

Investigating the well-being of rural women in South Africa

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abstract

In this Focus piece we explore differences in the well-being of men and women in rural and urban areas. We use quantitative data from a nationally representative household survey in 2008 to measure income poverty and access to services in the households that men and women live in. In addition, we complement this analysis with a range of subjective measures of well-being collected in the survey, which allow us to identify differences in the lived experiences of men and women within their households. We find that, according to both the objective and subjective measures of well-being that we explore, African women living in rural areas are the most disadvantaged group in South Africa.

keywords

income poverty, access to resources, subjective well-being

Post-apartheid South Africa remains characterised by a large divide between rural and urban areas in living standards and the quality of life. In trying to assess the extent of these differences, researchers frequently resort to monetary measures of poverty. Rural dwellers, the majority of whom are female, are found to live in households which are far more likely to be income-poor than urban households.

These conventional estimates of poverty are limited in two important ways. First, they are unable to identify differences in well-being within households, as the calculation of poverty is

based on information about the household's total income. Second, access to income captures only one aspect of well-being, and it cannot reveal how access to services and different responsibilities within the household, for example, affect an individual's quality of life more broadly.

In this Focus we explore gender differences in well-being within households located in rural and urban areas in South Africa. Our key objective is to complement a poverty analysis with more subjective measures of well-being that capture an individual's quality of life.



KAMILLA NAIDOO

This grandmother and all her “kids” live in a deeply rural area of the Winterveld in Northwest province known as 10 Morgen.

Our study is based on data collected in a nationally representative household survey, the National Income Dynamics Study (NIDS), conducted in 2008 by the Southern Africa Labour and Development Research Unit at the University of Cape Town. This household survey, which sampled over 28 000 individuals in South Africa, included a range of questions not typically asked in the official household surveys conducted by Statistics South Africa. In particular, adult respondents were asked to identify how satisfied they were with their lives; how they would assess their physical health status; and whether they were happier with their lives now than they were 10 years ago. These data therefore provide a unique opportunity to compare how women

and men evaluate the quality of their lives and to investigate differences in the lived experiences of men and women in rural and urban areas.

Objective measures of well-being

Many poverty studies have documented that since 1994, the extent and depth of poverty in South Africa has remained highest among Africans, and particularly those living in rural areas (cf. Budlender, 1999; May and Rogerson, 2000; Aliber; 2001 Woolard and Leibbrandt, 2001). Furthermore, among rural dwellers women are far more likely to be poor than men.

The data which we analyse reveal the same patterns in 2008. Based on a poverty line frequently adopted in poverty studies in South Africa (equal to

R515.20 per individual per month in 2008 prices),¹ Table 1 shows that in comparison to the national population, African² adults (aged 18 years and older) are more likely to live in poor households (households where per capita household income is below the poverty line).³ Furthermore, poverty rates are far higher among African adults living in rural areas than in urban areas: 64% of all rural African adults live in poor households compared to 37% of urban African adults.

The table also reveals a number of interesting differences by gender across the spatial divide. In both rural and urban areas, women are far more likely than men to live in poor households. However, rural and urban women are not equally disadvantaged. Among African adults in South Africa, poverty rates are highest among rural women: in 2008, 70% of all African women living in rural areas were poor, compared to 55% of rural men, 42% of urban women and 30% of urban men.

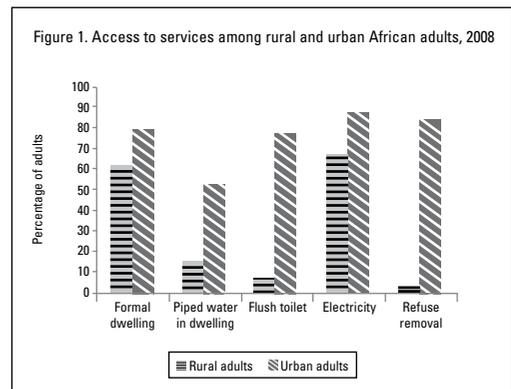
Table 1. Poverty rates among adults in South Africa, 2008

	Poverty rate – % of individuals living in poor households
All adults (18 years +)	40.6
African adults	49.0
African urban adults	36.7
African rural adults	63.9
African urban men	30.2
African urban women	41.8
African rural men	54.6
African rural women	70.0

Source: Own calculations, NIDS 2008.

In addition to high rates of income poverty, rural areas are also characterised by the far lower provision of infrastructure and basic services than urban areas. This is illustrated in Figure 1, which depicts stark differences between rural and urban areas in the percentages of African adults who live

in formal housing and in households with access to basic services – piped water in their dwelling, a flush toilet, electricity and refuse removal.



Source: Own calculations, NIDS 2008.

Because women retain primary responsibility for household reproduction, the implications of inadequate service provision – including having to fetch water and wood for daily household tasks – are felt by women in particular (Budlender, 2001). To take one striking example, in 2008 only 15% of adults in rural households had access to piped water in their dwelling (compared to over half of those living in urban areas). Moreover, according to the NIDS data, nearly 60% of all rural African women who do not have access to any water source on-site live more than 100 m away from the nearest water source and nearly a third of these women live more than 500 m away.

These objective measures therefore reveal large differences in access to resources among urban and rural dwellers in South Africa, and they show that rural women are particularly at risk of poverty. A common concern with these measures, however, is that they are limited both in their ability to describe differences within households and to capture more fully the lived experiences of vulnerable individuals (Budlender, 2005). In generating poverty statistics, we assumed that household resources are equally shared among all household members. Where equal sharing of

resources does not occur, then poverty measures may conceal a gendered distribution of poverty within the household. Furthermore, women and men carry different responsibilities and we may expect the absence of basic services and access to resources to affect the quality of women's and men's lives differently, particularly in rural areas. To explore these gender differences further we turn to more subjective measures which reflect how men and women assess their own well-being.

Subjective measures of well-being

Over the last 20 years in particular a large literature has emerged on subjective measures of well-being. Many international studies have found that when individuals are asked to assess their level of satisfaction or happiness with their lives, the responses provide meaningful and useful measures of an individual's quality of life (see Kahneman and Krueger (2006) and Stutzer and Frey (2010) for reviews of these studies).

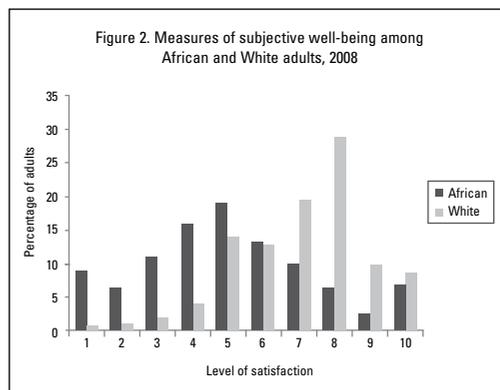
In contrast to poverty statistics, which assume that all household members share an equal burden of poverty, subjective assessments are by their nature individual measures which can vary across household members. Furthermore, subjective well-being will reflect not only an individual's access to resources, but the individual's well-being more broadly.

In addition to collecting information on socio-economic status, the NIDS survey of 2008 also included questions about individual subjective well-being. In NIDS, all adult respondents were asked:

"Using a scale of 1 to 10 where 1 means 'Very dissatisfied' and 10 means 'Very satisfied' how do you feel about your life as whole right now?"

Figure 2 describes the responses to this question for African and White adults in South Africa. The distribution of responses among Whites lies to the right of that for Africans, showing

that overall, White adults reported far higher levels of satisfaction with their lives than African adults. The response most commonly reported among White adults was a satisfaction level of 8, whereas among Africans the modal response was a satisfaction level of 5.

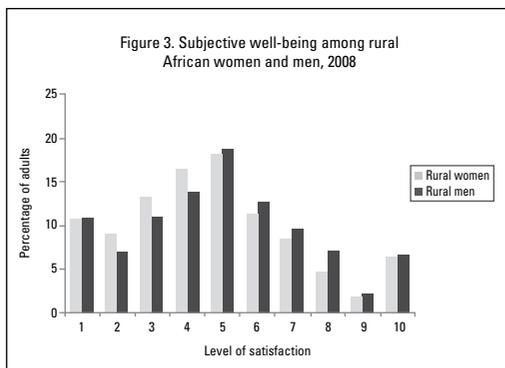


Source: Own calculations, NIDS 2008.

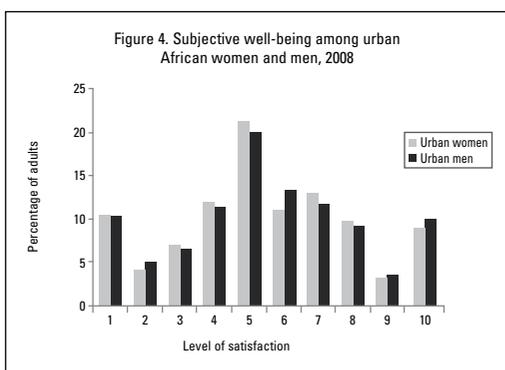
Although Africans overall provided considerably lower assessments of their subjective well-being, there are also large differences among Africans, both by area type and by gender. A comparison of Figures 3 and 4 shows that in rural areas both women and men reported being far less satisfied with their lives than women and men in urban areas. Almost 47% of all rural African adults reported a satisfaction level of 4 or lower, compared to 33% of all urban African adults. However, within rural households women reported even lower levels of subjective well-being than men. For example, almost 50% of rural African women reported a satisfaction level of 4 or lower, compared to 43% of men. In contrast, there are no substantive differences in reported satisfaction by gender among adults living in urban households: approximately a third of both urban African women and men reported satisfaction levels of 4 or lower.

The comparisons also highlight large differences in subjective assessments of life satisfaction among rural and urban African women.

In comparison to the distribution of responses among urban women, the distribution for rural women lies to the left. Among all African adults in South Africa, therefore, rural women reported the lowest levels of life satisfaction or subjective well-being.



Source: Own calculations, NIDS 2008.



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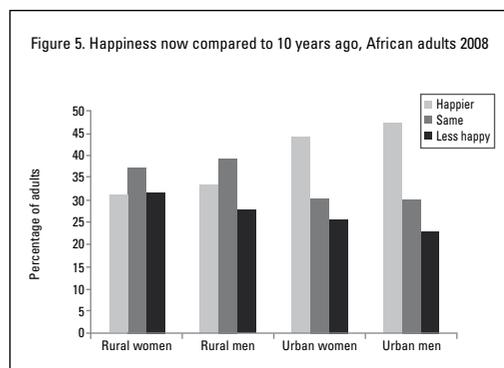
In NIDS adults were also asked to assess their health status, with five response options provided: “Excellent”; “Very good”; “Good”, “Fair” or “Poor”. Table 2 shows that in both rural and urban areas, African men provided higher assessments of their health status than African women. However, in comparison to urban women, rural women again provided lower assessments. Among all African adults, women living in rural areas are therefore the least likely to evaluate their health status as “Excellent” and the most likely to describe their health status as “Fair” or “Poor”.

Table 2. Self-assessed health status among African adults, 2008 (%)

Adults reporting their health status as:	Rural women	Rural men	Urban women	Urban men
Excellent/very good	49.7	60.7	51.4	64.9
Good	25.3	22.3	27.0	19.7
Fair/poor	25.0	17.0	21.6	14.4
Total	100.0	100.0	100.0	100.0

Source: Own calculations, NIDS 2008.

The data which we analyse in this study are for a single period of time, so we cannot examine how access to resources and reported levels of satisfaction or health status have changed over the post-apartheid period. However, the NIDS survey did collect some retrospective information, asking all adults to assess how happy they are with their lives now compared to 10 years ago. Figure 5 describes the responses to this question among African women and men living in rural and urban areas.



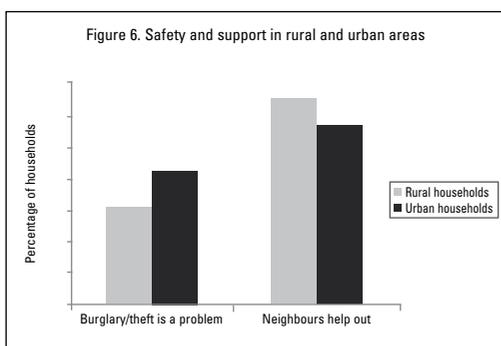
Source: Own calculations, NIDS 2008.

Less than half of all African adults reported being happier now than they were 10 years ago, but again, the responses are clearly differentiated by area type and by gender. Urban dwellers were more likely than rural dwellers to report being happier now than in the past, and in both rural and urban areas a greater percentage of men than women reported that their happiness had increased. Among African

adults in South Africa, rural women were the least likely to report that their subjective well-being had improved and the most likely to report being less happy now than 10 years ago.

However, there are aspects of daily life for which rural dwellers provide a more positive assessment than urban dwellers. Figure 6 illustrates that a smaller percentage of African households in rural areas believed burglary and theft in the neighbourhood were a problem, and a larger percentage reported that neighbours often helped each other out.⁴ Unfortunately, this information is collected only at the level of the household in NIDS, so it is not possible to identify quantitatively whether women and men within the households have different perceptions of crime or social interactions in their neighbourhood.

There are obviously many factors that might affect the quality of life of women and men in South Africa. While the NIDS survey collected a wide array of information on both objective and subjective indicators of well-being, some gaps still remain. For example, questions on whether *individuals* have been a victim of crime (and what kind of crime) and on individual perceptions of safety were not asked in the survey, although we might expect women to be more vulnerable than men to certain kinds of crime. In addition, there is some information which is very difficult to collect in large surveys because of the sensitivity of this information, particularly that relating to morbidity and mortality from HIV/AIDS.⁵



Source: Own calculations, NIDS 2008.

Concluding comments

In this Focus we drew on recently released quantitative data to describe the well-being of men and women in rural and urban areas. According to a range of objective and subjective measures of well-being, African women living in rural areas are found to be the most disadvantaged group in South Africa.

In 2008 an alarming 70% of African women in rural areas lived in households where per capita income was below the monthly poverty line of approximately R515 per person. In addition, these households were much less likely to have access to formal housing and basic services.

Subjective measures that allow us to identify individual levels of well-being paint a similar picture of disadvantage, and suggest that within African households the difficult conditions of rural life are borne particularly by women. Half of the women in rural areas reported a life satisfaction level of 4 or less, on a scale of 1 to 10. A quarter of these women assessed their health status as being only fair or poor. The retrospective data that we have also showed that rural women are the group for whom life circumstances have improved the least; only 30% of women in rural areas reported being happier now than they were 10 years ago.

A detailed analysis of the post-apartheid government's rural development initiatives and the important contributions made by grassroots and advocacy organisations both in seeking to empower rural women and in documenting policy failures, is beyond the scope of this piece. What our data analysis reveals, however, is that large disparities still exist between rural and urban areas in access to resources, and that gender differences in the quality of life are particularly pronounced in rural areas.

Footnotes

- 1 See, for example, Ardington et al. (2006), Hoogeveen and Özler (2006) and Posel and Rogan (2009).
- 2 To distinguish across racial groups we use the pre-coded racial categories provided to respondents in the survey, and that are conventionally used by the official statistical

- agency (Statistics South Africa). The term African is used to describe black South Africans, who make up approximately 80% of the population. The other pre-coded racial categories are Indian, Coloured and White.
- 3 Whereas 49% of African adults were estimated as being poor in 2008, the poverty headcount rate for adults who reported being Coloured was 24%, and among Indian and White adults, only 6% and 1% respectively were identified as living in poor households.
 - 4 Lower levels of crime together with the strength of social relationships in rural areas are identified as important reasons why migrants would choose to return to rural areas, for example when they retire or become ill (Bank, 2001; James, 2001).
 - 5 In NIDS individuals were asked to identify any major illnesses or disabilities they have from a pre-coded list of responses. Although HIV/AIDS was included as a response option, only 1% of all adult respondents were willing to disclose this information.

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