



Children's Experiences of Support Received from Men in Rural KwaZulu-Natal

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Abstract

Studies of fathers' involvement in their children's are usually based on men's self-reports, women's appraisals or children's accounts of men's involvement. This paper explores men's support of children aged 9-10 years living in rural KwaZulu-Natal, as reported by children, women and men. In-depth interviews were conducted with twenty focal children, twenty female caregivers and sixteen fathers/father-figures nominated by the children in twenty randomly selected households. We find that men are important in children's lives. The nomination of a father-figure by all children, even if the man was not their biological father, ascertained that all children receive some support from men. Our data highlight the influence of biological ties, co-residence, family social network, and marriage or father-mother relationship on fathers' involvement with their children – financial and the quality of their interaction. This study improves methodologies and addresses the validity, reliability and interrelations of children, men and women's reports of men's involvement in providing support to children in a South African context. We were able to determine the informal, local systems of family support and the variety of contributions made by men in supporting children. In this way, the study provides a basis for research on local father involvement and for future comparison.

Key Words: Father's involvement in childcare; social fatherhood; co-resident fatherhood

Résumé

Les études de cas où les pères s'impliquent dans l'éducation de leurs enfants sont généralement basées sur ce qu'en disent ces derniers, sur les appréciations des femmes ou sur ce que disent les enfants par rapport à l'implication des

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hommes. Cette étude basée sur les déclarations des enfants, des femmes et des hommes se penche sur le soutien apporté par les hommes aux enfants âgés de 9 à 10 ans vivant dans la zone rurale du KwaZulu-Natal. Des interviews poussées ont été menés auprès de groupes d'études constitués de vingt enfants, vingt femmes s'occupant de dépendants proches et seize pères/ou figures de pères nommés par les enfants dans vingt foyers sélectionnés au hasard. Il a été établi que la présence des hommes est importante dans la vie des enfants. La désignation de celui qui fait figure de père par tous les enfants, même s'il ne s'agit pas de leurs pères biologiques, est la preuve irréfutable que tous les enfants reçoivent une forme de soutien de la part des hommes. Nos données permettent de souligner l'influence des liens biologiques, de la cohabitation, du réseau social familial et du mariage, ou tout au moins, de l'impact des rapports entre pères et mères sur l'implication des pères dans l'éducation de leurs enfants – du point de vue à la fois financier et de la qualité de leurs interactions. Cette étude améliore les méthodologies et examine de près les questions relatives à la validité, la fiabilité et aux relations réciproques qu'entretiennent enfants et pères ainsi que les déclarations des femmes sur l'implication des hommes dans le soutien apporté aux enfants dans le contexte sud-africain. L'étude a mis au jour les systèmes locaux informels de soutien à la famille et la diversité des contributions faites par les hommes pour soutenir les enfants. Ainsi, l'étude produit une base de recherche pour étudier l'implication locale des pères et à des fins de comparaison future.

Background

Men in families represent one of the most important resources for children's well-being. Men's presence and involvement – responsibility, availability and engagement (Lamb et al., 1985) – in large part determine the social and economic resources of the household (Richter and Morrell 2006). Having an involved father living at home is an important factor in the life of a young child in South Africa, as in many other countries. For one, the household in which they grow up is likely to be better off (Desmond and Desmond 2006), while households without men are worse off, more so when affected by HIV and AIDS (Denis and Ntsimane 2006; Richter et al., 2010). There are also indications that children and women in the household may be more secure with respect to the potential predatory behaviour of men from outside the household (Guma and Henda 2004).

Studies of fathers' involvement have frequently questioned the validity of men's self-reports, women's appraisals and children's accounts of men's involvement. This paper explores men's support of 9-10-year-old children living in rural KwaZulu-Natal. It does so by exploring the intersection between children's reports of support they receive from men, men's accounts of the support they provide to children, and women's views of the roles that men play in supporting children in general and this man's support of this child, in particular. The aim of the study was to improve current methodologies with respect to men's involvement, in that data were collected from children,

mothers and fathers about their perceptions of fatherhood and acts of support. To understand fathering and fatherhood it is critical to obtain the perspectives of those most intimately involved.

Men and Children in the Context of HIV/AIDS and Poverty in South Africa

Most families throughout the world include men. However, arrangements in which men live, and the roles that they play, are diverse and complex (Desmond and Hosegood 2011). Although many different roles have been documented for men in families, the understanding of men's roles in families in South Africa and Africa at large is narrowly circumscribed in family studies, which focus almost exclusively on the father role as economic provider.

Non Co-resident Biological Fathers

While father involvement, particularly by biological fathers who reside with their children, has been linked to positive child and adolescent outcomes, including school achievement, behaviour, and adjustment (Carlson and McLanahan 2004), the benefits to children from their biological fathers who are not co-residing with them has not been systematically evaluated. Most studies of non co-resident father involvement have focused on the frequency of father-child contact, despite the evidence that it is the quality of the relationship, not the frequency of contact that determines the impact of the father-child relationship (Carlson 2006).

In South Africa, the role of men in supporting children has been shaped by the country's complex social, historical, political and economic processes, including the discriminating effects of Apartheid (Hosegood and Madhavan 2010). Historically, labour migration and race-based access to residency and land were the main causes of the low rate of co-residence between fathers and their children in southern Africa. Initially, men migrated to towns and cities to find work leaving their wives and children at home. Later, women also sought work away from the rural homestead, with children remaining in the care of older relatives or siblings. Many households functioned as 'stretched' residential units, with family members 'dispersed' between different households for reasons of work, care, support and housing (Ramphele 1993; Hosegood and Madhavan 2010). These patterns have become entrenched and continue to influence contemporary domestic and labour environments.

Large numbers of biological fathers are absent from South African households due to death, migrant labour or other reasons. Low rates of marriage (Richter and Panday 2006; Hosegood et. al. 2009), often the consequence of cultural norms, such as *lobola* (bride price), which frequently

has the effect of delaying marriage, also contribute to the social and residential separation of biological fathers from their children (Townsend et al., 2006). The majority of young children born to unmarried parents live with their mothers, often in extended households headed by maternal kin (Russell 2003). Such living arrangements pertain until the parents can conclude the intra-family marriage negotiations and afford a wedding. In 2009, 34 percent of children in South Africa lived with both their biological parents; 39 percent of all children – more than seven million children – lived with their mothers but without their fathers. Only three percent of children lived in households where their fathers were present and their mothers absent. Twenty-four percent of children lived with neither biological parent, although not necessarily because they were orphaned (Statistics South Africa 2010).

Nonetheless, many children live in families where men are unrecognized sources of support for women and children, and popular perceptions frequently cast men as perpetrators of violence, oppressors of women and children, absent or uninvolved in children's lives, and 'generally uncaring and disengaged' (Richter et al., 2004). Also, surveys seldom capture the contact and types of involvement between children and biological fathers living elsewhere (Townsend et al., 2006), or information about why the child's biological father is not present – divorce, death or work. Yet, given the scenario of extended family relations, having children living apart from biological fathers does not automatically mean that children are neglected by their biological father, that the man is irresponsible, nor does it necessarily equate to a break in social connectedness between a father and child. Non co-resident fathers can make substantial contributions to their partners and children through remittances, social visits and calls, and they may also support other children who are not their own biological offspring – such as the children of their sister. Therefore using co-residence or even shared household membership as a proxy to indicate 'father involvement' is not an adequate measures of father involvement in the lives of their children in South Africa (Madhavan and Townsend 2007; Madhavan et al., 2008).

Co-resident Social Fathers in South Africa

It is also important not to restrict enquiries into fatherhood only to men who are biological fathers. Throughout southern Africa, like elsewhere in the world, it is recognised that the person fulfilling the role of father may not always be a child's biological father. Such 'social fathers' – a term that includes, amongst others, stepfathers, uncles, grandfathers and mothers' partners – are a common feature of many social and cultural contexts (Mkhize 2006; Bzostek 2008) due to high rates of labour migration, union instability and orphaning due to paternal death (Hosegood and Madhavan 2010).

Men may take on a social fathering role for the children of new partners, the children of female relatives, and their own younger siblings or grandchildren. Unfortunately, despite the strong justification for collecting data about social fathers – to provide a more complete account of children's experience of fathering and social protection – this information is hardly ever collected in surveys or population cohorts and social fathers can seldom be distinguished from biological fathers even when details about the father are collected.

While most biological fathers may be absent from rural households partly because of HIV/AIDS and poverty, research indicates that involvement by resident social fathers is as beneficial for child well-being as involvement by resident biological fathers and that frequent contact with the child's non-resident biological father does not diminish the positive residential social father-child involvement (Bzostek 2008). Understanding father-child relationships in families where there is a social father is important because the number of children living in such families is large and increasing over time, and the effects of living with a social father have important implications for child well-being. In this study, we explored the roles of men in the lives of children, regardless of residency, in the context of the relationships they had with children, and the children's mothers. Perspectives were provided by all role players – children, their mothers or caregivers, and the men the children nominated as their primary father-figure, whether biological or social.

Methods

This study was situated in the Msunduzi municipality in KwaZulu-Natal, an area characterized by high rates of household poverty, HIV/AIDS, parental illness and death. The public antenatal HIV prevalence in 2009 in the province was 39.5 percent, while in the same year; the prevalence in the general population was 25 percent (Department of Health 2010). Nonetheless, the population is not atypical, enabling some extension of the findings to the country as whole. The distribution of the municipality's population of 553,210 individuals is virtually identical to the national distribution, with 49–50 percent living in urban areas, 26–28 percent living in tribal areas and 19–23 percent living in informal/sparse settlements. Household income distributed across the full range of income segments is virtually identical to national statistics, with 21–23 percent of households reporting no income and 7–8 percent reporting very low income levels. In all areas, over 95 percent of the low-income population is Zulu, and we thus confine our research sample to this population.

Data were collected from April to July 2011 as part of a larger Human Sciences Research Council (HSRC) project on child and family well-being

in the context of HIV/AIDS and poverty, 'Sibhekelela izingane zethu' (SIZE). SIZE is a community-representative, repeated measures study of 1 800 households and children in 24 randomly selected school communities (12 rural and 12 urban) in the Msunduzi municipality. SIZE is being undertaken by a team of researchers at the HSRC in South Africa, New York University (NYU) in the USA and collaborators locally and internationally, and includes government officials and representatives of civil society organizations.

For the purpose of qualitative in-depth interviews, one rural school community was purposively selected from 24 SIZE school communities. The rural school community was selected because it is typical of all 12 rural communities in SIZE, and it is near the HSRC offices in Sweetwaters and therefore easy to access. In this rural community, SIZE enrolled 76 eligible households with children aged between 7 and 10 who were randomly selected from 17 designated clusters in the community, each with 30 visiting points. Further specification of households was done by child's age of 9–10 years. Children in this age range of the SIZE baseline study were included in this qualitative study as it was expected that they would be more likely to be able to engage with the questions posed than younger children.

Of the 76 eligible households, 38 households had a focal child aged between 9 and 10 and therefore qualified to take part in this study. Of the 38 households which met the above criteria, 20 households (10 boys and 10 girls) were randomly selected to participate in the study. From the 20 randomly selected households, in-depth interviews were conducted with 20 children, 20 female caregivers and 16 father-figures. Only 16 father-figures were interviewed because one older female caregiver stated that she did not want her son to be included in the study, two father-figures kept on postponing the interviews and the other father-figure stated that he did not have time to take part in the study.

Data Collection and Analysis

The qualitative data collection instruments (child, female caregiver and father-figure interview schedules) were designed in English, with semi-structured and open-ended questions. The data collection instruments were then translated into isiZulu by an isiZulu-speaking research assistant with previous qualitative research experience. After the translations of the instruments from English to isiZulu, six HSRC project research staff back-translated them into English in order to determine the quality of the original translation and to identify difficult questions which required further consideration. The in-depth questions explored children's varied relationships and interactions with men occurring through co-residence, household and social connection, the roles of men in providing and contributing to various forms of support

for the children such as basic needs, costs of schooling, health care, emotional support and guidance for children.

The in-depth interviews were conducted in isiZulu by a trained and experienced interviewer/translator. The desired outcome of translation in this study is for meaning rather than a literal equivalence, therefore the process relied on the knowledge and understanding of the cultural context of the interviewer/translator and the concepts specific to it in order to provide comparable translations. Hence, it was important that the translator engaged in the study was a first language isiZulu-speaker, who lived in the study area and was able to contribute insight and context-specific knowledge and interpretation.

Scheduling of interviews was done telephonically from the SIZE contact list of female caregivers. The order of interviewing a triad was that interviews were first conducted with the focal child, followed by the female caregiver and finally the father-figure. All interviews were recorded using an audio recorder and transcribed into isiZulu. The transcripts were then translated into English. Data was analysed as soon as the first interviews were completed using constant comparative analysis. Detailed information about socio-demographic factors and men's accessibility, responsibility, involvement and engagement in a child's life were coded using NVIVO 9 and analysed in household sets, comprising the triad of child, mother and father or father-figure. These dimensions broadly included children's varied interactions with men occurring through co-residence, household and social connection, food, clothing, shelter, education, health care, play and emotional support for children from men.

Ethical Issues

The SIZE protocol was approved by the Research Ethics Committee of Human Sciences Research Council (HSRC) and the New York University Institutional Review Board. We also received ethical clearance to conduct this qualitative study from the University of KwaZulu Natal Social Sciences and Humanities Research Ethics Committee (Protocol Reference Number: HSS/0982/09D). Internationally accepted ethical standards of conducting research were observed, which include getting written informed consent from adult female caregivers and father-figures, as well as for their child's participation, and assent from children, including that they had been briefed about and understood what the research involved, and ensuring anonymity and confidentiality of participant information.

Each household and the respondents were provided with a unique identifier for the study. Their real names were replaced with pseudonyms. One master list of all households with the names of participants and their unique identifiers

is retained in a separate electronic password-protected file. All transcripts and audio files have been electronically password-protected and only those working directly with the data have access to them. Informed consent forms and other paper records have been stored in the data archive at the HSRC.

Results

Of the twenty households interviewed, five children had co-resident biological fathers who were married to their mothers, with the other fifteen children living in households in which their biological fathers were not present. Of the fifteen children living in non co-resident biological father households, four children had deceased biological fathers, one child did not know her biological father's whereabouts, seven children had non-resident biological fathers due to separation from their mothers and three children had non-resident biological fathers due to them not having paid *lobola*, but who were in ongoing intimate relationships with the mothers of their children (see Table 1). In this sense, eight out of sixteen children whose fathers were alive had mothers who were still in intimate relationships with their biological fathers. Thirteen of the sixteen children with biological fathers alive had shared residency at one point in time (five were co-resident while the other eight were non co-resident with their fathers).

Of the sixteen biological fathers who were alive, eight took part in this study (five co-resident and three non co-resident biological fathers). Where biological fathers were deceased, of unknown location or uninvolved, children identified other men such as uncles, mothers' partners and grandfathers as social fathers and these men were approached to take part in the study (five co-resident and three non co-resident social fathers). Social fatherhood in this study was defined by the child's perception, usually according to social relations of co-residence, reciprocity and norms.

Women as Primary Caregivers

Most children equated the concept of caregiving with the basic care, support and residency associated with their mothers or other primary female caregivers. As one child explained, her mother was the primary caregiver 'because she lives with me, she is the one who takes care of me. She is the one who does everything for me' (Sandisile, female). However, one child indicated that both his parents were primary caregivers. Similarly, most women, with the exception of two who reported that both parents were caregivers, viewed themselves as primary caregivers of the children because they spend most of their time with the children. As Zomakahle's mother stated: 'Women are the primary caregivers because we make sure that children eat, they have bathed, and are dressed properly'.

Women also reported that men are usually absent from households due to work, delayed marriage or separation, therefore making it difficult for them to assume basic caregiving roles for children on a daily basis. One woman reported that:

.. men are too busy, they do not have time, they are rarely at home to do caregiving work, it is always women who have time to make sure that the child has eaten, bathed and dressed well to go to school. Men leave the house early and come back from work very late (Thabiso's grandmother, his primary caregiver).

Data from men indicated that fathers contribute far less time than women to direct child care, although there were variations among the participants. One father reported: 'Men are too busy to care for their children. Most of the time mothers are close to their children. Fathers do provide financially but they are too busy, but the person who takes care of the child is the mother' (Nhlalwenhle's co-resident biological father).

Focusing on non co-residency as an obstacle to men assuming caregiving roles, one father stated:

I do not do a lot for him because I do not live with him. It is his mother who is the primary caregiver because she is with him every day. She is the one who knows if he is not feeling well, what he has eaten and makes sure he is clean for school (Asanda's non co-resident biological father).

However, one particular father indicated that both he and his wife were primary caregivers for their child. He reported that:

You cannot differentiate between the mother and father here in this house because we almost do all the chores together. If she is not there I take responsibility, if I am not there she takes responsibility. Fathers now clean after their kids, we wash napkins. You see we are also caregivers (Njabulo's co-resident biological father).

Father-mother Relationship and Residential Patterns

Father-mother relationships (i.e. wife/girlfriend/ex-wife/ex-girlfriend), together with residential patterns (whether the father is co-resident or non co-resident), were both analysed because these are crucial to understanding father-child involvement. Children, women and men agreed that there were associations between mother-father relationships, residential patterns, and father-child relationships. In this study, fifteen women lived in their own parents' households because they are not in any relationship with the fathers of their children, because the child's father had died, or because the spousal relationship has not yet been formalized by the payment of *lobola*.

All children, women and men reported that a conflicted mother-father relationship discourages father-child involvement, whereas an amicable relationship supports healthy father-child interaction. They reported that stable, well-functioning marriages or ongoing relationships were extremely

Table 1: Basic Household Characteristics

Primary Caregiver for Focal Child	Biological Father Presence	If not Present, Reason for Absence	Father-figure Relationship With Focal Child	Residency of Father-figure Finterviewed	Biological Father-child Residential Patterns and Contact
Grandmother	Not present	Never married to mother and is no longer involved with the mother	MU	Same household as focal child	Non co-resident but father and child share residency during visitations
Mother	Not present	Never married to mother and is no longer involved with the mother	PU	Does not stay in the same household as focal child.	Non co-resident but father and child share residency during visitations
Mother	Present	N/A	B.F.	Same household as focal child	Co-resident
Grandmother	Not present	Not married to the mother but still in a relationship with her	B.F.	Does not stay in the same household as focal child	Non co-resident but father and child share residency during visitations
Mother	Present	N/A	B.F.	Same household as focal child	Co-resident
Grandmother	Not present	Father deceased	PU	Same household as focal child	N/A
Mother and grandmother	Not present	Not married to the mother but still in a relationship with her	B.F.	**Does not stay in the same household as focal child and refused to take part in the study	Non co-resident but father and child share residency during visitations
Grandmother	Not present	Father deceased	MU	Same household as focal child	N/A
Foster Grandmother	Not present	Father's whereabouts unknown	N/A	N/A	Non co-resident and do not share residency at all
Grandmother	Not present	Never married to mother and is no longer involved with the mother	B.F.	Does not stay in the same household as focal child	Non co-resident but father and child share residency during visitations

Table 1: Basic Household Characteristics (continued)

Primary Caregiver for Focal Child	Biological Father Presence	If not Present, Reason for Absence	Father-figure Relationship With Focal Child	Residency of Father-figure Finterviewed	Biological Father-child Residential Patterns and Contact
Mother	Not present	Not married to the mother but still in a relationship with her	B.F.	Does not stay in the same household as focal child	Non co-resident but father and child share residency during visitations
Mother	Not present	Father deceased	N/A	N/A	N/A
Mother	Present	N/A	B.F.	Same household as focal child	Co-resident
Mother	Not present	Never married to mother and is no longer involved with the mother	M.U.	Same household as focal child	Non co-resident and do not share residency at all
Mother & father	Present	N/A	B.F.	Same household as focal child	Co-resident
Mother & father	Present	N/A	B.F.	Same household as focal child	Co-resident
Mother	Not present	Never married to mother and is no longer involved with the mother	M.P.	Does not stay in the same household as focal child	Non co-resident and do not share residency at all
Mother	Not present	Father deceased	M.G.	Same household as focal child	N/A
Mother	Not present	Never married to mother and is no longer involved with the mother	M.U.	Does not stay in the same household as focal child	Non co-resident but father and child share residency during visitations
Mother	Not present	Never married to mother and is no longer involved with the mother	N/A	N/A	Non co-resident but father and child share residency during visitations

M.U = Matrilineal uncle; **P.U.** = Patrilineal uncle; **B.F.** = Biological father; **M.P.** = Mother's partner; **M.G.** = Matrilineal grandfather

important for engaged fatherhood because the mother and father are able to communicate, plan and share responsibilities harmoniously. There was a strong assertion from all participants that where the mother-father relationship was not good or it was non-existent, it was most likely to result in minimal, if any, support for the child from the father. One woman stated that: 'if a man is now involved with another woman he usually forgets about the other (previous) woman and his children, but if they are together, they do things together to support their children' (Zomakahle's mother). One father stated: 'You cannot run away from the truth. Men perform far much better when married to the mothers of their children' (Mzwenhlanhla's co-resident biological father).

Another father reported that conflictual or non-existent father-mother relationships and non co-residency are not ideal for supporting children because 'it is difficult to provide financially for a child you do not stay with because you do not actually know if the money you are contributing is being used for the benefit of the child, especially when you are not in good books with the mother' (Tumelo's non co-resident biological father). Such experiences and perceptions affect non co-resident fathers' willingness to contribute financially to their children. The problem of monitoring how their contributions are benefiting their child seems to be related to the father-mother relationship and father-child residency.

One child indicated that he felt his father mistreated him because his mother and father were not married and not staying together. He reported that: 'When I went to stay with him he used to hit me and did not bring me anything but brought some nice things for his other children. I wish my father was married to my mother and that he does not only support his other children but also supports me' (Zomakahle, male). One child indicated how his parents' unhealthy relationship had negatively affected his relationship with his father. Because his parents are not on speaking terms, he has not been able to talk to his father ever since his cell phone was damaged. 'I do not talk to him anymore because he used to call me on my cell phone but ever since it was damaged he does not call because he does not want to call me on my mother's cell phone' (Anele, male).

Father-child Residential Patterns and Contact

While eleven children with biological fathers still alive do not live in the same households with them, eight children indicated having shared the same household with their biological fathers, through visits on weekends and school holidays and have regular father-child contact.

However, the nature of children's connection to their biological and social fathers differed according to father, mother and child residency patterns.

While most participants (seventeen of the twenty children, fourteen of the twenty women and all sixteen men) spoke of regular biological and/or social father-child contact, they also reported a closer child-father contact when children co-resided with both their fathers and mothers, or lived in the same area with non co-resident father compared to non co-resident fathers who children saw only occasionally.

Three children and six women in non co-resident biological father households indicated no biological father-child contact. In three households both the children and women's reports concurred that there was no father-child contact; in one household the biological father's whereabouts were unknown, in another household the biological father did not want anything to do with the child and her family, and in the last household the biological father had cut ties with the child ever since the child was taken to stay at his mother's house (see Table 2). The other three women who reported no father-child contact did not have amicable relationships with the biological fathers of the children and their variance from children's responses may be attributed to this.

Fathers' Financial Support of Children

All children, women and men in households where biological fathers co-resided with the children reported regular financial support from the fathers for children. More children (eight out of eleven) than women (three out of eleven) in non co-resident biological father families also reported financial support from their biological fathers (see Table 3). All three non co-resident biological fathers also reported regular financial support for the children. Two children, three women and men living in social father co-resident households reported that the social fathers provided financial support for children. In one co-resident social father household, where the child reported no financial support from the social father, all three participants (child, mother and social father) agreed that the social father was not able to provide financially for the child because he was old, unemployed and not getting an old pension grant from the government.

The variance between children and women's reports on non co-resident biological fathers' regular financial support for children may be attributed to current father-mother relationships. The three women who reported non co-resident biological fathers' financial support for children were in intimate relationships with the biological fathers. The other eight women were no longer in intimate relationships with the non co-resident biological fathers, hence might have under-reported the financial roles of the biological fathers. The differences in children and women's reports may also be because fathers bought things directly and gave them to the child or paid for the child when

Table 2: Informant report of Biological and Social Father-child Residential Patterns and Contact (with Reference to 16 Biological Fathers and 8 Social Fathers)

Father-child Contact		Child Respondents		Women Respondents		Biological Father Respondents	
	Co-resident	Number	Co-resident	Number	Co-resident	Number	Number
Regular biological father-child contact	Biological fathers	5/5*	Biological fathers	5/5*	Biological fathers	5/5*	
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number	Number
No biological father-child contact	Biological fathers	8/11*	Biological fathers	5/11*	Biological fathers	3/3*	
	Biological fathers	3/16*	Biological fathers	6/16*	Biological fathers	0/8*	
		Child Respondents		Women Respondents		Social Father Respondents	
	Co-resident	Number	Co-resident	Number	Co-resident	Number	Number
Regular social father-child contact	Social fathers	5/5**	Social fathers	5/5**	Social fathers	5/5**	
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number	Number
	Social fathers	3/3**	Social fathers	3/3**	Social fathers	3/3**	

Table 3: Informant Responses on Men's Financial Support to Child (with Respect to 16 Biological Fathers and 8 Social fathers)

Men's financial Support to Children						
	Child Respondents		Women Respondents		Biological Father Respondents	
	Co-resident	Number	Co-resident	Number	Co-resident	Number
Regular biological father-child contact	Biological fathers	5/5	Biological fathers	5/5	Biological fathers	5/5
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number
	Biological fathers	8/11	Biological fathers	3/11	Biological fathers	3/3
No biological father-child contact	Biological fathers	3/16	Biological fathers	8/16	Biological fathers	0/8
Child Respondents						
	Women Respondents		Social Father Respondents			
	Co-resident	Number	Co-resident	Number	Co-resident	Number
Regular social father-child contact	Social fathers	2/5	Social fathers	3/5	Social fathers	3/5
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number
	Social fathers	2/3	Social fathers	3/3	Social fathers	3/3

they went out together, rather than making payments for child support to the mother. Children may also wish that their fathers provided financially for them, and reported that this was the case.

While thirteen children reported that their biological fathers provided financially for them, two children with deceased biological fathers indicated that their co-resident uncles had assumed the provider roles, while the two other children reported that their mothers had assumed the provider role from the time their father had passed away. One child with an uninvolved father stated that his mother had assumed the provider role ever since he moved into her homestead from his father's home; another reported that her non co-resident social father (mother's partner) was supporting the family, while the last child indicated that her non co-resident foster-uncle was financially providing for her and the family.

Most co-resident biological fathers tended to associate the role of the father as the head of the household with providing financially for the needs for the family as well as providing managerial oversight and supervision of children. One father stated that:

My biggest role is to support the family because I am the head of this household. I am the head of this household so I am the one who has to pay when someone is sick, buy food and all that. I even sell my livestock when I do not have money so that my children can further their education (Mzwenhlanhla' co-resident biological father).

All three non co-resident biological fathers, on the other hand, highlighted the importance of financial provision for their children as they had little other role; they did not spend most of their time with their children to be able to supervise and assist them with their daily needs. One father indicated that:

It is important for me to see that my daughter gets everything that she needs. I call her everyday to find out if she has everything she needs for school. I make sure that every month I buy enough food to last a month in her mother's house. This is my duty as her father to make sure that my child is happy. I cannot be there for her all the time but I try to get her everything she needs (Nonjabulo' non co-resident father).

However, while most men spoke about strong cultural expectations that a father, regardless of residency, must provide financial support for his children, they also highlighted how difficult it was for them to make substantial financial contributions for children's upkeep because many of them were unemployed or working for low wages.

Father-child Residency and Interaction

In order to measure father-child interaction, participants were asked about the time children and men spent together and the activities they engaged in during that time. Data from this study indicate high co-resident biological

father-child interaction. All five children, women and biological fathers who live in the same households reported frequent, regular and pleasurable father-child interaction. Njabulo's father reported a close and loving relationship with his children when he stated:

We play boxing even in this room; we also play soccer and snooker. Do you know that they can drive a car? Njabulo can drive. He is nine years. The other one is a real driver now. I am sorry to say that because they are minors, they are not supposed to be driving, government will take me to jail but you see I am trying to give them whatever love I can (Njabulo's co-resident biological father).

However, children, women and men agreed that there was low social father-child interaction regardless of residency. There were variations between children and women's reports on non co-resident biological father-child interactions (see Table 4). Six of the eleven children, three of the eleven women and all three non co-resident biological fathers reported regular non co-resident biological father-child interactions. These differences in responses between children and women's reports may be because the children were reporting on the time and activities they engaged in when they visited their non co-resident biological fathers, which women may not be aware of or may overlook.

Although many of the children spoke of their happiness that their biological fathers provided financially for them in terms of buying presents such as bicycles, giving them pocket money, buying clothes and sweets when they came back home or when they visited them, five children expressed the need for more biological father-child interaction. These children reported that their biological fathers were 'too busy' and rarely available to spend time with them. One child spoke of low biological father-child interaction when she stated that 'my father is always not there. He sometimes comes back home late at night and leaves early in the morning, so I spend most of the time with granny, helping her doing the dishes and cleaning the house'.

Like the children, most women rejected singular definitions of fatherhood based on men's economic support, which includes providing money for food, payment of school fees, buying of school uniforms and clothes and providing money for the child's health care. Instead they advanced notions of fatherhood that encompassed the fathers' engagement, availability and accessibility to their children as well as other expressions of love and care. One mother stated that:

Men think that being a father is just about taking money out of your pocket and giving it to the mother. No! It's not like that! The child needs a father who takes him out, maybe the child and the father can go and watch soccer. Maybe go to Wimpy and eat, just to say 'my boy I love you'. Well, giving money only does not show a child that you love him; you need to be always there for your child (Zinhle's mother).

Table 4: Informant Responses on Father-child Interactions

Father-child Interactions		Child Respondents		Women Respondents		Biological Father Respondents	
	Co-resident	Number	Co-resident	Number	Co-resident	Number	Number
Regular biological father-child contact	Biological fathers	5/5	Biological fathers	5/5	Biological fathers	5/5	
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number	Number
	Biological fathers	6/11	Biological fathers	3/11	Biological fathers	3/3	
No biological father-child contact	Biological fathers	5/16	Biological fathers	8/16	Biological fathers	0/8	
		Child Respondents		Women Respondents		Social Father Respondents	
	Co-resident	Number	Co-resident	Number	Co-resident	Number	Number
Regular social father-child contact	Social fathers	1/5	Social fathers	1/5	Social fathers	1/5	
	Non co-resident	Number	Non co-resident	Number	Non co-resident	Number	Number
	Social fathers	1/3	Social fathers	1/3	Social fathers	1/3	

Despite a few children and women reporting low levels of interaction between children and non co-resident biological father and social fathers, some children, women and men also highlighted how fathers who usually did not interact regularly with their children, nonetheless spent quality time with their children when opportunities came up. Social fathers may have low interaction with children because these men might have their own families and children whom they also spend time with.

Social Father-child Relationships

The reported absence – due to death or separation, and non-involvement of biological fathers – provided opportunities to get information about the role of social fathers in supporting children. All eight nominated social fathers reported that they had assumed the father-figure roles in the children's lives for one or more of the following reasons: because of Ubuntu (the spirit of communalism); society expected them to; they felt it was their duty; they wanted the experience of having to care and provide for a child; they had to do so as to strengthen their bond with the child's mother who was their partner; they viewed these children as their own, or they wanted to secure their own financial protection in their older years, or that of their children, and hoped that the child would reciprocate the support they provide them when they were grown up. One man stated that:

So like generally in our community, in the African community, you look after your brother's children or your sister's children. I know now we are in a modern society but there is something which we cannot deviate from even though living in a modern society, like looking after our brothers and sisters' children when they are dead. We still have to look after them (Thabiso's co-resident paternal uncle).

However, for some women there was a conflict between the support they receive from social fathers and the trust they had of them regarding the safety of girl children around these social fathers, especially when the men were not part of the mother's family. Even though social fathers were providing financial support for the mother and her children, some women still found it difficult to leave their girl child in the man's care. One grandmother stated that:

I taught her that this is not her biological father; she has to know that he is not her biological father. Actually she should not spend too much time with him because men are not trustworthy. You can't leave your granddaughter with a man who is not her father. You don't know what men think and what they will do when you are away (Sinenhlanhla's grandmother, her primary caregiver).

This indicates the dilemma women face in accepting social fathers as providers for their children while they do not trust them as caregivers.

There was also some scepticism about social fathers expressed by men. One biological father thought it was 'impossible' for a mother's partner to be the substitute for an uninvolved biological father, and become the father-figure to the women's child. He stated that:

I agree that an uncle can assume that role, because an uncle is the child's blood, that's why I agree. I do not agree with the mother's [boy] friend taking over the role of being a father for one reason. What happens in our Zulu culture is that blood shows who is the father of the child. Even if he [mother's partner] laughs with the child all he likes, it is not enough. Even if he can educate the child until the end there will always be a missing part because if we want to perform any ritual with that child we look for Mr Mkhize even when he [mother's boyfriend] is around in this house. That means his role is not viewed as an active role (Neliswa's co-resident biological father).

Men's Provision of Moral Guidance to Children

While all men spoke of providing moral guidance to children as a key role of the father as a 'moral figure', the data from children, women and men indicates that moral guidance was linked to both father-child residency and gender of the child. Where a boy child was residing with his biological father or father-figure, the man usually provided moral guidance. If the child was a girl, despite father-child residency, data from all children, women and men indicated that the mother of the child was expected to provide moral guidance. One mother who has a boy child with a co-resident biological father stated: 'the father teaches him to behave like a boy since he is the man of the house. He knows how a boy should behave' (Mzwenzhlanhla's mother).

The way in which fathers reinforced socially masculine qualities is exemplified by the following:

I cannot advise a female child; the female child has the mother to offer advice, like a mother cannot advise a male kid because there are things a man must talk about with other men. I have strong words for my boy children, they must know, we don't do this; if we do this we will encounter such a problem but I can't tell my girl child that when you start your menstrual circle you need to be careful of boys you see? No! I feel embarrassed. But my boys I teach them to be tough (Njabulo's co-resident biological father).

However, in single-mother households, children and women reported that female primary caregivers had assumed the role of providing moral guidance despite the child's gender, especially in a context where the child's father was deceased or uninvolved. One mother reported that:

Right now Zoma is too young, maybe at the age of 15 that's when he would need moral guidance from men, maybe because I will not be able to talk to him about everything in his life since I am a woman. Surely he will need his father around that time. But I think since my brothers are around they will be able to talk to him. But as for now, I give him advice on everything he needs to know (Zomakahle's mother).

This statement highlights that in households where biological fathers are absent, a child's gender only comes to the fore regarding moral guidance when a child is in his adolescent years.

Correspondence Among Reports From Children, Women and Men About Father Involvement

When conducting research on men's involvement in children's lives; children, women and men's perceptions are pertinent. Effort was therefore made to avoid relying only on children and women's reports for information on men's involvement in children's lives as this leads to a gender deficit model, where men's experiences are invalidated as a result of being excluded from the study. However, difficulties in recruiting men, particularly non co-resident biological fathers, led to concerns over the reliability and validity of men's reports. Low response rates led to a lower sample of fathers as compared to children and women (twenty children, twenty women and only sixteen men took part in the study). Fathers who participated in the study may be more involved and stable than non-participants, and hence, the data may have over-represented positive involvement.

Results indicated greater discrepancies were present in children, women and men's reports of biological father's financial involvement when parents did not co-reside and were not in intimate relationships. While all children, women and men who were co-resident biological or social father households reported positive financial involvement from both biological and social fathers, some children and women in non co-resident biological father households gave differing reports on financial support from biological fathers, with more children compared to women reporting financial involvement from their biological fathers.

All children, women and men in co-resident social father households and in co-resident biological father households reported regular social father-contact. Eight of the eleven children, five of the eleven women and all three biological fathers in non co-resident biological father households, also reported regular biological father-child contact. The difference in correspondence of reports between children and women in non co-resident biological father reports may be attributed to the fact that father's contact might more easily occur outside of the mother's knowledge as they do not reside in the same household.

While eleven of the sixteen children with biological fathers who are alive and all eight biological fathers who were interviewed reported regular biological father-child interaction, only eight of the sixteen women with children who had biological fathers alive – all of whom were either married or in intimate relationships with the biological fathers of the children – reported regular father-child interactions. Most children and women who reported low biological father-child interactions spoke of children's intense hunger for a secure, abiding and constant father-figure. Children and women highlighted children's 'father-need' for safety, respect and companionship provided by men. While discrepancies were found between children and women's reports on biological father-child interactions, high levels of correspondence were identified among reports from children, women and men on both the regularity and level of social father-child interaction.

The fact that a much higher proportion of residential versus non-residential triads agreed on biological father involvement in children's lives, implies that women's reports of non-co-resident biological fathers' involvement should be treated with greater caution among unmarried and separated families. Compared to women who were no longer intimately involved with the non co-resident biological fathers of their children, married women and those in intimate relationships with the biological fathers of their children generally reported greater father-child involvement regardless of the residency of the biological father. On the other hand, fathers' reports on their involvement may have been influenced by self-serving bias. Just as women may be biased to under-report men's involvement, fathers' reports may be biased upward. However, children and fathers consistently reported higher levels of father-child involvement than mothers, although their reports followed very similar patterns and were quite highly correlated.

Discussion

Men are an essential component in the lives of children and they can and often do significantly influence the development of their children in both positive and negative ways. In this paper, we highlight the perspectives of children, women and men concerning the roles that low-income, rural, South African fathers play in the lives of their children and families in a context of poverty and high HIV prevalence.

The micro-level, in-depth data available in this study generated insights into the contextual, and subjective aspects of rural South African fatherhood and how it is experienced by children, women and men. We explored seven themes that emerged from the study on the roles of rural South African fathers in supporting children: (i) women as primary caregivers; (iii) father-

mother relationships and residential patterns; (iii) father-child residential patterns and contact; (iv) fathers' financial support to children; (v) father-child residential patterns and interaction (vi) social father-child relationships; (vii) men's role in the provision of moral guidance. Overall, these themes consider the influence of biological ties, co-residence, family social network, and marriage or father-mother relationship on father's investment and perceived investment in their children.

Agreement among children, women and men on the impact of father-mother relationship and residential patterns highlight the importance of well-functioning families on father-child involvement. Data from this study indicated that children brought up in households where both parents have an amicable relationship generally have greater access to their fathers' resources than children reared in other arrangements. Results also indicated that children in families where father-mother relationships are bad often suffer as they are found in between the father-mother conflicts and this usually affect the support they receive from both parents.

Community context and opportunities shape the lives of rural South African fathers. In this study we found that because of the isiZulu cultural expectations for men to pay *lobola*, without which the union between a man and the child's mother is not recognized by their families and community (Richter et al., 2010), a number of the children did not have daily contact with their biological fathers due to low rates of marriage (Hosegood et al., 2009). These cultural norms together with high rates of separation and deaths make for flexible fatherhood with men seeing their children when they can, and other men assuming fathering roles regardless of their relationship with the child. Also, in situations where children are raised by single mothers or grandmothers, responsibilities often associated with fatherhood, such as financial support and moral guidance, are taken on by women. It is however clear that children and men, as well as mothers would all like closer biological father-child relationships.

This study has several strengths. It improves methodologies and addresses the validity, reliability and interrelations of children, men and women's reports of men's involvement in providing support to children in a South African context. Our study enabled us to discern the informal, local systems of family support and the variety of contributions made by men in ways that less-intensive research methods cannot provide. Therefore, this study provides some basis for research on local father involvement and for future comparison.

The reports obtained from each household can be developed to provide good contextual information and also provide a perspective of the different

support dynamics for children. The open-ended nature of the data collection also facilitated the participants to report on the different kinds of support children are receiving from men from their own perspective. Although the sample is not strictly representative of the South African population, the participants were randomly selected. Thus, the findings are at least theoretically, if not statistically, generalisable to the rural community sampled. The aim in this research was not merely to generalise but rather to demonstrate the wider resonance that the findings in this context imply for households and individuals experiencing similar situations and contexts.

By providing data on the roles that both biological and social fathers are taking in providing support to children in a rural context South Africa, this study facilitates the development of empirical knowledge, services and practice to strengthen men's support for children. The more proactive inclusion of men, women and children in research on support that children receive in families and specifically from men has the potential to inform the development of new programmatic approaches and services which may more appropriately engage children's concerns and needs. For example, while stable father-mother relationships and well-functioning marriages are considered to be important for good fathering and fatherhood (Richter et al., 2011), in this rural South African context, where marriage rates are low and with many families separated, efforts should be made to promote healthy father-child relationships that allow fathers to be more involved in their children's lives regardless of parents' relationship or co-residency status.

To conclude, all children nominated a father figure, even if the man was not their biological father, and it was ascertained that all children receive some support from these fathers. Children, women and men were mostly in agreement that residency and father-mother relationships were very important for father-child involvement. Co-resident biological father households had high levels of correspondence among children, women and men, while some children and women in non co-resident biological father households gave differing accounts on father-child involvement. This can largely be attributed to father-mother relationships; women who were either married or in intimate relationships with the fathers of the children tended to report positive father-child involvement regardless of residency, while it was not always the case where women were no longer in intimate relationship with the children's fathers. Since this study is one of the few studies that explored children, women and men's reports on the role of men in supporting children, more studies are encouraged, especially examining men's involvement in children's lives from different backgrounds.

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