Focus on ‘the family’?
How South African family policy could fail us

In the past decade South African policymakers have increasingly focused on families as sites of state intervention. To date, several family policies have been developed to support societal well-being and cohesion. The most recent policy document is the White Paper on Families in South Africa (DSD 2012), which aims to facilitate the mainstreaming of a family perspective into all government policy-making. Family policies are intended to provide support, enhance family members’ well-being, strengthen family relationships, and help families address social challenges, such as economic instability. Their ultimate aim is to ensure a safe and socially cohesive society (Robila 2014). A core concern, therefore, is with promoting ‘stable, healthy families’. This concern is valid in South Africa since many families experienced a profound lack of stability under apartheid and today instability is brought about by various socio-economic changes, especially the HIV and AIDS epidemic.

Current social policies, however, seem to focus on family structure rather than family functioning – in other words, on what families look like rather than how they behave. This translates into an emphasis in policy documents on creating and maintaining a particular family form, rather than examining and transforming family relations’ (Vetten 2014: 54). The family form that is preferred in policy is the nuclear family, often referred to as the ‘traditional’ family, which is made up of a mother and a father living with their biological offspring. The assumption seems to be that this family type is better than others simply because of the way it is structured. So, even though family diversity is formally recognised in policy, other family arrangements are potentially seen as inferior. In fact, we do often see other kinds of families being described in ‘uncritical deficit and patronizing discourses such as notions of “fractured” families, and the need for “healing”’ (Ratele et al. 2012: 554). Yet, such claims are often based more on received wisdom and common-sense ideas than on actual evidence.

Some of the unintended consequences that may result from the preoccupation with preserving the nuclear family are discussed in this brief, drawing on recent research on reproductive decision-making and sexual and reproductive justice (Lynch & Morison, forthcoming; Macleod 2011, 2015; Macleod & Vincent 2014; Morison & Macleod 2015; Morison et al. 2015). The main argument is that if family policy continues to be overly focused on family structure – and in particular on promoting the nuclear family – we run the risk that the policy landscape will remain unresponsive to the needs of many South Africans. Those who will be disadvantaged under
this scenario will most likely already be in socially marginal and vulnerable positions (based on race, location or socioeconomic class) and therefore in most need of social assistance and care.

Background: Addressing family disruption and change in social policy

Historically, the nuclear-family form has never been the norm in South Africa. Family configurations in South Africa are diverse. Less than a third of South African families conform to the two-biological-parent norm (i.e. a father and a mother with offspring) (Budlender & Lund 2011). The current diversity of family forms is mainly the result of a number of social, political and environmental forces that have changed the ways that people form families and provide care. Such changes have prompted the concern with the structure of families expressed in the family policy discussion. As the White Paper outlines, during apartheid families were disrupted on a large scale, particularly through the migrant labour system, which affected living arrangements and marital patterns. In more recent times other factors, such as high unemployment rates, the prevalence of HIV and AIDS, and women’s increased economic and social independence, have changed who needs and who provides care. A concern in South Africa is the marked lack of male involvement in families and in care work more generally, which leaves women with the double burden of caring for their children both financially and otherwise (Budlender & Lund 2011; Sevenhuijzen et al. 2003).

Changes in family configurations are not unique to South Africa. However, unlike in more affluent contexts, ‘family innovations in South Africa reflect largely top-down initiatives on sexual, gender, and children’s rights or survival strategies in the face of AIDS and extreme poverty’ (Stacey & Meadows 2009: 184). In addition, many of the shifts described above have created situations in which certain families are vulnerable to hardship or social marginalisation.

The call for ‘preservation’ in social policy

In light of the historical and contemporary shifts described above, the White Paper calls for family preservation ‘so as to keep families together as far as possible’ (DSD 2012: 3) and ‘to prevent and reduce problems associated with family disintegration’ (DSD 2012: 37). Saving ‘the family’ is therefore seen as benefiting society (Vetten 2014). This belief stems from the Moral Regeneration Movement (as stated by the White Paper), an international initiative that stresses ‘family moral regeneration’. Supporters of this movement argue that only the nuclear-family model – usually with a mother-caregiver/father-provider gender structure – will ensure family well-being and social/moral welfare. Hence, supporters uphold the two-biological-parent family as the ideal. They maintain that this family form is under threat – most often through divorce and non-marital childbearing – and that this is responsible for a multitude of social problems (Struening 1996). The goal of family preservation as expressed in the White Paper is therefore really a call for preserving one kind of family.

What family policy currently overlooks

Promoting one kind of family over others as a kind of social panacea overlooks a number of issues:

1. There is no guarantee of stability and for the provision of the kind of support that a child needs in any particular family form. As statistics on violence suggest, ‘gender roles create power and resource imbalances within families’ (Struening 1996: 148) that can contribute to various forms of harm within the nuclear family (Vetten 2014).

2. Privileging and promoting a specific family form on the basis of its assumed stability overshadows other important aspects of family life: happiness, equality and justice within the family, and individual self-development.

3. People have different needs and interests and should be free to choose to fulfil these. Imposing an ideal – and relatively uncommon – family form ‘ignores the needs and interests of those individuals who don’t fit into conventional families’ (Struening 1996: 149).

4. People may even benefit from other family types, especially ones that allow them to step out of traditional gender roles. For example, women who are not confined to providing care in families have been able to create innovative ways of living – including paid employment – that provide greater autonomy, freedom and happiness. Likewise, some men have found fulfilment in partaking in care, especially in ‘hands-on fatherhood’, and same-sex families may provide models of how care can be stripped of a gender bias.

Paying lip service to diversity?

Given the emphasis on preserving the nuclear family, how then do we understand the apparently contradictory call in family policy to ‘recognise the diverse nature of South Africa’s families’ (DSD 2012: 21)? It can be argued that including the idea of ‘family diversity’ in policy is simply a pragmatic acknowledgment of the majority of citizens’ current realities, but that these are not in fact seen as ideal. Indeed, the idea of diversity is not really incorporated into policy in a meaningful or constructive manner. For example, the White Paper only lists a range of
family forms. Minimal attention is paid to sexuality, with same-sex relationships (not families) mentioned only in passing. Similarly, the White Paper adopts the rhetoric of multiculturalism, acknowledging ‘cultural practices and customs’ such as polygyny (DSD 2012: 21). In addition, when ‘different’ families are mentioned, this is mainly in terms of their shortcomings and failure to live up to the ideal family type. For example, the cultural practice of polygyny is criticised for its role in reinforcing women’s subordinate position in society, increasing the levels of HIV infection, and exacerbating the incidence of gender violence’ (DSD 2012: 21). However, there is no significant attention to issues of power and consent in relation to non-monogamy. The promotion of the nuclear family – along with criticisms of other kinds of families – potentially marginalises and stigmatises a large number of people who do not, and cannot, live up to this ideal family type.

Creating an impossible ideal

We need to think carefully about promoting the two-biological-parent family structure as ideal in the South African context. This family form is a class- and race-based ideal that emerged in the West in the 1950s. Contrary to conventional wisdom, the two-biological-parent structure is not a traditional form in many social environments, except perhaps for the form that has emerged in late modernity. Family scholars have questioned whether this model should be seen as the norm in the West, and this is even more questionable in South Africa, where it has never been the norm (Nicholson 1997). When we promote the preservation of the nuclear family, what we are really arguing for is the protection of a modern and middle-class understanding of the family that has been informed by developments in the economically developed world (Lynch & Morison, forthcoming).

Privileging this modern and middle-class form in policy documents creates an impossible ideal for people to live up to. This family form is out of reach for the economically disadvantaged majority (Budlender & Lund 2011). In order to cope with the demands of living in low-resource contexts, poorer citizens more commonly have extended family structures, wider community networks, and more elastic households that grow or shrink according to social circumstances (e.g. bereavement, illness, job loss, migration). Such arrangements provide social security, encourage dependence on birth families, and encourage the commitment to romantic partners and/or the likelihood of (earlier) marriage. As a result, families tend to be multigenerational, to be supported by a female income-earner and to have female caregivers. Often, children do not form the kinds of lifelong relationships to fathers as in middle-class families (though such relationships may be formed with other male relatives and community members). This communal orientation helps low-income and poor families to cope, but it also makes it unlikely for these families to accumulate sufficient resources to be able to change their social positioning significantly. Family policy needs to be pro-poor in order to adequately address economic instability.

Marginalising and stigmatising ‘inferior’ family forms

If the nuclear-family form is treated as normative, those who do not live up to this ideal – due to non-marital childbearing or father absence, for example – are more likely to face stigma and social sanctions. In the current family policy framework, this negatively impacts on these families’ access to supportive resources. Furthermore, focusing on a particular family form excludes and often stigmatises those who already find themselves in marginal positions. Family policies have a restricted view of ‘functional’ families that are based largely on family structure. For example, in the White Paper, issues of age and marital status – relevant to young and/or unmarried parents and teenage pregnancy – are discussed exclusively in relation to ‘dysfunction’. The policy implicitly condemns those families that do not conform to the two-biological-parent norm as ‘dysfunctional’ (Hochfeld 2007). Those who cannot conform to the norm of the heterosexual nuclear family, or who choose not to, are potentially stigmatised, excluded and blamed for problems in society, and even for their own suffering.

Ensuring a good life for all

We cannot entirely disregard the role that family structure plays since there are practical reasons why policy should address changes in the structure and composition of families. Clearly, not all families are able to provide the care and support that their members need, and this may well be related to the structure of some families. For instance, children in sole-mother families are vulnerable in a patriarchal context in which women are economically disadvantaged, male-headed homes are seen as normative, and stigma accrues to ‘illegitimate’ children. Indeed, it can be argued that the two-biological-parent family type has a number of benefits. It may, for instance, offer stability because families could be more likely to remain intact when gender roles are clearly defined and offer people familiarity and certainty (Struening 1996).

However, the fundamental concern is that emphasis is being placed on how the intact two-parent family can be promoted and strengthened, rather than on the question of how all households can attain an adequate standard
of living, healthcare and housing (Struening 1996). The solution to the challenges faced by many families is not to promote one family form. This, as argued above, simply creates a standard against which most families will inevitably not measure up and actually exacerbates many of the challenges families face. Rather, ‘we must continue to work for a society in which all families, regardless of their composition and structure, are guaranteed adequate incomes, housing, and health care and in which the responsibility for raising children is shared equally by men and women’ (Struening 1996: 149).

Moving the focus from family structure to family functioning

How might we remedy the fixation on family structure in current family policy? Strengthening the way that diversity is dealt with might help, but this will not entirely resolve the situation. Instead, it will simply keep the discussion centred on family structure without addressing more fundamental questions of how all households can achieve an adequate standard of living and care. What is needed is a fundamental shift in focus from what families look like to what they do.

The White Paper defines a ‘well-functioning family’ as ‘loving, peaceful, safe, stable, and economically self-sustaining, that also provides care and physical, emotional, psychological, financial, spiritual, and intellectual support for their members’ (DSD 2012: 9). Yet, what is not considered is the quality of family relations or the ability to attain optimal living and care arrangements in any family type (the ‘traditional’ gender-structured family included). Family policy and services should (i) be guided by questions of whether a particular family is able to care for and adequately meet its members’ needs; (ii) locate these difficulties in context; and (iii) determine how the state might fulfil its obligation to provide resources and supportive care. Some specific policy recommendations to assist with this shift in focus are given below.

Recommendations

- **Shift policy focus from family form to family functioning (including power relations).** The fixation on form is attached to assumptions about who may perform care, and particularly who is best suited to care for children. This potentially obscures the harm that may occur within normative family practices, such as the power inequities that remain associated with the ‘traditional’ family. Policy needs to foreground healthy family functioning and care instead of being fixated on family form.

- **Take a broader view of ‘care’.** Care should not only be seen as occurring within families (and communities), which often confines women to care roles, but also understood as being ‘at the heart of citizenship practices’ (Sevenhuijsen et al. 2003: 318). This means that the state and broader society are also responsible for caring for their members.

- **Locate policy in context.** The nuclear-family model is a Western invention that does not necessarily speak to the realities of most South Africans (Nicholson 1997; Stacey & Meadows 2009). South African marriage and family-formation patterns are linked to race- and class-based inequities that are not fully engaged with in current social policy. Men’s past and contemporary care roles are not historically located in current policy. Policy should adopt a more historiscised and context-enriched critical perspective in attempts to understand contemporary practices of caregiving and parenting.

- **Recognise people’s freedom to intimate association.** ‘Advocating an intimate association. [ ] Policy should support people’s freedom of intimate association. This scenario enables reproductive and care roles that are based on reciprocal care and equitable power relations, supported by policy that does not privatise care but instead fully develops state support of family and community responses to shared responsibility for care work (Sevenhuijse et al. 2003).

References


Public Health. DOI: 10.1093/pubmed/fdv123


Acknowledgments

This policy brief draws on research projects conducted by Tracy Morison, Ingrid Lynch and Catriona Macleod with funding support from the South African Research Chairs Initiative (SARChI) of the Department of Science and Technology (DST) and the National Research Foundation (NRF) of South Africa; the DST-NRF Centre of Excellence in Human Development; and the Ford Foundation.

POLICY BRIEF AUTHORS

Tracy Morison, PhD; Senior Research Specialist, HSRC; Research Associate of the Rhodes University Psychology Department and Critical Studies in Sexualities and Reproduction research programme

Ingrid Lynch, PhD; Research Specialist in the Human and Social Development programme at the HSRC; Research Associate of the Rhodes University Psychology Department and Critical Studies in Sexualities and Reproduction research programme

Catriona Macleod, PhD; Professor of Psychology and SARChI Chair of the Rhodes University Critical Studies in Sexualities and Reproduction research programme

Enquiries to: Dr I Lynch: lynch@hsrc.ac.za