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IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

**DEPARTMENT OF SOCIAL DEVELOPMENT**

**SURROGATE PARENTING:  
EXPLORING THE PERCEPTIONS OF CHALLENGES FACED BY  
GRANDMOTHERS OF AIDS ORPHANS WITH REGARD TO  
CHILD REARING IN KHAYELITSHA**

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For the award of the degree of  
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Faculty of Humanities  
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## **PLAGIARISM DECLARATION**

This work has not been previously submitted in whole, or in part for the award of any degree. It is my own work. Each significant contribution to, and quotation in this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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**CANDIDATE'S SIGNATURE**

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**DATE**

## **DEDICATION**

This thesis is dedicated to my parents the late Mr P.M.W Nyatsanza and Mrs J. Nyatsanza for encouraging me to pursue education and for supporting me endlessly.

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## **ABSTRACT**

The research investigated the perceptions of the challenges faced by grandmothers caring for AIDS orphans in Khayelitsha, a township on the outskirts of Cape Town. The aim of this study was to make a contribution to an understanding of the challenges faced by grandmothers who are performing a surrogate parent role. The research focused on the grandmothers' perceptions of the types of challenges they faced in caring for AIDS orphans as well as their perceptions of the causes of these challenges. Lastly the research aimed to investigate the strategies employed by the grandmothers in dealing with these challenges and to ascertain whether or not grandmothers are aware of existing resources that are available to assist them with their challenges.

Permission to conduct the research was granted by the Chief Executive officer of Cape Town Child Welfare. A qualitative design was used to conduct the study and purposive sampling was used to obtain the sample. Criteria for the sample were that the biological mother or father of the children being cared for by the grandmothers had to be deceased. Respondents had to be either the maternal or paternal grandmother of the children and they had to be the primary caregivers of the children. Lastly the grandmothers had to be clients of Cape Town Child Welfare who are currently residing in Khayelitsha. A pilot study and pre-test was carried out on two grandmothers caring for AIDS orphans in order to improve the data collection tools. Sixteen grandmothers were interviewed using a semi-structured interview schedule. A digital voice recorder was used in order to record the interviews accurately and qualitative data analysis of the data collected was used to generate themes.

Findings from the study suggest that main challenges faced are environmental, social, medical, behavioural and financial in nature. Environmental challenges included inadequate housing, crime, and unemployment. Social challenges included multiple losses and lack of social support. Medical challenges mainly focused on HIV positive children and behavioural challenges included defiant behaviour and attitude problems. Financial challenges included caring for a large number of dependents while relying on social grants to survive.

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# **CHAPTER ONE**

## **PROBLEM FORMULATION**

### **1.1 Introduction**

This chapter serves to introduce the problem of AIDS orphans through firstly providing a background of the study then giving a rationale for choosing the research topic. It will examine the main research questions, research objectives and clarification of concepts will be provided. The ethical considerations of the study will be elucidated, reflexivity will be explored and some concluding remarks will complete the chapter.

### **1.2 Background to the study**

HIV/AIDS poses a major challenge all over the world, especially in Africa where poverty is rampant (Cross and Whiteside, 1993). HIV/AIDS impacts on the social, political and economic aspects of people's lives and is resulting in an increase in adult mortality which is altering the demographic composition as well as family structures in communities. The epidemic is causing a population that consists mostly of the elderly and young orphans who are left behind after the death of a parent (Udjo, 2006). One can say that the AIDS epidemic is creating a generation of orphans worldwide thus becoming an increasing humanitarian concern (Winston, 2006; Pharoah, 2004). According to Barnett and Whiteside (2002) cited in Kiggundu and Oldewage-Theron (2009) the AIDS epidemic has resulted in 13.2 million orphans globally, (orphans referring to a child who loses a mother or both parents by the age of 15). According to Andrews, Skinner and Zuma (2006) by the end of 2003, 15 million children under the age of 15 had been orphaned by AIDS through loss of one or both parents. It was projected that by 2010, 18 million African children under the age of 18 were likely to be AIDS orphans due to the escalating numbers in adult deaths. According to the Department of Health (2005) cited in the City of Cape Town socio-economic profile report, there were 34,299 AIDS deaths in Cape Town.

There have been several studies conducted on the AIDS epidemic. It is feared that since the epidemic seems to be wiping out the adult generation it may create generations of potentially dysfunctional young people and this could contribute to the increasing crime rates all over the world (Pharoah, 2004). HIV/AIDS is posing a huge challenge to South Africa and has resulted in an increase in the number of grandparent-headed households (Copen, 2006;

Abdool Karim and Abdool Karim, 2005; Gow and Desmond, 2002). It is estimated that between 40 and 60 percent of orphans in Sub-Saharan Africa live in grandmother-headed households (Helpage International, 2006 cited in Chazan, 2008). One can say that grandparent-headed families call for the creation of new identities, roles and needs for all the family members involved since they present a shift from the traditional nuclear family (Centre for Policy Studies, 2001).

Grandmothers and women worldwide are increasingly taking on the role of parenting the majority of orphans especially the young ones (Winston, 2006). Traditionally grandmothers have assisted in taking care of their grandchildren when their parents were unavailable due to work and other commitments. The HIV/AIDS epidemic has resulted in grandmothers playing a more significant role after the death of a child's parents thus leading them to being primary caregivers (Winston, 2006). There are many challenges that are faced by primary caregivers of AIDS orphans with regard to child-rearing such as financial and environmental hardships, (Kiggundu and Oldewage-Theron, 2009). From the studies conducted on caregivers of orphans, there is limited information on the challenges they face in South African townships (Oburu, 2005). This research will explore the perceptions of the challenges faced by the grandmothers caring for AIDS orphans in Khayelitsha through investigating the perceptions of the grandmothers. This is an attempt to highlight the challenges faced by caregivers of AIDS orphans in a township. The following section will provide a rationale for choosing the topic.

### **1.3 Rationale**

The HIV/AIDS epidemic in Sub-Saharan Africa has brought renewed attention to the role of grandmothers as caregivers of children (Parker and Short, 2009). The main reason for choosing this topic is because HIV/AIDS is a major challenge in Africa and the number of AIDS orphans is increasing every year. According to Andrews, Skinner and Zuma (2006) there were 11.5 million orphans in Sub-Saharan Africa in 2001; by 2003 the number had increased to 15 million. AIDS orphans have been on the South African government's agenda for several years and the South African government is encouraging research on AIDS orphans in order to highlight the situation of the AIDS orphans in the country (National Strategic Plan for HIV/AIDS 2007-2011). According to the Commonwealth Secretariat (2002) HIV/AIDS mostly affects socially and economically marginalised people worldwide. The inequality and poor socio-economic conditions faced by marginalised people increases

the risk of infection and isolation which could increase the number of AIDS orphans (Commonwealth Secretariat, 2002). This notion provides a basis for conducting the research in Khayelitsha which is one of the most impoverished communities in Cape Town. The researcher was inspired to conduct this research in Khayelitsha due to the high prevalence of HIV/AIDS in the community. The prevalence rate of HIV in Khayelitsha in 2005 was 27.2 % which appears to be the second highest in the Western Cape (City of Cape Town socio-economic profile report, 2005). Khayelitsha also has a high HIV/AIDS prevalence rate as well as co-infection of HIV and Tuberculosis rate (Fox, 2005).

Khayelitsha is one of the largest townships on the eastern outskirts of Cape Town nearly 30 kilometres from central Cape Town with over 500 000 African people the majority of whom are Xhosa speaking (Bak, 2008; Fox, 2005). Most of the people living in townships such as Khayelitsha migrated from the Eastern Cape and settled in an informal settlement in order to seek employment. Townships are a result of segregation policies from the apartheid government for black South Africans (Bak, 2008). They are rife with violence, high unemployment, crime rates, substance abuse and intolerable living conditions (Bak, 2008; Walsh and Mitchell, 2006; Fox, 2005). Khayelitsha is inhabited by a majority of African inhabitants who live in corrugated iron shacks without running water and electricity (Fox, 2005). There are many children who are orphaned due to AIDS in townships who are left in the care of their maternal relatives (Bak, 2008). It is therefore important to note that death due to AIDS is common in townships.

The researcher intended to explore the challenges that grandmother caregivers face when looking after orphans in order to obtain a clearer idea of the challenges faced. The researcher was an employee of Cape Town Child Welfare, a child protection agency in the Western Cape, which is willing to support new research on issues affecting children in Khayelitsha which is one of its areas of operation (Cape Town Child Welfare, 2009). The role of being a social worker in the community also influenced the research since the researcher observed that many grandmothers were coming to the office in order to seek financial assistance from the agency. The researcher also noticed that many grandmothers were foster parents for AIDS orphans. The act of seeking financial assistance was an indication that the grandmothers were struggling to meet the material needs of the orphaned children. Another reason for choosing this particular topic is because it can be linked to child protection which is an important area of research. The researcher decided to conduct the research in order to understand the role

that grandmothers play in supporting AIDS orphans through exploring the challenges that they face.

The researcher will provide research findings to Cape Town Child Welfare in order to highlight the needs of the respondents. Research findings can be used to shed more light on the issue of orphan care. The research findings can also be provided to other non-governmental organisations (NGOs) through Cape Town Child Welfare to develop or improve support programmes for AIDS orphans and caregivers. The researcher also intends to publish the findings in an academic journal for general distribution.

## **1.4 Research Topic**

Surrogate parenting: exploring the perceptions of challenges faced by grandmothers of AIDS orphans with regard to child rearing in Khayelitsha.

## **1.5 Research questions**

1. What are grandmothers' perceptions of the challenges they face in caring for AIDS orphans and how do these challenges manifest?
2. What are the grandmothers' perceptions of the causes of these challenges?
3. What are the current strategies employed by the grandmothers in dealing with these challenges?
4. What resources are the grandmothers aware of?

## **1.6 Objectives**

1. To explore grandmothers' perceptions about the types of challenges they face in caring for AIDS orphans and how these challenges are manifested.
2. To ascertain grandmothers' perceptions about the causes of these challenges.
3. To investigate the current strategies employed by the grandmothers in dealing with these challenges.
4. To ascertain whether or not grandmothers are aware of existing resources that are available to assist them with their challenges.

## **1.7 Clarification of concepts**

**Surrogate parenting** – Parenting which is done when a grandmother takes over parenting due to the death of a parent (Winston, 2006).

**Explore** – To investigate a certain characteristic (Kiggundu and Oldewage-Theron, 2009).

**Perception** - the process of becoming aware of something (Oxford English Dictionary, 1989).

**Challenges** – something that requires a lot of energy and skill to deal with (Macmillan English Dictionary for Advanced Learners, 2002).

**Grandmother** – the mother of one of the parents (maternal - related to the mother or paternal - related to the father) (Macmillan English Dictionary for Advanced Learners, 2002).

**Children** – a person under the age of 18 years (The Children's Act 38 of 2005 of the Republic of South Africa).

**AIDS orphan** – A single orphan – a child with one parent who passed away due to AIDS. A double orphan is a child who has lost both parents due to AIDS (Howard, Phillips, Matinhure, Goodman, McCurdy and Johnson, 2006).

**Khayelitsha** – Discussed under rationale.

## **1.8 Ethical Considerations**

Ethics can be defined as a set of moral principles which include correct conduct towards experimental subjects as well as employers, sponsors, other researchers, assistants and students (de Vos, Strydom and Fouche, 2005). It is necessary to consider ethical issues for any research which deals with human subjects. The following ethical considerations have been taken into account for the purposes of this study:

### **1.8.1 Harm to Experimental Subjects**

Social research should not injure the respondents in any way regardless of whether they are voluntary or not. The researcher should protect subjects from physical or emotional harm to the best of the researcher's ability, (Babbie and Mouton, 2006). Respondents should be warned about the potential harm involved in the research. They could possibly be harmed emotionally through recalling past events which are painful and the researcher should therefore have a strong scientific basis for requiring personal and sensitive information from respondents (de Vos et al, 2005). The issue of harm to subjects is very pertinent to vulnerable groups such as the elderly and it is suggested that offering an incentive to such vulnerable groups, is a helpful form of compensation for participating in the research. The researcher is encouraged to change the nature of their research if it has the potential to harm subjects in order to prevent harm to subjects (de Vos et al, 2005).

The researcher was committed to ensuring that the research would not be psychologically or physically harmful to the research subjects. This research was an exploratory study on the perceptions of grandmothers on the challenges they faced when rearing AIDS orphans. The interview process provoked an emotional response from some of the respondents who were asked about the orphan's parent. It is important to note that some of the respondents were still attempting to cope with the loss of their child which affected them emotionally during the interview. According to de Vos et al (2005) it may be necessary to provide debriefing to respondents who might be finding it difficult to respond to sensitive topics. The researcher referred respondents for debriefing and counselling with their respective social workers if they were emotional during the interview process in order to give them an opportunity to work through their experience after the research. Debriefing enabled respondents to discuss their feelings about the research after the interview has been conducted.

The researcher obtained permission from the Rotary club to give blankets and E'pap as a form of compensation to the respondents after the interview. E'pap is a porridge which is enhanced with nutrients for children from families affected by HIV/AIDS. The researcher chose not to inform the respondents about the blanket and E'pap until after the interview was concluded in order to avoid influencing the subjects' decision to participate in the study.

### **1.8.2 Informed Consent**

Informed consent implies that adequate information about the aim and the procedure of the research, possible advantages, disadvantages and dangers of taking part in the research are revealed to the respondents (de Vos et al, 2005). Informed consent also includes the notion of voluntary participation which means that the respondents decide to take part in the research after gaining adequate information about the research without being coerced to take part in the research. It is important for the researcher to respect the respondents' autonomy in relation to informed consent (Williams, Tutty and Grinnell, 1995).

The researcher obtained permission from Cape Town Child Welfare to use its clients who fit the research criteria after providing a detailed research proposal. The researcher also committed to informing the respondents about the aims and the nature of the study therefore ensuring adequate disclosure of information. Once respondents obtained the information they needed about the nature and aims of the study they had the option to continue with the study or to decline to participate thus being able to practice their autonomy. The respondents were also allowed to withdraw from the research at any time. According to de Vos et al (2005) research respondents should be voluntary participants. The research respondents were not coerced to take part in the research in any way thereby making their participation voluntary.

### **1.8.3 Anonymity**

The protection of a respondents' identity is important in social research and it is the duty of the researcher to ensure that no identifying information of the respondent is recorded or revealed in order to ensure anonymity. According to de Vos et al (2005) anonymity refers to the researcher as well since no one should be able to identify the respondents after the research has been conducted. The researcher was committed to maintaining the respondents' anonymity as well as respecting the respondent's right to privacy. The researcher therefore contracted with the respondents on the nature of the research, the aims and procedures and the number of interviews.

### **1.8.4 Confidentiality**

Confidentiality refers to information revealed during the interview being kept between the researcher and other members of staff, (Babbie, 1990 cited in de Vos et al 2005). Confidentiality also means that the information revealed to the researcher should only be

divulged with the respondents' permission (de Vos et al. 2005). The researcher ensured that all the information given during the interviews was kept confidential in order to maintain the respondents' privacy. The researcher also ensured that no identifying details were used during the data collection as well as the publishing of research findings. The researcher also committed to maintaining confidentiality in relation to agency information that was divulged during the course of the interview.

### **1.8.5 Publishing of Research Findings**

According to Strydom (1994) cited in de Vos et al (2005) findings from the research should be reported to the public in a written form. The research report is supposed to be accurately and objectively compiled any information from other authors should be acknowledged correctly as a way of rejecting plagiarism. Publishing of research findings also refers to accurately quoting the respondents' contributions and acknowledging the contributions. According to de Vos et al (2005) research subjects should be informed about the research findings in an objective manner. The authors further stipulate that the respondents should be informed about the findings of the research in a way which is easy for them to understand. The researcher is also supposed to mention any limitations to the study clearly in the research report in order to prepare other researchers who might intend on replicating the study.

The researcher committed to publishing findings in the form of a research report which was written accurately to the best of the researcher's ability. The researcher also compiled a simple summary report of findings for the respondents which was written in both English and Xhosa and provided this to Cape Town Child Welfare for distribution to the respondents and other people interested in the research.

### **1.9 Reflexivity**

The issue of reflexivity looks at whether the claims that are made by a practitioner are credible or not (Harrison in Sherman and Reid, 1994, cited in de Vos et al, 2005). Reflexivity therefore relates to whether the researcher has considered sources of error while conducting the research and whether the researcher has acted to counter the sources of error. Reflexivity includes self-awareness and reflection (an ability to think about one's perceptions and ideas) whilst conducting the research in order to improve the research process. The notion of self-awareness also reflects whether the researcher has any biases in the research through personal

conviction. In short reflexivity also refers to the reason for choosing the topic and how the researcher is linked to the research topic. In this case the researcher was working in Khayelitsha for Cape Town Child Welfare and had a passion for working with AIDS orphans due to working as a social worker in the community.

The researcher noted the high number of HIV/AIDS related cases at the agency as well as the high number of grandmothers who were taking care of AIDS orphans and also seeking financial assistance. The researcher decided to explore the challenges faced during child rearing in order to understand the grandmothers' point of view. She may have been personally motivated to choose this topic since HIV is a disease that seems to be affecting many people in townships such as Khayelitsha and the researcher has a passion for working with people in townships. Both the researcher's maternal grandmother and paternal grandmother were deceased before the researcher grew up therefore the researcher did not have a personal frame of reference of grandparents. It is possible that not growing up with a grandmother could have led the researcher to explore grandmothers' perspectives in order to understand their situation more.

In this research, reflexivity also entailed not allowing the research participants to use the research interviews as therapy sessions and providing the respondents with an opportunity for debriefing after the research interviews. Reflexivity therefore includes reminding the participants of the purpose of the research and avoiding being drawn into therapy with the respondents (de Vos et al, 2005).

## **1.10 Structure of the research proposal**

This research report consists of five chapters:

### **Chapter One**

The first chapter covers problem formulation.

### **Chapter Two**

The second chapter presents a discussion of theoretical frameworks and a review of literature relevant to the study.

### **Chapter Three**

The third chapter is a discussion of the research methodology.

### **Chapter Four**

The fourth chapter presents the findings of the research.

### **Chapter Five**

The fifth and final chapter presents the conclusions and recommendations with regard to the research findings.

## **1.11 Conclusion**

This chapter has presented a background to the problem of AIDS orphans, a rationale for choosing the topic, the main research questions and main research objectives. The chapter also included a clarification of concepts in order to introduce the issue of AIDS orphans, ethical considerations for the research process, reflexivity and an outline of the structure of the research report. The following chapter will present the literature review.

# **CHAPTER TWO**

## **LITERATURE REVIEW**

### **2.1 Introduction**

This chapter will present literature relevant to the study. The review will examine literature on the nature, causes of challenges to grandmothers of orphans and the strategies employed to cope with the challenges experienced, as well as recommendations for intervention strategies. The literature review includes research findings from studies conducted with grandmothers and grandchildren who are not orphans. This literature has been included because it is essential to note that problems that are likely to be encountered between a grandmother and grandchild who is an orphan and a grandchild who is not an orphan may be similar since some of the problems are inherent in the relationship. The first section provides the theoretical frameworks underpinning this study.

### **2.2 Theoretical Frameworks**

#### **2.2.1 Theory of Death and Dying (Loss)**

Kubler-Ross (2009) suggests that there are five stages that a dying individual goes through. These stages can be interpreted as stages of death, dying, loss or grief and the dying individual as well as their family go through these stages and experience the stages differently. One should note that the stages are not linear therefore one can experience several stages at the same time. The first stage is Denial, this occurs when the individual is first informed about the illness. Denial is a common defence mechanism which is used in order to protect an individual against anxiety and other emotions. The second stage is that of Anger whereby the individual becomes angry at other people and God. The family of the dying individual usually find it difficult to cope with the individual in this stage. The third stage is known as Bargaining whereby the individual proposes to enter an agreement in order to postpone his or her foreseeable death from happening. The fourth stage is that of Depression where the individual begins to feel a sense of great loss. This loss has many facets as it relates to loss of independence and financial freedom as well as role and responsibility in the family. The fifth and final stage is that of Acceptance whereby the individual will have had enough time to work through the previous stages and comes to terms with the inevitable. Kubler-Ross's (2009) theory is linked to the issue of grandmothers caring for AIDS orphans since the grandmothers and orphans have experienced loss through the death of a family member. It is

possible that the role changes and loss experienced causes the bereaved to move through all the five stages of grief however the most pertinent stage is that of Acceptance. In the researcher's opinion the stage of Acceptance can be linked to how grandmothers sacrifice their freedom and time in order to look after the AIDS orphans through accepting the death of their child as well as their new role as a surrogate parent.

### **2.2.2 Systems Theory**

According to Potgieter (1998), a system is arranged with its parts in a hierarchy and each part has specific tasks, roles and authority. Every system is also said to be part of a larger one while it is also made up of smaller ones. To illustrate this notion, an example can be used of how grandmothers and AIDS orphans are part of a family system which is also part of a broader community. Each system has boundaries which are kept open in order to facilitate the flow of communication and energy which allows change within the system. Input from the external environment causes change within a system as the system tries to maintain a balance (Potgieter, 1998).

Grandmothers and grandchildren form part of an extended family system. Since all the parts of a system are interlinked, it is important to understand how what happens in the broader community can impact on the orphans and grandmothers who take care of the orphans as well as vice versa (Potgieter, 1998). AIDS is considered to be a major cause of death worldwide and mostly in African communities (Winston, 2006). In the researcher's opinion, death of a parent can be seen as input into the family system which results in a change in terms of family system and structure. Death of a family member presents a challenge which requires long-term family reorganisation. The ability to accept death and the loss of a family member is an important aspect of a healthy family system. Death of a family member disrupts the family's equilibrium and patterns of interaction thus forcing the family system to change. Recovering from death in the family requires rearrangement of relationships and reorganisation of roles in order to compensate for the loss and to move on with the family's life (Walsh and McGoldrick, 1991). When a grandmother becomes the primary caregiver of an AIDS orphan it can be considered to be the family system's way of maintaining balance.

### **2.2.3 Psychosocial Development Theory**

Children fall between the categories of infants, toddlers and adolescents because of their age range which means that the major psychosocial crises they could be experiencing according

to Erikson's theory (1964 cited in Stevens, 1983) of psychosocial development are those of Trust versus Mistrust (0-1 year), Autonomy versus Shame and Doubt (1-3 years), Initiative versus Guilt (3-6 years), Industry versus Inferiority (6-12 years) and Identity versus Role Confusion (12-20 years). In the stage of Trust versus Mistrust, the child faces the task of learning that the world can be trusted based on the early life experiences. In the stage of Autonomy versus Shame and Doubt an infant learns about being able to gain confidence to do things alone.

In the stage of Initiative versus Guilt, the child goes through developmental tasks of growth of conscience, social skills, moral values and emotional awareness, (Stevens, 1983). In the stage of Industry versus Inferiority the child experiences achievement drive, develops a firm idea of right and wrong and strengthens their gender identity in society. In the stage of Identity versus Role Confusion, the adolescent searches for their identity, matures physically and becomes independent from parental authority.

Grandmothers depending on their age are in the stages of Generativity versus Self-absorption (40 – 65 years) as well as Integrity versus Despair (65 years and older). The stage of Generativity versus Self-absorption reflects how older adults need to feel needed by the younger ones. Older adults in this stage also feel a need to contribute to the future development of the younger generation in order to produce something that will outlive them and those that do not develop a sense of generativity retreat into self-absorption whereby they are only concerned with themselves. The stage of Integrity versus Despair which is the final stage of Erikson's theory (1964 in Stevens, 1983) of psychosocial development looks at how older adults appreciate the life that they have lived through looking at their achievements, compared to those who despair who are agonised with impending death and goals that have not been actualised (Stevens, 1983). It is important to note that the crises that both age groups are going through could affect how they relate to each other (Stevens, 1983). When discussing the nature of the challenges faced by grandmothers taking care of orphans, one needs to examine the different types of challenges that the grandmothers may encounter. The following section will explore the nature of challenges experienced by grandmothers.

## **2.3 The Nature of Challenges Experienced By Grandmothers**

Several authors argue that taking care of AIDS orphans can be a stressful job for grandmothers and it can affect their health, general well-being as well as their ability to cope (Simpson, 2006 cited in Kiggundu and Oldewage-Theron, 2009). A study conducted by Kiggundu and Oldewage-Theron (2009) in Alexandra indicates that grandmothers face many challenges when taking care of AIDS orphans. These challenges can be divided into individual challenges, environmental challenges and relationship challenges which will be explored in the following section.

### **2.3.1 Environmental Challenges**

This section highlights environmental challenges which are those challenges which may be beyond the grandmothers' control. One can refer to such challenges as structural challenges which are a result of the community in which the grandmothers live.

#### **2.3.1.1 Crime, unemployment and substance abuse**

According to Kiggundu and Oldewage-Theron (2009), rampant unemployment in South Africa makes it extremely difficult for families to take care of themselves especially in relation to taking care of AIDS orphans after the death of their parents. Burton, du Plessis, Leggett, Louw, Mistry, and van Vuuren (2004) suggest that crime is a broad description of different anti-social acts, which violate the rights of other individuals in society. There are two main types of crime which are violent crime (acts which use force against an individual such as murder, rape, assault, robbery, car-jacking and sexual assault) and property crime which involves the removal of belongings from an individual such as housebreaking, theft of vehicles, theft of personal property and live stock theft. Fox (2005) suggest that Khayelitsha has a high crime rate and the most common crimes are robbery, murder and rape. Young men in Khayelitsha turn to gangsterism and drug use due to poverty, poor schooling, violence and desolate future prospects (Walsh and Mitchell, 2006).

Crystal methamphetamine is becoming a popular drug in South Africa as well as the townships. It is a highly addictive drug which can be in powder or crystal form. It is snorted, orally ingested, injected or smoked in a glass shell of a light bulb (Potterton and Northmore, 2006). When it is smoked, it makes a "tik" noise which has earned it a colloquial name of

“Tik”. Smoking of crystal methamphetamine has been associated with high levels of harm to others as well as violent behaviours (Topp, Degenhardt, Kaye and Darke, 2002 and Darke, Kaye, McKetin and Duflou, 2008, cited in Pluddemann, Flisher, McKentin, Parry and Lombard, 2010). Crystal methamphetamine is often sold in a drinking straw and is available for R30. Use of this substance has been associated with crime since it removes inhibitions and stimulates the individual to commit crime. It is also possible that the individual commits crimes in order to finance their drug habits, (Kapp, 2008). In the researcher’s opinion it is important to note that crime, substance abuse and unemployment are interrelated since an individual might resort to crime due to unemployment or the need to finance a drug habit. Individuals might abuse substances due to unemployment and could commit crime when under the influence of substances.

### **2.3.1.2 Poor Housing**

According to Pharoah (2004) poverty exacerbates the impact of AIDS on some families. Insufficient accommodation is a major problem that is experienced by grandmothers who stay in townships. Kiggundu and Oldewage-Theron (2009) found that most of the respondents in their study reported sharing either a one-roomed house or a two-roomed shack which meant that there was not enough space for the children. Some of the houses were made out of corrugated iron and not well ventilated. The shacks also lack sufficient ablution facilities thus leading to more problems with regard to the hygiene of the caregivers and their children (Landman, 2002). Some of the families have an increased financial burden since they do not own the houses they stay in (Kiggundu and Oldewage-Theron, 2009). Families who take in AIDS orphans experience overcrowding and lack of privacy due to the addition of other family members thus leading to fewer resources (Gow and Desmond 2002, The Centre for Policy Studies 2001).

### **2.3.1.3 Financial Problems**

Udjo (2006) suggests that the AIDS epidemic is forcing elderly women to take on a demanding responsibility at a time when they have reduced social support and cannot afford to do so. Financial problems are common with grandmothers caring for AIDS orphans since some of them rely on either child support grants, foster care grants or old age grants. Respondents from the study by Kiggundu and Oldewage-Theron (2009) stated that they were still in the process of applying for foster care grants, however the process is lengthy. Other respondents reported not being able to apply for grants due to lack of birth certificates, clinic

cards and identity documents of the parents of the children. It is possible that grandmothers are not aware of the resources available to them (Schatz and Ogunmefu, 2007). According to Chazan (2008) grandmothers supporting AIDS orphans experience financial problems and are struggling to bear the costs of medical aid, food and funeral expenses. Some grandmothers who are employed may have to take unpaid leave at work in order to care for the sick which further reduces their monthly income. Financial problems that grandmothers experience are also exacerbated by having to take care of other family members such as siblings of the deceased adult who may be unemployed due to lack of skills (Chazan, 2008). The following section will discuss relationship factors.

### **2.3.2 Relationship Factors**

When looking at relationship factors, it is necessary to examine the factors that affect the relationship between the grandmother and the grandchild who has been orphaned by AIDS. Such factors include aspects of the grandchild which the grandmother might find difficult to deal with. The following section will look at the different factors within the grandparent-grandchild relationship which might pose a challenge to the grandmothers.

#### **2.3.2.1 Behavioural and Emotional Problems**

The most common problems which affect the relationship between the grandmother and grandchild are behavioural problems. Kiggundu and Oldewage-Theron (2009) report that some grandmothers face challenges with disciplining their grandchildren. Most of the grandmothers complained about the children being ill-disciplined, extremely demanding, wasteful and stubborn. Findings from the same study also reveal that most grandmothers did not know how to deal with the behavioural problems and in some cases they lacked the energy to deal with them. Barnett and Whiteside (2002) cited in Kiggundu and Oldewage-Theron (2009) discovered similar findings with regard to discipline problems in a study they conducted in Uganda. One can therefore note that discipline problems are encountered by grandmothers who are parenting grandchildren in different regions of Africa. Some studies indicate that grandchildren's difficult behaviour, generational values as well as grandchildren with special needs pose a challenge for grandparents who are primary caregivers (Burton, 1992 cited in Sands and Goldberg-Glen, 2006).

Emotional difficulties, such as anxiety within the grandchild also pose a challenge to the grandmothers (O'Reilly and Morrison, 1993 cited in Sands and Goldberg-Glen, 2006).

Emotional, physical, health or school-related difficulties experienced by the grandchildren may complicate parenting for the grandparents since it might be a new phenomenon to them (Hayslip and Goodman, 2007). It is possible that grandparents' satisfaction of being care givers is also determined by whether the grandchild has emotional or behavioural problems (Hayslip, Shore, Henderson and Lambert, 1998 cited in Miltenberger, Hayslip, Harris and Kaminski, 2004). Orphaned children require more care since they are more likely to have come from a deprived household, thus having experienced trauma and they could be HIV positive (Foster, 2002 cited in Kidman, Petrow and Heymann, 2007). The issue of HIV positive grandchildren is further elaborated in the following section.

### **2.3.2.2 Health Problems**

Research suggests that a major problem that grandmothers inherit when taking care of their orphaned grandchildren is that of caring for HIV positive children. This appears to exacerbate the grandmother's anxiety as some of them are worried about the children's future. Some of the children experience bouts of Tuberculosis (TB) and eye infections due to being HIV positive. HIV positive children could also experience severe mental and physical disabilities thus requiring constant care which could be taxing for the grandparents. Some HIV positive children also experience moderate learning and behavioural difficulties thus exacerbating the challenges faced by the caregivers (Hosegood, Peston-Whyte, Busza, Moitse and Timaeus, 2007).

### **2.3.2.3 Non-disclosure of HIV status of children**

Disclosure of HIV status is a major challenge to parents and carers of children with HIV (Brown, Lourie and Pao, 2000 cited in Waugh, 2003). It is common for parents to withhold their HIV status from their families and children which results in the children's HIV status being unknown. Non-disclosure of parents' HIV status can lead to the child's HIV status being unknown, lack of proper medication, insufficient nutrition, contraction of AIDS related illnesses such as TB and eventually death of the child (Landman, 2002). Parents find it difficult to explain to children that they suffer from a chronic illness which is life threatening. Paediatricians suggest that information should be revealed to children if their developmental level is appropriate for the disclosure. It is important for children to know about their status in order to get them to cooperate with taking their treatment (Lipson, 1994 cited in Waugh 2003) and also acknowledging their rights (UN Convention on the Rights of the child, 1989 cited in Waugh, 2003). Major concerns for parents regarding disclosure of HIV status to their

children living with HIV are around difficult questions about the disease, what the future holds and a fear of upsetting the children. The most pertinent issue that prevents parents from disclosing the children's HIV status is a fear that the children will accidentally tell other people which might lead to stigma and discrimination. It appears as if parents partially disclose information about the disease to the children in order to gain their cooperation regarding administration of medication. The majority of parents avoid full disclosure of the disease to the children in order to protect their children from harm (Waugh, 2003).

### **2.3.3 Individual Factors of the Grandmothers**

Individual factors are factors that affect the grandmother as an individual. One can argue that physical factors such as health and emotional factors which include loss and depression can be included in this category.

#### **2.3.3.1 Physical and Emotional Problems**

Grandparents who take on the role of primary caregiver for their grandchildren face the risk of a variety of physical illnesses and general poorer physical health as well as emotional and marital distress (Hayslip and Goodman, 2007; Miltenberger et al. 2004). Grandparents might also experience decreased life satisfaction, increased financial hardships and emotional problems such as insomnia, depression, fatigue, increased susceptibility to illness, anxiety, decreased motivation, poor appetite and chronic pain such as back aches (Jendrek, 1994 cited in Miltenberger, et al, 2004). It is suggested that the emotional strain experienced by grandmothers taking care of orphans can lead to physical and depressive symptoms in grandmothers. Older female caregivers are more likely to report depression and more likely to report themselves in worse health than younger female caregivers (Case and Paxton, 2005 in Ardington, Case, Islam, Lam, Leibbrandt, Menendez and Ogliati, 2010; Simpson, 2006 in Kiggundu and Oldewage-Theron, 2009). Contrary to this Minkler, Fuller-Thompson, Miller and Driver (1997 cited in Sands and Goldberg-Glen, 2000) found that grandparent caregivers of a relatively young age were associated with depressive symptoms as well as psychological anxiety.

#### **2.3.3.2 Isolation and Lack of Social Support**

According to Shore and Hayslip (1994) cited in Miltenberger et al. (2004) custodial grandparents are likely to feel isolated as they have less contact with their peers due to the

responsibility of taking care of their grandchildren. McGowen, Ladd and Strom (2006) also revealed that grandmothers who were taking care of their grandchildren felt isolated from their peers who were not interested in children's activities. Connor (2006) suggests that grandparents and the grandchildren they care for are at risk of being overwhelmed because of the lack of social support of the grandparents. Grandmothers who are willing to adopt AIDS orphans are usually widows who are unemployed (Mukwaya, 1999 and Yamba, 2003 cited in Oburu, 2005). It is possible that these grandmothers adopt the AIDS orphans in order to combat their loneliness. It also seems as if some grandmothers may isolate themselves from their peers due to shame caused by the death of their adult child from AIDS.

As mentioned earlier there is a growing trend of women who are heads of multigenerational households (Bak, 2008). The absence of husbands and fathers in the black communities was reflected in a South African census for 1996 and 2001 (Bak, 2008). The census statistics reflect that men do not live with the children they father. The children stay with their mothers and the maternal family. The males practice the "isoka" lifestyle which entails uncommitted relationships with several girlfriends and results in little commitment to the children born from these relationships (Bak, 2008). It is therefore important to note how grandmothers are left without any support from the fathers of their grandchildren. The final section is that of loss and role changes.

### **2.3.3.3 Loss and Role Changes**

Reed (2002) cited by Miltenberger et al. (2004) suggests that custodian grandparents may grieve for their grandchildren's loss of a parent. Custodial grandparents may also mourn the loss of personal and financial freedom that often accompanies the role of being a primary care giver (Burton, 1992 and Jendrek, 1994 cited in Miltenberger et al, 2004). The role of some grandparents caring for AIDS orphans has changed from a supportive role to that of primary caregivers (Miltenberger et al. 2004). It is important to note that the role changes for the grandmothers might result in stress since they might have been looking forward to a time when they would be retired from the parenting role, yet they are plunged into the full-time parenting role (Neugarten, 1979 cited in Sands and Goldberg-Glen, 2000). The above-section has highlighted the nature of challenges faced by grandmother taking care of AIDS orphans. The following section will examine the causes of the challenges faced by grandmothers caring for AIDS orphans.

## **2.4 Causes of Challenges to Grandmothers**

This section will examine the causes of the challenges faced by grandmothers taking care of AIDS orphans. The causes can be divided into macro causes and micro causes.

### **2.4.1 Macro Causes**

Macro causes are those causes which occur on a larger scale such as the community in which individuals live. These causes can also be a reflection of the environment that the individual is located in (Potgieter, 1998).

#### **2.4.1.1 Poverty and Housing**

It is suggested that grandmother headed households are vulnerable prior to the addition of an AIDS orphan because women have limited economic opportunities (Abdool Karim and Abdool Karim, 2005). Poverty and insufficient accommodation can exacerbate health problems in HIV positive people, for example the spread of tuberculosis (TB) which is an opportunistic infection common in people who are HIV positive. Another factor is poor ventilation in some of the corrugated iron houses which can lead to the spread of air-borne disease such as TB (Gow and Desmond, 2002). Hosegood et al. (2007) suggest that poverty can be a deterrent to social support since impoverished circumstances can prevent people from visiting each other and according to Pharoah (2004), poverty exacerbates the impact of AIDS on children.

#### **2.4.1.2 Financial Problems**

According to Mall (2005), cited in Chazan (2008), the elderly are invisible with regard to resource allocation. The elderly can be seen as reverse orphans who are becoming parents again in disadvantaged circumstances in the sense that they no longer have parents (Chazan, 2008). A major cause of financial problems has been previously stated since it concerns the lack of knowledge regarding resources available such as social grants as well as not having the proper documents required to process applications (Schatz and Ogunmefu, 2007). Copen (2006) agrees with the notion that grandparents might not be aware of the resources available to them and adds that grandparents might not be aware of how to obtain resources such as medical aid for their grandchildren. One can also say that at times grandparents might not be able to afford medical aid for their children. The South African Constitution makes provision for free medical care for all children below the age of 7 in order to assist poor families (Bill

of Rights in the Constitution of the republic of South Africa by the South African Government, 1996).

Some grandparents also support their adult children still living within their households thus adding to the financial problems experienced in the households (Schatz and Ogunmefu, 2007). The financial burden of HIV/AIDS adversely affects the living standards and quality of life of all household members leading to food insecurity, malnutrition, poor hygiene, loss of opportunity and other factors related to poverty (Gaitley, Mallison and Taylor, 1993). Grandmothers also decide to take care of orphans out of affection with no corresponding economic ability thus leading to some of the financial challenges experienced (Nyambedha, Wandibba and Aagard-Hansen, 2003). One can therefore say that it is possible that grandmothers experience financial problems because they cannot bear to see orphaned children suffering in isolation. It is possible that the grandmothers would rather experience financial problems than let the children suffer.

#### **2.4.1.3 Social Stigma**

There are several factors that lead to the isolation and lack of social support of grandmothers taking care of AIDS orphans. Pharoah (2005) suggests that fear of stigma due to HIV leads to non-disclosure and isolation of the caregivers. Kiggundu and Oldewage-Theron (2009) suggest that grandmothers are deprived of support they would have gotten from their children if they had not died, thus suggesting that the death of their adult child contributes to the lack of social support experienced by the grandmothers. Lee (1990) cited in Miltenberger et al. (2004) suggests that individuals who are ashamed of their loss may feel the need to hide their grief due to the fear of stigma. It is possible that fear of stigma compounds any efforts to move past the grief which further prevents the grandparent from gaining emotional and social support from others (Lee, 1990 cited in Miltenberger et al, 2004). One can therefore say that fear of stigma and shame due to the death of the adult child from AIDS leads to a lack of social support experienced by the grandparents in their roles as caregivers for orphaned children. Gaitley et al. (1993) also agree with the notion that fear of stigma causes isolation as well as shame and guilt within the surviving family members. According to Poehlmann (2003) and Yeo (2003) cited in Connor (2006), the lack of social support experienced by grandparents taking care of their grandchildren causes social isolation as the grandparents withdraw from social situations, which makes it more difficult to cope with childrearing. This

section has explored the macro causes of the challenges experienced by grandmothers caring for AIDS orphans. The following section will examine the micro causes.

## **2.4.2 Micro Causes**

Micro causes can be seen as those causes that occur on a smaller scale such as causes within the individual (Potgieter, 1998).

### **2.4.2.1 Multiple Losses**

Custodian grandparents experience depression and other emotional problems due to the multiple losses they suffer such as the death of their adult child and loss of personal and financial freedom in order to take care of their grandchild (Miltenberger et al, 2004). It is possible that the grandchild might be a daily reminder of their adult child that they have lost thus making it harder for the grandparent to cope with the loss (de Toledo and Brown, 1995 in Miltenberger et al, 2004). Custodial grandparents might also grieve for their grandchild's loss of parent, (Reed, 2002 in Miltenberger et al, 2004). In addition to assuming the primary care giver role, grandmothers caring for AIDS orphans also mourn the loss of their adult child or several adult children due to AIDS, (Winston, 2003).

Winston (2006) suggests that custodian grandmothers also mourn the loss of their life stage transitions due to adopting the role of surrogate parents. This loss can be further described as a loss of appropriate developmental stage activities. Winston's findings from research with custodian grandparents reflect that these grandmothers also mourn the loss of intimate relationships and loss of health as they focus on providing care for their grandchildren. Schatz and Ogunmefu (2007) suggest that grandparents taking care of AIDS orphans experience loss of income due to their adult child's death which leads to unfulfilled promises with regard to being taken care of by their adult children. In other words, custodian grandparents experience loss on several levels; physical loss, emotional loss and financial loss. Physical loss entails the death of their adult child or several adult children as well as deteriorating state of health. Emotional loss is experienced as the grandmothers fail to benefit from their old age through retirement and other less strenuous activities. In the researchers opinion emotional loss might be exacerbated by the death in the family which leads to grief and additional burdens on the family that prevent the grandmothers from experiencing a peaceful old age. These grandparents also experience financial losses through adult children's death which reduces the household income.

#### **2.4.2.2 Mental Stress and Anxiety**

Behavioural problems exhibited by the orphans are due to the mental stress they will have experienced by witnessing the illness and death of their parent (Jackson, 2002 cited in Kiggundu and Oldewage-Theron, 2009). Impoverished conditions lead to the development of low self esteem and little sense of security in the children which in the researcher's opinion could cause behavioural problems. In addition to the poor environmental conditions, the children could also receive poor education and poor social skills which can also lead to minimal opportunities to escape poverty thus exacerbating their behaviour problems (Kiggundu and Oldewage-Theron, 2009). In the researcher's opinion behaviour and emotional problems exhibited by the AIDS orphan could intensify the health problems experienced by the grandmothers. Winston (2003) suggests that some grandmothers ignore their health problems because they neither have the time nor resources to seek medical attention for themselves due to their parenting role. One can therefore say that grandmothers tend to put the needs of their grandchildren above their own needs which could be detrimental to their health and the future of their grandchildren.

#### **2.4.2.3 Unexpected Parenting**

Winston (2003) suggests that resumption of parenting duties in old age is experienced by most grandmothers as time disordered. Chazan (2008) suggests that grandmothers assume a greater part of responsibility with regard to the care of orphans due to divisions of responsibility within the families that were in place long before HIV/AIDS. It is possible that grandmothers end up taking up more responsibility with regards to orphan care since other extended relatives are not willing to take care of the orphans. One can therefore say that the problems encountered by the grandmothers are not necessarily caused by HIV/AIDS but by the tension within the family which occurred before HIV/AIDS. Kidman et al. (2007) suggest that most AIDS orphans are taken care of by their grandparents who may be unable to provide adequate care due to their own health limitations. The issue of family tension can be linked to stigma as Hosegood et al. (2007) suggest that pre-existing tension and conflict with relatives and neighbours influences the form of stigmatising behaviour. Sands and Goldberg-Glen (2000) suggests that single grandparents with health problems might find parenting stressful.

In other words, the circumstances of the grandparent caregiver might influence their perceptions of the challenges they face with regard to taking care of their grandchildren if

their health is poor and if they no longer have a spouse to support them. It is possible that the lack of support may make the grandparent feel overwhelmed thus possibly facing more challenges compared to grandparents with more social support. It is also possible that grandparents who have pre-existing health problems might find it more challenging to take care of their grandchildren and other grandparents may develop health problems as a result of the stress they experience through taking care of their grandchildren. The following section will explore motivation for caring for the child / children.

#### **2.4.2.4 Motivation to care for the child / children**

Sands and Goldberg-Glen (2000) suggest that when grandparents become caregivers as a result of family breakdown it leads to heightened anxiety within the grandparent as well as the grandchildren, thus exacerbating the challenges faced. According to Nyambedha, Wandibba, and Aagard-Hansen, (2003) most of the AIDS orphans are double orphans who are often adopted by grandparents because no one else was willing to take care of them. One can therefore say that grandparents take care of the orphans due to a sense of obligation and responsibility which could add to the challenges faced. According to Winston (2003) the predominant reason why grandmothers take care of their grandchildren is family primacy which occurs when grandmothers prioritise their families and believe that they should stay together at all costs. It appears as if the notion of family primacy may supersede any financial problems that the grandparents might have as they accept responsibility for their grandchildren despite their lack of financial stability.

Traditional family values lead grandparents to feel obligated to care for their grandchildren. Love and devotion towards their grandchildren as well as the orphan status of their grandchildren triggers a response to protect and nurture them as they are deemed the most vulnerable members of the family (Winston, 2003). Grandparent care giving is considered to be a norm in the African American community where women are socialised to believe that they should be strong, resilient and accept whatever trials life offers them. This aspect can be related to South Africa since women are also socialised to be resilient. Grandparents usually offer to take care of their orphaned grandchildren in order to prevent them from being taken care of by strangers or distant relatives (Copen 2006). The following section will explore lack of parenting skills as the final challenge experienced by grandparents.

#### **2.4.2.5 Lack of Parenting Skills**

Grandmothers maybe unprepared for the task of parenting which leads to heightened anxiety between grandchildren and grandmother (Connor, 2006). They may be confused, angry or relieved that the grandchildren are safe whereas grandchildren may exhibit signs of separation, confusion and or relief depending on their previous experience. Connor (2006) also suggests that the nature of attachment may affect the care experience between the grandparent and the grandchild. Secure attachments, where the child feels certain that the caregiver may leave and return after a while, are the ideal attachment style in most relationships. Insecure attachments whereby the child is uncertain that the caregiver will return if they leave may place more strain on the new care arrangements for children older than one year whereas secure attachments may enable children to settle more easily. Children who have experienced loss of a parent might exhibit separation anxiety due to the loss (Connor, 2006). The children may experience separation anxiety from their parents thus affecting the grandchild's attachment and behaviour when they are being taken care of by their grandparents. The following section will examine coping mechanisms and protective factors used by the grandmothers.

### **2.5 Coping Strategies and Protective Factors used by the grandmothers**

Grandmothers taking care of orphans have employed various coping strategies in order to be able to continue taking care of their grandchildren. According to Gaitley, Mallison and Taylor (1993) some families achieve closeness because of HIV/AIDS thus serving as a protective factor against the negative effects caused by HIV/AIDS. According to Winston (2006) some parenting grandmothers welcome the role of shift in order to obtain company to dissipate the loneliness and take it as a second chance at parenting. In short, this second chance at parenting might be used as a way to correct the previous mistakes made when raising children.

#### **2.5.1 Religion and Spirituality**

Findings from a study by Winston (2003) suggest that most grandmothers taking care of orphans, find strength from having a relationship with God. It is possible that some grandmothers resort to spirituality in order to find the strength to deal with the challenges they face when looking after the grandchildren. Some respondents from the study by Winston (2003) also stated that their faith helped them to cope with the loss of their adult child to

AIDS which is considered to be a shameful and stigmatising disease. Winston (2006) suggests that taking part in church activities as well as keeping good memories of the deceased parent helps some grandmothers to cope with taking care of their grandchildren.

### **2.5.2 Community Involvement**

Winston (2003) reveals that cultural factors also influence the notion of burdens or challenges experienced by grandmothers. Parenting is an accepted and expected aspect of African communal life therefore some of the grandmothers taking care of orphans do not consider their situations to be a burden. Cartell (1993) cited by Nyambedha et al. (2003) suggests that although providing care for orphans can be burdensome it also made the elderly feel pride and gain self respect. Some of the grandmothers who take care of orphans obtain a sense of fulfilment from the care they provide which acts as a protective factor against the challenges experienced. McGowen, Ladd and Strom (2006) revealed that some grandmothers reported having a more meaningful life because of taking care of their grandchildren and having them in their lives.

Chazan (2008) states that grandmothers caring for orphans revealed that being active in the community for example, being part of a saving scheme, enabled the grandmothers to pay for funeral expenses. Some grandmothers were also part of prayer groups which helped them to address their emotional and spiritual trauma. Chazan (2006) cited in Chazan (2008) reveals that being part of other community activities such as home-based care initiatives, income generating projects, support groups and child care initiatives helps grandmothers to cope with child care. Most of the grandmothers are also informal traders in their communities in order to earn an income for their families. The strength and resilience of the grandmothers help to buffer the negative consequences of the epidemic (Chazan, 2008). Overall, the strength and resilience of the grandmothers serve as protective factors against negative effects of being an AIDS orphan. The final protective factor to be explored is that of social grants.

### **2.5.3 Social Grants**

According Schatz and Ogunmefu (2007) grandmothers' pensions play an integral role in multi-generational households during crises and for day-to-day survival. The authors reveal that old age grants are used to support the needs of the grandmothers' sick children and grandchildren more than the elderly use them for their own needs. In poor households, social

grants are said to be the most reliable form of income for the entire family (Schatz and Ogunmefu, 2007). It appears as if the child support grant is easier to access than the foster care grant, however at times the grandmothers might not have all the documents required.

The following section will examine recommendations and intervention strategies for the challenges faced by grandmothers taking care of AIDS orphans.

## **2.6 Recommendations for Intervention Strategies**

Chazan (2008) suggests that if state support is going to assist the majority of grandmothers struggling to support families, then old age grants should be based on care responsibility rather than age. There are some grandmothers who are younger than 60 thus not being eligible for old age grants and if these grandmothers are unemployed it could leave them without a source of income. Chazan (2008) also adds that providing financial assistance, counselling and health care to keep ageing woman healthy as long as possible will help reduce some of the challenges faced by grandmothers taking care of their orphaned grandchildren.

Sands and Goldberg-Glen (2000) propose that family therapy services should recognise grandparent –headed households and there should be supportive and educational services that help grandparents to handle problems with their grandchildren. Pinson-Millburn, Fabian, Schlossberg and Pyle (1996) cited by Sands and Goldberg-Glen (2000) also suggest that individual and group counselling for grandparents could also enable grandparents to cope with some of the challenges they face. Another resource identified is that of early intervention through educating grandparents on the possible challenges that they may face thus helping preventing problems from escalating (Sands and Goldberg-Glen, 2000). Abdool Karim and Abdool Karim (2005) suggest that advocacy and broad networks to mobilise and involve government, civil society, community based organisations and nongovernmental organisation in shared initiatives of community action would be able to address the social impact of HIV/AIDS.

It is not sufficient to simply have government policies which are not tailored to meet the needs of the individuals. According to Gow and Desmond (2002) the South African government could implement plans and policies such as a national integrated plan for children infected and affected by HIV/AIDS which include grandmother headed households.

Gow and Desmond (2002) also suggest specific grants, targeting AIDS orphans, can assist grandmothers caring for AIDS orphans. Improving access to and uptake of old age and foster care grants could help to ease the caregiver burden with regard to orphan care. Programmes targeted at assisting elderly individuals with access to multiple social grants for their households and their grandchildren can increase the income of the elderly (Hosegood et al, 2007).

Nyambedha et al. (2003) suggest that affected communities should emphasise community initiatives that are adapted to the local socio-cultural needs of the community in order to address the issue of orphan care. It is possible that community based initiatives are more sustainable thus providing long-term solutions to the issue of orphan care. It is therefore important for community based initiatives to take the needs of that particular community into account in order to ensure their sustainability. Ohnishi, Nakamura, Kizuki, Seino, Inose, and Takano (2008) agree with the notion of community based initiatives and further suggest that there should be capacity building programmes through mobilising existing resources and improving the quality of such resources.

According to section 156 and 157 of the Children's Act 38 of 2005, if a child is orphaned the child can be placed in foster care with a suitable foster parent or if the child is very young the child can be adopted by any suitable adoptive parent. Both processes are done through the assistance of a social worker who completes an assessment and compiles a report for the court to give a court order for the child to be placed in foster care or adoption. Prospective foster parents or adoptive parents are considered based on similarity of background, language, culture, willingness and fitness to provide care for the child as well as a bond between the child and the prospective foster or adoptive parent. Foster care placements can be extended upon the review of a social worker and recommendation to a children's court through an official report. Any foster parent is entitled to a foster care grant in terms of section 2 of the Social Assistance Act 59 of 1992 however; adoptive parents do not obtain any social assistance. The amount of the foster care grants changes each year. The children's Act 38 of 2005 therefore enables grandmothers to have easier access to foster grants since they fit the criteria set for prospective foster parents.

## **2.7 Conclusion**

This chapter presented the literature review and provided background information on AIDS orphans as well as grandparent caregivers. The following chapter will discuss the methodology used in the study.

# CHAPTER THREE

## METHODOLOGY

### 3.1 Introduction

This chapter outlines the methodology that was used in order to conduct the research. The chapter will discuss the research design, sampling, data collection, data analysis and limitations of the study.

### 3.2 Research Design

Research design is the process of designing a strategy of how the research will be carried out. The research design is determined by the aims of the study. Research design therefore includes the type of study to be carried out (Babbie and Mouton, 2006). The research design used was a qualitative design since the study explored the perceptions of the challenges that grandmother of AIDS orphans experience as surrogate parents. Qualitative studies are conducted in order to get in-depth first hand information as well as to understand issues presented. Qualitative research is used when research cannot be done experimentally for practical and ethical reasons, (de Vos et al, 2005). Qualitative research is therefore done in a natural setting where research participants conduct their daily activities as opposed to a laboratory setting (Babbie and Mouton, 2006). Qualitative research was the most effective way to conduct the study in order to gain in-depth insight into the respondents' perceptions of their role as surrogate parents.

According to de Vos et al (2005), qualitative studies should be conducted in the respondents' language in order to get a genuine understanding of the respondents' world. It is important to note that if qualitative research is conducted then the methodology used to conduct the research is likely to be qualitative as well. Exploratory research is carried out in order to provide the researcher with a better understanding of a subject that is new to them and does not seek to explain respondents' behaviour (Babbie and Mouton, 2006). Exploratory research aims to gain insight into the respondents' reality from the respondent's perspective (de Vos et al, 2005).

### **3.3 Sampling**

Sampling is a process of selecting a set of subjects from a population in such a way which allows the selected group to accurately represent the total population. The sampling that is commonly used in a qualitative paradigm is non-probability sampling since the aim of the research is exploratory and not representative. Purposive sampling which falls under non-probability sampling is the most appropriate form of sampling for exploratory studies (Babbie and Mouton, 2006). A researcher using purposive sampling, purposively seeks certain information in order to match the aims of the research. When purposive sampling is used, respondents are chosen because they fit the criteria set according to the purpose of the research. Criteria for the selection of respondents should be clearly identified in order to ensure that sampling is conducted correctly (de Vos et al, 2005).

This study used purposive sampling and the selection criteria used was that the biological mother or father of the children being cared for by the grandmothers had to be deceased, the grandmothers had to be either the maternal grandmother or paternal grandmothers of the children, they had to be the primary caregivers of the children, and the grandmothers had to be clients of Cape Town Child Welfare who were residing in Khayelitsha. A list of AIDS orphans who were being taken care of by their grandmothers was obtained from the social workers at Cape Town Child Welfare Khayelitsha with the permission of the Chief Executive Officer to conduct the study. None of the researcher's own clients were used for the purposes of this study in order to avoid researcher bias.

Qualitative research also makes use of relatively small samples which are selected purposively since the aim is to understand rather than explain the behaviour of the respondents (de Vos et al, 2005). Out of a list of 25 possible respondents 20 respondents were selected randomly and were informed about the research and asked if they would like to participate. The sample was limited to only 16 respondents since 4 of the grandmothers from the list provided refused to acknowledge that their children had died from AIDS and suggested that the deaths were caused by TB. According to Pharoah (2005) fear of stigma lead some families to withhold disclosing the cause of death. It is possible that the grandmothers were afraid of stigma attached to AIDS deaths.

### **3.4 Pre-Test and Pilot Study**

Pre-testing occurs when the researcher selects a small sample with the same characteristics as the research respondents in order to check certain aspects of the research design before the actual research is conducted (Lewis-Beck, 1994). Pre-testing helps the researcher to test parts of the data-collection instrument. The difference between a pilot study and a pre-test is that a pre-test only tests certain components of a data collection instrument while a pilot study uses the entire data collection instrument as well as administrative procedures involved through conducting a miniature study (Lewis-Beck, 1994). The objective of a pre-test or a pilot study is to identify potential problems and to offer solutions to the problems before the actual research is conducted. Seidman (1998) in de Vos et al (2005) suggests that a pilot study enables the researcher to take note of logistical aspects of conducting the research such as making contact, and being alert to interviewing skills used during the study.

A pilot study was also conducted with two grandmothers who are primary caregivers for AIDS orphans in order to test the whole semi-structured interview schedule, the data collection apparatus (digital voice recorder) as well as estimate the total time of the interview. One grandmother was comfortable being interviewed in English and she managed to respond to all the questions on the interview schedule. Both grandmothers were informed about the need to record the interviews and they gave their consent for the interviews to be recorded. The researcher conducted the interview in English while the social auxiliary assistant observed how to conduct the interview in the vernacular (Xhosa). The second respondent was interviewed in Xhosa by the social auxiliary assistant as a preliminary study. As a result of the pilot study, the researcher amended the semi-structured interview schedule by deleting questions which sounded repetitive and adding more open ended questions which helped to obtain more data.

The pilot study also helped the researcher to determine the length of each interview, and the advantages and disadvantages of using a translator (de Vos et al, 2005). The person who conducts the pre-test should be the one to conduct the actual interview in order to apply what has been learnt from the pilot study effectively (Lewis-Beck, 1994). For the purpose of the study, the researcher conducted three interviews in English as a way of training the social auxiliary assistant who conducted the rest of the interviews in Xhosa. The following section will explore data collection.

## **3.5 Data Collection**

### **3.5.1 Data Collection Method**

Due to the qualitative nature of the proposed study, a semi-structured interview was the main data collection method. Interviewing is the predominant mode of data collection in qualitative research design since one aims to gain an understanding of the respondents' point of view (de Vos et al, 2005). The respondent is perceived to be an expert and should be allowed to speak more than the researcher in order to gain rich data. Semi-structured interviews are appropriate when the researcher wants to compare information between subjects as well as to understand the subjects' experiences. Interviewing helps the researcher to gain an understanding of the respondent's perspective. It gives the researcher an opportunity to learn about what cannot be directly observed and enables the assessment of a respondent's perceptions and how significant they are to the respondent (Babbie and Mouton, 2006).

Three in-depth one-to-one interviews were conducted in English and thirteen were conducted in the vernacular (Xhosa) and translated for transcriptions and analysis. Since qualitative research focuses on the respondents' subjective view of their reality, the best way to gain insight into the respondent's subjective reality was through interviewing the subjects. Given that the researcher had a topic that was already established based on the aims of the research before respondents were interviewed; it was paramount that the respondents discussed issues which were relevant to the researcher's questions. The researcher therefore constructed a semi-structured interview schedule as a data collection instrument which focused on particular areas of interest of the respondents' lives. Interviews took place either in the respondent's homes or in the office at Cape Town Child Welfare Khayelitsha depending on the proximity of the respondent's house as well as the respondent's mobility and availability.

### **3.5.2 Data Collection Instrument**

The most suitable data collection instrument for semi-structured interviews is the semi-structured interview schedule. The interview schedule is used to gain more information and the researcher anticipates topics that might be covered. Semi-structured interview schedules are used as guidelines in order to gain detailed information about the respondent's perceptions, (de Vos et al, 2005). It is important for the researcher to conduct a literature review on the topic in order to become familiar with some of the issues that are experienced by the respondents in order to focus on the issues in the interview schedule. The authors add

that the literature review introduces the researcher to possible problems encountered by respondents thereby providing a background for the researcher's study. Since the researcher has to formulate questions for the interview schedule, the researcher is able to gauge whether questions are too sensitive for the respondents (de Vos et al, 2005).

The questions on the interview schedule should be placed in a logical manner in order to allow the interview to follow a logical sequence. Questions used on the interview schedule should also be put in simple language in order for the respondent to be able to understand the questions and provide the researcher with accurate rich data. It is important for the researcher and other interviewers to note that since the interview-schedule serves as a guide, some questions do not have to be asked since the respondent might have brought up the subject in a previous answer (de Vos et al, 2005). Since the semi-structured interview schedule was to be used as a guideline, the researcher allowed the respondents to lead the interview. The semi-structured interview schedule also allowed the researcher to concentrate on other aspects of the interview such as body language and also enabled the researcher to obtain a large amount of data in a short space of time.

### **3.5.3 Data Collection Apparatus**

Data analysis in the qualitative paradigm relies heavily on accurate data collection (de Vos et al, 2005). It is therefore important for the researcher to use a reliable data collection apparatus in order to capture the respondents' perceptions accurately. The best way to obtain a verbatim account of the respondents' perceptions is through voice recording. The researcher is ethically obliged to obtain permission from the respondents before recording the interview. It is important for the researcher to carry extra batteries for a recording device as well as to choose a venue without any interruptions (de Vos et al, 2005).

The most pertinent advantage of using a recording device is that the researcher will be able to concentrate on other aspects of the interview such as non-verbal language. The researcher is also able to focus on how to proceed with the interview without worrying about accurately taking notes (de Vos et al, 2005). Another advantage of using a voice recording device is that it can enable the researcher to improve their interviewing techniques through listening to previous interviews thus improving the quality of data collected in subsequent interviews. For the purpose of this research, the researcher used a digital voice recorder to record all the data accurately and she obtained permission from all the respondents before proceeding with

recording. The researcher also carried extra batteries and a recording device in order to prepare for any equipment failure.

### **3.6 Data Analysis**

According to de Vos et al (2005) data analysis is the process of breaking up a complex whole into several parts. Data analysis is used to sort and organise all the information obtained from the respondents in order to come up with themes, patterns and interpretations (Babbie and Mouton, 2006). All the data collected was transcribed; the data collected in the vernacular (Xhosa) was translated into English and then transcribed for analysis by the researcher.

The researcher manually analysed the transcriptions and organised the data into themes and then grouped it into categories according to Tesch (1990)'s eight steps which are listed below:

- i. The researcher read the transcriptions thoroughly in order to get an overall picture of the responses and began jotting down ideas.
- ii. One interesting interview was selected firstly and the researcher began to ask questions and make notes of the interview on the margins of the transcript if themes, ideas and concepts came up.
- iii. The researcher repeated step two and did the same for all the transcripts. The researcher then listed the topics, themes and ideas noted and grouped them into common themes such as major topics, unique topics and left over topics.
- iv. The listed topics were coded and written next to the segments. If new categories emerged, they were considered and merged with existing categories or stood alone.
- v. The researcher found the most descriptive wording for the topic and turned them into categories. The researcher also grouped similar topics to reduce the categories.
- vi. The researcher made decisions about the categories and how to abbreviate them, thus arranging the codes alphabetically.
- vii. All the data belonging to one category was assembled and analysed. This was done for all the categories thus forming the researcher's preliminary analysis.
- viii. The researcher had to recode existing data when necessary.

## **3.7 Limitations**

The limitations of the study relate to:

### **3.7.1 Research Design**

The limitations for the research design of this study are embedded in the qualitative paradigm because it relies on subjective matter however the issue at hand requires a qualitative approach since perceptions are of a subjective nature. Babbie and Mouton (2006) suggest that the main limitation for the qualitative paradigm is that the findings cannot be generalised to a larger population. For the purpose of this study, qualitative research was the most suitable design since it was an exploratory study which aimed to explore and understand problems from the subject's point of view and not to generalise.

### **3.7.2 Data collection approach**

One-to-one semi-structured interviewing is time consuming and relies on the co-operation of the respondents which might not be offered easily. Responses from the respondents might be untruthful and researchers might also evoke an emotional response from the respondents. It is also possible that some information was lost in translation since the interviews were conducted in vernacular and then translated for the purpose of data analysis (de Vos et al, 2005).

Interviewing was the most suitable method for a study of this nature since it produces rich data in a short space of time. The researcher committed to informing the respondents about the aims of the research and allowing them to exercise their freedom in order for them to participate freely in the research thus possibly encouraging them to be co-operative and truthful.

The researcher also provided debriefing for respondents who had an emotional response during the interview in order to allow them to work through the problems they experienced after concluding the interview and referred them for counselling with their social workers. In order to counter the impact of translation since some English words could have been difficult to translate into Xhosa, the researcher also conducted some interviews in English for those respondents who were comfortable communicating in English. Findings from the interviews

conducted in English were similar to those conducted in the vernacular thus proving that the translation was effective. The researcher was also committed to training and supervising the social auxiliary assistant who conducted the interviews in the vernacular in order to ensure that adequate interviewing skills were used. The researcher supervised the social auxiliary assistant during the data collection. The social auxiliary student assisted with data collection and translation since Xhosa was her first language. Both the researcher and social auxiliary assistant translated the interviews into English since the researcher understood Xhosa.

### **3.7.3 Data collection instrument**

The validity and reliability of the data collection instrument should be considered when looking at limitations (Bostwick and Kyte, 1981 cited in de Vos et al, 2005). Use of a semi-structured interview schedule for the interviews can prevent the researcher from picking up on other matters raised in the interview that are not included on the schedule if it is followed strictly (de Vos et al, 2005). The researcher managed to accommodate and explore all matters raised by the subjects that were related to the topic in order to obtain rich data. She used the semi-structured interview schedule in a flexible manner and trained and supervised the social auxiliary assistant in order to facilitate the accurate collection of quality data.

### **3.7.4 Data collection apparatus**

Use of electronic equipment can lead to challenges during the interview such as malfunctioning (de Vos et al, 2005). The presence of a recording device can be seen as barrier to full disclosure as respondents might be afraid of being quoted. The researcher controlled the aspect of electrical malfunctioning through providing extra batteries as well as another digital voice recorder on standby thus preparing for possible disruptions of the interview from electronic problems. The researcher allowed the respondents to be anonymous during their interviews in order to ease their fear of victimisation and make them feel comfortable about disclosing information.

### **3.7.5 Data Analysis**

The process of data analysis can be quite time consuming and difficult therefore if it is done thoroughly it will produce accurate results (Tutty, Rothery and Grinell, 1996). The researcher began data analysis as soon as each interview was completed. The researcher read

through the material thoroughly and used Tesch's (1990) steps of data analysis in order to make the process easier to complete.

### **3.7.6 The Researcher**

A researcher is prone to researcher bias such as preconceptions before conducting the research, (Tutty et al, 1996). A possible source of researcher bias could have been that of being affiliated to Cape Town Child Welfare as a social worker. The affiliation of the researcher to the organisation could have resulted in respondents giving answers which they thought the researcher wanted to hear since the researcher was a social worker for the organisation. The respondents might not have been fully honest about their challenges due to the researcher's affiliation to the organisation. The researcher attempted to approach the research with an open mind and attempted to be accommodating in order to avoid preconceptions. The researcher controlled for researcher bias through excluding the researcher's own clients from the study and obtaining a list of possible respondents from other social workers' case lists. The researcher also committed to clearly explaining the aims of the research in an effort to enable the respondents to cooperate and to be honest about their experiences so as to obtain accurate findings.

### **3.8 Conclusion**

This chapter discussed the methodology used in the research process. The chapter included the research design, sampling, data collection, data analysis and limitations of the study. The penultimate chapter will present the findings of the study.

# CHAPTER FOUR

## RESEARCH FINDINGS

### 4.1 Introduction

This chapter presents the findings from the study. It will present a profile of the respondents in the form of a table, a table with the themes and categories of findings by using the research objectives provided in Chapter One and finally a discussion of the findings.

### 4.2 Profile of Respondents

The following table presents a profile of the respondents.

**Table 1:** Profile of Respondents

	Age	Marital status	Health of Grandmother	No of HIV orphans being taken care of	Number of years caring for child/ren	HIV status of Child /ren	Type of House	Support from paternal family?
<b>Respondent 1</b>	58	Married	Stress and hypertension	3	7 years	2 Negative, 1 Positive	Brick house	No
<b>Respondent 2</b>	53	Unknown	Diabetes and hypertension	1	4 years	Negative	Brick house	No
<b>Respondent 3</b>	70	Unknown	Hypertension	1	3 years	Negative	Brick house	No
<b>Respondent 4</b>	81	Widow	Cardiac problems	1	5 years	Negative	Brick house	No
<b>Respondent 5</b>	64	Never married	Stress and gynaecological problems	2	5 years	1 unknown 1 negative	Brick house	Sometimes
<b>Respondent 6</b>	48	Never married	Hypertension	2	4 years, 8 months	Unknown status	Shack	Sometimes
<b>Respondent 7</b>	55	Widow	Painful bones	1	2 years	Positive	Brick house	No
<b>Respondent 8</b>	65	Separated	Heart problems and hypertension	1	3 years	Unknown	Brick house	No
<b>Respondent 9</b>	56	Never married	Good health	1	1 year	Negative	Brick house	No (double orphan)
<b>Respondent 10</b>	58	Married	Asthma and hypertension	1	2 years	Unknown	Brick house	No
<b>Respondent 11</b>	63	Never married	Diabetes	1	9 years	Negative	Shack	No (double orphan)
<b>Respondent 12</b>	57	Separated	Diabetes treated for Tuberculosis	1	9 years	Negative	Shack	No
<b>Respondent 13</b>	61	Never married	Diabetes and hypertension	1	2 years	Negative	Shack	No
<b>Respondent 14</b>	59	Widow	Hypertension and Diabetes	1	1 year	Negative	Shack	No
<b>Respondent 15</b>	48	Married	Problems with eyes	1	2 years	Negative	Brick house	No
<b>Respondent 16</b>	46	Separated	Stress and hypertension	1	5 years	Positive	Shack	No (double orphan)

A framework for the discussion of findings will now be presented.

### 4.3 Framework for discussing findings

**Table 2:** Framework for discussing findings

THEMES	CATEGORIES	SUB-CATEGORIES
<b>Nature of challenges faced</b>	<ol style="list-style-type: none"> <li>1. Environmental challenges</li> <li>2. Social challenges</li> <li>3. Health challenges</li> <li>4. Behavioural challenges</li> <li>5. Financial challenges</li> </ol>	<ul style="list-style-type: none"> <li>- Housing</li> <li>- Poverty</li> <li>- Unemployment</li> <li>- Crime</li> <li>- Substance abuse</li> <li>- Death</li> <li>- Role changes</li> <li>- Lack of social support</li> </ul>
<b>Causes of challenges faced</b>	<ol style="list-style-type: none"> <li>1. Poverty</li> <li>2. Unemployment</li> <li>3. Large number of dependents</li> <li>4. High cost of living</li> <li>5. Obligation to care for children</li> <li>6. Health problems</li> </ol>	<ul style="list-style-type: none"> <li>- Substance abuse</li> <li>- Isolation</li> <li>- Developmental stages</li> <li>- Age differences</li> </ul>
<b>Strategies employed to overcome challenges</b>	<ol style="list-style-type: none"> <li>1. Proper use of social grants</li> <li>2. Selling goods</li> <li>3. Saving schemes (stokvel)</li> <li>4. Implementation of parenting skills</li> <li>5. Social worker assistance</li> <li>6. Community involvement</li> </ol>	<ul style="list-style-type: none"> <li>- Rules</li> <li>- Punishment</li> <li>- Discipline</li> <li>- Communication</li> <li>- Support groups</li> </ul>
<b>Resources available in the community</b>	<ol style="list-style-type: none"> <li>1. Non Governmental Organisations</li> <li>2. Clinics</li> <li>3. Family</li> <li>4. Schools</li> <li>5. Churches</li> </ol>	<ul style="list-style-type: none"> <li>- Social workers</li> <li>- Doctors</li> <li>- Teachers</li> <li>- Parenting Skills training</li> <li>- Support groups</li> <li>- Material assistance e.g. PEP vouchers and food parcels</li> <li>- Counselling</li> </ul>
<b>Recommendations for strategies</b>	<ol style="list-style-type: none"> <li>1. More government funds allocated to orphans</li> <li>2. Communication by social workers</li> <li>3. More material assistance</li> <li>4. More training</li> <li>5. HIV education and support for orphans</li> </ol>	<ul style="list-style-type: none"> <li>- Notice of resignation</li> <li>- Reminders for grant extensions</li> <li>- More food parcels</li> <li>- More financial assistance</li> <li>- Increment of social grants</li> </ul>

## **4.4 Discussion of Findings**

The findings will now be presented using the research objectives provided in Chapter One as headings.

### **4.4.1 Nature of Challenges faced by grandmothers**

The first section will explore the nature of the challenges faced by the respondents. The findings indicate a wide range of challenges experienced by the respondents. Environmental challenges, social challenges, health challenges, behavioural challenges and financial challenges will be explored in this section.

#### **4.4.1.1 Environmental Challenges**

The first section will explore the environmental challenges that are faced by the respondents. The first category under environmental challenges to be explored is that of unemployment.

##### **4.4.1.1.1 Unemployment**

One of the biggest environmental problems that was identified by most of the respondents is unemployment. Findings suggest that unemployment is a major issue within the community despite the fact that some people have been actively looking for employment as highlighted in the following.

**Respondent 7:** *“There is a lot of unemployment...there are a lot of people who have not been able to find work... some sell things in order to make a living”.*

**Respondent 9:** *The only people who are working are those who have been working for a long time... the younger people are not finding any jobs...it is difficult for them to get jobs”.*

The quotes highlight the environmental challenge of unemployment in Khayelitsha. It appears as if some of the community members have been actively looking for work and have not been able to find work and that the younger community members have been unable to get employment opportunities due to a lack of employment creation. It also appears as if some of the community members have resorted to informal trade in order to earn an income. This confirms the literature which states that unemployment is a major problem experienced in

most townships and especially in Khayelitsha (Bak, 2008; Walsh and Mitchell, 2006). Fox (2005) also concurs with the notion of high unemployment rates in Khayelitsha.

#### **4.4.1.1.2 Inadequate Housing**

Inadequate housing is a key problem for respondents who stay in shacks. As indicated in Table 1, six of the respondents occupy inadequate housing in the community. Some of the respondents highlighted their concerns with regard to shacks which are close to the roads and the insufficient space they have.

**Respondent 6:** *“Since we stay close to the roads the cars hit our shacks sometimes because I stay below the train station”.*

**Respondent 13:** *“Our houses are close to the road and in the evening the cars might run over the children...if they run in the roads”.*

**Respondent 6:** *“Most of the shacks burnt in our area... the biggest problem is the house.... it is a small house there is no space... since the shack burnt... I am having a problem repairing it... It is a very small house... you can't even clean it because there is no space”.*

The quotes illustrate the extent of the housing challenges experienced by the respondents in the community. The main concerns of the respondents occupying inadequate housing indicate fear of injury or death through exposure to dangerous circumstances. These dangerous circumstances include being run over by cars or fires which occur among the shacks which lead to insufficient space and overcrowded conditions. This finding concurs with Kiggundu and Oldewage-Theron (2009) who argue that inadequate accommodation is a major problem in the townships.

Apart from inadequate housing there are other environmental challenges which are experienced by the respondents such as pollution and unsanitary conditions due to insufficient ablution facilities. The following quotes highlight the respondent's concerns regarding these environmental challenges.

**Respondent 13:** *“It is a dirty area...yoh! It is a very dirty area... my grandchild actually has wounds from the dirty water that he plays in sometimes”.*

**Respondent 13:** *“We do not have toilets that are nearby... the toilets are far and we have to go in groups”.*

The quotes demonstrate the extent of environmental challenges which affect the respondents' health and wellbeing. The respondents are concerned about their children getting sick from the dirty water, and the distance that they have to go in order to use ablution facilities which causes them to worry about their safety. Landman (2002) concurs with the notion of how problematic insufficient ablution facilities can be and adds that this exacerbates the nature of the problems experienced by caregivers and their children with regard to hygiene.

#### **4.4.1.1.3 Crime**

Crime is another problem which also falls under environmental problems experienced by the grandmothers. Crime was perceived to be a problem in the community and there are different types of crimes that were highlighted by the respondents. The findings confirm that child safety is a major concern in the area, with kidnapping being the primary concern for the respondents. Robbery and burglaries are common and respondents have a fear of safety in the community. Some respondent have resorted to being more vigilant in order to protect their children as well as their property. Burglary is exacerbated by the poor housing conditions in some cases. The issue of crime can be linked to the above-mentioned challenge of unemployment and substance abuse which is indicated in a later section. Several respondents commented on the issue of crime.

**Respondent 13:** *“There are a lot of things that happen in the neighbourhood and he might run into trouble... there are people who might kidnap children... he might also run into robbers”.*

**Respondent 8:** *“It is crime-ridden...they rob people here and they do all sorts of things... this is not a quiet place... you cannot walk around late because these young people are criminals”.*

**Respondent 13:** *“Yoh! There are a lot of break ins... we live in shacks so it is easy for people to get in”.*

Fox (2005) and Bak (2008) support the argument that crime is rampant in townships and more so in Khayelitsha. It is possible that the environment exacerbates the frustration that people experience due to unemployment and other economic hardships thus resulting in violence and crime in order to make a living.

#### **4.4.1.1.4 Substance Abuse**

Some of the respondents felt that substance abuse was a huge problem in their community. Most of the respondents felt that crystal methamphetamine (Tik) was the most widely abused substance especially among the youth. Some of the respondents feared that their children will be exposed to substance abuse due to the inadequate housing in the community. Lack of adequate housing led to respondents living close to neighbours who abused substances which could expose their children to substance abuse. Substance abuse will be revisited under the causes of the problems experienced in the community. The following quotes highlight some of the respondents' views on substance abuse in Khayelitsha

**Respondent 8:** *“What I have also noticed which makes these children worse is using Tik they use drugs”.*

**Respondent 2:** *“We have our neighbours... 2 neighbours are selling liquor so there is vulgar language... I wish I could fence my house so that I could keep my children inside but I can't because I am not working...we have heard that there is a new drug called Tik so those are the drugs and we don't know where they are buying them”.*

Potterton and Northmore (2006) state that crystal methamphetamine is a popular drug in the townships. Smoking crystal methamphetamine which is popularly known as “Tik” due to its ticking noise appears to be associated with high levels of harm to others as well as violent behaviours, (Topp, Degenhardt, Kaye and Darke, 2002; Darke, Kaye, McKetin and Dufrou, 2008). It is possible that individuals resort to crime in order to finance a drug habit or they may engage in criminal activity due to reduced inhibition. In the researcher's opinion it is important to note how crime, unemployment and substance abuse can be interlinked since the individual may resort to crime due to unemployment or in order to finance a drug habit. The final environmental challenge to be explored is that of AIDS deaths and orphan care.

#### **4.4.1.1.5 AIDS Deaths and Orphan Care**

The majority of the respondents thought that AIDS deaths and orphan care were a common occurrence within the community. These respondents also mentioned that they knew someone in their neighbourhood who was taking care of AIDS orphans.

**Respondent 8:** *“My neighbour also experiences such challenges but her grandchildren are older... they are in high school... their mother died although we*

*didn't know her we just knew that she died but she was hiding that she had died from AIDS”.*

**Respondent 10:** *“There is a lady nearby who is also caring for orphans... her children are no longer staying with her and she gets assistance with food parcels... every now and then”.*

There is a high incidence of orphan care due to the high prevalence rate of HIV/AIDS in Khayelitsha and Fox (2005) and Bak (2008) confirm this and add that women are usually left to take care of the orphaned children. The high rate of paternal absence leaves most women as primary caregivers of orphans (Bak, 2008). The next section will explore social challenges that are faced by the grandmothers.

#### **4.4.1.2 Social Challenges**

Social challenges refer to the difficulties that respondents face within their own families and their community with regard to their roles as primary caregivers of orphans such as isolation and lack of social support as well as loss and role changes.

##### **4.4.1.2.1 Isolation and Lack of Social Support**

The findings reflect that most of the respondents were either single (never married), divorced, or widowed which reflects a lack of support from a husband or partner. The respondents also seemed to prefer to be alone and did not like socialising with friends. Most of the respondents also lacked social support from the fathers of the orphans because either they did not know the fathers of the children or the fathers were not contributing to their children's care.

**Respondent 5:** *“I don't have friends... I have told myself that in my life... I don't want friends...I am not used to visiting friends someone can come and greet me and that is it... my friend is the church only”.*

**Respondent 10:** *“I don't know him (the father of the child) because I have never met him”.*

Some of the respondents associated friendship with negative peer pressure which led them to denounce having friends and state that they belong to the church. Friendship was linked to negative stereotypes of reckless behaviour and child neglect among the younger generation thus leaving the respondents to prefer isolation. The respondents were extremely resilient since they have survived their circumstances without the support of a husband or the

children's father. It is possible that the women were socialised to be strong and to protect vulnerable children in their family. Shore and Hayslip (1994) cited in Miltenberger et al. (2004) support the notion of isolation felt by custodial grandparents since they may have less contact with their peers due to the responsibility of taking care of their grandchildren. Poehlmann (2003) and Yeo (2003) cited in Connor (2006) also add that the lack of social support experienced by grandparents taking care of their grandchildren causes social isolation as the grandparents withdraw from social situations, which makes it more difficult for them to cope with childrearing. With regards to absent fathers, Bak (2008) suggests that it is common for husbands and fathers in the black communities to be absent as was indicated in a South African census for 1996 and 2001. The census statistics reflect that men do not live with the children they father. The author further suggests that the reason for paternal absence is practicing the "isoka" lifestyle which entails uncommitted relationships with several women and results in little commitment to the children born from these relationships.

#### **4.4.1.2.2 Loss and Role Changes**

Most of the grandmothers highlighted the fact that their lives had changed due to taking care of their grandchildren. Some of the grandmothers expressed their pain due to the loss of their adult children. Some of the respondents seemed to express helplessness due to their circumstances.

**Respondent 7:** *"It is painful to raise the grandchildren because you know that their parents are no longer alive... I am hurt by it... It is difficult because I can't take them everywhere like if I want to go to church and it is cold... I have to leave them behind so my plans are no longer going as before".*

**Respondent 2:** *"I have got draw-backs in my house... in my life... like not working because I used to work... and help my children with something....so I can't do everything now that I want to do... I was just thinking that how can God leave me with this small child who hasn't got a mother?"*

Some of the respondents feel a loss of independence and a sense of regression due to their primary caregiver role. One can link this finding to Kubler-Ross's (2009) Theory of Loss as well as Family System's Theory since the death of a family member requires adaptation of the family system in order to maintain the balance of the system (Walsh and McGoldrick, 1991). Grandmothers who take in orphans can be likened to a system attempting to maintain balance as they attempt to make up for the children's loss. It is also possible that

grandmothers who take care of AIDS orphans are in Kubler-Ross's stages of Anger, Depression and Acceptance. The reason for this notion is that it is possible for these respondents to be experiencing pain over their loss, while also resenting their children for contracting HIV/AIDS and God for taking their children away and leaving them with younger children who need to be taken care of. The fact that these respondents decided to take care of the children can be seen as acceptance of their loss and their effort to move on with their lives.

Findings from other research concur with the notion of loss and role changes and suggest that it is common for custodial grandparents to mourn the loss of their adult child as well as the loss of personal and financial freedom that often accompanies the role of being a primary caregiver (Burton, 1992; Jendrek, 1994 cited in Miltenberger et al, 2004). The following section will explore the issue of health challenges.

#### **4.4.1.3 Health Challenges**

This section will highlight the nature of the health challenges that are experienced by the grandchildren as well as the grandmothers.

##### **4.4.1.3.1 Grandchildren's Health Problems and Disclosure**

The major health challenge that is experienced by grandmothers taking care of AIDS orphans concerns caring for HIV infected children. Respondents taking care of HIV positive children reflect challenges with regard to lack of knowledge of the children's status initially, the children constantly getting ill and needing medical attention as well as their difficulty informing the children or their siblings about their HIV positive status. One of the respondents caring for an HIV positive child experienced difficulties informing the child about his status as well as disclosing the child's status to his siblings.

The respondents initially did not know about the children's infection until the children were tested at the clinics due to the children needing constant medical care. This reflects a lack of disclosure from the parents before death which could be linked to fear of stigma and rejection as mentioned earlier in this report. It appears as if the respondents seek medication attention whenever their grandchildren get ill thus showing help-seeking behaviour. It appears as grandmothers looking after HIV positive children considered non-disclosure of HIV status to

be a problem due to fear of stigma and rejection. It also appears as if non-disclosure was based on the grandmothers not being ready to disclose the status to the children.

**Respondent 1:** *“At the beginning I don’t know whether it was because I didn’t know the status... of the child... but now he had... he was reacting from one of the tablets, but I took them back and they changed them”. “I have got a problem now of... I was telling them that I don’t know when to tell him... I am still not ready to tell them that this one has got HIV”.*

**Respondent 16:** *“The child is HIV positive... I found out this year the child was getting sick often... She also used to get sick at school... she would get headaches and her temperature would go up...but since she is taking her medication she is better now...” “I haven’t told her yet because she is still young and I am afraid that if I tell her then she might kill herself or do something to hurt herself... so I will only tell her when she is older... I will tell her when I am ready”.*

Several authors concur with the notion of caring for HIV positive children and the lack of disclosure within the families. Caring for HIV positive children can be a demanding task for the grandmothers due to the children’s recurrent health problems (Hosegood, Peston-Whyte, Busza, Moitse and Timaeus, 2007). Landman (2002) suggests that when parents do not disclose their HIV status to their families, their children face the risk of living their lives undiagnosed until these children die. Pharoah (2005) suggests that fear of stigma due to HIV leads to non-disclosure and isolation of the caregivers. Waugh (2003) concurs with the notion of non-disclosure and states that parents find it difficult to inform children about their status due to fear of upsetting the children as well as fear of the children disclosing their status to other people which leaves them open to stigmatisation and discrimination. The author adds that paediatricians recommend that disclosure of HIV status be based on the appropriateness of the child’s developmental level.

#### **4.4.1.3.2 Health Challenges experienced by grandmothers**

The majority of respondents had medical conditions as indicated in the profile of the respondents however most of the respondents with medical conditions felt that their own health problems were under control since they did not get sick to the point of being bed-ridden. The most common medical conditions were hypertension, stress, diabetes and cardiac problems. This finding suggests that the respondents could associate medical conditions with weakness and therefore take the necessary medication in order to maintain their health.

**Respondent 16:** *“sometimes I have stress and high blood pressure...sometimes my blood pressure goes up... I haven’t gotten sick to the point where I need to sleep but I have a daughter who helps me to look after the children”.*

**Respondent 8:** *“I have high blood pressure... I now have a pacemaker that is keeping me alive... the pacemaker help my heart to function well and I have to get it checked every year... my health doesn’t affect how I take care of the child”.*

**Respondent 14:** *“I have high blood pressure and diabetes... I am taking medication... I don’t get sick to the point where I am bed-ridden and can no longer work for myself”.*

This finding concurs with findings by several authors on caregiver health conditions (Hayslip and Goodman, 2007; Miltenberger, Hayslip, Harris and Kaminski, 2004). These authors suggest that grandparents who take on the role of primary caregiver for their grandchildren face the risk of a variety of physical illnesses and general poorer physical health. The finding however is contrary to a finding by Kidman et al. (2007) which suggests that most AIDS orphans are taken care of by grandparents who may be unable to provide adequate care due to their own health limitations. These respondents reflect resilience and determination to continue going about their daily duties despite their medical conditions. The fact that grandmothers manage to control their medical conditions could be linked to their sense of obligation to look after their grandchildren due to their orphan status. The following section will explore behavioural problems exhibited by the grandchildren.

#### **4.4.1.4 Grandchildren’s Behavioural Problems**

Grandchildren’s behavioural problems were common however, the respondents did not feel that the children were out of control. The behavioural problems exhibited by younger children and teenagers were different. Younger children seemed to have problems related to actively defying their grandmothers and aggression towards others while the teenagers were passive aggressive by showing a lack of respect at times and a defiant attitude towards their grandmothers. Responses from respondents taking care of younger children are indicated below.

**Respondent 8:** *“... I also have a problem where if he has homework he would rather go and play and he will say that he will do it later... he has that problem”.*

**Respondent 14:** *“She hits the other children sometimes and she runs away... she will say that the other child is the one who hit her first and she will hit her back and hide under the bed”.*

Responses by respondents caring for teenagers are indicated below.

**Respondent 5:** *“She is growing...she is becoming a teenager... so I experience problems... since she is now growing and when I talk to her I find that she is cheeky”.*

**Respondent 6:** *“She has times when she does not listen and she disobeys me sometimes the child sometimes gets angry she can be cheeky sometimes you can tell her to do something and then she does it in her own time”.*

This finding reflects that younger children and adolescents are undergoing the tasks of relevant developmental stages as suggested by Erikson’s (1964) theory cited in Stevens (1983). Defiance in the younger children appears to reflect the stage of Autonomy versus Shame and Doubt since the children appear to be openly defying their caregivers whereas with the teenagers, it reflects Identity versus Role Confusion. It is interesting to note that the defiance shown by the younger children is reflected through overt behaviour such as physically refusing to eat something whereas that of teenagers is shown through subtle behaviour such as their attitude. Kiggundu and Oldewage-Theron (2009) concur with the notion of grandmothers facing challenges of behavioural problems as well as with disciplining their grandchildren. The final section under nature of challenges will explore financial challenges.

#### **4.4.1.5 Financial Challenges**

The majority of the respondents reported being responsible for the entire household based on their income from a social grant which was meant to benefit them only. Other respondents reported financial difficulties regarding providing the children’s school needs when they were no longer used to caring for school going children.

**Respondent 3:** *“Well since I am a pensioner... I am the only one receiving money every month in the house and there are a lot of things that I have to pay for with the money I get from my pension so sometimes I might not have money to pay for transport for the whole month”.*

**Respondent 8:** *“His school needs cost a lot... his tracksuit is R200 and something! And I need to get it at a shop in Mitchells Plain... but imagine spending R200 on a tracksuit only when I also need to buy other things... so it’s difficult”.*

The findings reflect the respondents' resentment over having to use their own finances in order to cater for the entire family or to provide school needs. Since some of the grandmothers have resorted to using their old age grant money for the children in order to provide for the children, one can note the sacrifices they make in order to provide for their grandchildren. The financial loss that grandmothers experience due to their adult child's death might become more apparent when they are faced with increasing financial responsibilities for the children. Kiggundu and Oldewage-Theron (2009) concur with the notion of financial challenges faced by grandmothers caring for AIDS orphans and further indicate that some of them rely on either child support grants, foster care grants or old age grants in order to survive.

#### **4.4.2 Causes of challenges faced**

This section explores the perception of the causes of the challenges experienced by the respondents. The causes are divided into causes for social challenges, causes for behavioural challenges, causes for financial challenges and causes for crime (environmental challenges). The first section to be discussed is that of causes of social problems.

##### **4.4.2.1 Causes of social challenges**

Social challenges refer to issues such as isolation and lack of social support as well as loss and role changes experienced by the respondents. This section will explore issues such as multiple losses, motivation to care for the child, mental stress and anxiety, and unexpected parenting and their impact on the respondents.

###### **4.4.2.1.1 Multiple losses**

Multiple losses were identified as a cause of the problems that the respondents experienced with regard to lack of social support. Most of the respondents had experience loss of more than one family member consecutively. The findings reflect multiple losses which could have been traumatising for the respondents and their families. The respondents were also concerned over being the ones who are burying their children which leaves very few relatives to bury them when they die. One can also see how HIV/AIDS appears to be infecting the older adults and affecting the grandparent caregivers.

**Respondent 4:** *“It’s a lot of children who died... 2... 3.. umm grandchildren and it was my two and they died you see... and my husband who was not very sick... he also died... these people died they leave their children... who is going to bury you?”*

**Respondent 7:** *“The older one (child) was left behind by my eldest son’s when he passed away and this one was left behind by my daughter... my husband died last year in August after my daughter”.*

The finding is similar to Miltenberger et al (2004) who suggest that custodian grandparents experience depression and other emotional problems due to the multiple losses they suffer such as the death of their adult child and loss of personal and financial freedom in order to care for their grandchildren. The following section explores motivation to care for the child.

#### **4.4.2.1.2 Motivation to care for the child/ children**

Most of the respondents indicated that they decided to care for the grandchild because they were uncertain of how other people would treat the child. Some of the respondents had noted how other family members took care of the children and decided to care for the children themselves.

**Respondent: 6** *“When your daughter dies... there is no one else like the child’s mother who can deal with raising the children so I don’t know what other people will be like towards the children so I decided that since I am there I should take them then they can go to other people when I am no longer there”.*

**Respondent: 5** *“What made me decide to take care of these children is because at their father’s family... there are a lot of children... a lot of grandchildren.. I found out that each person looks after their own child... they do not worry about the other children... on the father’s side... and they are a lot”.*

This finding reflects mistrust of other family members’ child care practices which leads the grandmothers to their primary care giving role. It is possible that the grandmothers feel the need to nurture the children since they have experienced the death of a parent. This finding concurs with Winston (2003) who suggests that the predominant reason why grandmothers take care of their grandchildren is family primacy which occurs when grandmothers prioritise their families. African American grandmothers seem to be raised to value their families and they feel obligated to protect and nurture the most vulnerable members of their families, the orphaned children (Winston, 2003). This is similar to South Africa where African women are

also raised to be resilient and nurturing towards the children. The following section will explore mental stress and anxiety.

#### **4.4.2.1.3 Mental Stress and Anxiety**

Most of the respondents felt anxious about their age and the demands of child care based on the following responses.

**Respondent 14:** *“It is difficult to raise a grandchild... I try my best but it is difficult because children need a lot of care... The child needs to be looked after constantly”.*

**Respondent 1:** *“Sundays... I am forced... I must go...with them... I must take them because of their age. I must take them to do something... to their concerts whether it is a carnival... you know at my age”.*

This finding reflects the perseverance shown by the grandmothers despite their anxiety over their age difference with the children and the demands of child care. Jendrek (1994) in Miltenberger, et al. (2004) support this finding by suggesting that custodial grandparents may also experience emotional problems such as anxiety due to their demanding role as primary caregivers. In this research it seems most likely that the respondents put the needs of the children before their own which could lead to resentment of their primary care giving role.

#### **4.4.2.1.4 Unexpected Parenting**

The majority of the respondents expressed that they had to stop working in order to look after their ill adult children as well as their grandchildren. These respondents also indicated how their resumption of daily chores after the death of their adult children affected them.

**Respondent 8:** *“My life has changed because I was no longer used to looking after small children... I last did that a long time ago when I raised my own children...but now I am starting again...so I need to look after him and make sure that he is prepared for school... sometimes I cannot manage to do most of the things because I am unemployed”.*

**Respondent 6:** *“I was working until 2006 when my daughter with the two children became ill and I had to stop in order to take care of the children and their mother ... I am doing things that I did not do before like doing the laundry before my daughter passed way in 2006 she would do the laundry before 10am and now I have to wake up early which is difficult... I have to do everything around the house... I am no longer as a strong as I used to be”.*

This finding reflects the unexpected transitions which occur as a result of the grandmothers' primary care giver role which could exacerbate the challenges that they face. Chazan (2008) supports this finding by suggesting that grandmothers assume a greater part of responsibility with regard to the care of orphans due to divisions of responsibility within the families that were in place long before HIV/AIDS. The issue of unexpected transitions could be linked to Winston's (2003) notion of multiple losses such as loss of freedom and independence as the grandmothers are plunged into roles of parenting at a time when they might have been looking forward to a peaceful retirement.

The following section explores the grandmothers' perceptions of the causes of behavioural problems exhibited by the children.

#### **4.4.2.3 Causes of behavioural challenges**

Some of the respondents believed that the children's developmental stages and their age differences contributed to some of the behavioural problems exhibited by the grandchildren.

**Respondent 2:** *"It's because the child has to reach all the stages... like now he is child... if he spills something... or he throws something... I know it's not the end of the world... he is going to grow up... and he is going to be disciplined".*

**Respondent 4:** *"I think that... he is feeling I am old... you see a child when he sees that you are a grandmother... he will not take you seriously sometimes... if you are his granny you are his granny you see... he is taking advantage".*

This finding is consistent with Erikson's (1964) theory of psychosocial development cited in Stevens (1983). It is important for parents to understand that their children go through different developmental stages in order to support their children through all their developmental tasks. This finding is contrary to Jackson (2002 cited in Kiggundu and Oldewage-Theron, 2009) who suggest that behavioural problems exhibited by the orphans are caused by the mental stress they will have experienced by witnessing the illness and death of their parent. In the researcher's opinion impoverished conditions can lead to the development of low self esteem and little sense of security in the children which could cause behavioural challenges. The following section explores causes of financial challenges.

#### 4.4.2.4 Causes of financial challenges

Most respondents felt as if their multiple responsibilities and low income contributed to their financial challenges. The financial challenges that the respondents face in caring for the orphans coincide with other responsibilities due to environmental challenges such as unemployment of older children who become dependent on these grandparents. The respondents also felt as if the money that they receive from the social grants is little and exacerbates their financial difficulties.

**Respondent 7:** *“The cost of living is too expensive... you see like I was saying one tracksuit for school cost R200 tell me how afford a tracksuit for R200 when you also need to buy other things...so you end up using all the money you have to buy one tracksuit... there are a lot of school needs that he has”.*

**Respondent 5:** *“There is a lot of unemployment in this community... even here my son is not working...that hurts me because I would like my children to get employed and leave the house so that I can take care of the orphans”.*

**Respondent 11:** *“You see the money that I receive is very little since I only get 200 and something which I need to use for her lunch at school and other things”.*

This finding concurs with Mall (2005 cited in Chazan, 2008) who suggests that the elderly are invisible with regard to resource allocation thus receiving very little assistance from the government. The findings about respondents supporting their depended adult children are consistent with Schatz and Ogunmefu (2007) who suggest that some grandparents also support their adult children still living within their households thus adding to the financial problems experienced in the households. Gaitley, Mallison and Taylor (1993) further indicate that the financial burden of HIV/AIDS adversely affects the living standards and quality of life of all household members leading to food insecurity, malnutrition, poor hygiene loss of opportunity and other factors related to poverty. Nyambedha, Wandibba and Aagard-Hansen (2003) present an opposing view by suggesting that grandmothers decide to take care of orphans out of affection with no corresponding economic ability thus leading to some of the financial challenges experienced. The final section under causes explores respondents' perceptions of causes of crime in the community.

#### **4.4.2.5 Causes of crime**

This section explores the respondents' perceptions of the causes of crime. Most of the respondents believed that crime was caused by unemployment, poverty and young people who might be under the influence of substances.

**Respondent 6:** *“You see if a person is not working and it could lead to crime if they do not have anything to eat”.*

**Respondent 8:** *“What I think causes them to be criminals are the drugs that they are taking... because these young children might come from poverty stricken households... and they resort to robbing... but some children might also come from good homes where there is food and there is money but they join these other ones its it because of these drugs which make our lives miserable!”*

These findings reflect the difficulties that the respondents encounter due to poor socio-economic circumstances. The respondents understand the impact that poor socio-economic circumstances and substances abuse can have on young people. These findings are consistent with Bak (2008), Walsh and Mitchell (2006) and Fox (2005), who suggest that townships and Khayelitsha in particular are rife with violence, unemployment, substance abuse and intolerable living conditions. Khayelitsha is deemed to have a high crime rate with the most common crimes being robbery, murder and rape. The findings are also supported by Walsh and Mitchell (2006) who suggest that young men in Khayelitsha turn to gangsterism and drug use due to the poverty, poor schooling, violence and desolate future prospects. Kapp (2008) concurs and states that the use of substances such as crystal methamphetamine has been associated with crime since it removes inhibitions and stimulates the individual to commit crime. It is also possible that the individual commits crimes in order to finance their drug habits, it is important to note the interrelated nature of crime, substance abuse and unemployment as indicated earlier. The following section explores the respondent's perceptions on strategies employed to overcome the challenges faced.

#### **4.4.3 Strategies employed to overcome the challenges faced**

This section explores the strategies employed by the respondents in order to cope with the challenges they face. The strategies employed can be divided into strategies for social challenges and those of financial challenges.

#### **4.4.3.1 Strategies for Social Challenges**

The strategies included in this section refer to implementation of parenting skills, and attending support groups provided by the Nongovernmental organisations.

##### **4.4.3.1.1 Implementation of Parenting Skills**

Most of the respondents appear to implement parenting skills such as making rules, communication with the children, hope for inclusion and preparing for the children's future.

###### **4.4.3.1.1.1 Rules**

Most of the respondents reported use of parenting skills such as rules in the families such as curfews as well as discipline as opposed to punishment. The findings reflect that the respondents are implementing skills that they have acquired. The findings could also imply that the parenting skills they are implementing are working for them.

**Respondent 16:** *"I speak to the children... I don't hit them...I punish them... or don't give them pocket money"*.

**Respondent 16:** *"I make the rules... When the children come from school they need to do their chores and then do their homework... they can go to play but they need to do their home... they need to be back home by 5pm"*.

These findings are contrary to Connor's (2006) findings which suggest that when grandmothers take care of grandchildren in the event of the death of a parent, they may be unprepared for the task. It is also possible that grandparents may be unprepared initially until they acquire new skills. It appears as if the grandmothers from this study have access to resources in their communities and use these resources to enhance their parenting skills. It is possible that the grandparents have secure attachments with their grandchildren which they could have established through caring for the children from a young age as well as their use of parenting skills. This finding concurs with that of Connor (2006) who suggests that secure attachments between care givers and children are important in order to facilitate adjustment for the children.

###### **4.4.3.1.1.2 Communication with the child**

Most of the respondents reported having good relationships with the children which leads to the children being obedient towards them. Respondents indicated that they communicate with their grandchildren about various issues such as curfews in order to keep their children safe.

**Respondent 5:** *“We understand each...we talk... if there is anything wrong we speak about it until we finish...if I don't like something we talk about it”.*

**Respondent 14:** *“We were trained on different things...we were taught not to hit children if they misbehave... we were taught to talk to them”.*

The findings reflect the respondents' ability to communicate effectively with their grandchildren about various issues as well as effective implementation of parenting skills which in turn reflects innovation and willingness to learn. The effective communication and parenting skills could be attributed to secure attachments being formed which would be consistent with Connor's (2006) findings on how secure attachments lead to obedience in children.

#### **4.4.3.1.1.3 Hope for inclusion**

Most of the respondents highlighted the fact that they would like the children to fit in with other children in the community. The respondents empathise with their grandchildren's predicament and attempt to compensate for the children's loss of parents through providing for them materially as well as preventing their ostracism.

**Respondent 12:** *“I want to buy him clothes so that he is also like all the other children...he will come and tell me that this child has a bicycle and this one has that so I also want him to fit in...you see”.*

**Respondent 8:** *“You want him to fit in with other children... you can't leave him without when others have because it hurts”.*

This finding is supported by Winston (2003) who suggests that grandmothers are socialised to protect the children who are the most vulnerable members of the family.

#### **4.4.3.1.1.4 Preparing for the children's future**

Some of the respondents indicated that they endured the challenges they faced in order to ensure that their grandchildren have a good future.

**Respondent 5:** *“What I would like to do for them now is to make a future for them... so that if I die... maybe I go to bed and not wake up... they should have something to look after themselves with... so that they do not struggle and so that they may not worry”.*

**Respondent 16:** *“It is difficult... But I try to make sure that they have a good future...”*

The respondents feel the need to ensure that their grandchildren are provided for before they die through giving them a good education, teaching them good values as well as providing for their inheritances. The notion of preparing for the children’s future can be linked to Erikson’s (1964 cited in Stevens 1983). It is suggested that when older adults develop a sense of generativity they feel appreciated by contributing to the future development of the younger generation in order to produce something that will outlive them. Those that do not develop a sense of generativity retreat into self-absorption where they are only concerned with themselves (Stevens 1983).

#### **4.4.3.2 Support groups**

Most of the respondents highlighted the use of support groups and indicated their attendance as a coping strategy for their challenges.

**Respondent 1:** *“The clinic... there are... people with their support groups... So we go to the support groups and discuss...then they tell us if you have a problems”*.

**Respondent 7:** *“I am part of a project called GAPA (Grandmothers Against Poverty and Aids) and we get a lot of support there... like if your child is not going to crèche they will assists you to pay his fees up until he needs to go to school... if you want your child to go there for aftercare you have to pay R10 a month but the child will eat there and play there”*.

**Respondent 9:** *“I go to a foster mother’s group... we talk and support each other as mothers”*.

The respondents are aware of the resources in their community and are using these resources. The respondents are engaging in a practical form of support compared to spiritual support. These findings concur with Chazan (2006) cited in Chazan (2008) who reveals that being part of other community activities such as home-based care initiatives, income generating projects, support groups and child care initiatives help grandmothers to cope with child care.

#### 4.4.3.4 Strategies for financial problems

The majority of the respondents mentioned that they were receiving a social security grant in order to sustain their families. Other respondents also indicated various strategies such as informal trade and saving schemes.

**Respondent 5:** *“I receive money from the old age grant but my children buy food (for the household)”*.

**Respondent 9:** *“I try to help people around in the neighbourhood through doing their laundry and other odd jobs and I get money from that”*.

**Respondent 15:** *“I sell chips and other things at the school and I put aside money to buy more stock... so that I can sell again... sometime when I put aside money I can afford to buy something for one of the children”*.

**Respondent 12:** *“We have a savings schemes... we share our money every month it goes to a different person... if it is your turn you get R900”*.

The findings reveal that the respondents engage in various strategies in order to cope with their financial challenges. These findings are consistent with Schatz and Ogunmefu (2007) and Chazan (2008) who suggest that grandmothers’ social grants play an integral role in multi-generational households during crises and for day-to-day survival. The authors also indicate that being part of a saving scheme enabled the grandmothers to pay for funeral expenses. Chazan (2008) also supports the finding of informal trade by stating that most of the grandmothers caring for orphans resort to informal trading in order to make an income for the household. The following section explores the respondents’ perceptions of resources available in their community.

#### 4.4.4 Resources available in the community

Most of the respondents were aware of the resources within their communities such as clinics, churches, schools, and non-governmental organisations.

**Respondent 5:** *“I went to Umtha Welanga and they sent me to Bancedeni (Child Welfare Khayelitsha)”*.

**Respondent 8:** *“I participate in is the project at GAPA we are gathered together as grandmothers and taken to different places... at one point... we were taken to the police camp in Phillippi there are a lot of grandmothers there... they do everything at GAPA, some learn how to sew and others learn how to make arts and crafts”*.

**Respondent 9:** *“I attend the training at FAMSA... they train you on how to raise a child when you are fostering them”.*

The majority of the respondents were aware of and make use of their community resources. This finding is contrary to Schatz and Ogunmefu (2007) who indicate that grandmothers might not be aware of the resources available to them in the communities. It is positive that the elderly know about resources within their communities and are making use of these resources in order to cope with their challenges. The last section explores recommendations for strategies to address the challenges faced by grandmothers caring for AIDS orphans.

#### **4.4.5 Recommendations for strategies**

The final section highlights the recommendations given by the respondents on how their challenges can be ameliorated. The respondents highlighted material assistance, more HIV education and support as well as an increase in the social grants they receive. The respondents did not specify which type of HIV education and support they required.

**Respondent 5:** *“I would like (social workers) to help the children with knowledge about (HIV)... because I see them when they are watching TV programmes on AIDS my granddaughter is sad because she knows that their mother died from HIV”.*

**Respondent 12:** *“I would like to learn how to bake bread... I would like to learn how to bake so that I can sell the baked goods”.*

These findings are consistent with several authors who suggest the implementation of specific grants and programmes such as Gow and Desmond (2002) who indicate that specific grants, targeting AIDS orphans, can assist grandmothers caring for AIDS orphans financially. Improving access to and uptake of old age and foster care grants could help to ease the caregiver burden with regard to orphan care. Programmes targeted at assisting elderly individuals with access to multiple social grants for their households and their grandchildren can increase the income of the elderly (Hosegood et al, 2007). Empowering the grandmothers with income generating skills would enable sustainable development in the communities.

Nyambedha et al. (2003) suggest that affected communities should emphasise community initiatives that are adapted to the local social-cultural needs of the community in order to address the issue of orphan care. It is possible that community based initiatives are more sustainable thus providing long-term solutions to the issue of orphan care. Sands and

Goldberg-Glen (2000) concur with the notion of education through suggesting that family therapy should recognise grandparent –headed households and there should be supportive and educational services that help grandparents to handle problems with their grandchildren. Chazan (2008) also supports the idea that providing financial assistance, counselling and health care to keep ageing women healthy as long as possible will help reduce some of the challenges faced by grandmothers taking care of their orphan grandchildren.

#### **4.5 Conclusion**

This chapter presented the research findings. The findings were discussed using the research objectives as a framework. The final chapter will present conclusions and recommendations pertaining to the study and future research.

# **CHAPTER FIVE**

## **CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

The final chapter will discuss the main conclusions from the research using the research objectives as headings and will make recommendations to NGOs and government departments in order to assist with the problem of AIDS orphans. Recommendations for future research will also be indicated.

### **5.2 Conclusions**

The following conclusions can be drawn from the findings:

#### **5.2.1 Grandmother perceptions about the nature of challenges faced**

- The main challenges identified by the respondents are environmental, social, health, behavioural and financial challenges.
- Environmental challenges included, issues such as housing, crime, substance abuse and unemployment.
- Housing problems entailed respondent living in shacks with insufficient space and the shacks being close to the roads thus frequently being hit by cars. The shacks also have insufficient ablution facilities and some respondents had to use toilets which were far from their homes. Respondents also thought that sanitation was a problem in the community since it was a health hazard to the children.
- From the findings one can conclude that crime is a big problem in the community and grandmothers feared for their children's safety. The most common crimes were perceived to be robbery and burglaries. Young people were mostly perpetrators of crime in the community.
- HIV death and orphan care were also reported to be prevalent in the community as most of the respondents knew someone in a similar position regarding orphan care.

- Unemployment was perceived to be a major problem in the community which affected the respondents since some of them were financially supporting their adult children.
- Substance abuse was a concern in Khayelitsha and Crystal methamphetamine (Tik) was the most widely abused substance by the youth in Khayelitsha.
- Social problems included isolation and lack of social support, multiple losses and role changes experienced by the grandmothers.
- All the respondents were maternal grandmothers who had lost their daughters to AIDS and paternal absence was the norm.
- In terms of loss and role changes the grandmothers experienced pain from losing their children and being left to take care of young children at an age when they had resigned from being primary care givers.
- The issue of HIV positive children and grandmother health needs to be noted. Constant care is needed for HIV positive children and there were issues of non-disclosure of HIV status to the children.
- Health problems were common amongst the respondents and they felt that their own health conditions did not affect the way they cared for the children.
- One can conclude that the respondents experienced different behavioural problems depending on the age of the children being care for. The younger children were actively aggressive and defiant while adolescents were passive aggressive.
- Lastly, financial problems included respondents' difficulties with using their grant money to support all their dependents. The cost of the material needs of the children was another source of stress.

### **5.2.2 Grandmothers' perceptions about the causes of challenges faced**

- The causes of the challenges were divided into causes of social problems, causes of behavioural problems, causes of financial problems and causes of crime. Multiple losses were identified as a cause for lack of social support as well as stress since some of the respondents had experienced multiple deaths consecutively in their families which was emotionally taxing and increased their burden of care.
- Respondents also felt obligated to nurture and protect the orphaned children since they doubted other relatives' child care practices despite their financial circumstances.
- Age difference is a factor that influenced the respondents' relationship with the grandchildren.
- Most of the respondents reported to have experienced unexpected transitions such as having to stop work in order to look after their grandchildren.
- The respondents had to readjust to parenting young children and resuming doing chores around the house which was difficult at their age.
- Respondents attributed behavioural problems to difference in developmental stages and the age difference between the respondents and the children.
- Financial problems were based on several factors such as inadequate grant money and numerous needs and responsibilities. Another source of financial problems was financially supporting unemployed adult children.
- Housing problems were attributed to poor housing structures and lack of finances.
- Crime was attributed to the poverty, unemployment and use of substances in the community and young people were seen to be the perpetrators of crime.

### **5.2.3 Grandmothers' strategies to overcome challenges**

- Strategies employed to overcome challenges included strategies for social problems and strategies for financial problems.
- In terms of strategies for social problems respondents employed parenting skills empathising with the children and preparing for the children's future. Support groups also enabled respondents to cope with their challenges.
- Strategies to alleviate financial problems included doing odd jobs for money, informal trading, being part of saving schemes and the use of social grants in order to overcome their financial challenges.

### **5.2.4 Grandmothers' perceptions of resources available**

- Most of the respondents seemed aware of the resources within their community and made use of the resources.
- Use of parenting skills and support groups was common which enabled the respondents to cope with the challenges that they faced.
- The majority of the respondents seemed to think that the churches only offer spiritual support and not material assistance.

## **5.3 Recommendations**

The recommendations are:

### **5.3.1 Recommendations by the grandmothers**

- More material assistance in the form of food parcels and clothing to assist with the care of the children.
- More skills training and support for the grandmothers in order to enable them to cope with the challenges that they face.

- More HIV education and support for AIDS orphans in order to increase their knowledge of the diseases as well as to prevent them from acquiring the disease.

### **5.3.2 Researcher's recommendations to Cape Town Child Welfare**

- More early intervention programmes in order to prevent the number of AIDS orphans from increasing.
- Including grandmothers in family therapy soon after the death of a parent could assist with early intervention of grandmother headed households.
- More awareness campaigns on the importance of knowing children's HIV status in order to encourage effective treatment.
- More education and support for caregivers of HIV positive children on the benefits of disclosure and appropriate times to disclose the HIV status of the children.
- More awareness campaigns in the schools and community in order to increase knowledge about HIV/AIDS so as to reduce stigma and discrimination.
- More programmes targeted at equipping AIDS orphans with life skills and job skills upon leaving school would help to alleviate some of the challenges experienced by the grandmothers.
- More support and training for grandmothers on the challenges they face and how to deal with the challenges would provide practical solutions to the challenges.
- More funding for income generating projects for grandmother care givers is required in the townships in order to enable sustainable development of AIDS orphans.
- It would be beneficial for the grandmothers who are involved in saving schemes to be trained on business skills in order to enable sustainable development of their schemes.

### **5.3.3 Researcher's recommendations for other relevant stakeholders working with AIDS orphans and care givers**

- More HIV/AIDS prevention campaigns targeted at children in schools educating them about their roles and responsibilities regarding HIV/AIDS are needed. Programmes targeting adults would also help to prevent the orphan crisis from escalating.
- It would benefit the grandmothers if the South African Government supported a Grandmother care giver grant while the grandmothers wait for other social grant applications.
- It would help if grandmothers had easier access to social grants upon proof of orphan status of the children.
- It would help if all relevant stakeholders working with grandmother caregivers could educate them about the new children's Act 38 of 2005 in order to empower them with knowledge about their rights and responsibilities with regard to child care and foster care grants.

### **5.4 Researcher's recommendations for future research**

- One of the challenges in this study was obtaining a larger sample of respondents. Future researchers could target various organisations working with grandmothers and AIDS orphans in order to obtain a bigger sample.
- The resilience of the grandmother care givers could indicate an area of future research.
- It would be important to conduct future research on the comparison of grandfathers or other male caregivers to grandmothers and other female caregivers of AIDS orphans in order to find out about their challenges and their coping mechanisms.

## **5.5 Conclusion**

The final chapter has presented the main conclusions from the research. The chapter has also highlighted recommendations to relevant stakeholders with regard to orphan care and future research.

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# APPENDICES

## Appendix A: Interview Schedule

**Topic: Surrogate parenting: exploring the perceptions of challenges faced by grandmothers of AIDS orphans with regard to child rearing in Khayelitsha.**

### **Information for the respondent:**

- The identity of the respondent will not be revealed in the transcription or in any publication.
- The purpose of voice-recording this interview (with the respondent's permission) is to accurately record what has been said.
- This research is being carried out under the auspices of the Department of Social Development (UCT) with the kind permission of Cape Town Child Welfare.

### **Section A: Profile of the respondent**

1. How many children are caring for?
2. How old are the children you are caring for?
3. Is the child a boy or a girl?
4. When did the child's parent die?
5. How many years have you been caring for the child?
6. Where is the child's other parent?
7. Does the other parent maintain contact with the child?
8. What is the HIV status of the children being cared for?
9. How old are you?
10. Are you married?
11. Can you tell me more about the area you live in?
12. Can you describe the type of house you live in? Electricity? Water?
13. How many rooms are in this house?
14. How many people stay in the house?
15. How is the child's health? Is the child on any medication?
16. How is your health? Are you on any medication?
17. How does your health affect the way you take care of the child?
18. What sort of work do you do?

19. Where do you get money from?
20. How are you related to the child?
21. How is your relationship with the child?

**Section B: Types of challenges and manifestations**

1. How did you find out about the HIV status of the deceased parent?
2. Can you tell me more about your life before you cared for the child and after you started caring for the child? What changes have you noticed?
3. What made you decide to take care of the child?
4. Does the child ever ask about the parent?
5. Does the child know that their parent died from AIDS?
6. Do neighbours, family and friends know that the parent died from AIDS? How do they react?
7. What is your relationship like with your friends?
8. What do you think about taking care of the child?
9. What kinds of challenges have you faced in caring for the child?
10. What do you find difficult about raising the child?
11. How is the child's school performance? Who helps the child with homework?
12. What is the child's behaviour like?
13. How does the child relate to others? E.g. children, teachers, adults?
14. Who makes the rules in the house?
15. What rule are made in the house?
16. Are the rules always followed?
17. What happens when the rules are not followed?
18. What is it like to be parenting again?
19. How has parenting your grandchild affected you quality of life?
20. What similarities or differences have you noticed about parenting your grandchild from when you raised your own children?
21. Of the challenges that you have highlighted which ones do you consider to be serious?
22. How often do you experience these challenges e.g. per week or per month?
23. Which challenges do you find easier to deal with?
24. Do you know of anyone in your situation who faces other challenges?
25. Which problems occur in the broader community?

### **Section C: Perceptions of the causes of these challenges**

1. What is your understanding of the causes of the problems you experience when raising the child/children? (Clarify each problem raised and probe)
2. What is your understanding of the causes of the problems that occur in your community?

### **Section D: Perceptions on current strategies employed to overcome the challenges**

1. How do you deal with the challenges you experience?
2. Is there anyone you talk to about parenting your grandchild?
3. What do you think about how you deal with the challenges you experience?
4. Are you aware of how others in your situation deal with these challenges?
5. How effective have they been in dealing with these challenges?
6. Are there any places where you get support?
7. What sort of support do you get from others? i.e. cash, kind, emotional or spiritual?

### **Section E: Perception of resources available**

1. What activities are there in the community?
2. Are you involved in any activities in the community?
3. Have you ever gone to see a social worker or any other professional?
4. How have you been assisted by a social worker or any other professional?
5. How has the social worker or professional assisted to deal with problems experienced?
6. What kind of guidance and support could social workers give other people in your position?
7. Are you aware of other resources available to deal with your challenges? (Explore previous responses if necessary).
8. What do you think of the resources?
9. Would you like to share anything else about raising your grandchild?
10. Any questions?

Thank you for participating in this research!