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**THE CHILD SUPPORT GRANT AND YOUNG MOTHERHOOD:  
EXPLORING CORRELATES OF DEPRESSIVE SYMPTOMOLOGY**

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**ABSTRACT**

*Young motherhood is acknowledged as a challenge in South Africa, as it is characterised by competing responsibilities in relation to care for children, and the desire to advance into employment and education (Graham, 2012). These competing aspects could place young mothers at a high risk of experiencing depressive symptoms. Young mothers are fortunate that they can access the Child Support Grant (CSG) as a source of financial support for children living in poverty in South Africa. But what other factors play a role in young mothers' mental well-being? In this article, a secondary analysis of the National Income Dynamics Study (South African Labour and Development Research Unit (SALDRU), 2008) is conducted, with the aim to investigate the associations between individual factors, household factors and depressive symptomology in young mothers aged 18-24 years. The findings revealed that there is a distal relationship between the CSG and depressive symptomology in young mothers. This means that while the CSG is a source of support and young mothers retain the CSG when they move away from home, the grant without family support is inadequate in protecting young mothers against depressive symptoms. Interventions that are aimed at building parenting and financial abilities are, therefore, crucial in protecting young mothers against depressive symptoms as they age.*

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**Keywords:**

depressive symptomology, child support grant, young motherhood, South Africa

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## INTRODUCTION

Research on depression and motherhood in South Africa is largely biologically based in that it investigates ante- and postnatal depression. With depression being described as one of the major contributors to psychosocial disability worldwide by the World Health Organisation (WHO) (2011), it is known to have a negative impact on individuals and families (Knitzer and Johnson, 2010). For individuals, feelings of hopelessness and despair result in decreased quality of life, and could even result in suicide (Stoppard, 2000). For children in low-income families, despite having access to state social protection mechanisms such as the Child Support Grant (CSG), maternal depression is associated with ineffective parenting, resulting in malnutrition of children, and children lacking the relationships that facilitate success in the early school years (Lund, 2012; Putnam, 2006). In order to mediate these detrimental outcomes, it is important to understand the prevalence of depressive symptomology in young mothers.

Until now, South African research on depressive symptomology has focused on experiences of violence, relationship conflict, substance abuse, childhood adversities, self-rated health and low body satisfaction (Nduna, Jewkes, Dunkle, Shai and Colman, 2013; Tomita and Burns, 2012). In these studies, depressive symptomology in women has been found to be more prevalent than in men. For young women aged 18-24 years, the period is characterised by transitions from adolescence into adulthood. These transitions are usually accompanied by complexities, uncertainty and difficulties associated with leaving school, entering tertiary education, entering the workplace or moving away from birth families (Graham, 2012). For young women specifically, poverty, gender inequality and weak social capital all contribute to increased sexual and domestic violence and adolescent childbirth (Jordan, Patel and Hochfeld, 2014). The responsibility of caring for children, in addition to personal needs and wants in order to transition into adulthood for young women who become mothers, causes stress and internal struggles.

This article makes use of a secondary analysis of the National Income Dynamics Survey (NIDS). The NIDS is conducted by (SALDRU) at the University of Cape Town, with funding from the South African Presidency and the European Union. Data on demographic information, access to services, employment and employment heritage, education and education heritage, health, income and income sources, social capital and quality of life is collected. Analysis of the NIDS revealed that 57% of young mothers (aged 18-24 years) received the CSG for a child in their care. This article intends to describe the associations between individual factors (education, income, age, race, relationship status and employment), household variables (household size and geographic location of households) and depressive symptomology in young South African mothers, and to determine if these associations are affected by the presence or absence of the CSG. Previous research shows that the chosen factors either contribute to or protect women from mental illness (Moodley, 2014). However, in this research, it is of interest to determine whether the role of these factors shift in the presence of the CSG.

## UNDERSTANDING YOUNG MOTHERHOOD AND FAMILY LIFE IN SOUTH AFRICA

South Africa has undergone many social, economic and political changes over the past few decades. Nevertheless, building on the countries historical challenges pertaining to the legacy of apartheid, further economic instability and inadequate service delivery resulted in

high poverty levels and inequalities in education, healthcare and other services. These factors still place young mothers and other groups in a vulnerable position in the country. In South Africa, it is known that there are limited education and job opportunities available for the general population due to widespread unemployment (Statistics South Africa (Stats SA), 2014). In addition, the women in South Africa have been disproportionately affected by HIV and AIDS, lower levels of education, limited health care, safety and access to basic services, to name a few (Van Donk, 2004). Education is a key mechanism which can empower women, increase human development and diminish poverty (United Nations International Children's Emergency Fund (UNICEF), 2006). In 2011, 51% of women in South Africa aged 25 years and above had obtained lower than a Grade 12 education, with a further 12% indicating no schooling (South African Social Security Agency (SASSA), 2014). Further, the unemployment rate for youth aged 15-34 years was highest for black women, irrespective of levels of education (StatsSA, 2014). The consequences of low levels of education and unemployment for young mothers are two-fold. Firstly, these young women are highly vulnerable to poverty and secondly, that given the social circumstances they face, they could experience a higher number of depressive symptoms (Tomita and Burns, 2012; Lund, 2012). Both these outcomes are known to have detrimental effects, not only on women as individuals but also on their families (Knitzer and Johnson, 2010).

Jordan et al. (2014) identify that early motherhood is widely acknowledged as a challenge in South Africa. Recent research has shown that widespread poverty has led to erosion of personal and relational dignity specifically in low income female caregivers (Wright, Noble, Ntshongwana, Neves and Barnes, 2014). One of the ways in which female caregivers overcome the erosion of dignity caused by poverty, includes dependence on relatives. Yet this source of support is difficult in South Africa as family life in this country has been disrupted, due to the legacy of apartheid and the history of migrant labour. The country also has many grandparent- and child-headed households due to the HIV and AIDS pandemic (Richter and Morell, 2006). More recently, in an attempt to counteract family disruptions, the Isibindi project provided a range of programmes which promoted children's rights and protection needs, as well as the empowerment of young men and women (National Association of Child and Youth Care Workers (NACCW), 2014). In relation to families however, Holborn and Eddy (2011) indicate that trends in South Africa are changing with the numbers of nuclear families decreasing, and the numbers of extended families increasing. Unfortunately, the authors did not report on alternate forms of family such as those with same sex marriages, so no conclusions could be drawn regarding the same. In many instances, fathers in South Africa have little or no involvement in the lives of their children (Mavungu, Thomson-de Boer and Mphaka, 2013). Reasons for the lack of paternal involvement include the fact that fathers are often viewed solely as financial providers, and with the high levels of unemployment in South Africa, they often feel disempowered (Jordan et al., 2014). Given the patterns of disruption, particularly in families with low socio-economic status, marriage rates have declined (Denis and Ntsimane, 2006). Research has shown that the majority of women in South Africa have children outside of marriage and from different fathers (Budlender and Lund, 2011). Further, the authors indicate that approximately 35% of children live with single female parents. These facts can imply that some young mothers may not have access to sufficient support from relatives.

The aforementioned description of family dynamics alludes to the fact that women mainly bear a double burden of having to provide care and finances required to care for children. However, aside from care responsibilities of mothers, family is responsible for raising

children and offering support to older generations (Abela and Walker, 2014). Family support, which we assume is more available in larger households, is reported as a key mechanism in reducing stress and the effects of stress on the functioning of young mothers (Thompson, 1995). Family support can, therefore, enable young mothers to cope with the demands of care and the need to provide for children financially. In addition, Moodley (2014) showed that women in poverty are particularly dependent on interpersonal relationships with family as a source of emotional well-being. However, research has also shown that household size can have a significant effect on the unemployment of women, because larger households require more domestic duties depriving mothers of the choice to find employment (Dinkelman, 2004).

A state-funded source of support for young mothers in South Africa, who live in poverty, is the CSG. The CSG is a means-tested cash transfer aimed at supporting children via their primary caregivers. Plagerson, Patel, Harpham, Kielmann and Mathee (2011) indicated that in addition to the positive impact of the CSG on children, caregivers who received the CSG were at lower risk of common mental disorders. Patel, Hochfeld, Moodley and Mutwali (2012) also found that the CSG contributes to an increase in women's decision-making, and increased women's empowerment. These outcomes are seemingly unintended. In light of the social and political background mentioned in the literature, this research aims to determine if there is an unintended impact of the CSG on maternal mental health.

Individual factors such as relationship status, as well as household factors all contribute to understanding the support that young mothers have, and also influence young mothers' own individual well-being. The questions posed in this article are quantitative in nature: Are there associations between individual factors, household variables and depressive symptomology for young mothers in the NIDS (aged 18-24 years) in light of the many life changes they experience, and do these associations differ based on the presence or absence of the CSG?

## **METHOD**

### **Research design**

This study made use of a secondary analysis of Wave 1 of the NIDS (SALDRU, 2008). The NIDS is a nationally representative dataset. Analysis of the dataset was conducted to understand the association between individual factors, household variables and depressive symptomology in young mothers aged 18-24 years.

According to Leibbrandt, Woolard and De Villiers (2009), sampling for the NIDS involved a stratified, two-stage cluster sample design. The target population for NIDS was private households, as well as respondents living in workers' hostels, convents and monasteries. In wave 1, a total of 7 305 households were interviewed. There were 16 878 adults in the first wave of data, and 875 mothers between the ages of 18 and 24 years. The data was weighted during analysis in order to ensure that the results were representative on a national scale. The NIDS contains data on whether young mothers received the CSG for children in their care. In addition, questions on depressive symptomology were limited to adult participants and were assessed in the form of the Centre for Epidemiological Studies Short Depression Scale (CES-D10). The scale included 10 items pertaining to feelings

of loneliness, restlessness and general well-being over the past week. The items on the scale are outlined below:

- I was bothered by things that usually don't bother me.
- I had trouble keeping my mind on what I was doing.
- I felt depressed.
- I felt that everything I did was an effort.
- I felt hopeful about the future.
- I felt fearful.
- My sleep was restless.
- I was happy.
- I felt lonely.
- I could not "get going".

In this study, the scale was used to indicate the presence or absence of psychological distress (Ardington and Case, 2010). The scale was analysed in order to investigate associations between individual and household variables with depressive symptoms.

### **Reliability and validity**

The NIDS documentation reports that SALDRU employed strategies to ensure reliability and validity of the instruments used. According to Leibbrandt, et al. (2009), a team of experts served as consultants on the development of the questionnaire. In addition, the questionnaire was tested through a pilot phase of the study (Leibbrandt et al., 2009). Professional services were used to translate the questionnaires into all South African languages to ensure that interviewers did not interpret questions differently.

### **Ethics**

The NIDS data collection procedure received approval from the Commerce Faculty Ethics Committee of the University of Cape Town, which granted approval on the basis that all human subject issues were considered and appropriately handled (Leibbrandt et al., 2009). The data is publicly available for use by researchers and policy makers.

### **Data analysis**

In order to assess associations in depressive symptomology between young mothers who did and did not receive the CSG on behalf of children in their care, measures of central tendency (usually the mean), chi-square tests, Pearson's correlation co-efficient and regression analyses (Field, 2005) were conducted. The factors analysed were individual and household factors. The individual factors consisted of education levels, relationship status, individual income, employment status, age and race. In terms of household variables, geographic location and size of the households where the young mothers resided were considered. These variables were chosen on the basis of the literature discussed, however, some variables which were not a part of this research could have also contributed to depressive symptomology.

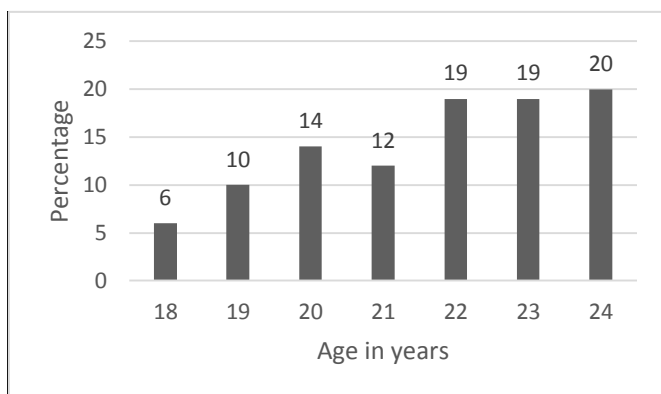
## Limitations

The NIDS is a panel study and this type of research includes non-response errors and attrition (drop-out) rates over time. Like most other South African surveys, the NIDS is subject to non-response bias because refusals are highest among affluent respondents. While the ethical considerations (such as anonymity) employed for the NIDS are to be admired, there is little that can be done for persons with major depressive symptoms as identified in this study in terms of referrals. According to Leibbrandt et al. (2009), steps were taken during the data collection process to ensure that no harm was done to participants as a result of sensitive questions.

## RESULTS

### Profile of young mothers in South Africa

Figure 1 displays the age distribution for mothers aged 18-24 years in the study sample. The data reveal that almost 60% of young mothers were aged 22, 23 and 24 years respectively. A much smaller percentage (6% and 10%) were mothers aged 18 and 19 years.

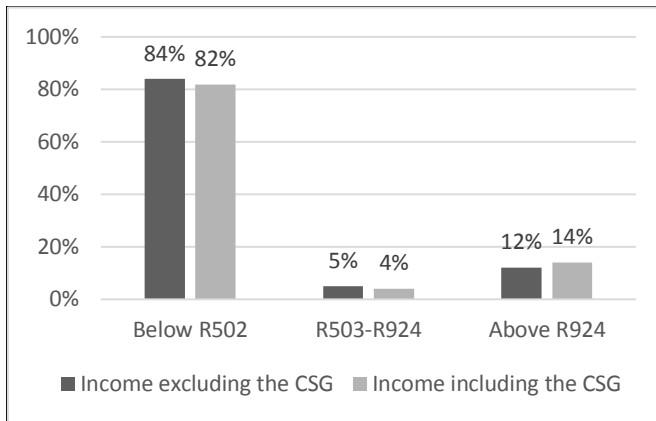


**Figure 1: Age profile of young mothers in South Africa (n=875)**

Of the young women who were mothers, 89% were black women. Much smaller numbers (8%, 0.2% and 4%) were coloured, Asian/Indian and white women, respectively. Overall, 64% of young mothers lived in urban areas. Only 24% were either married or living with a partner. The remaining 76% had never been married. Furthermore, 77% of young mothers did not have formal employment, and in total, 57% of young mothers received the CSG.

The data on income were interpreted in terms of the Foster-Greer-Thorbecke (FGT) indices (Foster, Greer and Thorbecke, 2010), which provide a lower bound (below ZAR 502) and upper bound (above ZAR 924) poverty line. The FGT index is used to determine the extent of absolute poverty that individuals experience. The purpose of the lower and upper poverty lines is to provide the minimum monthly income required to meet basic needs. Figure 2 on the following page shows that without the CSG, 84% of young mothers received less than ZAR 502 a month either from formal employment, self-employment, helping friends with their businesses and other sources. Inclusion of the CSG into the analysis results in this

number decreasing to 82%. Similarly, the inclusion of the CSG in the income analysis shows an increase in 2% of young mothers being pushed above the upper bound of the poverty line. These changes may seem fractional. However, it is still indicative of the poverty alleviating effects of the CSG for young mothers aged 18-24 years. These results however, should be interpreted with caution, given that the income data, in all surveys including the NIDS has a high non-response error. Nevertheless, the analysis of income was useful in measuring how the CSG alleviates income poverty.



**Figure 2: FGT analysis of income excluding and including the CSG**

In terms of education, 0.7% of young mothers received no education, 9% received a primary school education and 65% received some secondary education. A further 26% had completed their matric and 0.5% were in tertiary education. The average number of people residing in households in which young mothers lived in South Africa was 6, indicating that these households were inclusive of family members beyond the young mother and her children.

What was interesting about this group of women was that despite the many challenges faced by young mothers (being unemployed, living in poverty, having low education levels and being unmarried), an analysis of the CES-D10 indicated that 89% of these women did not display a high number of depressive symptoms. A further 10% indicated having mild to moderate depressive symptomology and the remaining 1% presented with depressive symptomology that indicated a possibility of major depression. To understand some of the individual and household factors that contributed to the absence or presence of depressive symptomology, and to understand if the CSG was a contributor to depressive symptomology, further analysis was conducted.

### **Comparing young mothers who received the CSG to those who did not**

Overall, households in which young mothers resided had an average of 1 additional person (i.e. were larger) if the mothers received a CSG on behalf of their children. This difference was significant at the 95% confidence level. The data also revealed significant differences between young mothers who received the CSG and those who did not receive the CSG in terms of race, relationship status, education and household size. In the analysis of race, there was a significant association in terms of CSG receipt  $X^2(3) = 59.04$ ,  $p < .001$ .

The results revealed that more young black mothers (95%) were accessing the CSG than young white (0.3%) and coloured (4%) mothers. A possible reason for this is that more black women are unemployed (StatsSA, 2014), and hence are likely to be eligible for receipt of the CSG. For relationship status, there was a significant association in terms of CSG receipt  $X^2(3) = 25.87, p < 0.01$  which revealed that fewer young mothers who were married (6%) were accessing the grant than those who were never married (82%). Similarly, a significant association was discovered for education  $X^2(4) = 15.48, p < 0.05$ , indicating that more young mothers who had an incomplete secondary school education (70%) received the CSG, followed by young mothers who completed a secondary education (23%) and young mothers who received a primary education (6.7%). The Chi-Square tests did not reveal any significant associations between CSG beneficiaries and non-beneficiaries in terms of household factors and depressive symptomology. Therefore, in order to explore the associations between individual and household factors and depressive symptomology further, Pearson's correlation co-efficient and regression analyses were conducted.

### Associations between individual factors, household variables and depressive symptomology

**Table 1: Associations between selected individual and household factors and depressive symptomology**

		Depressive symptomology	Income	Education	Age	Household size
<b>Depressive symptomology</b>	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	868				
<b>Income</b>	Pearson Correlation	-.035	1			
	Sig. (2-tailed)	.306				
	N	868	875			
<b>Education</b>	Pearson Correlation	-.032	<b>.089**</b>	1		
	Sig. (2-tailed)	.347	.008			
	N	868	875	875		
<b>Age</b>	Pearson Correlation	.035	<b>.116**</b>	.017	1	
	Sig. (2-tailed)	.307	.001	.618		
	N	868	875	875	875	
<b>Household size</b>	Pearson Correlation	<b>-.068*</b>	<b>-.087*</b>	.004	<b>-.141**</b>	1
	Sig. (2-tailed)	.044	.010	.894	.000	
	N	868	875	875	875	875

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results displayed in Table 1 show that for young mothers aged 18-24 years, depressive symptomology was negatively and significantly correlated with household size ( $r = -0.068; p < 0.05$ ). This means that young mothers who lived in smaller households were more likely to experience symptoms of depression. This finding supports previous research which states



that family support, assumed to be more available in larger households, is a mechanism which enables young mothers to cope (Thompson, 1995). Further significant and negative associations were evident between household size and individual income ( $r=-0.087$ ;  $p<0.05$ ), and household size and age of the young mothers ( $r=-0.141$ ;  $p<0.01$ ). These data suggests that young mothers who lived in larger households earned less income from work, helping friends and other sources, and that as young mothers increased in age, they were less likely to remain in larger households. In addition to these findings, positive and significant associations were found between age and income ( $r=0.116$ ;  $p<0.01$ ) as well as education and income ( $r=0.089$ ;  $p<0.01$ ), suggesting that young mothers with higher levels of education were likely to have access to higher income, and that as the young mothers got older, their income increased.

Further investigations using regression analysis were conducted in order to explain the relationship between race, employment status, geographic location and depressive symptomology.

**Table 2: Regression analysis for individual factors and depressive symptomology**

Depressive symptomology	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
Education	-0.00529	0.099366	-0.05	0.958	-0.20081	0.190232
Income	-0.00037	0.00033	-1.11	0.268	-0.00102	0.000283
Employment status	-0.22544	0.653145	-0.35	0.73	-1.51064	1.059748
Age	0.31271	0.140686	2.22	0.027	0.035883	0.589537
Black African	0.607064	0.535735	1.13	0.258	-0.4471	1.661228
Constant	1.236552	3.245163	0.38	0.703	-5.14894	7.622046

The first regression model revealed that the selected individual factors explained 2% of the variance in depressive symptomology. The only significant factor which contributed to depressive symptoms was age. The model indicated that as young mothers get older, they were likely to experience higher numbers of depressive symptoms. Interestingly, education, employment, relationship status and income were not significantly associated with depressive symptoms for young mothers aged 18-24 years, and therefore did not buffer young mothers against depression. This was unexpected given that these specific factors are known to have an impact on depressive symptoms for people living in poverty (Ardington and Case, 2010; Moodley, 2014).

**Table 3: Regression analysis for household factors and depressive symptomology**

Depressive symptomology	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
Household size	-0.24978	0.07395	-3.38	0.001	-0.39529	-0.10428
Urban	-0.09088	0.476082	-0.19	0.849	-1.02766	0.845888
CSG	0.85632	0.512073	1.67	0.095	-0.15127	1.863912
Constant	9.292822	0.585116	15.88	0	8.141506	10.44414

When household factors were analysed, the regression model revealed that the selected factors explained 4% of the variance in depressive symptomology. The only significant factor which contributed to depressive symptoms was household size, and the model indicated that young mothers who lived in smaller households were more likely to experience depressive symptoms. The geographic location of the household and the receipt of the CSG in the household did not yield direct significant results in the analysis for this group of young mothers in terms of its effect on depressive symptoms.

## **DISCUSSION AND CONCLUSION**

Data in the NIDS 2008 revealed that 89% of young mothers aged 18-24 years are black. Of the young mothers in this age category, 76% had never been married and 65% of the mothers had some secondary education but had not matriculated, with only 26% having completed matric. Furthermore, 77% of these mothers were unemployed and 84% live below the lower bound of the poverty line when income was analysed. This number decreased fractionally to 82% when income from the CSG and other sources were calculated, showing evidence of the poverty alleviating effects of the CSG for young mothers in this age group. Such a demographic profile, wherein young mothers experienced high levels of unemployment and poverty, would suggest that they were highly vulnerable to depression (Lund, 2012). Interestingly for young mothers in South Africa, 89% experienced a low prevalence of depressive symptoms, as indicated in the NIDS. This could mean that despite living in conditions of poverty, and having low levels of education, young mothers are able to cope with the stresses of raising their children.

In a comparison of CSG beneficiaries and non-beneficiaries, it was clear that young mothers who received the CSG lived in larger households than those who did not. In addition, these women were more likely to be black, had lower levels of education, and were never married. These findings echoed the results of the 2008 study conducted by Delany, Ismail, Graham and Ramkisson (2008). Further, the results of this study showed that there were no proximal or direct associations between the CSG and depressive symptomology for young mothers. Further research is recommended to investigate this relationship in mothers who are older than the sample selected for this research.

When the associations between individual factors, household factors and depressive symptomology were analysed, the results revealed a distal relationship between the CSG and depressive symptomology. The data showed that young mothers who lived in larger households earned less income, and were more likely to receive the CSG. These mothers seemed to experience a lower number of depressive symptoms. The reasons for the lower prevalence of depressive symptomology could be explained by the fact that these young mothers had direct family support within larger households, although further research is necessary to validate this assumption. The CSG, as with other forms of social protection, could draw family members to households, resulting in CSG households being larger than households where caregivers did not receive the CSG and, therefore, could afford young mothers higher levels of family support. As young mothers got older, the data revealed an increase in depressive symptomology, but also that the young mothers' households' size decreased. The suggestion is that as young mothers' progress into independence, the CSG, devoid of family support, was not able to have as much of an alleviating effect on depressive symptomology. This finding, therefore, suggests that the CSG itself cannot ensure young mothers' mental well-being but rather that the CSG, with family support

(assumed to be more present in larger households), played a larger role in alleviating the depressive symptomology for young mothers in South Africa.

The findings of this study suggest that young mothers, who move away from family support, require interventions aimed at promoting their coping ability when family support is not readily available. These interventions could range from promotion of parenting skills to financial capabilities, as to equip young mothers with resources which will benefit them as individuals, as well as their families and the children they care for. Should these skills be transferred earlier in life, they could be more beneficial to all women across their lifespan, and not just those with children. Furthermore, facilitation of access to social networks could buffer the effects of stress caused by parenting for young mothers. In conclusion, this research points to the need for multi-faceted support approaches (such as parenting and financial skills development, as well as facilitation of access to social networks) to prevent young mothers from being susceptible to depression as they get older. These different streams of support interventions, in addition to access to the CSG, are likely to result in lower numbers of depressive symptoms (and hence improved mental well-being) for young mothers in South Africa who live in poverty.

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