

The role of primary care giver is an undertow that pulls women out of regular employment (whether formal or informal), extracts girls from school to assist in the caregiving, prevents women from seeking medical treatment when they have no one to care for children and their homes in their absence, escalates household tension into violence when women cannot provide food on time or adequately perform other aspects of their expected domestic roles. The burden on women and girls to look after the ill can create a time poverty so severe that households implode under the strain.

## **Conclusion and recommendations**

This paper highlighted how families—through their capital and resilience—can contribute to the social and economic empowerment of individuals. It further showed that despite these attributes that families in Africa are facing family circumstances that are associated with economic fragility and debilitating poverty. These include persistent poverty, increased proportion of female-headed households, absentee fathers, and HIV and AIDS.

Given this background and the evidence of limited social protection programmes in sub-Saharan Africa, the overall conclusion is that it is imperative for governments in the region to put in place programmes and policies that will improve families’ ability to purchase more goods and services that are valuable in maintaining basic child welfare and for enhancing child development. Programmes are also needed to improve family relations, increase the chance and opportunities for employment, and overall to enhance families’ ability to function, learn and improve their socioeconomic status.

Equally important is for social protection programmes in Africa to be gender-sensitive, so as to empower women and girls and, by extension, improve household well-being and economic empowerment. Gender-sensitive programme and policies will also address the increasing calls for the involvement of men and fathers in the care and maintenance of their families (see, for example O’Brien, 2011; Richter et al., 2011), and that can curtail the seemingly increasing phenomenon

---

<sup>1</sup>This is described as the unremunerated work undertaken within the home, which ensures the physical, social and psychological maintenance and development of family members, as well as ‘volunteer’ activities in the community that keep the social fabric in good order (Ogden, et al, 2004)

ofabsentee fathers. All in all, the ‘family security approach’ is worthy of consideration. According to Shanks &Danzinger, 2011: 48) this approach holds that:

No single program is likely to be enough. And although the most concrete issue for a family may be insufficient income, ‘fixing’ income support policies alone might not take us far enough along in a risk and protection framework. Families with children, especially those headed by young single women, could undoubtedly use better-designed cash and financial help with housing, child care, food, and job training to make ends meet. However, to prevent a lifetime of poverty and dead-end jobs, a host of other resources – education, parenting support, services to provide their children a nurturing home environment, and high-quality early child care – are needed. Given that families often experience spells in and out of poverty throughout the life course, it would be strategic to assist parents of young children to increase their educational attainment and plan a better life for themselves and for their children. Work-related participation requirements might be part of a broader goal to improve long-term outcomes for entire families.

Against the above background, and given the high informality of the sub-Saharan African labour market, non-contributory social protection is the most likely avenue to ensure longer-term economic and social ‘health’ and empowerment of individuals in the region. For example, while the primary objective of cash transfers is almost invariably to enable household consumption, conditional cash transfers have the added advantage of building human and physical capital through the education, health and sometimes training conditions that are attached to them (Slater, 2011). Among the most established and rigorously evaluated CCTs programmes is Brazil’s *BolsaFamilia* and Mexico’s *Oportunidades* (previously Progresa). The key achievements of these programmes that are related to social and economic empowerment are shown in Box 1 below (International Social Security Association 2010; Barrientos et al ,2010).

**Box 1. Impacts of CCTs in selected Latin American countries**

***BolsaFamilia*<sup>2</sup>**

Implemented in 2003 and coordinated at the federal level, *BolsaFamilia* is a conditional cash transfer programme targeted at families living below the poverty line that aims to combat poverty and promote social inclusion. Allowances are paid subject to certain conditions being met, such as mothers and children attending health check-ups and receiving vaccinations and children attending school. The programme’s cash benefits are paid directly to the family, preferably to the mother.

In 2008, the programme, with an estimated cost of 0.45 per cent GDP, covered the entire country and served some 10.55 million Brazilian families living on an income of between BRL 20 and BRL 182 per months. This was equivalent to nearly one-quarter of the country’s total population. The programme has increased the incomes of covered families by nearly 25 per cent.

The Programme’s main achievements are:

- The immediate alleviation of poverty through the provision of cash transfers. Among children younger than age 13 it has reduced the poverty rate from 52.2 per cent to 49.2 per cent
- Helping to break the intergenerational cycle of poverty in some families
- Improved social cohesion by strengthening the family unit.
- As a tax-financed programme, it contributes to improved income distribution.
- By increasing family disposable income, it acts as a catalyst for local economic activity.

***Oportunidades*<sup>1</sup>**

This programme aims (1) to improve schooling, health, and nutrition of poor households particularly children and their mothers and (2) to ensure that households have sufficient resources so that their children can complete basic education.

The programme provides income transfers to poor households on the condition that they send their children to school and attend regular health checkups. The programme began operating in rural areas but was extended to urban areas in 2003. An

extension to additional urban areas in 2009 has been made with some additional training and microenterprise support mechanisms.

The Programme's main achievements are:

- 10 per cent reduction in primary school desertion and 24 per cent increase in secondary school registration. Dropout rates decreased by 24 per cent with a corresponding rise in completion rates for secondary schools in rural areas of 23 per cent
- A 42 per cent increase in the probability of entering secondary school for boys and 33 per cent for girls.
- A 22 per cent increase in total family consumption for rural areas and 16 per cent in urban areas.

To curtail high youth unemployment and weak skills availability, many countries around the world are also putting in place conditional programmes for young working-age people that focus on grants, subsidies or services aimed at improving labour market prospects, whether through enhanced education attainment or work opportunities. The Youth Employment Inventory (YEI) database<sup>2</sup> shows positive results in many of the evaluations of these interventions which are categorised into five main groups: skills training, entrepreneurial promotion, employment services, subsidised employment, and reforms of labour market regulation and legislation. The YEI is a World Bank initiative that provides comparative information on more than 400 youth employment interventions from around 90 developing and developed countries worldwide. The YEI database includes a range of completed and on-going interventions

Estimates of the poverty impact of unconditional cash transfers, on the other hand, can be gleaned from the evaluation results of old age pensions in Southern Africa. The results generally show that these transfers are often deployed to ensure children's schooling, improve health care and re-allocate productive resources within households (Adato & Bassett, 2008; Niño-Zarazúa et al, 2010). It has been found, for example that girls in households receiving a non-contributory social pensions are more likely to attend school, succeed academically, and have better health and nutrition indicators than children in similar households that do not receive the pension (International Social Security Association, 2008). Box 2 below shows results of other evaluations in Southern Africa.

#### **Box 2. Evaluating the impacts of pensions in Southern Africa**

Non-contributory pensions in South Africa reduce the country's overall poverty gap by 21 per cent, and for households with older people by more than half (54 per cent) while virtually eliminating poverty for households with only older people (a reduction of 98 per cent).

In Mauritius the share of older people in households below the poverty line is 64 per cent without the non-contributory pension but only 19 per cent with the non-contributory pension.

In Lesotho, 60 per cent of the monthly pension received by person aged 70 years and older is redirected consistently to children—to purchase school uniform, books, and health care. Evidence suggests that this has halved Lesotho's hunger rate.

Furthermore, 21 per cent of the surveyed recipients in Lesotho spent part of their pension creating jobs ranging from general household chores to farm work.

Some older people in Namibia use their pension to invest in livestock and other agricultural activities, and to access credit (accepted as collateral)

Source: Adapted from International Social Security Association (2008).

<sup>2</sup>The YEI database is available at <http://www.youth-employment-inventory.org/> (last accessed 14 February 2012).

## References

- Adato, M., & Bassett, L. (2009). Social protection to support vulnerable children and families: The potential of cash transfers to protect education, health and nutrition. *AIDS Care*, 21(S1), 60–75.
- African Union (2004). *Plan of Action on the Family in Africa*. Addis Ababa: African Union.
- African Union (2009). *Social Policy Framework for Africa*. Addis Ababa: African Union.
- Barrientos, A., Niño-Zarazúa, M. & Maitrot, M (2010). *Social Assistance in Developing Countries Database*, Version 5.0. Manchester; Brooks World Poverty Institute
- Belcher, J.R., Peckuonis, E.V. and Deforge, B.R. (2011). Family capital: Implications for interventions with families, *Journal of Family Social Work*, Vol. 14:68-85.
- Belsey, M.A. (2005). *AIDS and the family: policy options for a crisis in family capital*. New York: United Nations.
- Biggs, S. (2007). Concepts of Generation: social, psychodynamic and gerontological approaches, *Journal of Social Issue*, 65(4): 695-713.
- Bigombe, B., & Khadiagala, G. (2003). Major trends affecting families in sub-Saharan Africa. In *Major Trends Affecting Families*. New York: United Nations.
- Blanc, A.C. & Lloyd, C.B. (1994). Women's work & childbearing over the life cycle in Ghana, in A. Adepoju & C. Oppong (Eds.) *Gender, Work & Population in sub-Saharan Africa*. London: James Currey :Ltd.
- Canning, D., Mitchell, M., Bloom, D. and Kleindorfer, E.L. (undated). *The family and economic development*. Harvard Institute for International Development.
- Caparas, V.Q. (2011). *Work-family balance and family poverty in Asia: An overview of policy contexts, consequences and challenges*. Paper presented at the United Nations Expert Group meeting on Assessing family policies: Confronting family poverty and social exclusion & ensuring work-family balance, 1-3 June 2011, New York.
- Centre for Social Justice. (2010a). *Green Paper on the Family*. Artillery Row: Centre for Social Justice.
- Centre for Social Justice, (2010b). *The Next Generation: A policy report from the Early Years Commission*. Artillery Row: Centre for Social Justice.
- Connell, R. W. (2003). *The Role of Men and Boys in Achieving Gender Equality*. Paper presented at The Expert Group Meeting on Achieving Gender Equality, Organized by the United Nations Division for the Advancement of Women in collaboration with UNDP, ILO and UNAIDS 21–24 October 2003, Brasilia, Brazil.
- DintwaKF (2010). Changing family structure in Botswana. *Journal of Comparative Family Studies* (41): 281-297.
- Eaton, L., Flisher, A.J., and Aaró, L..E. (2003). 'Unsafe sexual behaviour in South African youth', *Social Science and Medicine*, Vol. 56: 149-165.
- Economic Commission for Africa (2010). *Economic report for Africa 2010: promoting high-level sustainable growth to reduce unemployment in Africa*. Addis Ababa: Economic Commission for Africa (ECA).
- Ellis, C. & Adams, W. (2009). *Families, households and children*. Available at [www.dsd.gov.za](http://www.dsd.gov.za) Retrieved 20 August 2012.
- Engle, P., Beardshaw, T. & Loftin, C.R. (2006). *The child's right to shared parenting*, in L. Richter and R. Morrell (eds.) *Baba: Men and fatherhood in South Africa*. Cape Town: HSRC Press. Pp. 293-305.
- European Commission (2009). *Jumping the generation gap: How the EU promotes intergenerational solidarity*. Available at [ec.europa.eu/social/BlobServlet?docId=3217&langId=en](http://ec.europa.eu/social/BlobServlet?docId=3217&langId=en). Retrieved 3<sup>rd</sup> September 2012.

- GSD (Undated). *Empowerment and accountability*. Available at [www.gsdc.org](http://www.gsdc.org). Retrieved 3<sup>rd</sup> September 2012.
- Fox, S. et al (2002). *Integrated Community-Based Home Care (ICHHC) in South Africa: A Review of the Model Implemented by the Hospice Association of South Africa*. The Centre for AIDS Development, Research and Evaluation (Cadre).
- Fuligni, A. J., Tseng, V., & Lam, M. (1999). Attitudes toward family obligations among American adolescents with Asian, Latin American, and European backgrounds. *Child Development*, 70, 1030–1044
- Ganyaza-Twala, T. & Seager, J. (2005). *Literature Review on Poverty AND HIV/AIDS: Measuring the Social and Economic Impacts on Households*. Available at: <http://www.sahara.org.za/index.php/Download-document/84-Literature-Review-on-Poverty-and-HIV-AIDS-Measuring-the-Social-and-Economic-Impacts-on-Households.html>. Accessed 26th September 2008.
- Heymann, J, Earle, E., Rajaraman, D., Miller, C. & Bogen, K. (2007). Extended family caring for children orphaned by AIDS: balancing essential work and caregiving in a high prevalence nation. *AIDS Care*, 19(3), 337-345.
- Holborn, L. & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg: South African Institute of Race Relations.
- International Labour Organisation (2004). *Work and family responsibilities: what are the problems? (Information Sheet No. WF-1)*. Geneva: International Labour Organisation.
- International Social Security Agency Association (2008). *Dynamic social security for Africa: An agenda for development, developments and trends*. Geneva: International Social Security Association.
- International Social Security Association (2010). *Social Security Highlights: Family benefits and demographic change*. Available at [www.issa.org](http://www.issa.org). Accessed 27 July 2011.
- Isiugo-Abanihe, U. C. (1985). Child fosterage in West Africa. *Population and Development Review*, Vol. 11 (1): 53-73.
- Kang, A. & Weber, J. (2009). *Opportunities for policy leadership on fathers*. Sloan Family Network Policy Briefing Series, Issue 20. Available at [www.bc.edu/wfnetwork](http://www.bc.edu/wfnetwork). Retrieved 29th April 2010.
- Mokomane, Z. (2012). Social Protection as a Mechanism for Family Protection in sub-Saharan Africa. *International Journal of Social Welfare*. (ISI). Doi:10.1111/j.1468-2397.2012.00893.x.
- Niño-Zarazúa M, Barrientos A, Hulmes D, Hickey S (2010). *Social protection in Sub-Saharan Africa: will the green shoots blossom?* Working Paper 116. Brooks World Poverty Institute. Retrieved from [mpra.ub.uni-muenchen.de/22422/](http://mpra.ub.uni-muenchen.de/22422/).
- Ntozi, J. P. M., & Zirimenya, S. (1999). Changes in household composition and family structure during the AIDS epidemic in Uganda. *The Continuing African HIV/AIDS Epidemic*, 193–209.
- Nukunya, G. K. (1992). *Tradition and Change in Ghana: An Introduction to Sociology*. Accra: Ghana Universities Press
- O'Brien, M. (2011). Fathers in challenging family contexts: a need for engagement. In *Men in families and family policy in a changing world* (pp.87–123). New York: United Nations.
- Ogden, J. et al (2006). 'Expanding the care continuum: Bringing carers into focus', *Health Policy and Planning* 21(5)
- Perrino, T., Gonzalez, S.A., Pantin, H., and Szapocznik, J. (2000). The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychology Review*, 3, 81-96.
- Patterson, J.M. (2002). Understanding family resilience, *Journal of Clinical Psychology*, Vol. 58 (3): 233-246
- Peterson, R. (2009). *Families first: Keys to successful family functioning*. Available at [www.ext.vt.edu](http://www.ext.vt.edu). Retrieved 3<sup>rd</sup> September 2012.
- Putnam RD (1993). The prosperous community. Social capital and public life. *The American Prospect* Spring: 35–42.
- Rajaraman, D., Earle, A., & Heymann, J. (2008). Working HIV care-givers in Botswana: Spill-over effects on work and family well-being. *Community, Work & Family*, 11(1), 1–17.

- Richter L, Chikovore J, Makusha T, Bhana A, Mokomane Z, Swartz S, Makiwane M (2011). Fatherhood and families. In *Men in families and family policy in a changing world*,(49–84). New York, United Nations.
- Richter, L. (2006). The importance of fathering for children, in L. Richter and R. Morrell (eds.) *Baba: Men and fatherhood in South Africa*. Cape Town: HSRC Press. Pp. 53-69.
- Save the Children (2007). *Kinship care: providing positive and safe care for children living away from home*. London: Save the Children UK.
- Shanks, T. R. W., &Danzinger, S. K. (2011).Anti-poverty policies and programs for children and families. In J. M. Jenson & M. W. Fraser (Eds.), *Social policy for children and families: a risk and resilience perspective* (pp. 25–56). London: Sage Publications.
- Silliman, B.(undated). Understanding resiliency, in *Family Resiliency: Building strengths to meet life's challenges*. Available at [www.extension.iastate.edu/Publications/EDC53.pdf](http://www.extension.iastate.edu/Publications/EDC53.pdf).Retrived 4<sup>th</sup> Spetemebr 2012.
- Slater, R. (2011). Cash transfers, social protection and poverty reduction. *International Journal of Social Welfare*,20, 250–259.
- Spence, L. &Radunovich, H.L. (undated).Developing Intergenerational Relationships.Available at <http://edis.ifas.ufl.edu/pdf/FY/FY100700.pdf>.Retrieved 3 September 2012
- Steinberg, M. Johnson, S., Schierhout, G. &Ndegwa, D. (2002).*Hitting Home: How Households Cope with the Impact of the HIV/AIDS Epidemic.A survey of Households affected by HIV/AIDS in South Africa*. Henry J. Kaiser Family Foundation.
- Tsengu, D.V., Brodtkorb, S. and Almnes, T. (Undated). CBR and economicempowerment of persons with disabilities.Available at [www.asksourc.info/cbr-book/cbraspart\\_04.pdf](http://www.asksourc.info/cbr-book/cbraspart_04.pdf).Retrieved 4<sup>th</sup> Septemebr 2012.
- UNECA (2009).*African Women's Report 2009*. Addis Ababa: United Nations Economic Commission for Africa.
- UNICEF (2007).*Enhanced protection for children affected by AIDS: a companion paper to the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York: UNICEF.
- Urdang, S. (2006).The care economy: Gender and the silent AIDS crisis in Southern Africa. *Journal of Southern African Studies*, 32, 1: 165-177.
- Walsh, F.M. (2003). Family resilience: A framework for clinical practice, *Family Process*, Vol. 42 (1):1-18
- Whitaker, D. J., and Miller, K. S. (2000)."Parent-adolescent discussions about sex and condoms."*Journal of Adolescent Research* 15:251–273.
- World Bank (2009).*Africa development indicators 2008/09: youth and employment in Africa: the potential, the problem, the promise*. Washington DC: The World Bank.
- World Bank.(2012). *Empowerment*.Available at <http://go.worldbank.org/S9B3DNEZ00>. Retrieved 3<sup>rd</sup> Septemebr 2012
- Wusu, O. &Isiugo-Abanihe, U. (2006). Interconnections among Changing Family Structure, childbearing and fertility behaviour among the *Ogu*, Southwestern Nigeria: A qualitative study. *Demographic Research*, Vol. 14, Article 8: 139-156.
- UNDP (2012).*Assessing progress in Africa toward the MillenniumDevelopment Goals*.Available at [www.undp.org/africa/mdg/report.pdf](http://www.undp.org/africa/mdg/report.pdf).Retrieved 31 August 2012.