Intergenerational relationships: Experiences of grandmothers in caring for their grandchildren in an urban area in KwaZulu-Natal.

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ABSTRACT

In some regions of the world, the practice of grandparents raising their grandchildren is not a new phenomenon. It has been observed that grandparents, particularly grandmothers, are increasingly taking on the parenting role and this is not surprising. Many South African children's main carers are their grandparents as a consequence of the HIV/AIDS pandemic, unemployment, and other cultural challenges. Taking on the parental role, for most grandparents, comes with enormous financial, emotional, and social hardships. However, some grandparents manage to survive through the challenges by finding several coping strategies. Since studies have shown that grandmothers are more likely to be found raising their grandchildren than grandfathers, this study aimed to explore the perspectives and experiences of grandmothers in caring for their grandchildren in an urban area of KwaZulu-Natal. It specifically aimed to identify factors that influenced grandmothers to assume responsibility for their grandchildren, to describe the challenges experienced by grandmothers in raising their grandchildren, and finally, to establish the coping mechanism used by these grandmothers to address the challenges being experienced by them. To accomplish this, individual in-depth face-to-face interviews were conducted with fifteen grandmothers from uMlazi township for about 10-20 minutes. According to the results of a thematic analysis, several factors prompted grandmothers to take on the burden of rearing their grandchildren. While some took on the role due to unforeseen circumstances such as death of parents, teenage pregnancy, abandonment and neglect, and absent parents- some willingly or voluntarily took on the role to avoid being lonely. They perceived the parental role as giving them hope for the future and embraced every moment of it. The findings revealed that most grandmothers are severely impacted in their caregiving position. They face several financial, social, emotional and sometimes health-related challenges, and while financial challenges appeared to be the most prominent, it was discovered that their primary sources of income are child support grant, and baking and selling of goods. Unfortunately, none received pension grant (since only one was eligible but lacked proper documentation.). To empower grandmothers, to encourage them to continue being the family pillars and to promote generational relationships, workshops on skills training, money production, and food gardening initiatives, for example, are recommended. To assist with the emotional burdens, support groups should be formed, and counselling programmes or sessions should be provided for grandparents. District/Municipal leaders should collaborate with NGOs to find possible ways of giving support to grandparents.

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"Nothing Is Impossible with GOD"

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
BSA	British Social Attitudes
ECDC	European Centre for disease prevention and control
HIV	human immunodeficiency virus
NGO	Non-Governmental Organization
NRC & IOM	National Research Council & Institute of Medicine
SAMHSA	Substance Abuse & Mental Health Service Administration
SASSA	South African Social Security Agency
SHARE	Survey of Health, Ageing, and Retirement in Europe
Stats SA	Statistics South Africa
U.K	United Kingdom
UNAIDS	United Nations program on HIV/AIDS
UNICEF	United Nations Children's fund
U.S. A	United States of America
WHO	World Health Organization

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Chapter 1: Introduction

1.1 Background

Families exist in a variety of forms and sizes (Northway, 2015; Blieszner and Bedford, 2012; Mokone, 2006). As contemporary life places more demands on all of us, the advantages of living in a family are more vital than ever (Kaing and Medsker, 2017; Gittins, 2017; Edgell, 2013). In modern culture, having a strong family structure is vital to ensuring the health and well-being of all family members. Family may be relied on to give refuge and protection from potential harm (Alesina and Gluliano, 2010). Nevertheless, some exclaim and maintain that the family is also the root of many problems (Gittins, 2017). There are four essential social roles, according to Cohen (2013), which families are expected to fulfill. In particular, these are to allow individuals to belong, to give rise to and nurture children, to serve as a framework for money-making collaboration and expenditure, and to give reputation and rank to respective beings. While these essential features favour the early family theories that throw light on the family as the secure, uniform structure made up of the parents and youngsters, the importance of the family has been greatly questioned (Strong and Cohen, 2020; Gittins, 2017).

One of the most critical and concerning issues facing the world today is population aging (Blieszner and Bedford, 2012; Arber and Timonen, 2012). Studies suggest that population aging is an unavoidable consequence of declining productivity and rising life expectancy (Blieszner and Bedford, 2012). Nonetheless, shifts in the sequencing of generational developments have brought about the emergence of new family systems throughout history (Luts et al., 2008; Zhang and Hayward, 2001). The growing tolerance of cohabitation as an alternative to marriage has modified the network of family affairs in which people become socialized into, at all ages, through childbirth in polygamous marriages, rising levels of divorce, as well as trends of remarriage and step-parental partnerships (Cohen, 2013; Blieszner and Bedford, 2012).

There has been a great evolution in the family structure (Mokone, 2006) and according to Blieszner and Bedford (2012), families are in a continuous process of change. In concurrence, Sooryamoorthy and Makhoba, (2016) argued out of all collective organizations, the family is, by chance, the most leading. However, as an institution, the family is bound to change. Therefore, structural changes have been, and continue to be evident (Edgell, 2013). Bengtson (2001) reported that the favorable presence of significant numbers of children and a larger number of years of long-term relationships, over the last decade, has influenced older couples to live and go through the aging process together. However, the consequences of divorce, the rise in marriages and reduced fertility have only started to be felt today (Edgell, 2013; Glaser and Hecht, 2013; Cohen, 2013). The continuing shifts and trends we experience at any given moment are a topic of continuing generational discussions within families. In older generations, the rise in cohabitation, divorce, and remarriage between children and grandchildren is modifying family structures or generating new types of families (Blieszner and Bedford, 2012; Umberson and Karas Montez, 2010).

1.1.1 Intergenerational relationships

Family formations are integral for survival of society (Sooryamoorthy and Makhoba, 2016). Intergenerational relationships, grandparents raising grandchildren, is not an unknown or new phenomenon in our societies, but it is increasingly and dramatically becoming common. Grandparents who care for their grandchildren have become more prevalent as an alternate family form that is, by its very nature, intergenerational in character (Hayslip and Kaminski, 2006). Elderly members are parents and grandparents of increasingly mixed families that involve stepchildren and grandchildren's children from different partners (Blieszner and Bedford, 2012) and this demonstrates the uniqueness of grandparents, as a significant group of individuals in our societies (Sooryamoorthy and Makhoba, 2016). Apart from the search for social norms that govern parenting, **research** has emphasized that there are many grandparents that are raising their grandchildren (Hayslip and Patrick, 2005). Today, grandparents are raising a great number of children from different generations worldwide and this is often due to several challenges such as the unexpected death of parents, separation of parents, poverty, migration, financial challenges and epidemics of disease. However, while some reasons are uncontrollable, sadly some parents are sometimes not part of their children's lives because they have consciously decided not to be involved at all. Therefore, grandparents are, in such cases, forced to play the role of parents to their grandchildren.

According to Umberson and Karas Montez (2010), in later life, parenthood is considered to be good for well-being. Thus, elderly people carry the legacy of the social progress they have built themselves in their younger years (Blieszner and Bedford, 2012). However, these grandparents face large financial, social and psychological challenges as they raise their children (Glaser and Hecht, 2013). In agreement with this, Thomson and Minkler (1999) expressed that there are many issues associated with the grandparents caring for their grandchildren. Therefore, with great certainty, it can be expressed that grandparents have and still are playing a very significant role in the overall development of their grandchildren (Arber and Timonen, 2012; Uhlenberg and Kirby, 1998).

1.1.2 Global trends on grandmothers caring for their grandchildren

The most important characteristic of grandparenting, in the modern world, is its diversity (Lunga, 2009). Bond et al. (2005, cited in Lunga, 2009: 32) pointed out that in a society where the age of grandparents ranges from 30 to 110 years, and grandchildren range from newborn to retired, there are a variety of grandparenting styles and few standards of grandparenting behaviour. Mtshali (2015) shows that the patterns of care and causes behind grandparents' care may vary greatly between grandparents in African Black families and those of western societies. In the West, when children suffer from alcohol, drug abuse and mental or emotional issues, grandparents often step in to take responsibility for their grandchildren (Blieszner and Bedford, 2012). Black grandparents are most generally interested in the treatment of small children in African communities, and so Black grandparents do not perceive grandparenting as difficult (Mtshali, 2015; Mokone, 2006). Raising children, as we all know, is not easy. It may therefore result in grandparents being overly burdened (Davidhizar et al., 2000). Nonetheless, some grandparents not only consider themselves blessed to have to raise their grandchildren, but they see this as being given a second chance to correct mistakes they made in their parenting stages (Blieszner and Bedford, 2012). For some, caring for their grandchildren brings greater satisfaction in life as they get a chance to have a greater direct influence on the younger, upcoming generation of the family (Mtshali, 2015; Davidhizar et al., 2000). With this being the case, such grandparents cope very well because they have a positive attitude which may result in a positive relationship with the grandchildren (Davidhizar et al., 2000), making grand-parenting meaningful. However, in cases where grandparents are forced to raise their grandchildren, it becomes a very complex situation. Due to many illnesses or dysfunctionalities that could arise, these grandparents usually end up seeking assistance from other family

members, neighbours and sometimes health practitioners for deeper intervention (Mahne and Huxhold, 2014), especially when it has come to a point where the relationship of the grandchild and the grandparent is at stake. Social workers are usually the first to be involved, more importantly in cases where the grandchildren are orphaned and the grandparents are financially unstable (Mahne and Huxhold, 2014). Due to the difference in cultures, traditions and family rules and regulations; the challenges that grandparents face will always differ, according to race, ethnicity, society and many other factors, resulting in their coping mechanisms being different (Lunga, 2009).

1.1.3 Changing nature of family structure in a contemporary South Africa

According to Makiwane et al., (2017), a great change in the South African family structure, resulting in a change in the functioning of the family has been observed. Even though the family is among the most important social units in South Africa, unfortunately, there is not enough evidence or information on the functioning of families. Literature by Makiwane et al. (2017) confirmed that things have changed; smaller families are child-headed, while large multi-generational families are controlled by ageing parents. The extended family's role has slowly eroded, while neighbours and churches have been prioritized and made important support systems. Moreover, in South Africa the system of apartheid has had a great impact on the family institution as labour migration became a distinct feature that caused disruptions that resulted in parental absence (Lu and Treiman, 2011). Roman and Cortina (2016) pointed out that laws were put in place caused black families to separate, resulting in women raising their children alone. Research further reveals that in all ethnic groups, positive parenting seems to be more evident among mothers than fathers, even though fathers differ in parenting styles across all ethnic groups.

The knowledge and understanding of grandparenthood in our societies has been broadened by the modern research studies. However, it should be realized that today's grandparenthood is more or less different from that of the past and, as expected, that of the future as well (Uhlenberg and Kirby 1998). Grandparenthood is usually spoken of as a societal role connected only to older adults (Werner et al., 2018), however, grandparenthood could also be linked to the youth (Statistics SA, 2018). A lot of changes in grandparenthood have occurred during the twentieth century. Traditionally, grandparents took on the role of being an assistant to the parents and they offered guidance in the parenting process. However, nowadays, grandparents have become more than just helpers but have taken over the main parenting roles and duties themselves (Ben-Ari et al., 2009). More often, these changes have been influenced by the three

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demographic variables; fertility, mortality and migration, as they have played a significant role in the relationship between the grandparent and the grandchild. Nonetheless, in South African context, due to our history of high labor migration and 'non-marital child-bearing', for some time now, grandparents continuously find themselves having to take over parental duties and raise their grandchildren. Moreover, the HIV epidemic has further exacerbated the situation. As more adults or parents, rather, lived with the epidemic, mortality increased due to the progression of the epidemic, resulting in grandparents being automatically given the role of being the caregiver (Stats SA, 2018).

1.1.4 Who are grandparents that are caring for their grandchildren?

There is not only one picture in the history of grandparents raising grandchildren (Blieszner and Bedford, 2012). In South African legislation, according to Louw (2013), there is no official status attached to being a grandparent. Thomas (1995; cited in Damien, 2017: 2) suggested that the role of grandparent and perceived responsibility for grandchildren were equally important for men and women, but that grandfathers experienced less satisfaction in their relationships with grandchildren. Glaser et al. (2013) also indicated that in all European countries, a great number of grandparents are females, and this is the case because since grandmothers are more likely than grandfathers to be widowed in all countries (Glaser et al., 2013: 11). On the other hand, Thiele and Whelan (2006) and Peterson (1999; cited in Damien, 2017: 2) found no significant differences between grandmothers' and grandfathers' satisfaction with the grand-parenting role. In their study, both grandmothers and grandfathers responded that the best thing about being a grandparent was witnessing the development of their grandchildren.

Reitzes and Mutran (2004) found in their study that grandfathers reported significantly less contact with grandchildren compared to grandmothers, but there were no gender differences in overall role satisfaction. These authors concluded that contact with grandchildren may be seen by grandmothers as a right and expectation, whereas grandfathers held fewer expectations and, thus, contact with grandchildren was seen as more voluntary. Moreover, according to Waldrop et al. (1999), grandfathers expressed strong desires to serve as mentors, transfer values, and teach life lessons to their grandchildren. The desire to be engaged with grandchildren and to be involved in grandchildren's lives was also noted by Clarke and Roberts (2004). These findings speak to the diversity of expectations that underscore the importance of examining grandparenthood within the context of family history and expectations (Ruspini and Crespi, 2016). Mtshali (2016) indicated that the care given by grandmothers is very important,

particularly when the welfare of children is at risk, families possess little earnings, and parents encounter societal difficulties.

The overwhelming majority of 'grand parenting' research has focused on the experiences of the grandchildren, neglecting examination of the primary caregivers, which are usually women, and other family members (Glaser et al., 2013; Blieszner and Bedford, 2012; Piercy and Chapman, 2001; cited in Damien, 2017: 2). However, this is a very tragic omission because the issues of grandparents as caregivers have been explicitly discussed as relevant for women, as it is more common for grandmothers to live with and provide primary care for grandchildren (Glaser et al., 2013; Timonen and Arber, 2012; Mills et al., 2001; Minkler, 1999).

1.2 Problem statement

The researcher was orphaned at a very young age and grew up in an orphanage, known as 'Place of safety,' in Umlazi Township. With the assumption that not every child who stays at the "place of safety" has lost both parents or has no relatives at all, most children would expect visitors while some would have people coming to check up on them. However, the researcher, at that time, noticed or observed that instead of more mothers and fathers coming to the orphanage for regular check-ups or visits, grandparents were usually the ones that visited the children. Seeing how old and helpless some grandparents, grandmothers in particular, were when they arrived, raised a great concern in the researcher. Growing up and out of the "Place of safety" system, the researcher has discovered that research gives a clear view of how some areas of 'intergenerational relationships', particularly grandparents raising grandchildren, lacks in-depth research. Prior research has focused more on the grandchildren's side of the relationship, ignoring the important role played by the caregivers, particularly grandparents. Grandparents are essential providers of childcare, yet there seems to be a limited understanding of the perspectives of grandparents and how the positions held by grandparents is affected by policies in place. This study recognizes this gap and hopes to make a contribution to understanding families and aging in South Africa, as it is focusing on the experiences of grandmothers in caring for their grandchildren in an urban area in KwaZulu-Natal.

1.3 Motivation for the Study

Kropf and Burnette (2003) observed that there has been a great increase in the number of grandparents that have committed themselves to taking the role of being caregivers to their grandchildren. From an educational perspective, content on grand parenting or intergenerational relationships can promote an increased interest in, and understanding of the complexities of aging, by stressing the intergenerational aspects of this family formation. In contemporary families, one of the key ingredients of intergenerational relationships between grandparents and their grandchildren is the provision of care. However, such care is provided under different circumstances and with different levels of intensity, which may determine its effect and implications for grandparents' lives.

Research on the experience of grandparents as caregivers has evolved from a focus on the stress, strain, and associated costs of this role to a more balanced approach that views the exchange of support between generations as comprising both costs and rewards (Glaser et al., 2013; Hayslip and Kaminski 2006). Moreover, Triadó et al. (2014), in their paper, also noted that prior research on grandparent caregivers has focused on stress, depression, and other negative outcomes. Much of the focus of research has been on the experiences of the grandchildren (especially with regard to their well-being). The few studies conducted on grandparents focus on those living in vulnerable conditions; those living in poverty, have a chronic disease or any other health-related issues, etc. For instance, in the context of South Africa, most prior research has focused on the experiences of grandparents giving care to children orphaned by HIV/AIDS (Phetlhu and Watson, 2014; Wood, 2011; Tloubatla, 2009; Hlabyago and Ogunbanjo, 2009; Baillieu and Potterton, 2008).

Damien (2017) documented a study on the experiences of grandmothers raising their grandchildren in the context of Thohoyandou Thumela Municipality, Vhembe district in Limpopo Province, South Africa. However, there are relatively limited studies on "intergenerational relationships" or rather, the experiences of grandmothers caring for their grandchildren in an urban area of KwaZulu-Natal. Nevertheless, the relationship between grandmothers and grandchildren needs to be viewed in the context of the grandmother's experiences of roles and expectations of behaviours. In addition, according to Statistics South Africa (2018: 1), "grandparenthood is an important phenomenon in demography, gerontology and sociology". Moreover, according to Mtshali (2016), even though the role played by black grandmothers in South Africa is vital, it still remains the less documented area of study as it

has very little available literature. The involvement of grandmothers in childcare and development has a strong link and a demonstration of how parents in general, are in desperate need of assistance.

1.4 Aims and objectives

The overall aim or objective of the study is to explore the perspectives and experiences of grandmothers in caring for their grandchildren.

The specific objectives of the research are:

1. To identify the factors that influence grandmothers to assume responsibility for their grandchildren
2. To describe the challenges they experience in raising their grandchildren
3. To establish coping mechanisms used by older people in caring for their grandchildren

In order to achieve the objectives of this study the following questions are of importance.

1. What are the factors that influence grandmothers to assume responsibility for their grandchildren?
2. What are the challenges grandmothers experience in raising their grandchildren?
3. What are coping mechanisms used by grandmothers to address the issues in raising their grandchildren

1.5 Theoretical Framework

The theoretical framework of this research focuses on Caldwell's (1981) wealth flow theory. According to Kaplan and Bock (2001), this theory proposes a direct link between family structure and fertility. In what he calls 'primitive, and 'traditional' societies with net upward wealth flows, the economically rational decision is to have as many surviving children as possible, within the constraints imposed by biology, because each additional child adds positively to a parent's wealth, securing in old age and social and political well-being (Kaplan and Bock, 2001). In 'modern' industrial societies with net downward wealth flows, the economically rational decision is not to have children or "the minimum number allowed by a psychological disposition that derives pleasure from children and parenting", noted (Kaplan, 2001). Moreover, the transition from 'traditional' to 'modern' fertility and family structure occurs when a critical mass of individuals adopts the new values, and respond with low fertility

(Chick, 2010; Kramer, 2004; Kaplan and Bock, 2001) Figure 1.1: Diagram of Caldwell's (1981) Wealth flow theory
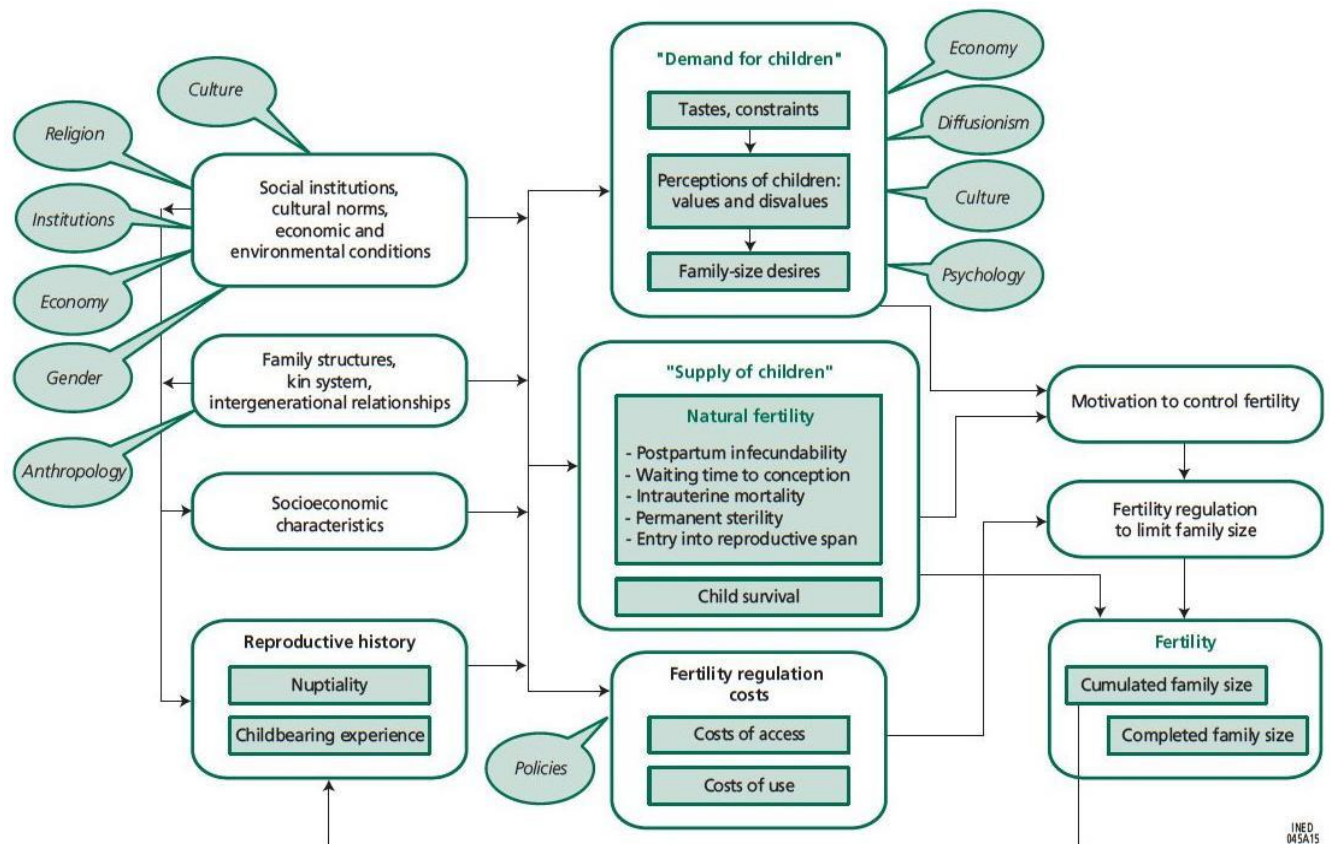
Source: Leridon, and Dutreuilh (2015)

Caldwell's (1981) wealth flow theory can be applied to this research taking into account that investing greatly in fewer children continues to increase the nuclear family ties while decentralizing the importance of older persons. Therefore, the older generation would be more likely to stay or live in separate households. However, the trends in Black South African households challenge this prediction. While households become smaller, they also become more complex, multigenerational for example, (Amoateng & Heaton, 2017).

1.6 The Organization of the study

The study consists of five chapters. Chapter one is the introduction to the study providing a detailed overview of the importance of the study, including the main aims, the key research questions and the theoretical framework. Chapter two reviews the literature relevant to this study. It discusses the reasons why grandmothers are caring for their grandchildren, the

experiences of grandmothers caring for their grandchildren, and coping mechanisms of grandmothers caring for their grandchildren. Chapter three describes the methodology of the study. It presents the methods which are chosen for this research, explaining why they were chosen and how the data collection was carried out. Chapter four outlines the main findings from the in-depth interviews. The final chapter takes into consideration the theoretical knowledge and applies it to the empirical data in order to address the research questions. It also provides the overall conclusion of the study and provides future recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Grandmothers are important role-players in society (Mtshali, 2016; Timonene and Arber, 2012; Lunga, 2009). The assumption of parental duties by grandmothers for their grandchildren has been a norm for a long time (Alemneh, 2015; Mshali, 2016; Conway et al., 2011; Lunga, 2009). With an unreliable child welfare system that cannot adequately protect the requirements of the children, even the state relies heavily on grandmothers in their foster care system because they are typically eager and willing to provide a helping hand (Alemneh, 2015). Grandmothers who assume the responsibility of being primary caregivers for their grandchildren remains a significant topic of discussion (Ruspini and Crepi, 2016; Timonen and Arber, 2012; Umberson et al., 2010; Hayslip and Patrick, 2005). Therefore, this chapter will provide literature on intergenerational relationships, particularly the experiences of grandmothers in caring for their grandchildren. It will critically look at factors that influence grandmothers to assume responsibility for their grandchildren as well as the experiences and challenges of grandmothers caring for their grandchildren. This chapter will also discuss their coping mechanisms.

2.2 Reasons grandmothers care for their grandchildren

According to Barrow (1999, cited in Lunga, 2009: 10), for a couple of grandparents, the significance of their role lies in being a substitute parent due to their own children's inability to be available for their parental duties. This could be attributed to death, AIDS, marriage separation, abuse of substances, issues related to mental health or numerous other reasons that contribute and place grandparents in positions to assume responsibility for their grandchildren. Grandmothers are trusted custodians of discipline (Timonen and Arber, 2012; Lunga, 2009) and factors that influence their decision to assume responsibility for their grandchildren are multidimensional (Mtshali, 2016; Ruspini and Crespi, 2016; Glaser et al., 2013; Umberson et al., 2010). The majority of grandparents in South Africa have become full-time caregivers for their grandchildren and this has been a great challenge as the majority of grandparents feel emotionally and financially burdened (Davidhizar et al., 2000).

Some grandparents not only consider themselves blessed to have to raise their grandchildren, but they see this as being given a second chance to correct mistakes they made in their parenting stages (Blieszner and Bedford, 2012; Umberson et al., 2010). According to Davidhizar et al. (2000), other grandparents choose to only look at the positive side to this. For them, caring for their grandchildren brings greater satisfaction in life as they get a chance to have a positive influence on the younger generation of the family. According to Conway et al. (2011, cited in Damian 2017: 21), "Grandmothers taking responsibility for raising their grandchildren often arises from crisis situation that mars the ability of birth parents to sufficiently care for their children". When seeking to explain the reasons behind grandmothers assuming responsibility for their grandchildren (Alemneh, 2015, Conway et al., 2011). Various existing circumstances should be considered and these, amid those mentioned above, include:

2.2.1 Poverty

According to Förster and Vleminckx (2004), there are several dimensions of poverty, which include income, moral and spiritual aspect. Income poverty, in particular, is the lack of money to purchase food and basic services. Moral poverty is the lack of physical wellbeing, lack of energy and lack of space, lack of time and lack of power. Spiritual poverty, on the other hand, is the lack of hope for change or meaning in the midst of suffering. The lack of access to basic services such as water, shelter and food also predisposes a person to infections like TB (Mtshli, 2016). Parental responsibilities in a poverty-stricken household may block parents from providing nutritional food for their children and people walk long distances to fetch water, which is sometimes unclean, and this exacerbates their vulnerability to infection (Lunga, 2009). Moreover, Foster (2004) commented that the consequences of poverty are not just physical, but poverty also impacts on social and economic relationships.

Lunga (2009) further stated that in parts of sub-Saharan Africa, the unemployment rate is as high as 70 percent and consequently people feel trapped in a vicious cycle of hopelessness. Förster and Vleminckx (2004) argues that to escape their dreary existence, alcohol and substance abuse as well as promiscuity become rife amongst poor people. In some home environments, there is also evidence of domestic violence and sexual abuse that may lead to the death of a spouse, thus leaving children in the care of relatives, who are mostly older people (Lunga, 2009). Poverty, abuse, and domestic violence have the most devastating impact on children (Mtshali, 2015). Therefore, it is not surprising that grandmothers face challenges of increasing impoverishment and its attendant risks.

Tloubatla (2009) stated that rearing a child is not an easy task, particularly for an elderly woman, because there are needs and demands that should be met. Ntozi et al. (2000) argue that a study conducted in Uganda revealed that young orphans were malnourished because of the inability of the extended family to cope with the increasing number of orphans to feed. In many instances, grandmothers do not have the basic essentials that are required to care for AIDS orphans. In South Africa, older women caring for children affected by HlV/AIDS mentioned that there is a scarcity of food and a daily struggle to get enough food to feed the family (Nyambedha, 2004). Hunter in Foster (2004) argues that the HlV and AIDS pandemic has greatly intensified the suffering endured by destitute children and consequently, led to these children being placed in the care of elderly women.

It is thought that although extended family members may be able to care for one orphan, the demands of caring for any additional orphan undermines the nutritional well-being of all the children in the household (UNICEF, 2007). Furthermore, Nyambedha (2004) observed in a study that nearly half of all caregivers had difficulty meeting the needs of children. This implies that many more children will not receive adequate nutrition in order to develop and grow (Nyambedha, 2004). The costs of feeding, clothing and paying school fees have proved to be a major concern for older people across the continent. The repercussions of financial problems mean that many grandmothers sacrifice to raise children and to restore the unstable family as a haven for orphans. Grandmothers either stop working or continue to work well past the age of retirement in order to support their extended family (Nyambedha, 2004).

2. 2.2 Death of parents

The absence of mothers and fathers leads to grandmothers assuming parental roles to their grandchildren, and such absenteeism may be due to the pandemic of HIV/AIDS or deliberate neglect (Ruspini and Crespi, 2016; Glaser et al., 2013). Mtshali (2016) indicated that many infected with HIV and AIDS in South Africa are under age 50 years. Younger generations who are expected to provide treatment for the elderly (particularly grandmothers) are no longer willing to do so because of their own HIV / AIDS-related disease, and 60 percent of South African orphans reside in grandparent-headed households. As a result of AIDS deaths in young adults, many older persons have taken on the role of primary caregiver for the younger generation. Smolak, 1993, cited in Mudavanhu et al. (2008: 25) found that, for some grandparents, full-time caregiving is never an option but an obligation.

Amongst other challenges faced in Sub-Saharan Africa, HIV/AIDS remains a major global public health challenge and the spread of virus has also been a major contributing factor in the increase in the number of grandparents-caregivers (ECDC-WHO, 2012; Adamchak and Wilson, 2001; Fuller-Thomson and Minkler, 2000; Safman, 2004). According to Mgwaba and Maharaj (2018: 341), "South Africa has the largest number of people living with HIV (PLHIV) in the world. Despite the accelerated efforts to combat the HIV and AIDS epidemic, there still remains an unabated challenge, i.e., continuing new infections, particularly among young African adults". The Joint United Nations Programme on HIV/AIDS, for example, revealed that, compared to other nations in the globe, as noted by Statistics South Africa (2011), South Africa is one of the nations with the largest amount of HIV-affected people and KwaZulu-Natal has been designated as the HIV/AIDS pivot with the highest HIV prevalence among adolescent girls and young women.

Moreover, according to the UNAIDS report by Stover et al. (2021), there were 37.7 million [30.2 million–45.1 million] people estimated to be living with HIV in 2020, as well as 1.7 million [1.2 million–2.2 million] children amidst a global HIV prevalence of 0.8 percent among adults (UNAIDS 2021). From the beginning of the epidemic, an estimated 78 million people have become infected with HIV and 35 million people have died of AIDS-related illnesses (UNAIDS 2021). The vast majority of communities living with HIV are located in low- and middle- income countries, with an estimated 66 percent living in East and Southern Africa (Amico and Bekker, 2019). Despite the significant progress in the HIV and AIDS epidemic, Sub-Saharan Africa is burdened by this public health challenge.

Following the death of a parent or child through HIV/AIDS, Hill et al. (2008) and Ardington and Leibbrandt (2010) concluded that, as in other areas of sub-Saharan Africa, South Africa's expanded family will continue to be the main social safety net system with children who lose their parents. The effects of HIV/AIDS have resulted in devastation in the South African families and communities and many children have become orphaned because of this (Nkomo et al., 2018). Conclusively, as seen by the global transition from communicable to non-communicable diseases (NCDs), which continues to changing health trends (Statistics South Africa, 2018). There has also been a large increase in ischemic heart disease since 2000, accounting for 16% of all deaths worldwide (WHO, 2019). These trends are accompanied by the rise of novel diseases that pose a global threat to health systems (Statistics South Africa, 2018).

According to Statistics South Africa (2018), natural causes accounted for almost 80% of all fatalities between 1997 and 2018. Nevertheless, many premature deaths are linked to environmental causes or lifestyle choices, such as smoking cigarettes, poor diet, lack of physical activity, and excessive alcohol intake which results in accidents (World Health Organization, 2019). While the majority of young people die as a result of all forementioned conditions, children are left without parents (Nkomo et al., 2018). Therefore, orphaned and vulnerable children become the responsibility of their grandmothers. Grandparents are entrusted with the duty of being a support system for young grandchildren (Nkomo et al., 2018).

2. 2.3 Parental substance and drug abuse

Abuse of substances relates to the damaging or dangerous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2011). About 2.9 million children live with grandparents in the United States, and child neglect is the main reason for this shift (Pew Research Centre, 2010). A report by Substance Abuse and Mental Health Services Administration (2020) also indicated that parental alcohol or other drug (AOD) misuse was cited as a reason for removal in 38.9 percent of children removed from their homes in the United States. Parental substance abuse is a significant contributing factor of the increasing problem of child abuse and neglect (Johnston et al., 2010). Studies reveal that, in the United States, more than 17 million children live with a parent or another adult who drinks strongly or binge beverages and consumes four or more beverages in two hours, and over 9.2 million live with a parent or other adult who utilizes illegal drugs (Substance Abuse and Mental Health Services Administration, 2020).

Moreover, a study from the South African Department of Social Development's White Paper on Families in South Africa (2012) disclosed that the country's drug abusers are likely to be the youth and progressively female. A U.S. Department of Health and Human Services report by Cullen et al. (2019) showed that the majority of women who were admitted for substance use disorder treatment were identified pregnant at the time of admission. This resulted in the system having a large number of babies in need of new family structures (Center for Behavioral Health Statistics and Quality, 2018). As drugs such as marijuana (dagga) and cocaine become commonly accessible, school children, young adults in both rural and urban regions are increasingly becoming drug users. When these drug users, who some happen to be parents,

become addicts- misusing alcohol and drugs may lead to maltreatment of their children due to their physical, mental and psychological instability (Substance Abuse and Mental Health Services Administration, 2020; Kagabo et al., 2020). Therefore, the need for more grandparents to rescue their epidemic is increasing (Levine-Perkell, 2020; Dolbin-MacNab and Few-Demo, 2018; Minkler and Roe, 1993). More than 20 million females in the U.S. abusing and misusing drugs have been observed, which is why women's incarceration in the U.S. is escalating (Center for Behavioral Health Statistics and Quality, 2018).

2.2.4 Mother incarceration

Compared to their masculine counterparts, there is a noticeable rise in the number of females in jails in many nations (Sharma, 2020; Durose, 2019; Starnes, 2018). Overall, females and girls constitute a minority of the entire prison population and are estimated to represent between 2 and 9 percent of the total population (van den Bergh et al., 2011; Ashdown and James, 2010). Between 1995 and 2006, the percentage of females in state and federal prisons (from 68,468 to 106,174) increased by 55 percent (SAMHSA, 2008; Sokoloff, 2005; Harrison and Beck, 2003). The reasons are mainly due to nations pursuing tougher sentencing policies, enhanced illicit drug use, and smuggling, and states with less consideration of the prisoner's gender. Evidence of this change in the legal system has shown that more women were sentenced by the rise of 84 percent of women inmates from 1990-1999 (O'Grady et al., 2007). These women are mothers who provide care for their children.

As drug-related sentences account for a substantial percentage of females on probation (19 percent), in local prisons (30 percent), (34 percent) in government prisons and federal prisons (72 percent), Greenfeld and Snell (2000) also disclosed that the majority of females imprisoned in the U.S. are mothers of minor children. Mosher and Phillips (2006), also mentions that during maternal incarceration, about three-quarters of children of imprisoned mothers also have fathers engaged in some criminal activity leading to strong dependence on extended family care for children. All of these account for some of the reasons that when mothers are imprisoned, grandmothers are the most prevalent caregivers, with 45–53 percent of South African women reporting this care arrangement for one or more of their kids (Folorunsho and Tanga, 2021; Mumola, 2000).

2.2.5 Teenage pregnancy

The process of changing to parenthood is a significant occurrence in any individual's life, but when it happens early in life it takes on a unique significance. This is because teenage

pregnancy is viewed in many nations throughout Africa as a significant government health and socio-economic challenge (Awopetu et al., 2013; Barrett et al., 2013; Kanku and Mash, 2010; National Research Council & Medical Institute, 2005). The peculiarity of adolescent girls' reproductive conduct in South Africa is that nearly all childbearing occurs outside of a recognised marriage union (Makiwane, 2010). This is substantiated in a study by Mjwara and Maharaj (2018) which revealed that young mothers were still in school when they had their first kids. Being a mother was not in any of their plans and they were not prepared for it, hence they had to turn to their mothers for assistance. While a great number of extended family members can and do assist teenage mothers in caring for their children, teenage mothers still find obtaining assistance from their own mothers most enabling (Mahesar et al., 2012; Jewkes et al., 2009; Panday et al., 2009; Morrell et al., 2012). Moore (2013) argues that there has been a change in mothering over the last decade, with many mothers now getting distinct views about the role of the male parent and methods of mothering. This is further supported by Mjwara and Maharaj (2018)'s study, who observed:

> *"Young* mothers in the study wanted to assume financial responsibility for their children but they were finding it difficult to do so. Many faced numerous obstacles as they were no longer in a relationship with the father of their child and depended on their own parents for support."

This changing perspective of parenting includes recognizing the significance of being a mother as well as "nurturing the self" (for which she, the mother of the baby, requires assistance with) "But the mother in the younger generation requires assistance from the kin who cares for her children so that she can operate on the "self-project" (Moore, 2013: 168). In other words, the young mother requires her child's kinship care to take part in operations that will allow her to become a better individual/parent. For example, Grant and Hallman (2008) discovered that the availability of an adult caregiver at home was a major determinant of whether girls in South Africa would return to post-pregnancy school, and this is consistent with childcare trends in South Africa, where elderly people are seen taking care of the young women's children (Makiwane and Udjo, 2006).

2.2.6 Cultural considerations

It is essential to remember that the active participation of grandmothers in raising their grandchildren is patterned by ethnicity, with their mothers often experiencing elevated rates of assistance from black African women (Mtshali, 2016). As in many black African societies in South Africa, being very engaged in raising her grandchild is regarded a tradition for the maternal grandmother (Mahesar et al., 2012; Jewkes et al., 2009). Tradition has it that in Africa, families are the primary caregivers for the elderly, hence creating societal solidarity among the generations in the community (Michel et al., 2019). Elder generations were revered as a source of knowledge and wisdom by ancient civilizations, and they were looked to as role models for their own lives and futures (Makiwane, 2011). In ancient times, the elders were hailed as "Transmitters of culture," as "Guardians of the mysteries of life," or as "the Wise," and they were sought out for advice on issues such as conflict avoidance and peace maintenance in the individual, family, and society (Mtshali, 2016; Stuckelberge, 2005). When it comes to cultural values, they are the most knowledgeable (Michel et al., 2019; Mtshali, 2016), hence the best to groom and nurture their children's children. In addition, Mtshali (2016) noted that black grandparents are more frequently involved in the care of young children in African societies, which explains why Black grandparents do not perceive grand-parenting as difficult.

2.2.7 Employment

There has been an increase in the percentage of working mothers across all demographic groups and the biggest and latest development has occurred among single, low-income mothers in America (Coley and Lombardi, 2013; Haskins, 2016). A large proportion of women in paid jobs in Europe receive grandparent child support compared to those who are not in paid jobs, but the opposite is true for women in Scandinavia; because those who are not in paid jobs receive more assistance from grandparents than those who are employed (Glaser et al., 2013; Wellard, 2011). When parents are unavailable for full time parental responsibilities due to employment, grandparents assume this role for their grandchildren. Similarly, most grandmothers in Taiwan take on the responsibility of raising their grandchildren because the child / children's mother and father work full-time or grandmothers do not want their grandchildren to be provided with care elsewhere and they also want to help them financially (Chang and Hayter, 2011). As Hall (2010) found, rural-urban migration of females in South Africa is made feasible by the availability of grandmothers in the rural community, who may give economic help from their old-age pension and family support grant to the grandchildren

in the rural population. Unemployment, as a primary factor, also contributes to the reason that some biological parents migrate in order to study, uplift their lives and or find jobs (Lunga, 2009).

2.3 Experiences and challenges of grandmothers caring for their grandchildren

There are a range pf challenges that grandmothers encounter when they take responsibility for their grandchildren. A change to the role of grandparent as parent may have an impact on the family in a variety of aspects, including causing emotions of not being acknowledged, disadvantaged, misunderstood and isolated within the society. It leads to adjustment of attitudes, physical, mental, social and economic difficulties, all affecting the quality of life (Backhouse and Graham, 2010; Bartoov et al., 2003).

2. 3.1 Health of grandmothers caring for their grandchildren

In this study, the notion of 'health' originates from the definition of 'health' of the World Health Organization, which states that 'health' is a state of complete physical, mental and social well-being and not simply the absence of disease or infirmity (Misselbrook, 2014). In other words, the discussion of challenges will be based on how the health and social well-being of grandmothers caring for their grandchildren are impacted. Physical health is a key factor in determining longevity and quality of life. The health of a person significantly determines how he / she performs daily operations like bathing, eating, and even dressing up. It also affects social interactions, job possibilities, and financial securities. According to Kelley et al. (2013), 504 African American caregiving grandmothers' physical health evaluation showed that slightly more than 25 percent were diabetic, approximately 60 percent were hypertensive, and almost 90 percent were either overweight or obese as determined by their body mass index (BMI). These findings are in line with Hadfield's (2014) declaration and several studies that also reported hypertension and diabetes as part of the physical health issues that grandparents as caregivers face. Health issues compromise the grandmothers' ability to provide care for their grandchildren. In a study by Schultz and Shirindi (2019), grandmothers responded that they became more unable to handle their own situations due to health issues, and the improper behaviour of their grandchildren had a negative impact on both their health and money (Rubin, 2013).

Tloubatla (2009) reported that older women who have worked hard to survive in harsh circumstances are compelled to assume responsibility for caring for their aging children and orphaned grandchildren in the immediate future. The author, Ntozi (2002), points out that these

grandmothers are from precisely the sectors of society that should be getting protection and care, but instead, they are attempting to stretch their little pensions in order to be able to provide food and education for their orphaned grandchildren.

As reported by Lunga (2009), elderly grandmothers are vulnerable to some kinds of diseases as they try to cope with the trauma of the family. Elderly caregivers are, often at risk not only of life-threatening diseases such as arthritis, high blood pressure, cardiovascular and respiratory conditions, but also of neglected health if there is no proper management of their situation (Whitley and Fuller-Thomson, 2017). This condition could worsen bad health and affect coping skills. Though poor health is inevitable in the elderly, there is a high incidence of life-threatening conditions among them (Whitley and Fuller-Thomson, 2017). Rheumatism, arthritis, and other cardiovascular and respiratory conditions may vary from mild to severe and may be affected by the older people's past socioeconomic status. Additionally, there are numerous psycho-emotional difficulties experienced by grandparents in trying to cope with the demands of caring for the orphans (Lunga, 2009).

2.3.2 Psychological well-being of grandmothers caring for their grandchildren

The majority of the literature examines the concepts of stress and depression from a psychological perspective (Kelly et al., 2013), with caregiving stress being associated with a decline in grandparental evaluations of their mental well-being (Chang and Hayter, 2011). Stress is associated with a host of adverse health results in the general population, which may influence the quality of care provided to the grandchildren (Kelly et al, 2013). The uncertainty about how long grandmothers will provide full-time care for grandchildren was also a cause of pressure, with many fearing returning the kid to an unsuitable parent (Kelly et al, 2013). Song and Yan (2012) and Strutton (2010) discovered that various research on grandparents ' psychological well-being has constantly shown that grandparents as caregivers generally have elevated levels of depression with married and older grandmothers having less mental burden than single or younger grandmothers (Conway et al., 2011). A domestic sample of caregiving grandmothers in the United States showed that they had considerably greater rates of depressive symptoms than non-caregiving grandmothers (Fuller-Thomson and Minkler, 2000).

2.3.3 Emotional challenges of grandmothers caring for their grandchildren

It is also probable that the health challenges facing caregiving grandmothers will affect their mental well-being (Kelly et al., 2013). In a study conducted by Thupayagale-Tshweneagae (2008) in Botswana, reveals symptoms of emotional distress and bad self-reported health

among elderly adults caring for ill-adults and/or orphans. The same outcome is also reported in Zimbabwe by Howard et al. (2006) and WHO (2002). Emotional distress appears to arise from anxiety over the failure to provide a required level of care, burn-out and physical pressures of daily and parental operations, absence of appropriate social assistance and sorrow and/or sorrow over the loss of adult children as a result of migration, disease or imprisonment (Howard et al., 2006; Oburu and Palmerus, 2005; Williams, 2003).

Moreover, grandparents may be too old to care for children and may be sick and tired themselves (Coury and Subbarao, 2004). Some grandparents may face chronic stress that may generate higher opportunities for illnesses such as flu, depression, and even dementia (Van Dyk and Nefale, 2005). Furthermore, the grandparents may be distressed by attempting hard to deal with the restricted funds. Van Dyk and Nefale (2005) mentions that stress can lead to physical and psychological disease, anxiety, and conflict. Tloubatla, (2009: 13) suggests that disease can occur when stress is constant and strains a particular physiological system that may be compounded by genetic predisposition to particular diseases such as heart disease, cancer, osteoporosis.

2.3.3.1 Stress and Anxiety

Van Dyk and Nefale (2005) stated that elderly caregivers of AIDS orphans experience physical and emotional health related illnesses that impact on their psychological wellbeing. Elderly people often complain about problems such as depression, stress and burnout, feelings of inadequacy, helplessness, guilt and loss of self-esteem and confidence (Mtshali, 2015; Lunga, 2009). Grandparents may also deny their health problems and possibly their stressful situation because they do not want their loved ones to be negatively affected by this. They may be anxious that their grandchildren might die if the parent died of an AIDS related illness (Mtshali, 2016). They may try to look strong for the sake of their grandchildren and hence lead a very stressful life (Lunga, 2009).

According to Tloubatla (2009), stress is experienced when the personal and situational demands exceed resources. Van Dyk and Nefale (2005) explained that there are physical stressors (environmental conditions) and psychosocial stressors (for example, the social and psychological conditions that may be harmful to the self). While grandparents may derive pleasure from grandchildren, studies have constantly showed that grandparents experience social isolation, financial, physical, and emotional hardship (Lunga, 2009; Van Dyk and Nefale, 2005; Fuller- Thomson and Minkler 2000). Similarly, while grandparents may provide

a secure and loving environment that helps children to socialize, they may find it difficult to respond to children's psychological, legal, economic, and basic needs (Lunga, 2009). These may have a negative impact on the family but most particularly on the grandparent caring for the orphans, who may be unable to adjust to the demands made upon him or her (Mtshali, 2016; Blieszner and Bedford, 2012; Lunga, 2009)

Moreover, grandparents may be too old to take care of the grandchildren and they may be sick and fatigued (Ntozi and Zirimenya, 1999, cited in Lunga, 2009:20). Some grandparents may experience chronic stress which could create greater chances of contracting diseases such as flu, depression and even dementia (Van Dyk and Nefale, 2005). Furthermore, the grandparents may feel distressed as a result of their efforts to manage with their limited means. (Umberson et al., 2010). Van Dyk and Nefale (2005) states that stress can lead to psychological and physical illness, anxiety, conflict, and so forth. Rice (2012) and Cannon (1932, cited in Tloubatla 2009: 20) believe that illness may occur if the stress is continuous and exerts a strain on a specific physiological system which may be compounded by genetic predispositions to specific illnesses such as heart disease, cancer, and osteoporosis.

2.3.3.2 Loss and depression

Yuen et al. (1999, cited in Lunga, 2009:21) is of the view that stress and depression, among other things, is seen as one of the factors that are experienced by grandparents with symptoms such as loss of energy, low self-esteem, loss of hope, and so forth. Lunga (2009:21) mentions "the loss of social and economic status and becoming physically, financially and emotionally dependent on others" as one of the three stress-producing situations peculiar to older persons in Western society. Yuen et al. (1999) argued that the theme of 'loss' dominates the lives of older people (for example, loss of health, independence, status, family roles, income, friends and a spouse). According to (Lunga 2009; Van Dyk and Nefale, 2005), the person suffering from income, moral and spiritual loss is likely to manifest certain signs of stress, such as depression, fear and anxiety, confusion, indecision, hostility and frustration. Yuen et al. (1999) maintained that many old people suffer from 'reactive depression' (that is, a reaction to certain conditions) with moral and spiritual loss as its basis (Lunga, 2009). Depression manifests itself in sadness, despair, hopelessness, poor self-esteem and feelings of helplessness and a loss of interest in life (Van Dyk and Nefale, 2005; Schultz and Shirindi 2019)

Grandparents who have lost more than one child to HIV related illnesses and/or AIDS may mourn the loss of life itself (Lunga, 2009; Mtshali, 2015). They may fear the loss of their ability

to care for themselves and their families. According to Van Dyk and Nefale (2005), depression can be an extremely difficult and prolonged condition where feelings of tiredness, loss of energy and low self-esteem are common. In a study by Dowson et al. (2001, cited in TIoubatla 2009: 21) on grandmothers caring for AIDS orphans, conducted in Zambia, one grandmother sadly explained that she had always thought that by raising her eight children, she would insure herself against hardship in old age. However, this did not materialize as she stated that she "buried her children year after year for five years and now she has a throng of new dependants with no income." In the same study, the grandmother further commented, "I never thought such cruel things could happen. When 1 think about it, 1 pray and cry ..."These grandparents usually face strong material, emotional and psychological constraints and receive little external support (Dowson et al., 2001; cited in TIoubatla 2009:21).

2.3.4 Role change and grandmothers' attitude adjustment

Saxena and Brotherson (2013) state that grandparents usually expect their later life to be a time to enjoy the pleasures of grandchildren without responsibility; but when circumstances make it impossible to do so, some effort may be needed to adapt to the new role of caregiving. It may also involve many life planning adjustments linked to finances to career changes to changes in relocation and lifestyle. In addition, many grandparents have contradictory or ambivalent emotions about once again becoming' parents.' They are happy to be able to take care of the grandchild most of the time and yet angry that they were forced into taking full responsibility for raising another child (Lever and Wilson, 2005). However, Glaser et al. (2010) reassures that once the adjustment period for their current position has expired, grandparents appear to be returning to prior behaviors aimed at enhancing their lifestyle and that of their grandchildren.

2.3.5 Financial challenges of grandmothers caring for their grandchildren

Unemployment is one of the primary factors contributing to financial stress for females and grandmothers often have to bear the major economic strain. It generally occurs when employers see grandmothers as too ancient or unqualified to work in infrastructures or areas of the present day. Consequently, elderly grandmothers face particular threats to their age discrimination freedoms, including access to work (Bloom et al., 2011; Waldrop and Weber, 2001). Studies show that despite many grandmothers facing several financial difficulties, restricted resources and economic stress, many caregivers are committed to fulfilling their duty to raise their grandchildren (Chang and Hayter, 2011; Fuller-Thomson and Minkler, 2000; Lewis, 2007;

UNICEF, 2007). Many caregivers also report receiving less economic assistance from child welfare organizations than their non-kin foster parent counterparts (Goodman, 2012).

Nearly seventy percent of South Africans over the age of 60 rely on a means-tested government-sponsored old-age grant for their income, despite private and employment pensions being available for those who have worked in the formal sector (Fiona and Juan, 2009). A large number of older people in South Africa may be eligible for the old age grant, but very few are actual recipients (Ralston and Schatz, 2020). The main reason is that these grants are subject to strict eligibility criteria. Studies have shown that most older people are challenged because the application for the pension must be made in person (or by a nominated family member with valid documents) at a South African Home Affairs office; these offices are often located in urban areas, requiring travel, and perhaps numerous journeys, before pension collection is feasible. Following approval, the retiree must present in person at a pension pay station in his or her village on a predetermined day each month to receive payments. Even though the pension pay stations are located within villages, no applications can be submitted at the pay points (Lloyd-Sherlock and Agrawal, 2014). In addition, according to a report published by the Social Development and Grants Program, the SA government pledged to construct accessible homes for the poor, fight poverty, discover a plan to encourage viable growth, make use of social grants, and launch a program of food assistance for poor households (Ralston and Schatz, 2020; Lloyd-Sherlock and Agrawal, 2014). For the elderly, however, these commitments have not completely materialized.

In many poor countries, elderly women are amongst the most vulnerable and marginalized members of society (UNICEF, 2007). Yet, as Lewis (2007: cited in Lunga, 2009: 15) observes, grandparents have the extra burden of caring for children orphaned by AIDS and face challenges of raising traumatized children and teenagers in extreme impoverished conditions. In addition, in some instances unequal employment opportunities and discriminatory inheritance and property laws force many women to continue working well into old age (Lunga, 2009). Following the deaths of husbands, many elderly women manage to survive on low wages earned in physically strenuous jobs in the informal sector (Blieszner and Bedford, 2012). For instance, in Uganda, a study by the United Nations Food and Agricultural Organization (FAO) found that widows were working two to four hours more each day to make up for reduced income following their husbands' deaths (UNICEF, 2007). According to Nhongo (2004, cited in Lunga, 2009: 15) it is not surprising that older people, especially elderly women are impoverished and remain one of the poorest groups in Africa. Despite the struggles and

challenges, grandmothers still find themselves having to financially provide for their grandchildren, as this has become their lifetime responsibility.

2.3.6 Social challenges

Pitcher (2002) states that most grandmothers reported are accountable for caring for a younger kid meant being more' tied down,' leading to a decrease in their social lives. They may be removed from their social group by such accountability (Backhouse and Graham, 2010). For instance, Seeman (2009) and Zauszniewski (2013) report that grandmothers at all care levels felt they had less personal time, less liberty for themselves and less intimacy with their partner, while many complain that they looked forward to an empty nest and pension dreams that had to be set aside. The social separation experienced by grandmothers can render it hard and detrimental to manage their physical and emotional problems (Hertlein and Sampson, 2015). Regardless of the sort of problems that grandmothers face, there is an adverse result with regard to the health of care-giving grandmothers, particularly when some grandmothers have to either delay or neglect their own health care needs to address their grandchild / children's more pressing requirements (Baugh, 2016; Clottey et al., 2015). It should be noted that a possible delay in treating or managing any medical condition that may result from grandparents ' care will lead to an intensification of symptoms connected with current chronic diseases, possibly resulting in fast physical decrease. The weakened health status of a grandmother could have an adverse impact on her capacity to fulfil her responsibilities as a parent toward her grandchild / children in her care (Whitley and Fuller-Thomson, 2017; Doley, 2015; Whitley et al., 2015).

2.3.7 Inadequate Housing

In the South African context, inadequate housing and shack settlements are as a result of the legacy of the apartheid government's policy which did not provide adequate houses (Makgato, 2010; Zirimenya 1999, cited in Lunga, 2009:22). Mzimela (2019) and Lunga (2009) further argue that shack settlements are today a common feature of African township life within South Africa's industrial heartland. The problem of inadequate housing is one of the serious challenges faced by grandparents living with orphaned grandchildren (Mtshali, 2015; Baker et al., 2008; Smith and Beltran, 2001). The grandparents sometimes share the same inadequate accommodation with their own children and grandchildren (Polvere et al., 2018; Lunga, 2009; Baker et al., 2008). Some grandparents face the challenge of trying to accommodate one or more orphaned children in their state provided housing namely, the Reconstruction and Development Programme (RDP) houses (Polvere et al., 2018; Mtshali, 2015; Lunga, 2009).

This becomes a problem as the children grow older and need their own space and privacy. Some grandparents who live in shacks or informal settlements, on the outskirts of the cities, live in areas without electricity, running water and a sewerage system – basic primary needs for survival in a city (Polvere et al., 2018; Lunga, 2009; Baker et al., 2008). Some grandmothers ended up in these settlements because they lost their houses due to discriminatory laws that forced the grandmothers to live with their relatives or saw them taken to 'homes' after the death of their spouse (Mtshali, 2015; Lunga, 2009).

2.3.8 Lack of support from governmental organisations

There are millions of orphans throughout the world because of the HIV and AIDS crisis in South Africa, which has led to orphaned children either being adopted by their extended families or being placed in institutions (Bertera and Crewe, 2013; Lunga, 2009; Campbell and Miles, 2008). Some orphaned children often have to migrate to new homes and communities (Robson, 2010; van Blerk and Ansell, 2006; Ansell and Young, 2005). The burden of care rests upon the extended family households and siblings, however, but mostly upon the grandparents, which are generally a very poor elderly group (Mtshali, 2015; van Blerk and Ansell, 2006). Mzimela (2019) and Lunga (2009) postulate that the burden is made heavier by the fact that government departments sometimes appear ill-equipped to assist elderly people in meeting the new demands that are placed on them. South Africa is no exception to this trend. According to Mzimela (2019), Glaser et al. (2013) and Lunga (2009), while some of the continent's senior citizens may have enjoyed a relatively quiet retirement, a significant portion of these citizens have been eliminated by the responsibility of caring for grandchildren who have been orphaned by AIDS. Research argues that the scars of apartheid seem to be disproportionate on elderly people as the South African government and its structures continue to discriminate against older people (Mtshali, 2016; Tloubatla, 2009).

Grandparents continue to struggle to gain entry to support services such as disability grants, child support grants, and-pension grants promised to them by the government (Mtshali, 2016; Gerard et al., 2006). However, Tloubatla (2009), Goodman (2007) and Ansell and Young, (2005) state that the problem faced by senior citizens in South Africa, also occurs in neighbouring countries. Grandparents continue to be discriminated against and they have no say in issues pertaining to their lives in general (Kelley et al., 2013). Tloubatla (2009) observed that grandparents struggle to receive medical treatment at the clinics and state hospitals as they have to travel long distances to obtain medical services for themselves and their grandchildren.

Research warns that if grandparents stop giving care to these children, the streets and children's homes will be full of orphans (Mzimela, 2019; Doley, 2015; Lunga, 2009, Tloubatla, 2009).

Nhongo (2004) observed that many older people in Africa and other parts of the world have no option but to become 'Africa's Newest Mothers'. Kinyua (2013) and Beales (2002) suggests that there is little support for grandparents who care for AIDS orphans. As a result, grandchildren opt out of school in order to support themselves and their aged carers. Older people also have difficulty getting access to scarce resources which are often not available when needed the most (Mzimela, 2019; Kinyua, 2013). According to research, women referred to a scarcity of food, and a daily struggle to procure food to feed the family. Zirimenya (1999, cited in Lunga, 2009: 23) commented that grandmothers walk a tight rope between survival and starvation (Tloubatla, 2009). This means that elderly people, mainly women, care for and support orphans with very limited resources or support from the state and they remain the poorest group in every community of Africa (Nhongo, 2004). A study commissioned by the Minister of Gender, Labour and Social Development in South Africa to analyze the available data in relation to the poor and vulnerable groups, found that 64% of older persons (60 years and above) fell below the poverty line (Tloubatla, 2009).

2.4 Coping mechanisms of grandmothers who provide care

According to Waldrop and Weber (2001), coping is described as a reaction to stress and as such involves what a person does, feels or believes in order to become skilled, tolerate or effectively decrease the adverse impacts of challenging conditions. Mzimela (2019) and Waldrop and Weber (2001) further clarify that stress happens when an individual's requirements exceed his / her adjustment capacity. Coping includes behaviors developed by a person in order to adapt to the body's non-specific reaction to any demand (Selye, 2013; Waldrop et al., 2004; Waldrop and Weber 2001). Grandmothers' failure to cope with any challenging care-related scenario may tend to reflect stress symptoms as they are older and at greater danger of developing health-related issues (Mzimela, 2019; UNICEF, 2007; Waldrop et al., 2004; Waldrop and Weber 2001). Therefore, the difficulties that grandmothers face in raising or caring for their grandchildren generally require a lot of stress and this can have a negative effect on their ability to cope (Bajaraman et al., 2007, cited in Tloubatla, 2009: 10; Waldrop and Weber 2001) The following debates will concentrate on grandmothers raising their grandchildren's difficulties and how grandmothers are dealing with these problems.

2.4.1 Financial coping mechanism

Reports from several research showed that grandmothers deal in distinct respects with their distinct problems (Alemneh, 2015, Phetlhu and Watson, 2014). For example, as shown in a qualitative study conducted by Wood (2011), grandmothers who are eligible for pension grants report using loans from loan sharks to help their families as the grants can only sustain them with their most fundamental requirements for about two weeks. Additionally, some grandmothers also report their earnings being supplemented by hawking food products. In addition, Phetlhu and Watson (2014) show that some grandmothers also receive assistance from their families and employers (for the few who are employed grandmothers) in the form of food, clothing and money supplies.

2.4.2 Social and Health coping mechanism

With respect to the social problems of grandmothers raising their grandchildren, several studies have shown that some of the impacts that caregiving has on grandmothers are enhanced danger of depression, loneliness, or emotional stress that can influence the grandmother's psychological well-being (Clottey et al., 2015).Some of them had to hire domestic workers on a full-time basis so that they could socially communicate with their colleagues in churches or luncheon clubs to decrease the adverse impacts that caregiving has on grandmothers. Unlike the desire to associate with their colleagues to assist minimize their loneliness, some grandmothers tend to handle their condition by isolating themselves from their colleagues owing to the self-perceived inferiority complex of these grandmothers (Alemneh, 2015, Mokone, 2006). Clottey et al. (2015) notes that, for example, some grandmothers rely on pain killers, prescription or non-prescription to deal with some of their health problems.

Previous studies have shown that when caregivers, for example, use adaptive coping strategies, seek social support from friends, neighbours and the church, indulge in self-help and help-seeking abilities, their efficiency is improved as they carry out their daily work (Alemneh, 2015, Phetlhu and Watson, 2014). In compliance, Lunga (2009) noted that most of the support received by grandparents, in most aspects of their lives, has mainly been from religious entities and the church. These coping strategies also assist to decrease adverse care results, thereby

supporting the well-being of grandmothers as well as that of grandchildren (Choi and Bohman, 2007, Musil et al., 2009, Oburu and Palmérus, 2005, Zauszniewski et al., 2012)

2.5 Summary

Grandparents, particularly grandmothers, have long been crucial figures in family life. As a result of continual changes and challenges in families and society, they are the primary providers of childcare, with the obligation of caring for their grandchildren. This condition resulted in a shift in responsibilities for many grandparents, who felt morally and culturally obligated to care for their grandchildren despite their inability to raise and support them. Their behaviors and sentiments will differ greatly based on their health, financial condition, and other goals they had for their lives. This chapter provided current discussions on existing literature on intergenerational relationships, particularly the experiences of grandmothers in caring for their grandchildren. It also critically looked at factors that influence grandmothers to assume responsibility for their grandchildren, talked about the experiences and challenges of grandmothers caring for their grandchildren and further discussed their coping mechanisms. The next chapter describes the methodology of the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The overall aim of this study as explained in the first chapter is to explore the perspectives and experiences of grandmothers in caring for their grandchildren. The primary data considered was obtained from in-depth interviews, which sought to identify the factors that influence grandmothers to assume responsibility for their grandchildren. The methodology used is presented and it starts by providing an overview of the study area and the target population from which the sample of 15 participants was drawn. It then examines the data collection process and considers the sampling procedures used for the study. Thereafter, it describes the techniques of analysis to make sense of the data. Lastly, it highlights the main ethical considerations as well as limitations of the study.

3.2 Study context

The research was undertaken in eThekwini/Durban, in the township of Umlazi section CC. UMlazi Township is located 17 KM South West of the Durban's Central business district and immediately West of the old Durban 29 International airport and the Southern industrial basin (Hunter, 2014). The population of UMlazi was estimated to be around 550 000 during the 2011 census (Hunter, 2014). UMlazi has inherited apartheid planning policies characterized by spatial and economic isolation and as far as development is concerned, the neighbouring townships of UMlazi have lagged in the past due to the policies that were in operation (Tshabalala, 1998). UMlazi Township is the second largest township in South Africa which consists of 26 sections. Just over a quarter (26%) of the inhabitants of UMlazi have completed matric, 36% have secondary education, and 15% have some primary education (Hunter, 2014; Rudwick, 2006). The remaining population of this township have attained tertiary or another form of higher education. The social healthcare resources available to the population of UMlazi are wide. A total of 7 clinics and 1 hospital serve as immediate responses to the community health needs. The community health centre, also regarded as another primary health care facility, was centrally situated to be convenient for residents of all sections. However, like the hospital in UMlazi V section, this community health centre is not necessarily within walkable distance for all of the catchment population. However, the clinics for each section are a walkable distance. The growing population has also led to t a demand for an extra 14 clinics to be built across the sections due to the realisation that patients suffering from HIV/AIDS and

tuberculosis overwhelm many clinics (UMlazi & Malukazi Local Area Plan & Township Regeneration Stratedgy, 2011). Three quarters of UMlazi consisted of well-established homes and the remaining quarter consisted of informal settlements that are home to the poorer population and illegal migrants. The informal settlements are characterised by poor living conditions, a lack of basic services such as access to clean water and electricity and moreover, this area is burdened by the ongoing crisis of unattended social services.

Figure 3.2.1: Map of eThekwini/Durban- Umlazi

Source: Municipality (2011)

3.3 Research design

This study is a descriptive exploratory study, and it adopted a qualitative methodology in which the aim is to provide an understanding of complex psychosocial issues. It is a methodology that is used to explore the perspectives and experiences of grandparents raising their grandchildren in Umlazi Township. The researcher contends that qualitative approach is the most appropriate in gaining a holistic overview of the context of intergenerational relationships' logic, arrangements, its explicit and implicit rules, Punch, (2013). Qualitative research involves the collection of a variety of observed experiential materials and also involves and make use of case studies, personal experiences, introspection, life history, interviews, cultural texts and observational, historical, interactional, and visual transcripts that describe routine and problematic moments and meaning in individual's lives (Denzin and Lincoln 2006).Qualitative

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research implements a wide range of interconnected interpretive practices, attempting at all times to get a better understanding of the subject matter at hand (Denzin and Lincoln 2006).

Qualitative research also emphasizes the importance of looking at variables in a setting in which they are found. More so, qualitative methodology gives a researcher a platform to identify and record research data from the inside, through a process of deep attentiveness, thus getting rid of preconceptions previously held by the researcher, Punch (2013). Interaction between variables is important. Detailed data is gathered through open ended questions that provides direct quotations and in this process an interviewer is an integral part of the investigation (Weseen and Wong 2003). Qualitative research is, however, criticized for not being 'scientific' in nature, and that is merely a collection of anecdotal data. Sometimes qualitative research is condemned for lacking generalization and that it tends to produce large amounts of detailed information from a small sample (Koen, 2021; Carr and Kemmis 1986). Furthermore, qualitative research may be criticized for being unreliable in predicting the population and that they can expand possibilities but cannot identify the best possibilities (Maxwell, 2012).

3.4 Data Collection methods

In-depth interviewing, which is a qualitative research technique, involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, issue, or situation (Boyce and Neale 2006).

In-depth interviews are essential in the use of a qualitative study in order to acquire an in-depth understanding of the experiences of older people caring for their grandchildren in an urban area. In-depth interviews are useful when there is a need for detailed information about a person's or certain people's thoughts and behaviours and if the researcher wants to explore new issues in depth. In-depth interviews can be used in place of focus groups if the respondent does not feel comfortable talking openly in a group, or when you want to distinguish an individual opinion from the group's perspectives about issues that are discussed. The primary advantage of in-depth interviews is that it may provide the most detailed information than other data collection methods such as surveys. Even though there are limitations within this data collection method, they are most valuable because they also provide a more relaxed and comfortable environment in which the respondent can feel free to have a conversation (Boyce and Neale 2006).

More studies reveal that interviews are a good way of accessing perceptions and meaning of participants (Punch 2005). However, like many other types of data collection methods, in-depth interviews may be a disadvantage because they are time consuming. It may take time to conduct in-depth interviews and to transcribe and analyse the data, this may not also be cost effective (Punch 2005).

In this study, in-depth individual interview was used for data collection and the following was the central question: 'Please share with me your experiences in caring for your grandchild/ grandchildren'. Probing questions from the interview guide which were developed were based on the specific objectives of this study which were used to obtain in-depth information on the experiences of the grandmothers in caring for their grandchildren (Mulaudzi et al., 2016: Cohen & Crabtree, 2006). The use of an interview guide was to ensure that the study objectives were covered during data collection. The interview guide served as a guideline for the interviewer so as to provide credible, comparable qualitative data (Cohen & Crabtree, 2006).

A total of 15 individual in-depth face-to-face interviews were conducted for about 10-30 minutes. Data was -collected until saturation was reached. The researcher sought the help of a male friend residing in Umlazi township section CC to help her locate any grandmother that fits the criteria for the research. This is because this male friend is a church leader in the area and is usually in direct contact with different individuals in Umlazi section CC. The first grandmother used for the study was introduced to the researcher after which the aim of the research was explained by the researcher and her consent was secured as well as a verbal permission to audio-record the interview. Thereafter, the researcher was referred to another participant by the interviewee. Those that agreed to participate, their consents were also secured, and verbal permission was also obtained to audio-record the interview, after which arrangements for the date and time for the interview were scheduled by each grandmother. Each grandmother completed a demographic survey form (which was used get a comprehensive description of each grandmother) thereafter, the in-depth interview commenced.

The researcher approached the interview with an open mind in order not to appear judgmental so as to enable the participating grandmothers to speak about their experiences and feelings, freely (Speziale et al., 2011). The sequence of the questions in the interviews were flexible and guided by the answers given by the participants. Various techniques for data collection were used, like taking down of field notes; this was used to record the researcher's own reflections and observations (Alemneh and Asaye, 2015: Speziale et al., 2011). Both the local language (IsiZulu) and English language were used for the interview process depending on the choice of

the participant and this enabled the grandmothers to express themselves better. Before the interview process, the aim, specific objectives, and the interview technique of the research were explained to the researcher's friend as he accompanied her during the process. Issues regarding ethics in interviews were discussed with each grandmother/interviewee. According to Farber (2006), interviews should be conducted in a place where the person being interviewed will be as comfortable as possible as they will be sharing information about their experiences in life. Faber (2006) further notes that it is important for the respondent to decide where the interview will be conducted. In this study therefore, most respondents chose to have individual, face-to-face interviews conducted in the comfort of their own homes/houses. However, due to family and transport issues, some respondents were more comfortable with the face-to-face interviews conducted at church. This was not only convenient for both the researcher and the respondents in terms of availability, but it also allowed the respondents to have more freedom to express themselves in an environment that guaranteed great comfort for them.

3.5 Study sample

Sampling is the selection of some units to represent the entire set from which the units were drawn and should be representative of the entire population. This study employed purposive sampling to identify the initial sample after which snowball sampling was employed. According to Guest et al. (2013), purposive sampling involves the choosing of participants who will provide rich answers to assist in meeting the objectives of the study. Purposive sampling involves the non-random selection of participants on purpose. In identifying the respondents, snowball sampling and criterion sampling were employed as sampling strategies. Snowball sampling is a type of non-probability sampling that aims to recruit future subjects from acquaintances.

Purposive sampling method was used to recruit grandmothers who are caring for their grandchildren in Umlazi Township section CC. The researcher chose to use Umlazi Township section CC because it harbours in a large portion, people of different socio-economic status. In purposive sampling method, selection of individuals as study participants is usually based on their knowledge of a phenomenon for the purpose of sharing that knowledge (Speziale et al., 2011). Snowball sampling method was used to select participants (Speziale et al., 2011). This is because the researcher only knew few of the potential participants and the additional envisaged participants were referred by the known ones. Snowball sampling refers to a

technique for finding research subjects whereby one subject gives the researcher the name of another subject who in turn provides the name of a third and so on (Atkinson and Flint, 2001). It is a non-probability technique where existing study subjects recruit future subjects from among their acquaintances. As the sample builds up, enough data are gathered to be useful for research. This sampling technique is often used in hidden populations that are difficult for researchers to access (Atkinson and Flint, 2001). The snowball sampling strategy is useful when there is a need for the researcher to identify cases using information from people who have that information and particularly when they are hard to reach populations (Shaghagi, 2011; Palinkas, 2015).

Participants for this study were selected on the basis that they are most likely to give responses which will fulfil the purpose and objective of the study, which is to explore experiences of grandmothers caring for their grandchildren. This was done by purposefully selecting females aged 50 years and above, residing with and taking care of grandchildren- which meant that the participants could make their own informed decisions regarding 'their experiences of caring for their grandchildren' and did not require anyone's consent. The criterion of data saturation was applied to discontinue data collection when necessary (Strydom, 2010).

3.6 Data analysis

Qualitative data analysis is a range of processes that involve the collation of textual qualitative data collected in the form of interview transcripts; field notes, videos etc. into some form of explanation, understanding and interpretations (Somekh and Lewin, 2005). Data analysis for this research was done using thematic analysis which involves analysing transcripts and structuring the content of the interviews. In a thematic analysis, after data has been transcribed, a pattern of direct quotes or common ideas is listed and identified to already classified patterns. The quotes are then combined and catalogued into sub-themes (Taylor and Bogdan 1984).

The audio-recorded interviews were transcribed verbatim from IsiZulu to the English language by the researcher which was later translated by a language expert to ensure that it was well composed. Another master's student researcher listened to the audio file to verify if they were transcribed verbatim. After the internal reliability check by the student researcher, the researcher read through the depth and breadth of the content so as to familiarize herself with it. She also read through the entire data set again before coding, categorizing the ideas, and

identifying; possible patterns came into shape as she read through. The data was initially coded and collated then a long list of the different codes was identified across the data set by the researcher. This phase re-focused the analysis to broader level of themes, rather than codes. This process involves sorting the different codes into potential themes and collating all the relevant coded data extracts within the identified themes. The researcher developed a set of themes which were later refined. During this phase, some themes collapsed into each other and on the other hand some themes were separated. The researcher was satisfied with the thematic map of her data and each coded theme was accompanied by an operational definition that allowed for clarity and determining what aspect of the data each theme captured. The write-up provided sufficient evidence of the themes within the data in order to ensure that there is a concise, coherent, logical, non-repetitive, and accurate account of the story of the data, within and across themes.

3.7 Ethical considerations

Prior to the study ethical approval for the research was sought. The University of Kwa-Zulu Natal's Humanities and Social Science Research Ethics Committee granted the researcher ethical clearance to proceed with the study. The College of Higher Degrees Committee approved the research proposal after critical considerations about the sensitivity of some aspects of the study. Proper measures were taken into consideration about the vulnerability of some grandmothers. Before each interview was conducted, a consent form was given to the respondent and the nature of the study was explained carefully before they signed the form. The researcher ensured that the respondent understood the purpose of the study before commencing with the interviews. The respondents understood that participation on the study was voluntary and there were not given rewards for participating in the study. The researcher also explained to the participants that some or part of excerpts from the interviews may be used in the final report. Confidentiality during the interviews was maintained and no names of participants were used in the final report. All tools that were used during the interviews will be destroyed after the study has been finalized.

3.8 Limitations of the study

The limitations of this study are first the sampling technique and the sample size. Snowball sampling tends to exclude grandmothers who are outside the networks used by the researcher.

Due to time constraints, only a small sample size was chosen and therefore the sample may not be a true representation of grandmothers caring for their grandchildren in the Umlazi township section CC. This sample only represents the opinions of those that stay in that specific area. The opinions do not represent a wider population and area. This means the information could be biased to the views of the community of UMlazi CC section. The small sample size and the fact that respondents were from UMlazi CC means that the information cannot easily be generalized for other areas or settings. The sample only consisted of black respondents and was only representative of this single race. This means that the results cannot be generalised for other races. The data that was collected was cross sectional as it was collected at one single point of time. The respondents were not interviewed at a different point of time to check whether their opinions had changed. The study was conducted in a single area of a township, UMlazi CC section.

Moreover. the study only focused on grandmothers who were 50 years and older which also meant that the researcher had to be cautious in the way of asking questions in the in-depth interviews, and constantly guide the interviews because older people tend to often digress from the subject matter, as other issues of their own interest may arise. Age difference may have also influenced relative responses and expressions from grandmothers due to cultural belief systems which tend to prohibit older people from sharing their personal and family issues with young ones, as many respondents addressed the researcher as 'daughter'.

3.9 Summary

This chapter has provided an overview of the study and the relevance of the methods to the study. Ethical considerations are stated clearly and highlights how the study was carried out without compromising the sensitivity of some of the issues that might surface during the study and the limitations of the study are clear and well observed throughout the study.

This study draws on in-depth interviews with 15 grandmothers (females aged 50 years and above) to explore the perspectives and experiences of grandmothers in caring for their grandchildren. The grandmothers who participated in this study came from Umlazi Township, section CC. Using an interview guide, the study identifies the factors that influence grandmothers to assume responsibility for their grandchildren, the challenges they experience in raising their grandchildren and establishes coping mechanisms used in caring for their grandchildren. The interviews were conducted face to face. This study complied with the UKZN Ethics Committee, as it was important for the participants to feel as comfortable as

possible; thus, no participants were coerced into taking part. Thematic analysis was used to identify emerging themes and the final stage of data analysis involved the analysis of selected extracts by relating the extracts to their search question and literature.

CHAPTER 4: RESULTS

4.1 Introduction

Grandparents see various advantages associated with rearing their grandchildren. These include a sense of purpose, a second shot at life, the ability to develop family bonds, the ability to perpetuate family histories, and the ability to receive love and affection (Langosch, 2012; Sampson and Hertlein, 2015). Despite the benefits, there are also significant drawbacks. The overall aim of the study is to shed insights into the perspectives and experiences of grandmothers in caring for their grandchildren. The findings of this study are drawn from in-depth interviews with grandmothers who are caring for their grandchildren. This chapter describes the factors that influence grandmothers to assume responsibility for their grandchildren. It also outlines the challenges experienced by grandmothers in caring for their grandchildren. The latter part of the chapter outlines the coping mechanisms used by grandmothers to address the challenges they experience.

4.2 Study sample characteristics

The study consisted of 15 grandmothers who were aged between 50 to 62 years. 60 percent of the grandmothers were currently employed; however, the other 40 percent was not. Their marital status varied. Nine of the grandmothers, which is 60 percent of the sample, were widows. 20 percent of the sample, made up by three grandmothers, was married. The other 20 percent of the sample was never married. All the grandmothers indicated that they were Christians. Their educational levels also varied. 60 percent of the grandmothers attained a secondary level of education while 33 percent attained a tertiary level. Only 7 percent attained primary level education. Out of 15 participants, only one grandmother was a recipient of the old age grant. Table 4.1 presents the socio-economic and demographic characteristics.

Table 4.1: Distribution of participants according to their demographic profile

Pseudonym	Age	Marital status	Level of education	Employment status	Religion	Grant recipient
MaNgcobo	57	Widowed	Primary	Employed	Christian	No
MaMemela	54	Widowed	Secondary	Unemployed	Christian	No
MaNdaba	57	Married	Tertiary	Unemployed	Christian	No
MaMkhwanazi	58	Never married	Secondary	Unemployed	Christian	No
MaMzimela	62	Widowed	Secondary	Unemployed	Christian	*Yes*
Thandiwe	58	Widowed	Secondary	Unemployed	Christian	No
Sindi	51	Widowed	Secondary	Employed	Christian	No
Mazondi	55	Widowed	Secondary	Employed	Christian	No
Doris	53	Widowed	Tertiary	Employed	Christian	No
Cynthia	55	Never married	Tertiary	Employed	Christian	No
Petronella	53	Never married	Tertiary	Employed	Christian	No
Gladys	53	Married	Tertiary	Employed	Christian	No
Sandiso	50	Married	Secondary	Employed	Christian	No
Mandy	52	Widowed	Secondary	Employed	Christian	No
Majika	50	Widowed	Secondary	Unemployed	Christian	No

4.3 Facilitating factors for grandmothers offering care

Research has shown that grandparents have a profound impact on the lives of their grandchildren, regardless of their age (McNallie and Gettings, 2021). It may be necessary for grandparents to work at defining their new position and building a healthy relationship with their grandchildren. How their function evolves is influenced greatly by the events that brought them to this position (McNallie and Gettings 2021). When a grandparent becomes a parent to a grandchild, his or her life journey typically takes an unexpected detour that was not anticipated (Strom and Strom, 2011). For a variety of causes, such as the early death of a parent, the incarceration of a parent, the emergence of mental health or drug addiction difficulties, or for no apparent reason at all, this might occur. The reasons for a grandparent to provide essential care for a grandchild are numerous. Some of the facilitating factors found in this study include, but not limited to loneliness.

4.3.1 Loneliness

The grandmothers reported that they experienced a great deal of loneliness and felt that their grandchildren provided them with some comfort in their older age. They explained that the children provided them with some companionship and assists them with some of the household chores and activities. This makes their lives easier and more manageable. One participant mentioned that she had to stay with the grandchild, and he is the only child she sends around the house and has conversations with to avoid being lonely.

> *"I have to stay with the child, and he is the only one I send around the house, talk to, rather than being alone" (MaNgcobo, 57 years)*

It seemed like grandchildren sometimes give purpose to the lives of their grandparent. One grandmother added that she has someone to communicate with and she never feels bored. For that reason, she would encourage other grandmothers to care for their grandchildren because they become helpful.

> *"I get someone to talk to. I never get bored. I would encourage them to raise the grandchildren because they turn into help at the end" (MaNgcobo, 57 years)*

Another grandmother mentioned that it is a nice feeling because the grandchildren can be sent around the house, and they can assist in making food as much as they sometimes come back

home and find it already prepared for them. She never finds herself bored, which is why she maintains that grandchildren can be troublesome but nice to have around because they are the cure for boredom. She never has to ask the neighbours to sit with them.

> *"That is a nice feeling because you are able to send them around, they make you food, and sometimes they come back from school to the food you have cooked for them. You never get bored. That is why I say they are troublesome but nice to have around because I cure boredom with them. I never have to ask my neighbours to sit with them" (Doris, 52 years)*

Despite the known hardships that come with raising grandchildren, most grandmothers claimed they were happy to care for them because their presence makes them feel less isolated and more connected.

4.3.2 **Future investment**

Grandmothers revealed that they value the relationships they have with their grandchildren because they believe in them and therefore, caring for them is like investing in, and preparing them to be great people in the future. One of the grandmothers responded by saying that she would encourage other grandmothers to care for their grandchildren because the future is unknown, especially for those who do not listen. Unexpectedly, they are the ones that remember to come back after their studies and take care of their grandmothers. Later, they are the one that will help you when you are sick. They are also human beings who do not deserve neglect and punishment for the sins of their parents.

> *"I would encourage them, my child. You never know what the future holds, especially those who do not listen. They are usually the ones who would come back from studying and take care of you. In the future, when you are ill, they are the ones who will be aiding you. They must not be neglected, they are also humans, our children's children. The children should not carry the sins of the parent" (Mamemela, 54 years)*

> *"I love them because some of them do not have parents. Maybe tomorrow I will be receiving help from them, so I do not have a problem with them" (Thandiwe, 55 years)*

Generally, the findings revealed that the grandmothers enjoy taking care of their children. They are happy to assume the responsibilities of caring for their grandchildren, as they believe it is

the rightful thing to do if there is no other option. For grandmothers, taking care of and supporting their grandchildren is an investment in their lives as they believe that their grandchild will succeed and in return, give back to the family by providing financial support. They will one day return the favour.

4.3.3 Happiness and joy

All the respondents overwhelmingly expressed that grandchild bring them joy and happiness. The grandmothers mentioned that the bonds they have, and the good memories shared with their grandchildren make them feel satisfied and blessed to have grandchildren in their lives. Some grandmothers pointed out that when grandchildren are still young, they bring more joy because they are innocent. One of the grandmothers responded by saying that she feels happy, and they are getting along with the grandchildren. She confirmed that their relationship is good. Since the grandchildren are still of young age, they cannot be blamed for much and for that reason, all is well with everyone.

> *"I feel happy. What can I say? Well, we are getting along very well. I can say that we have a good relationship. I mean, they are still very young, so there's not much to blame them for, and I guess that's why everything is still going well with them"* *(MaMkhwanazi, 58 years)*

Some of the other grandmothers mentioned that they have good relationships with their grandchildren and when they experience difficulties in life, they know that they have the presence of their grandchildren, and this takes away their worries.

> *"Our relationship with the children is good. I am happy even though times get harder, but them being there is a blessing to me"* *(MaNdaba, 57 years)*

> *"I am very happy actually, even though it is hard, it is nice to raise them. We treat each other good, and we live well with them"* *(Doris, 52 years)*

4.3.4 Parental negligence and abandonment

Parental negligence is a factor that prompts grandmothers to raise their grandchildren (Sampson and Hertlein, 2015). Grandmothers expressed that sometimes their own children fail to assume a parental role and then this responsibility falls to the grandparents. It is evident that parents do not acknowledge and take full responsibility for their children because they prioritize the relationships they have with their partners, giving their children less to,

sometimes, no attention at all. Some grandmothers responded that their grandchildren are not properly taken care of or given the necessary love and support by their own parents. One grandmother commented:

> *"Their parents stay with their boyfriends. They contact me sometimes when they remember that they are mothers" (MaNdaba, 57 years)*

Another set of responses also indicated that their grandchildren were taken in because their parents were not present in their lives. One grandmother mentioned that the parents of her children areabsent and they live with their boyfriends.

> *"Absent and nonchalant and are living with their boyfriends" (Doris, 52 years)*

Some grandmothers explained that many of their grandchildren were abandoned by their biological mother, and they were forced to assume responsibility of them as they had no other option.

> *"I stay with one of the parents, while the other ran away and left the baby with me" (Sandiso, 50 years)*

The responses from the grandmothers indicated that most of them were still in contact with the parents of their grandchildren although some of the parents were irresponsible and nonchalant about their children. Some grandmothers explained that the mothers only deal with children when they want to and not because they have accepted it as their responsibility. Some parents choose to escape and disappear from the child's life, and it is in such cases that grandmothers are left with no choice but to take on the role.

4.3.5 Death of parents

In the interview it became clear that some of the grandmothers became caregivers due to the death of their daughters. Half of the grandmothers reported that they took up the responsibility of raising their grandchildren when their daughters died after becoming sick. Most of them did not know the actual cause of the sickness which led to the death. One of the grandmothers explained that she lost one of her daughters a long time ago due to HIV/AIDS and has recently lost the other one during the festive season and this led to her assuming the position of a mother to her grandchildren and great-grandchildren.

"The three grandchildren's mother passed away, as well as this one's (pointing at the youngest kid), she passed away in December last year. The other two are older, the one is 17, and the other is 16, both their parents passed away a long time ago and I'm now a great-grandmother" (Thandiwe, 55 years)

These findings revealed that most of the grandmothers assumed the role of parents to their grandchildren as a result of death. They acknowledge that this is one factor that is beyond their control. One grandmother explained that there is nothing she could possibly do because the grandchildren were now her responsibility. She had great expectations while raising them and contrary to their parents, who did not have the opportunity to look after her, she hoped the grandchildren would in the future.

"There is nothing I can possibly do my child, because they are now mine. As I am raising them, I am expecting big things from them. For them to come back in the future and take care of me, unlike their mothers and fathers who didn't get the chance to" (Thandiwe, 55 years)

Two grandmothers explained that they had to take care of their grandchildren after the death of both the parents of the grandchildren. They acknowledge that there was a major change in the role as they now must assume primary responsibility for the children. One mentioned that the parents of the two grandchildren she looks after are deceased and she is now the one who takes care of them and does everything for them. The other one explained that looking after her grandchildren is not an obligation. However, since they both have no parents, there was no one else to share the responsibility with. Therefore, she had to welcome them, look after them and be a good grandmother.

"The two that I take care of, their parents are no more, they are deceased. I am the one who looks after them and does everything for them" (Doris, 52 years)

"...Like for instance, in my case, two of my grandchildren have no parents. I will not say I am forced, but if I neglect them, who will I neglect them to because their parents are no more. So, I must take them in, take care of them and be a good grandmother" (Cynthia, 55 years)

4.3.6 Transmission of cultural values

Grandmothers revealed that grandchildren are pleasant to teach and guide and this promotes generational knowledge and lifestyle. They expressed that bringing grandchildren closer to them not only helps them gain more wisdom, but it is a continuation of life values and investment in the children's life. Grandchildren become like their own children as they commit to care and support them. When asked about their feelings about the relationship they had with their grandchildren. Some grandmothers indicated that they are committed to providing care for their grandchildren because it is pleasurable. They have pledged to raise and take care of the grandchildren as their own children. Seeing them grow brings them contentment.

> *"It is very nice. I have committed myself and I must treat the grandchild as my own child. I have committed myself to raise him, I am very happy by the way that he has grown. It pleases me" (Gladys, 53 years)*

The grandmothers believe that they reap great rewards and feel proud when they see their grandchildren rising and being the best that they could be. It was clear that they wanted the best for their grandchildren. They also felt like their grandchildren gave them a new perspective of life and cultivated them. They would encourage other grandmothers to care for their grandchildren because wisdom is found in older people. They responded:

> *"Everything is well. It is nice to be a grandparent, it grows you in life, and you get to see that life goes on" (MaNgcobo, 57 years)*

> *"I would encourage them to look after their grandchildren even if the parents are there and still alive. They must assist because we learn from our elders" (Cynthia, 55 years)*

4.3.7 Absent parents

Three of the grandmothers in this study mentioned that they assume roles in the lives of their grandchildren because some parents were not present in their children's lives. One of the grandmothers highlighted that when her daughter became pregnant, the father denied the pregnancy and neglected the child after birth and then she assumed responsibility for her grandchildren.

> *"At first it was hard accepting that the mother of my grandchild is pregnant, then the father of the child neglected the child and said it is no longer his child, I then took the child and raised him" (Gladys, 53 years)*

It is not uncommon to find that the father of the child denies paternity so that he does not have to assume responsibility for the child. In that case, grandmothers step in to fill the gap that is left by the father. One grandmother mentioned that some mothers abandon their children because they have been rejected by the father of the child.

> *"Grandchildren were taken in because their parents were absent and refused to take responsibility for their own children" (MaNdaba, 57 years).*

Most grandmothers mentioned that they resided with only one of the parents of their grandchildren. Two of the grandmothers stated that the mothers of the grandchildren live with their husbands and could not take the children with them because they had other fathers who had passed away.

> *"I stay with one of the parents, while the other ran away and left the baby with me" (Sandiso, 50 years)*

> *"The mother of my grandchild lives with her husband, because another person fathers the grandchild" (Cynthia, 55 years)*

The responses indicate that abdication of parental responsibilities happens frequently. Grandmothers express that they are greatly challenged by absent parents as that forces them to survive with their grandchildren under difficult and painful conditions due to lack of support. Grandmothers endure great hardships in caring for their grandchildren because their children are sometimes irresponsible and they often refuse to contribute to the grandchildren's lives, even when they have the means to. They choose to use their money on alcohol and abuse drugs instead of caring and making sure that the needs of their own children are met. It then becomes an issue for the grandmothers to report nor hand them over to the police because that would cause conflict and division in the family.

> *"... It is painful to see a person work, while they have a child but still not take care of it. They'd rather earn their money and use all of it on alcohol and not even buy the child anything. Not even give them some pocket money as a mother. Even when the child needs a new uniform, shoes or socks, they do not know or care and that is painful. You do not know if you should maybe go report and get them arrested because they are your siblings. If you arrest them, then there will be conflict amongst the family" (Gladys, 53 years)*

Grandmothers revealed that their children's abdication of responsibilities and refusal to play a role in the lives of their grandchildren is burdensome as this means that they have to multi-task and constantly fight for their grandchildren's wellbeing by making ends meet and providing for the needs of their grandchildren in pain and tears. It is evident that the grandmothers are greatly challenged by parents who are still alive but are absent in the lives of the grandchildren because this leaves them in struggle. Since the grandchildren are innocent, the grandmothers take measures to protect and provide for them. This was indicated by the below responses:

"Parents abdicating (their responsibilities to us their grandmothers) has become frequent" (Doris, 52 years)

"It's challenging when you're raising kids and the mothers and fathers of the kids are alive, but the kids are struggling with me alone as their support structure in all aspects" (Mamzimela, 62 years)

Another grandmother added that she struggled when she was still unemployed as she was concerned about how she would manage to care for the child that was abandoned by his father. She had to take him as her own and use the little money she had to care for him and make him feel accepted just like her own biological children. Since there's no support coming from anywhere, she has to provide for everyone. Even though the mother of the grandchild is unemployed, she still refuses to register for the SASSA child support grant and unfortunately, the father left the child when he was only 1 year.

"I had a problem before I started working. Basically, I was wondering how I will raise the child since the father of the child abandoned him. So, I had to take from the little I had, I must take him as my own child and not categorise him as my grandchild. When I do things for others, I also must buy what is equivalent to that which other received. Like the aunts and uncles, I have to buy everything for the whole of them because there is no one else who supports me. The mother of the grandchild is not working, but she does not want to register the child for the SASSA grant, and the father abandoned the child just like that as he was about to complete his first year born, as he's now eight years" (Thandiwe, 55 years)

The physical act of child abandonment is a form of child maltreatment which can be a stressful experience for a child as they go from the warmth and familiarity of their mother to a strange environment with strange people and from breast milk to bottle (Blackie, 2014; Christian, 2012). To emphasise this, one of the grandmothers commented that children deserved to be

loved and not to be put to blame for their parents' mistakes. For children to grow and become great people around the world, they should be given tender love and care.

> *"…Children should be loved, not blamed because their parents have no backbones. A child should receive care and the tender love they need to grow and be better people out in the world" (MaNdaba, 57 years)*

Some grandmothers raise their grandchildren because the parents of their grandchildren have migrated to other places in search of jobs or because the mothers are working there, or they are unemployed, sick, or for any other causes, have abandoned their children.

4.3.8 Teenage pregnancy

According to the findings of this study, some grandparents took up the burden of rearing their grandchildren when one or more of their daughters became pregnant as teenagers. A participant stated that the mothers of the grandchildren abandoned them with her from a very long time. She explained that one of them is in Johannesburg and unemployed. Another one is employed, and the other is staying in the same household with her but is unemployed due to still being in school. She further stated that each daughter had her own child.

> *"Their moms abandoned them in my care long time ago,". The other is somewhere in Johannesburg but is unemployed. The other is employed, while the other is residing with me but is not employed due to her continued enrollment in secondary school. Each of them has their own child" (MaMzimela, 62 years).*

Another grandmother commented that she is taking care of her grandchild, whom her mother has stopped going to school since she gave birth.

> *"This is my grandchild (indicating a young girl breastfeeding her infant outside), whom I am also caring for; her mother has ceased attending school since she began giving birth" (Sandiso, 50 years).*

4.4 Challenges experienced by grandmothers

Limited resources were highlighted as part of the challenges which grandmothers face as they carry out their responsibilities towards their grandchildren in this study. Raising a child is often quite costly and many of the grandmothers were employed but did not earn a high salary.

4.4.1 Financial challenges

The findings from the study revealed that financial challenges are a common occurrence. Grandmothers expressed that they sometimes run out of money and struggle to make ends meet. All the grandmothers mentioned that they are in need of financial assistance because the child support grant, which is there for lower-income households to help parents with the costs of their child's basic needs (Foley, 2021), is not sufficient enough to attend to the needs of the household and the child. When asked if they needed any financial assistance, most grandmothers responded that they did need it for contributions towards caring for the grandchildren. One of them stated that the money received from the government is a small amount and not enough. She would appreciate any opportunity for financial support. In addition, the others indicated that grandmothers sometimes run out of essentials, which becomes a challenge. Donations in the form of clothes, particularly school uniforms, would also be appreciated.

> *"I need it, my child, to contribute towards raising the grandchildren. The money we get from the government is little to nothing. I would appreciate it if there would be any opportunity to receive some" (Mamemela, 54 years)*

> *"Yes, sometimes we run out of essentials which makes it hard. We would appreciate donations, if possible, for school uniforms too" (MaNdaba, 57 years)*

Some of the grandmothers who are also bread winners experience difficulties in attending to all the expenses. Sometimes the money they receive from their jobs combined with the child support grant does not get them through the month because the grandchildren's educational needs cost more than what they can afford. Another grandmother, on the other hand, pointed out that facing problems is part of life and so she is never concerned when she encounters financial problems. Instead, she fends for herself and also seeks assistance from the neighbours. This grandmother demonstrates an acceptance of her life situation.

"My child, problems will always be there. It is something we pay less attention to. I usually stay calm even when problems are there, until my pension money runs out way before the next payment date. Now there, I put one and two together and go to my neighbours if needs be and it usually helps" (Mamemela, 54 years)

In South Africa the child support grant is provided for each registered South African child, which was meant to be used for their upkeep; however, it is still inadequate for the provision of their basic needs. For some grandmothers the grants that they receive are insufficient and they are not able to fulfil the basic needs of their grandchildren even with the help of family members. Some grandmothers were not happy with the way the grant was used by some of their grandchildren parents. They complained that their children are misusing the money and spending it on themselves instead of the children.

"They do receive the grant. When the grant money arrives, it gets depleted by their mothers" (Petronella, 53 years)

All respondents except one indicated there was no financial support coming from the community. Also, one respondent claimed she sought help from her neighbour. Other studies have also found that neighbours often provide valuable support (Cattell, 2008).

"No support from the community in any way" (Thandiwe, 55 years)

"I sought help from my closest neighbour." (MaNdaba, 57 years)

In addition, the interviews revealed that six out of the 15 participants interviewed had support from their family and friends while none had any support from non-governmental organizations (NGO) in KwaZulu-Natal. This finding collaborated with previous studies (Mossabir et al., 2021; Mpofu, 2021; Schatz et al., 2021; Zhang et al., 2021) which revealed that there is insufficient support from both the adult children and the wider social environment for grandmothers raising their grandchildren.

4.4.2 Health-related challenges

Most of the grandmothers did not experience any serious health-related challenges. Only a few of them stated that they had high blood pressure (BP) and arthritis (feeble bones). This is promising since most evidence suggests that chronic illnesses increase with age.

"I only take BP medication, my child. I go to the clinic and collect the medication from the nurses and then come back and take them. Apart from that, there is no problem my child" (Mamemela, 54 years)

"The illness I currently have is arthritis. I have a problem with my bones. Sometimes they ache, but then I try even though it becomes difficult to walk sometimes, and my grandchildren make me walk around" (Doris, 52 years)

While studies have reported grandmothers to be greatly challenged by their health-related issues since most medications prescribed to them require them to have something to eat (Wiens et al., 2021), the study revealed that when grandmothers assumed the major caretaker role, they characterized their physical health as good, full of physical activity, and relatively free of health problems. Only two out of fifteen grandmothers were found to be sick and struggled to provide food for both their grandchildren and themselves. One of the grandmothers interviewed shared that she is always worried about her health because she is unable to work and make money to provide for her grandchildren. She sometimes does not take her medication because there is hardly any food at home and the children sometimes go to bed hungry. Hunger was a major problem in this household, and it was a cause of great concern for this grandmother. The grandmother observed:

"I am sick, and on top of that, I am in pain because I have to think of how I will get the next meal for both my grandchildren and I" (Thandiwe, 55 years)

After assuming major caring responsibilities for teenagers, another grandmother noted functional limitations and apparent changes in physical health that need urgent medical attention. She reported to be taking medication for high blood pressure and feeble bones. Mental health issues were prevalent among some of the grandmothers, including anxiety, concern, despair, sorrow, and dissatisfaction. This was due to lack of finances that posed major challenges for most of them. They find themselves struggling to put food on the table. One grandmother expressed that being sick and having no money to provide for the family sometimes magnifies their problems causing emotional sickness.

"So, with regards to my health, I am taking medication for high blood pressure and my bones" (Thandiwe, 55 years)

"Falling sick and not having money to buy food to feed them makes me even sicker" (Mandy, 56 years)

4.4.3 Behaviour and attitude

 The main challenges experienced by grandmothers include behavioural or attitude challenges from the grandchildren. Sometimes, grandmothers feel that grandchildren can be naughty and still get defensive when punished. Most grandmothers find teenage grandchildren to be more problematic than the younger ones because they are at a stage of experimenting and repeating the behaviour of their parents. While some grandmothers can handle this challenge, some find it very difficult to manage and keep up with their strong-minded grandchildren.

> *"The naughtiness of the children is one of the main issues I face" (Gladys, 53 years)*

> *"Yes, there are problems I face as a parent, especially when the children are still teenagers. They tend to be naughty, but fortunately, I am able to handle them, and you know how children sometimes take after their parents." (MaZondi, 55 years)*

> *"Keeping up with their energy is hard and trying to curb their excesses is a challenge for me" (Thandiwe, 55 years)*

> *"Ayi I am not challenged in any way. These children can be naughty sometimes and when they have done something wrong and you want to reprimand them or something, it seems or feels as if you are abusing them, and sometimes, they want to fight back…" (Sindi, 51 years)*

4.4.4 Priority and sacrifice

Grandmothers sometimes find themselves in positions where they have to sacrifice to ensure their grandchildren's happiness. The study indicated that most grandmothers are challenged by finding themselves in situations where they have to pause or cancel their plans in order to meet the needs of their grandchildren. They do this because they want the best for them. Some grandmothers have to use all their savings from their pension just to cover their grandchildren's educational costs and to get all their needs met.

> *"It is really challenging because you sometimes find that everything that you personally need, as an individual, must be placed on hold so that your grandchildren's needs could*

be prioritized and met on time, especially because you want them to have a bright future" (MaMkhwanazi, 58 years)

"I take the little pension I get and combine it with the money I receive from my children to pay at school too. When something is old, I use my grant money to buy so the child can wear properly at school" (Gladys, 53 years)

In some cases, when the parents of the grandchildren have financial difficulties and find it hard to provide for their own children, grandmothers find themselves in very tight positions where they must step in and make speedy decisions that favour their grandchildren over themselves. Often, they are placed in positions where they have to prioritize their grandchildren's needs over theirs.

"For some of my grandchildren, you find that their fathers are unable to afford to have their needs met because they are not working or not earning enough money to cover everything. In that case, I end up having to step in and using the little that I have to cover everything" (MaMkhwanazi, 58 years)

4.4.5 Childcare responsibilities

Grandmothers are overwhelmed by the responsibilities that come with caring for their grandchildren. The interviews indicated that grandmothers are strongly affected by parents who are still alive and some living with their children but still refuse to contribute and be part of their children's lives. One grandmother mentioned that it is challenging and a struggle to care for and raise children because it requires one to be certain of what they are doing and to do a great job at it despite the challenges it comes with. She explained that when they are living with a child and the parents, sometimes when the child misbehaves, they get blamed for the child's behaviour and their parenting skills are doubted. They commented:

"It is challenges like; raising kids and the mothers and fathers of the kids are alive, but the kids are struggling with me alone as their support structure in all aspects" (MaNdaba, 57 years)

"It is difficult, my child, to raise children because raising a child requires you to raise them well. When you're living with a child and they start doing bad things, the parent

of the child turns back to you and blames you for not doing well as a parent" (Gladys, 53 years)

The study also revealed that some grandmothers find caring for their grandchildren exhausting as it comes with many responsibilities. Some of these responsibilities are physically and emotionally draining. One of the respondents shared that she comes back from work exhausted and still has to help the grandchild with his homework. On top of the homework, that can be a lot at times, she has to make sure that the grandchild is well prepared for school by ironing his school uniform and making lunch for him to carry to school.

> *"The problems I face is that sometimes I come back from work tired, and I have to help out with homework. Homework is a lot of work, I have to help him with it, iron his school uniform, make sure he leaves in the morning on a full stomach, and he carries lunchbox to school" (Mamzimela, 62 years)*

4.5 **Coping mechanisms established by the grandmothers**

While grandmothers face several challenges as they raise their grandchildren, some have found and made plans in attempt to cope with their circumstances. The interviews suggest that the participants use several strategies to manage the situations around them for survival. These strategies included:

4.5.1 Rules and guidance

The responses indicate that the grandmothers understand that discipline needs to be instilled in children at a young age. Rules were also used to build the grandchildren's personalities and behaviours. The responses from the respondents include:

> *"Yes, there are rules I have set forth for him. Like, he has to know that he stays at home, he must not go play at the neighbour's house especially when there is no one at the house, if he wants to play he must report and not just leave when he wants to go spend time with other children" (MaNgcob, 57 years)*

> *"Oh yes, of course! There's a lot of rules that I have set for them . They know very well that certain things are forbidden in this house, for example, vulgar language. No one is allowed to use swear words in this home, and they know it" (MaNdaba, 57 years)*

Many grandmothers claimed to have set rules to guide and lead their grandchildren. Most grandmothers share the same ideas and values when it comes to rules as all of them emphasised the importace of respect and good behaviour, both inside and outside of the home.

> *"It is that they should be respectful. They should be raised by pure respect, acknowledge their elders and be children that listen" (Mamzimela, 62 years)*

> *"Yes, there are rules I have set forth for them. Like, they must respect their elders, respect the set curfew, and always apologize when they have wronged someone. I always emphasize one to have a forgiving heart, so they can grow to be respected men in the society" (MaZondi, 55 years)*

While most grandmothers indicated that they set rules for all their grandchildren, another grandmother claimed that she only had rules set for her older grandchildren. She stated that the younger ones did not know anything at the time of the interview and so she had most of her attention on the grandchildren that had started engaging in relationships with boys and had started smoking. She further explained that she made sure to apply stricter rules on them.

> *"No, my child, the youngest ones do not know anything, it is the ones that have starting dating boys and smoking that I get hard on. I make it a point to enforce stronger rules on them" (Mamemela, 54 years)*

She also added that she reminds her grandchildren daily of her dislike for children that wander around, stay out for long hours and do not take counsel or advise like their parents. She emphasised that she is not fond of children that often go out to have fun, drink alcohol and return home late at night. She further commented that alcohol is prohibited in her house.

> *"My child I tell them every day; I do not like a child that is all over the place, a child that goes out for long hours and a child that does not listen like their own mothers. I do not want a child that likes going out a lot and comes back late at night after drinking alcohol. I don't want alcohol in my house" (Mamemela, 54 years)*

4.5.2 Child grant

The responses from grandmothers indicate that child support grant, although the money is small in amount, is made available for children only when their parents remember to register them, or they qualify for the grant. The grant money is of great assistance to some grandmothers because it is used to meet the needs of the grandchildren. In this study, most respondents

claimed that the only governmental support that they receive is the child- support grant and this is due to the age range, as only one participant was older than 60 years, which made her eligible for the old-age grant as well.

> *"Yes, all my children receive grants. It is usually used to support their needs"* *(MaNgcobo, 57 years)*

> *"Yes, the mother receives the grant, it only covers for creche fees" (MaNdaba, 57 years)*

> *"Yes, the grant is used to get items needed by the grandchildren, although it is very little" (MaZondi, 55 years)*

4.5.3 Support from family and friends

Grandmothers receive different forms of support. Although some of the support comes intermittently or not at all, few of the grandmothers stated that only the children's parents supported and contributed to the running of the household. Many of them confirmed that there was no financial support coming from the family or relatives, however, the relatives contributed to the household and grandchildren's lives by allowing the grandmothers to go to work while they stay and look after the grandchildren. Other grandmothers expressed that relatives showed support in the form of providing clothes for the grandchildren and keeping contact with them to make sure they are coping well.

> "*Some contributions come from the mother of one of the grandchildren, and some from my eldest son who I stay with (Sindi, 51 years)*

> *"Contributions come from the grandchild's aunts and uncles in form of helping to look after and care for the grandchild when I am at work*" *(Doris, 52 years)*

> "*Sometimes some relatives also provide clothing for the grandchild and are there to check up on me*" *(MaNdaba, 57 years)*

4.5.4 Finding extra streams of income

The study findings revealed that some of the participants also look for other means to support themselves financially, to avoid being a burden to the people around them. Some sought extra income in order to make ends meet while some had to borrow money to augment their pension grant which is not enough. In this study, only 2 out of 15 grandmothers claimed to have engaged

in baking and selling food items such as chickens and scones to cater for the needs of their grandchildren. These grandmothers wanted to avoid being burdensome to their families by choosing to put their skills to wok. Some grandmothers were staying with family members and relatives that were engaged in businesses to enable them to contribute to the financial needs of the household.

> *"...I know there is money coming in from my son, but I still have my little something on the side. I'm selling chickens and making money on the side for my personal things and just to have a skill and not be a burden to everyone" (Sindi, 51 years)*

> *"...the little I make sometimes if I bake some scones to sell. Yes, I do bake, they order, and I deliver. It is my hustle and since that I am old, working is kind of hard for me now" (MaZondi, 55 years)*

These economic activities helped the grandmothers cope and manage with the financial responsibilities that usually accompanied caring for their grandchildren even though they still experienced minor delays. These extra streams of income gave them some degree of independence and increased their income stream, enabling the family to freely provide and support their grandchildren.

4.6 Summary

This chapter analysed the data collected from grandmothers raising their grandchildren in an urban area in KwaZulu-Natal and the results were discussed with reference to the literature. The interviews revealed that there are many factors that contribute to grandmothers raising their grandchildren. While most grandmothers assume the parental role to their grandchildren due to death of their parents, some have assumed the role due to loneliness, parental negligence and abandonment, cultural considerations, abdication of parental responsibilities, happiness and joy as well as grandchildren being their hope for the future. The interviews also revealed that these grandmothers face several challenges while caring for their grandchildren. These challenges included financial, health-related and behavioural challenges as well as childcare responsibilities. Despite the unfavourable situations which may affect the quality of care given to their grandchildren, the grandmothers coped through rules and guidance, government grant, support from family and friends, as well as through finding extra streams of income.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Introduction

Grandparents raising grandchildren is an increasing trend around the world (Hayslip and Fruhauf, 2019; Kelly et al., 2019; Peterson, 2018). Turner (2005) claims that grandparents may undertake parenting responsibilities for a variety of reasons, most of which revolves around issues with the child's parents. A grandmother's function is a universal one, yet its significance varies widely from country to country and even from generation to generation (Mudavanhu et al., 2008). While some grandparents find the task unpleasant and difficult (Lunga, 2019), others easily jump into it and embrace the duty with enthusiasm (Peterson, 2018; Mtashali, 2016). The overall aim of this study was to explore the perspectives and experiences of grandmothers in caring for their grandchildren. In this chapter, the findings of the study are discussed in reference to the literature. The chapter also employs the theoretical framework used to better understand intergenerational relationships. This qualitative study used semi-structured, in-depth interviews with fifteen grandmothers to gain vivid accounts of their perspectives and experiences in caring for their grandchildren.

5.2 Discussion

According to the findings of this study, grandparents took custody of their grandchildren under disruptive situations, frequently when the parents were suffering significant challenges, and it was generally an unforeseen, involuntary, and indefinite scenario, a finding consistent with another study (Strom & Strom, 2011). The study revealed that different reasons existed which prompted grandmothers to take up the responsibility of raising their grandchildren and such reasons included loneliness, death of their own children, neglect and abandonment of their grandchildren by their birth parents and cultural considerations. Most individuals assumed the role of grandparents to their grandchildren when a loved one died. Although the study did not reveal the cause of death of the parents, Backhouse and Graham (2010) and Lieberman et al. (2011) found that grandmothers take on the responsibility of raising their grandchildren due of the high mortality rate of HIV/AIDS in South Africa (Knight and Yamin, 2015; Phetlhu and Watson, 2014).

A few grandmothers took up the burden of parenting their grandchildren as a result of one or more of their daughters being pregnant while still in their teens. Kanku and Mash (2010), as well as the Joint United Nations Programme (2008), assert that a teen mother is more likely to have limited educational qualifications, since she may drop out of school and become a financial burden on her family. According to Grant and Hallman (2008), having an adult caregiver in the family increases the likelihood of a teenage mother returning to school following childbirth. However, despite the fact that the participants were accessible to care for their grandchildren, the interviews demonstrated that teenage mothers do not return to school. This contradicts the study by Grant and Hallman (2008) which asserts that the presence of an adult caregiver in the home ensures the adolescent mother's return to school.

According to the research, parental neglect is seldom intentional; rather, it occurs as a result of a range of circumstances - such as unemployment or being a teenage mother - that impair parents' capacity to provide for the child's fundamental requirements, including his or her safety (Fong and Christian, 2012; Saewyc et al., 2004). Neglectful parenting has negative implications, particularly when it is perpetrated on children in their preschool and school-age years (Fong and Christian, 2012). Students who have been subjected to parental neglect are more susceptible to succumbing to peer pressure, face academic difficulties, and lack social competence compared to their peers (Fong and Christian, 2012). The aforementioned consequences may have played a significant role in the grandmothers' decision to raise their grandchildren, even if they did not express it this way.

This conclusion is in line with prior research conducted in South Africa by Blackie (2014), who stated that some South African mothers abandon their new-born because they, in turn, had been abandoned by the father of the child. It is estimated that approximately sixty-five percent of South African children are abandoned by their mothers in a hazardous environment. Children who are physically abandoned by their mothers are considered to be maltreated, according to the literature. The transition from the warmth and familiarity of their mother to a strange environment with unfamiliar people, as well as the transition from breast milk to bottle, can be a stressful experience for them (Blackie, 2014; Fong and Christian, 2012).

Despite the fact that the majority of grandmothers in this study took on their duties due to circumstances beyond their control, there is some misconception in certain nations about the grandmother's purpose for raising her grandchildren, as seen in the study. According to Lou and Chi (2012), grandmothers typically prefer to care for grandchildren in East Asian countries

such as China, owing to cultural considerations such as the need to instil the value of familial unity in the younger generation and a lack of childcare facilities. This was also revealed in the study when some grandmothers happily accepted the parenting role due to the desire to share their knowledge and instil good values in their grandchildren's lives as culture encourages them to. According to Boon et al. (2010), however, grandmothers in South Africa are only raising their grandchildren because their grandchildren's parents have migrated to other area in search of work or because their mothers are working in other provinces, are unemployed, or have abandoned their children for any reason.

According to Caldwell's (1981) wealth flow theory, investing heavily in fewer children maintains nuclear family bonds while decentralizing the influence of older adults. As a result, the elder generation is more likely to remain in or form separate families. However, the findings in this study challenged this prediction. The majority of grandmothers cared for one to three grandchildren, with the exception of one grandmother that also cared for her great grandchildren, adding to the large number of grandchildren. Some of the grandmothers stayed with the parents of the children, in addition to the grandchildren. Despite these families investing in fewer children, the older adults still had great influence. When it comes to rearing their grandchildren, they recognize a number of advantages. These include a feeling of hope, happiness and joy, purpose, a second chance in life, the opportunity to foster family bonds, the possibility to perpetuate family histories, as well as obtaining affection and friendship from other people. The act of giving and receiving affection, as well as the perception of themselves as more competent caretakers (Strom & Strom, 2011), are also beneficial to grandparents (Doblin-MacNab and Keiley, 2009).

 A minority of the grandmothers in the research expressed happiness at the start of their journey as second parents to their grandchildren. They were either depressed over the incident that precipitated their current state (the death of their own child) or depressed about their current state. All of the grandmothers who participated in this study had one thing in common: they had accepted their circumstances. In other words, they had all accepted their circumstances because they thought that they could do nothing about it. According to study conducted in Addis Abeba, Ethiopia, and the Eastern Cape, South Africa, as grandmothers alter their schedules or even skip time to raise their grandchildren, sentiments of anger or sadness against the child or the situation may sneak in (Alemnah, 2015; Kidman and Thurman, 2014). Glaser et al. (2010), on the other hand, argue that once the adjustment phase to their new situation has passed, grandparents appear to revert to previous activities targeted at enhancing their own and

their grandchildren's lifestyles, which is consistent with the current study. Given that many grandparents raise their grandchildren in challenging circumstances, the responsibility of caring for grandchildren may be both beneficial and joyful in the long-term (Tang et al., 2015).

This study found that being a parent again may not be a pleasant experience for grandparents. While other grandmothers confidently stated that they would also advise their peers to raise their grandchildren, other grandmothers stated that they have no intention of starting another family. Taking on full-time parental responsibilities has a tremendous influence on the lives of grandchildren. Additionally, they indicated that they were confronted with the duties of parenting for the second time and struggled with the familial conditions that precipitated the situation.

In spite of the benefits that come with raising grandchildren, there are also some real challenges. National studies of grandparent-headed families (GHF) in the United States indicate that such families are more economically disadvantaged (Brabazon, 2011) and have disproportionately high poverty rates, an economic variable strongly associated with poor health outcomes (Longoria, 2009). The economic demands of custodial grand parenting can cause problems with the already compromised health of grandparents as economic support from social service agencies is frequently unavailable or difficult to access.

Additionally, respondents were found to be in need of basic essentials such as food, water, shelter, and clothes. In this study, the most difficult hardship was financial hardship. The study discovered that grandmothers are concerned because they are unable to meet some of their grandchildren's fundamental demands. Their sense of powerlessness in light of their current circumstances makes them fearful for their grandchildren's future. This conclusion is consistent with previous research conducted worldwide (Backhouse & Graham, 2012) and in South Africa (Smith and Dolbin-MacNab et al. 2013), which found that grandmothers are frequently apprehensive about their grandchildren's future. Grandmothers may experience financial difficulties, with many unable to provide their grandchildren with basic necessities such as housing, food, clothing, and transportation.

The findings revealed that virtually all of the grandmothers who participated in the study were financially strapped, leaving them unable to pay for their grandchildren's basic requirements. Financial strain may be a result of the loss of a family support system, particularly when the available help is insufficient to meet the family's fundamental requirements. Respondents indicated that receiving government financial assistance was difficult due to the lack of birth

documents for other grandchildren. Furthermore, obtaining birth certificates was deemed a nuisance due to the lengthy waiting times at the Departments of Home Affairs, the distance travelled to acquire assistance, transportation challenges, and the fact that government staff are sometimes ignorant, resulting in additional delays.

Even though only a few grandmothers disclosed about this, but physical limits are considered as a difficulty for grandparents who raise grandchildren. This study is consistent with that of Fuller-Thomson and Minkler (2000) which noted that senior carers are at danger not just of chronic illnesses such as arthritis, high blood pressure, cardiovascular and respiratory disorders, but also of neglected health if these conditions are not addressed. Furthermore, according to Tloubatla (2009), senior individuals frequently complain about issues such as sadness, stress and burnout, feelings of inadequacy, helplessness, guilt, and loss of self-esteem and confidence. They may hide their health difficulties and maybe their stressful circumstances at times, and they may be concerned that their grandchildren will die if their parent dies of AIDS-related illnesses. This lends credibility to the study's conclusions.

Some respondents said their grandchildren had behavioural issues, while others said their grandchildren's parents misused alcohol and drugs. When it comes to developing a bond, grandparents and their grandchildren have their ups and downs, consistent with other studies (Margetts et al., 2006; King, 2003; Bengtson, 2001). The reason for this is the generation gap that exists between them (Deal, 2007; Wood and Liossis, 2007; Kropf and Kolomer, 2004). Grandparents and grandchildren are at least two generations apart, and the conditions in which they grew are vastly different (Wood and Liossis, 2007; Kropf and Kolomer, 2004). This study indicated that while most grandmothers had set rules and regulations to guide their grandchildren, some grandmothers, on the other hand, found it difficult to educate or advise their grandchildren on sexual health education, and some reported being unable to assist their grandchildren with homework due to a lack of knowledge about current school subjects. Furthermore, today's grandchildren think, talk, and have values that are vastly different from those of their grandparents (Mason et al., 2007; Harwood and Lin, 2000). This also contributes significantly to the generation gap between grandparents and their grandchildren.

According to the findings of the study, grandmothers' financial burden has risen since they are now responsible for the basic requirements of their grandchildren, some of their children, and themselves. Inadequate physical space is one of the difficulties grandparents have while sharing their little living space with their grandchildren (Polvere et al.., 2018; Dunne and Kettler, 2008;

Bullock, 2004). This suggests a lack of privacy for the grandmothers' comfort and security, since some are forced to share a sleeping space with their children and grandchildren. On top of that, grandmothers regularly find themselves having to sacrifice their own freedom so they could prioritize their grandchildren and have their needs met (Zhong and Peng, 2020; Strom and Strom, 2011; Goh, 2009).

Due to the financial burden associated with caregiving, grandmothers developed a variety of strategies for coping. While some grandmothers receive no assistance from their children's parents, other family members were there to assist them when they needed it. Several reasons why their own children were unable to assist included a lack of jobs, a callous attitude toward their children, being underage (for teenage mothers), and the mothers' ignorance about their children's father. To cover the family's daily requirements, grandmothers seek out odd jobs, become self-employed by selling baked products, collect used clothing from relatives or friends, and accept financial assistance from certain family members. According to several participants in this research, the only government assistance they receive is child support grant but no old-age benefits were received by any of the grandmothers nor was there money paid directly to them as carers. The statistics indicated that, while a child support grant is supplied for each registered South African child, it is insufficient to meet their basic requirements (Martin, 2014; Leibbrandt and Woolard, 2010; Case et al., 2005). For other grandmothers, adding their old age pension is still insufficient (Dolbin-MacNab, 2018; Naldini and Saraceno, 2008; Duflo, 2003)

The findings of this study corroborate those of Sidloyi and Bomela (2016), who found that social assistance from family, remittances from friends, pension payments, and child support grants all serve to reduce some of the financial constraints faced by grandmothers raising grandchildren. Although the research demonstrated that self-support measures do assist in alleviating some of the financial burdens faced by participants, both elderly and young, it did not determine if the assistance had any effect on the participants' well-being. According to the literature (Zauszniewski et al., 2013; Musil et al., 2009; Bohman et al., 2007; Oburu & Palmerus, 2005), grandmother-caregivers' coping techniques serve to mitigate the negative consequences of caring, hence enhancing grandmother and grandchild well-being.

In comparison, Ngwira (2015) claims that certain coping techniques used by grandmothers (for example, engaging in menial work) may render them more susceptible over time. Nonetheless, Dolbin-MacNab and Hayslip (2014) explain that the assumption surrounding grandmothers

raising grandchildren and being overburdened with caregiving responsibilities, which results in stress, may mean that grandmother caregivers' resilience is underestimated, particularly when protective factors relevant to grandmothers raising grandchildren, such as having assistance and support from others, as well as remaining optimistic during difficult times, are considered (Smith and Dolbin-MacNab et al., 2013) This is because social support is seen to be most advantageous to grandparents who are experiencing increased levels of stress, hence promoting favourable outcomes of grand-parenting (Gerard et al., 2006).

5.3 Recommendations

The common goal shared by practitioners working with grandparents and grandchildren is that of recognizing, celebrating, and strengthening families to empower individuals and families (Stelle et al., 2010; Waites, 2009.). Interventions must acknowledge the complexity of the relationships between grandparents and grandchildren to appropriately meet their individual and family needs. Programs and services to support grandparents must move away from dominant cultural assumptions but rather support and empower a diverse set of grandparents who differ in their experiences, parenting styles, beliefs, age, cohort, ethnicity, socioeconomic status, geography, national origin, timing of transitions, and other areas. According to Stelle et al. (2010), Dolbin-MacNab (2006) and Hayslip and Kaminski (2005), empowering families requires attention to the different experiences and uniqueness of the life and family structures of grandparents and their grandchildren.

Therefore, South African societies need to re-evaluate the role played by grandparents, especially, grandmothers, in raising the leaders of tomorrow. They should pay attention to the financial, social, physical, emotional and any other form of support needed and systematically integrate kin and grand parental care into family policies. As many studies have revealed, grandparents encounter several challenges in caring for their grandchildren and since they play a significant role, great support should always be available (Mtshali, 2015; Cox, 2014; Mitchell, 2007; Dolbin-MacNab, 2006). This support could come in the form of workshops on skills training, income generation and food gardening projects for their development.

According to the study's findings and conclusions, the Department of Social Development should establish skill acquisition centres to train women, particularly those with low educational qualifications, in a variety of skills (for example, needlework, baking, and growing a vegetable garden) in order to equip them to provide for their families while producing and

selling the products. The Departments of Health and Education should collaborate to establish higher education facilities in remote regions to assist grandparents, particularly younger grandmothers and mothers who remain alive but are unable to attend or finish formal education. Additionally, it is advised that the eThekwini District Department of Health and Social Development collaborate with the leaders of uMlazi township to form support groups to educate grandmothers on how to cope with stressful situations. Additionally, social workers should assist grandmothers in taking all necessary efforts to guarantee that each child in their care is eligible for child support.

According to a number of studies (Carlos et al., 2019; Coleman, 2012; Stelle et al., 2010), because families are so diverse, a common strategy to supporting and empowering grandparents and grandchildren is impracticable. For instance, it is vital to pay attention to the abilities and requirements of grandchildren. It would be useful to have social-emotional support groups that focus on the unique needs and concerns of grandchildren being raised by grandparents and grandchildren giving care (Mpofu, 2021; Lee and Blitz, 2020; Smith et al., 2018). I concur; it is essential that counselling be made available to senior carers. It would be vital to alleviate their mental distress in order for them to be able to cope with their new reality and care for orphaned grandchildren. To close the generational gap, trainings and educational activities should be emphasized during counselling sessions, along with clear remarks about how times have changed and how critical it is to stay current, develop new skills, and learn new information (Hunteler and Mulder, 2020; Sciplino and Kinshott, 2019).

Support groups are advised to encourage grandparents to articulate their needs, establish solutions, and take action to satisfy those needs, whether they are for stress management and parenting classes or medical care for their grandchildren. They can be an invaluable resource for directly addressing the emotional issues raised by grandparents (Fruhauf, et al., 2015; Hayslip and Smith, 2012). The government should establish organizations or community centres to assist grandparents in coping with the challenges of re-parenting by increasing their capacity to contribute to household income, provide psychosocial support, and educate grandparents about HIV/AIDS, parenting skills, childcare, nutrition, healthy aging, orphanhood, household budgeting, and child rights (Schultz and Shirindi, 2019; Lee, 2016). Additionally, the programs should include courses on skill development, revenue generation, and food gardening, as well as involve and assist grandparents in income-generating enterprises.

The programs should also educate grandparents on how to educate others (Hillman et al., 2017; Jr and Huneycutt, 2002). For instance, teaching people how to perform handwork and other critical techniques for poverty alleviation will significantly improve these families' lives (Facione, 2011). They should assist grandparents in obtaining grants and securing pensions, expand grandparents' access to supportive community services, train volunteers in community care programs in family assessment and supervision, and promote the establishment and development of community care programs, particularly in rural areas where social welfare departments are scarce.

5.4 Conclusion

Various factors motivated grandparents to assume responsibility for their grandchildren's upbringing (Mtshali, 2016; Lunga, 2009; Bullock, 2007; Thiele and Whelan, 2006; Hayslip and Kaminski, 2005). Several of these causes must be addressed in order to reduce or eliminate grandmothers' involuntary caring burdens (Miller et al., 2000). While some grandparents had unfavourable thoughts about parenting their grandchildren (Mtshali, 2016; Pitcher, 2002), this study established that the majority of grandmothers choose to transfer their negative feelings into acceptance. Grandmothers who care for their grandchildren have socio-economic hurdles in their duties (Patrick and Hayslip, 2006); yet, they have developed unique techniques for coping with the obligations associated with parenting their grandchildren (Conway et al., 2011; Dolbin-MacNab, 2006; Hayslip and Kaminski, 2005). All grandmothers expressed frustration with a lack of financial means to assist with the strain of caregiving. Nonetheless, grandparents with a high level of education appeared to be unaffected by financial restraints, in contrast to the illiterate grandmothers. The grandmother's age influences her ability to obtain employment and support her family financially.

Almost all grandparents expressed dissatisfaction with the lack of assistance from both the community and the children's parents, particularly the fathers. Grandmothers are concerned about their grandchildren's future, which can have a detrimental effect on their well-being. Grandmothers, too, experience sadness as a result of the death of their own children and in addition to this, their physical health may suffer as a result of the exhaustion connected with caring for their grandchildren. The majority of grandparents rely on child support and pension grants (for those who qualify- for survival), and grandmothers lack access to social groups that

can educate them on how to manage their circumstances better. As a result, initiatives assisting grandparents in coping with difficult times should be developed.

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APPENDICES

APPENDIX 1: APPROVAL LETTER FROM THE UKZN ETHICS COMMITTEE

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

21 August 2019

Miss Nokhanyo Xaba (215044568)
School Of Built Env & Dev Stud
Howard College

Dear Miss Xaba,

Protocol reference number: HSSREC/00000215/2019
Project title: Intergenerational relationships: Experiences of grandmothers in caring for their grandchildren in an urban area in KwaZulu-Natal

Full Approval – Expedited Application

This letter serves to notify you that your application received on 11 June 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted FULL APPROVAL

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year from 21 August 2019.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 – 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,

Professor Urmilla Bob
University Dean of Reasearch

/dd

APPENDIX 2: INFORMED CONSENT FORM

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

Dear community member

My name is Nokhanyo Xaba from the School of Built Environment and Development Studies at the University of KwaZulu-Natal. My contact number is 0651437543, and my email address is xabanokhanyo@gmail.com. My supervisor is Professor Pranitha Maharaj, and she may be emailed at maharajp7@ukzn.ac.za or telephoned on 0312602243.

You are being invited to consider participating in a study that involves research on the experiences of grandmothers raising their grandchildren in Umlazi, Durban. The title of this research is *Intergenerational relationships: Experiences of grandmothers in caring for their grandchildren in an urban area in KwaZulu-Natal.* The aim and purpose of this research is to better understand the reasons, challenges, and copying mechanisms of the grandmothers as they raise their grandchildren in the township. The study is expected to interview 20 participants of grandmothers in the township of Umlazi. It will involve face-to-face semi-structured interviews. The duration of your participation, if you choose to enrol and remain in the study, is expected to be between 30 to 40 minutes.

The study may involve the following risks and/or discomforts: questions surrounding the participant's personal experiences. We hope that the study will create the following benefits: a better understanding of grandparenthood, the challenges and how grandmothers cope with them.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number **HSSREC/00000215/2019**).

In the event of any problems or concerns/questions you may contact the researcher at 0651437543, or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participation in this research is voluntary and participants may withdraw participation at any point and in the event of refusal/withdrawal of participation, the participants will not incur any penalty or loss of treatment or other benefit. There will be no potential consequences to the participant for withdrawal from the study. Under the circumstance that the participant wishes to withdraw from the study, the researcher will terminate the participant from the study.

No costs will be incurred by participants as a result of participation in the study. Confidentiality will be maintained throughout the duration of the study. The recordings of the interview will be strictly and solely accessible to the researcher, and transcripts will be labelled by pseudonyms to maintain anonymity. Once the research has been completed, the samples will be stored by the researcher for future reference.

CONSENT

I (name)_____ have been informed about the study entitled "*Intergenerational relationships: Experiences of grandmothers in caring for their grandchildren in an urban area in KwaZulu-Natal*" by Nokhanyo Xaba.

I understand the purpose and procedures of the study, which are interviews that surround the reasons, challenges, and copying mechanisms of the grandmothers as they raise their grandchildren in the township. I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at 0651437543.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

_____   _____

Signature of Participant   **Date**

_____   _____

Signature of Witness   **Date**

(Where applicable)

_____   _____

Signature of Translator   **Date**

APPENDIX 3: IN-DEPTH INTERVIEW GUIDE

   A. <u>General demographic questions</u>

1. How old are you?

2. What is your marital status?

3. What is your highest level of education?

4. What religion or faith do you follow?

5. What is your current employment status?

6. Do you receive any grant?

7. Who lives with you in this house? How many? What is their relationship to you?

[Transition to research interview questions]

<u>Research interview questions:</u>

1. Do you have any grandchildren? If yes, how many are they?
2. Do you have any grandchildren under your care? If yes, how many are they?
3. Where are their parents? Are you still in contact with them? What is your relationship with their parents?
4. Apart from the kids, who is part of the household and how are they contributing to the running of the household?
5. Do you have any family relatives outside Umlazi? If yes, are they supporting you in any way?
6. How do you feel about raising your grandchildren? What type of relationship do you have with them?
7. Do you have any rules set for your grandchildren? If yes, what are they? And how do you discipline them?
8. What are some of the challenges that you face while trying to raise your grandchildren?
9. Do you need any financial assistance? If yes, what do you need financial assistance with? If no, are you able to afford all your daily basic needs?

10. Are the grandchildren recipients of the SASA grant? If yes, who receives this money every month and what is it used for?

11. Are you getting any support from the community? If yes, how are they supporting you?

12. Do you have any health-related challenges and if yes, how do they affect your parenting? What kinds of support do you get in this regard? How? How does it impact your caring activities?

13. Do you face any parental issues? If yes, how do you deal with them?

14. Would you encourage other grandmothers to raise their grandchildren? Why or why not?

Is there anything else that you would like to share with me?