

**CHALLENGES EXPERIENCED BY GRANDPARENTS IN RAISING THEIR
GRANDCHILDREN IN UTRECHT IN KWA-ZULU NATAL**

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BY

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Submitted in partial fulfillment of the requirements for the degree of Masters of

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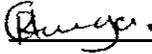
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DECLARATION

I, Ntombifuthi Richness Lunga, declare that the work “CHALLENGES EXPERIENCED BY GRANDPARENTS IN RAISING THEIR GRANDCHILDREN IN UTRECHT IN KWA- ZULU NATAL” is my own, and that all sources quoted have been acknowledged by complete references.

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N.R. LUNGA

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My special thanks go to my family members my mother Mrs. M.K. Lunga(MaNkosi),my Father M.S. Lunga (Ndlovu) ,my brothers and sisters Bongani, Skhumbuzo, Ntombikhona, Mbongiseni, Lindiwe ,Ayanda, Andile ,Zama, and my cousin Dudu. Not forgetting my extended family members. I love you!

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Finally, I would like to thank the Councilor Mr. V.S Ntshangase for giving me the permission to conduct this research study in Utrecht.

DEDICATION

This work is dedicated to my parents Martha and Muzikayise Lunga

ABSTRACT

This study is about the challenges experienced by grandparents in raising their grandchildren in Utrecht in KwaZulu Natal

The study was conducted describing the challenges experienced by grandparents in raising their grandchildren in Utrecht in KwaZulu Natal. As a descriptive research, for the purpose of this study, the sample frame consisted of 16 grandparents who were raising their grandchildren in Utrecht

Related literature has been reviewed that focuses on the challenges experienced by grandparents in raising their grandchildren. The findings of the study revealed that there are several challenges that grandparents encounter in raising grandchildren.

Recommendations such as that, workshops on skills training, income generation and food gardening projects should be provided for grandparents.

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CHAPTER 1

INTRODUCTION TO THE STUDY

1. INTRODUCTION

Raising grandchildren by grandparents is a growing phenomenon worldwide. According to Turner (2005) grandparents may resume a parenting role for a variety of reasons, most of which revolve around problems related to the child's parents. Increasing numbers of grandparents are providing permanent care to their grandchildren as a result of divorce, substance abuse, child abuse or neglect, abandonment, teenage pregnancy, HIV/AIDS, unemployment, incarceration, mental health problems and death.

Barnett *et al.* (2002) in Mathambo & Gibbs (2008) declared that as households start fragmenting and reforming, there is an emerging focus on the role of grandparents in the provision of care for vulnerable children. Barnett *et al.* (2002) in Mathambo & Gibbs (2008) have suggested that the emergence of a pattern of grandparents as primary caregivers for their grandchildren risks 'sundering the inter-generational bond'. In many poorer societies, grandparents assume that they will be cared for by their children, but this social relationship – the inter-generational bond – is now fractured as the middle generation dies and they are expected to care for their grandchildren. As Schatz & Ogunmefun (2007) in Mathambo & Gibbs (2008) point out in South Africa, grandparents receiving pensions from the government are often the key breadwinners in extended families. This highlights the shift in demands on the elderly as the AIDS epidemic becomes more pronounced.

Children in the care of grandparents may receive inappropriate care due to caregiver deteriorating emotional and social capacities, and due to diminished household economic

capacity. Furthermore, children's non-material needs may be overshadowed by the urgency to provide for their basic everyday needs (Ansell *et al.*, 2005).

1.1 BACKGROUND

According to the Australian Bureau of Statistics (2004), 22,500 many families are made up of grandparents, looking after children younger than 17 years of age. In 60% of these families the grandparents are over 55 years of age. 62% of grandparent families rely on a government pension for income. Around 70% of children who live with their grandparents who thought that their child rearing days were over. Grandparents can find the task very stressful particularly if they are struggling with unexpected expense or raising children and lack of energy compared to when there were younger.

1.2 STATEMENT OF THE PROBLEM

An increasing prevalent family constellation is a home headed by grandparents. The researcher undertook this research study to investigate the challenges experienced by grandparents, who are parenting their grandchildren. The researcher also determined the amount of burden felt by grandparents during this process of raising them.

1.3 MOTIVATION OF THE STUDY

As a researcher who grew up in a rural area in Utrecht, families raised by grandparents are ever increasing. Most of these families have grandparents as breadwinners. Some of these grandparents are very old, have lost their eye sight and some of them cannot even walk. These challenges make it harder for them to support their grandchildren. For example, grandparents sometimes find it difficult to give guidance and basic needs to their

grandchildren. Poor health, poor housing conditions and malnutrition are prevalent among these families (Turner, 2005). The researcher noticed these above challenges at glance that is why the researcher decided to investigate more on the above topic.

1.4 AIM OF THE STUDY

The main aim of the study is to investigate the challenges that are being experienced by grandparents in raising their grandchildren.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

- i. to examine the experiences of becoming a parent again from grandparents.
- ii. to discover community based services that assist grandparents in supporting and raising their grandchildren.
- iii. to suggest alternative ways in alleviating poverty among these families.
- iv. to explore generation gap and its impact in psycho-social difficulties.

1.6 RESEARCH QUESTIONS

The following are the research questions for the study:

- i. how do grandparents overcome challenges in raising their grandchildren?
- ii. how do they overcome emotional stresses?
- iii. how do they meet the challenges of becoming a full- time parent again?
- iv. what are the various ways that you are involved in caring for your grandchildren?

1.7 SIGNIFICANCE OF THE STUDY

This study would be of value to the community of Utrecht, especially to the families, where grandparents serve as breadwinners or legal guardians.' As it is mentioned above from the objectives of the study, that the researcher tried by all means to find out community services that would assist grandparents in raising their grandchildren and these services also be of great benefit to grandparents in educating them on necessary skills and knowledge ,so as to cope with social and emotional crisis. This research study brings more ideas that could be used in assisting one another in overcoming challenging situations. The researcher also suggested the alternative ways in alleviating poverty, for example, by giving them a clear picture on the importance of improving farming practices.

1.8 THE HYPOTHESES OF THE STUDY

The hypothesis of the study is that grandparents who are parenting children of the newest generation may find it difficult to adjust to this new role. The researcher assumed that grandparents find themselves at increased risk of poverty, physical and emotional hardship as they struggle on a limited income to deal with their grandchildren up through they became adults.

1.9 METHODOLOGY AND DESIGN

1.9.1 RESEARCH DESIGN

The researcher made use of descriptive research design. This is a qualitative study, as the researcher was prepared to investigate and understand the challenges that are being experienced by grandparents when they are left as the legal guardians of their

grandchildren. The qualitative approach enabled the researcher to develop complex holistic picture reports detailed views of informants (Punch, 2005). It was the best approach because the researcher was able to collect data in a natural setting. During data collection the researcher was able to gain multiple meaning and also individual experience concerning the study. Focus groups and individual interviews were used during data collection. The qualitative approach was of great value to this study, because it made possible for the researcher to do the following:

1.9.2 DATA COLLECTION

Individual and focus groups interviews were used as a means of data collection. As this study followed qualitative approach, the sample size was small. Focus groups generally comprised of four (4) to eight (8) research participants (Krueger, 1988). The participants were selected purposeful the participation was voluntary and homogenous in some aspects. In this study the researcher did not take any grandparent to participate, but all participants were those grandparents who are left with grandchildren as their legal guardians at the same time be breadwinners at home. Broad questions during data collection were asked so as to let them to share their views and experiences with the studied phenomenon. A set of predetermined questions were formulated by the researcher before the interview took-place. Furthermore, a schedule was developed to guide the researcher during interviews.

1.9.3 RESEARCH SETTING

The study was conducted in Utrecht area. This is a tiny rural town, which is fifty two (52) kilometers and sixty five (65) kilometers away from Newcastle and Vryheid, respectively

(Emadlangeni Municipality Integrated Development Plan, 2008). Access to this rural town was gained from its Community Authorities and its Local Municipality which is Emadlangeni municipality.

1.9.4 POPULATION SAMPLE AND SAMPLE METHODS

Sampling methods and sampling size were as follows:

- i. The population for the study was grandparents from Utrecht.
- ii. Sample size, the study consisted of 16 grandparents. Meetings with participants were held differently so as to maintain the acceptable number of participants when collecting data using focus groups.
- iii. Purposeful sampling was used in selecting the participants, so as to gain rich data from individuals (grandparents) who have the most experiences and challenges in raising their grandchildren.

1.9.5 DATA ANALYSIS

Data analysis for this study was qualitative. The researcher took all the collected data, which included field notes from focus groups and interviews transcripts, and begin to form clearer understanding of the information. The researcher coded the data, conduct content analysis by looking for specific words for which themes could be identified.

10. DEFINITIONS OF TERMS

10.1 Challenge

Challenge refers to a demanding or stimulating situation (Merriam Webster Dictionary, 2003).

10.2 Experience

Experience refers to a direct observation or participation in events as a basis of knowledge. It could be also defined as something personally encountered, undergone, or lived through (Merriam Webster Dictionary, 2003).

10.3 Grandparent

Grandparents could be defined as parents of one's father or mother (Merriam Webster Dictionary, 2003).

10.4 Family

A family usually consists of a 'group of two or more people' who may be linked by birth, marriage or adoption (Belsey, 2005:1) in Ntozi (2005). Families are characterized by hierarchical relationships with members having differential privileges and duties, who are bound by a sense of togetherness. Although a nuclear family structure seems to be replacing extended families due to the demands of modernization and urbanization, in most societies these family types are not mutually exclusive (Ntozi, 2005).

10.5 Raising

Raising could be defined as a way of taking care of a person, or animal until they are completely grown (Walter, 2005).

10.6 Grandchild

Grandchild refers to a child of one's son or daughter (Merriam Webster Dictionary, 2003).

11. ETHICAL CONSIDERATIONS

All social research involves ethical issues. This is because the research involves collecting data from people, and about people (Punch, 2005).

- i. Throughout this study ethical principles were adhered to. Participants were informed about the purpose of the study and their consents for participation were obtained
- ii. Participants were also made aware that they can withdraw at any stage of the research process.
- iii. Anonymity and confidentiality were ensured since participants names will not be asked during the interviews.
- iv. The researcher strove to be honest, respectful and sympathetic towards all participants require debriefing after interview. The researcher made the necessary referral to a professional who can provide such a service.

12. LAYOUT OF THE STUDY

- **Chapter 1: introduction**

Chapter 1 provides a general overview to the study, including the rationale for the study. This chapter also contains the research problem, research questions, and purpose of the research and definition of terms.

- **Chapter 2: Conceptual framework**

This chapter outlines the conceptual framework for the study by providing a literature exploration with regard to information on the challenges that are being experienced by grandparents in raising their grandchildren.

- **Chapter 3: community profile**

The chapter captures the community profile of Emadlangeni Municipality

- **Chapter 4: Research Methodology**

The fourth chapter describes the research process in depth, including the research design and methodology followed in the study.

- **Chapter 5: Research results**

Chapter 5 presents the raw data, an analysis of the data and the findings of the study.

Results are presented in accordance to themes identified during data analysis.

- **Chapter 6: Conclusion and Recommendations**

In chapter 6 the researcher summarize the results of the study and presents conclusions drawn from the study.

13. SUMMARY

In South Africa the majority of older persons are breadwinners and caregivers of the third generation. As a result, grandparents often find themselves spending their retirements or pension savings on raising their grandchildren.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The three-generation family is becoming common and even four- and five- generation families are on the increase. Rossi & Rossi (1990) in Barrow (1999) found, that two and three- generational lineages are most common world wide. Most grandparents do not fit the image of jolly, white-haired, bespectacled old people with shawls and cans: many are in their forties and fifties (Barrow, 1999).

For some grandparents, their role is essentially that of substitute parent, because their adult child is unable or unavailable to parent-because of drug abuse, death, divorce, AIDS, mental health problem, career choice, or a host of other modern-day complications grandparents sometimes with full-time care of their grandchildren (Barrow, 1999).

Data from the United States (US) Census show that the phenomenon of grandparents raising grandchildren is increasing. In 2000, 2.4 million grandparents were raising their grandchildren in the U.S., representing an approximate 30% increase from 1990 (U.S. Bureau of the Census, 2000). In Utah, the 2006 American Community Survey estimated that approximately 15,652 grandparents had primary responsibility for their grandchildren's care (U.S. Census Bureau, 2000).

This chapter outlines the conceptual framework for the study by providing a literature exploration with regard to information on the challenges that are experienced by grandparents in raising their grandchildren.

Then, these following topics are outlined in this chapter such as, The South African perspective on grandparenting, these following issues will be outlined for example, economic conditions and coping, unemployment, income and discriminatory laws, poverty and nutrition, inadequate housing, health and coping, psycho-emotional coping, stress, anxiety and coping, loss, depression and coping governmental organizations and religious support. Thereafter, international perspective is discussed also, such as Utah's current policies on kinship care, grandparenting among Native Americans, grandparent's roles in raising grandchildren, styles of grandparenting, children affected by, AIDS and the impact of HIV/AIDS on older person in Africa and Asia.

2.2 SYSTEMS THEORY

The systems theory is utilized in this study. Further explanation is done concerning the usage of this theory as the theoretical framework of the study.

According to Buckley in Carr (2008) the general systems theory was developed by Ludwig Von Bertalanfy and others stated as a framework within which to conceptualize the emergent properties of organisms and complex non-biological phenomena that could not be explained by a mechanistic summation of the properties of their constituent parts.

System refers to a complex rule-governed organization of interacting parts, the properties of which transcend the sum of the properties of the parts and which is surrounded by a boundary that regulates the flow of information and energy in and out of the system. Family systems are complex rule-governed organizations of family members and their interrelationships.

The properties of a family cannot be predicted from information about each of the family member only. Family relationships are central to overall functioning of the family.

Cybernetics according to Wiener in Carr (2008) refers to the study of the way biological and mechanical systems use feedback to maintain stability.

The general systems theory addresses the question:

How is it that the whole is more than the sum of its parts? One characteristic of viable systems is their capacity to use feedback about past performance to influence future performance. Wiener in Carr (2008) coined the term cybernetics to refer to the investigation of feedback processes in complex systems. Cybernetics addresses the question: how do systems use feedback to remain stable or to adapt to new circumstances.

The systems theory holds that the family, just like the group, is a system interacting with its environment like all living organisms. Exchange across the boundary is necessary for a system to continue to survive. Healthy systems have selective, semi-permeable boundaries and are able to integrate new information or close their boundaries and are if the system's survival is threatened. New energy enters the group, there is a disturbance to the equilibrium as people cross the boundary and there is a disclosure or expression of feeling. Challenges to the status quo of the group result in the reinforcing of the previous structure, often by the boundary becoming less permeable or a new equilibrium emerging that incorporates the new information. Agazarian and Peters in Barnes, Ernst & Hyde (2008) developed an idea that subsystems within a larger system are hierarchically related and each reflects aspects of the other. They observe a group from for perspectives:

- the person perspective
- member role perspective

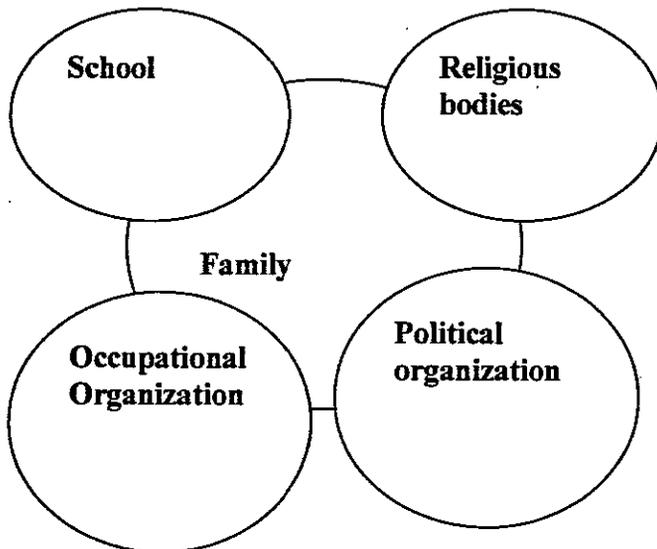
- group role perspective
- group- as- a- whole perspective

These perspectives have a developmental sequence. The member joins as an individual and begins to interact with the others in the group. He moves across a boundary to become part of another system, the group, when he interacts with others as a member of part or the entire group. This move across the boundary is a turning point involving a major change for some people. He is then functioning within two systems. Further development occurs as the member becomes the part of the group as the as a whole, realizing he is influenced by and influences this system. Moving into the group system may well be a corrective emotional experience as the member finds himself performing role acting for the group or containing emotions or conflict (Agazarian & Peters) in Barnes, Ernst & Hyde, 2000).

2.2.1 Suprasystems

There is an interchange between the family system and many other larger systems or suprasystems (Jill, 2002). Examples of suprasystems with whom the family commonly interacts include school system, religious, political, and occupational systems. These interrelationships are illustrated in the figure below. The lines surrounding the systems are semi-permeable boundaries which regulate the degree of exchange between the systems.

The family system and suprasystems



The systems theory is utilized in this study to show that the individuals and families exist not in isolation, but in the context of wider relationships within the society (Jill, 2002). This means that although grandparents may have different feelings about raising their grandchildren, but they belong to the community, for example, it might be religious bodies, social care agencies and other organizations for social support, emotional, financial etc. However, in this interaction, if there is a part or subsystem that is not functioning effectively, the whole system will be affected. For example, this study tries to explore and the challenges of grandparents in raising their grandchildren. If severe financial difficulty exists in these households and the grandchildren are unable to survive adequately in terms of their primary basic needs (for example, food, clothing, and so forth) then this would mean that the whole family would be unable to adjust in such living conditions (Jill, 2002).

The systems theory offers a way of conceptualizing the relationship between people and environments and encourages a balanced approach to both domains of practice. Emphasis is on the 'goodness of fit' between the individual and their environment (Jill, 2002).

2.3 THE SOUTH AFRICAN PERSPECTIVE ON CHALLENGES EXPERIENCED BY GRANDPARENTS

In a study on grandparents who care for orphaned as a result of the AIDS disease, a study was conducted by Tloubatla (2009), it stated that the inability to cope with a stressful situation by the grandparents may consequently predispose them to reflect symptoms of stress as they are older and more vulnerable to developing health related problems. Therefore, the challenges facing grandmothers, that of becoming parents again, usually involves a great deal of stress and this can impact negatively on their coping abilities (Tloubatla, 2009). The following discussion focused on the economic, health, emotional and psychosocial effects that caring for AIDS orphans may have on the lives of grandmothers.

2.4 ECONOMIC CONDITIONS AND COPING

2.4.1 Unemployment, Income and Discriminatory Laws

In many poor countries, elderly women are amongst the most vulnerable and marginalized members of society (UNICEF, 2007), yet as Lewis (2007) in Tloubatla (2009) 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. Following the deaths of husbands, many elderly

women manage to survive on low wages earned in physically strenuous jobs in the informal sector. 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) it is not surprising that older people, especially elderly women are impoverished and remain one of the poorest groups in Africa.

2.4.2 Poverty and nutrition

According to Hunter in Foster (2004) there are several dimensions of poverty namely, income poverty (lack of food, goods, services and opportunities), moral poverty (lack of physical wellbeing, lack of energy and lack of space, lack of time and lack of power) and a spiritual dimension to poverty (lack of hope for change or meaning in the midst of suffering).

The malnutrition associated with poverty implies a compromised immune status and exposes people to infections such as tuberculosis (TB) and AIDS. Lack of basic services such as water, shelter, food and so on, also predisposes a person to infections like TB. People walk long distances to fetch water that is not even clean enough to drink or cook with and this may further exacerbate vulnerability to infection. Furthermore, according to Foster (2004) the consequences of poverty is not just physical, but poverty also impacts on social and economic relationships. In parts of sub-Saharan Africa, the unemployment rate is as high as 70 per cent and consequently people feel trapped in a vicious cycle of hopelessness. Foster (2004) argues that to escape their dreary existence, alcohol and substance abuse as well as promiscuity become rife amongst these 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 the children in the care of relatives and mainly the elderly people. Poverty, abuse, and domestic violence have the most devastating impact on children. Hunter in Foster (2004) argues that the HIV and AIDS pandemic have greatly intensified the suffering endured by destitute children and consequently, led to these children being placed in the care of elderly women. 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 and others (2005) 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.

In many instances, grandmothers do not have the basic essentials that are required to care for the AIDS orphans. In South Africa, older women caring for children affected by HIV/AIDS cited scarcity of food and a day to day struggle to get enough food to feed the family (Nyambedha, 2004). 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 proven to be a major concern for older people across the continent. The repercussions of financial problems mean that many

grandmothers sacrifice a lot to raise the children and to restore the weakening family as a haven for orphans. In addition, as was stated before, the grandmothers either stop working or continue to work well past the age of retirement in order to support their extended family (Nyambedha, 2004).

2.4.3 Inadequate Housing

In the South African context, according to Zirimenya (1999) inadequate housing and shack settlements are as a result of the legacy of the apartheid government's policy which did not provide adequate houses. Zirimenya (1999) further argues 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. The grandparents sometimes share the same inadequate accommodation with their own children and grandchildren. 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.

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. Some grandmothers ended up in these settlements because as stated earlier on, 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.

2.4.4 Health and coping

Tloubatla (2009) mentioned that elderly women who have worked hard to eke out a living in difficult conditions are being forced to assume the responsibility of caring for their dying children while also caring for their soon-to-be orphaned grandchildren. Ntozi (2005) argues that the elderly are “the very segments of society that ought to be receiving protection and care but instead these grandmothers attempt to stretch their meager pension to be able to provide food and schooling for their orphaned grandchildren.” It is not surprising that these elderly grandmothers are vulnerable to certain types of illnesses as they try to cope with the family trauma.

The elderly caregivers are usually at risk not only of chronic illnesses, such as arthritis, high blood pressure, cardiovascular and respiratory conditions, but also of neglected health if these conditions are not treated Fuller- Thomson, et,al, (2004). This situation may exacerbate poor health and impact on coping abilities. According to Gerdes in Fuller- Thomson, et, al (2004) although poor health is not inevitable in old persons, there is a high incidence of chronic conditions among them. Arthritis, rheumatism and other cardiovascular and respiratory conditions may vary from mild to severe and may be influenced by the past socio-economic status of the elderly. In addition, grandparents experience numerous psycho-emotional difficulties in trying to cope with the demands of caring for the AIDS orphans.

2.5 PSYCHO-EMOTIONAL COPING

2.5.1 Stress, Anxiety and Coping

According to Joslin and Harrison in Van Dyk (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. Grandparents may also deny their health problems and possibly their stressful situation. They may be anxious that their grandchildren might die if the parent died of AIDS related illnesses. They may make an effort to look strong for the sake of their grandchildren and hence lead a very stressful life.

According to Paul in Tloubatla (2009) stated that stress is experienced when the personal and situational demands exceed resources. Lazarus (1976, cited in Paul, 1998), 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, according to Fuller- Thomson, et al, (2004) and Burton (1992) stated that studies have constantly showed that grandparents experience social isolation, financial, physical and emotional hardship. 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. 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.

In addition, grandparents may be too old to take care of the grandchildren and they may themselves be sick and fatigued (Zirimenya, 1999). Some grandparents may experience chronic stress which could create greater chances of contracting diseases such as flu, depression and even dementia (Van Dyk, 2005). In addition, trying hard to cope with the limited resources may be distressful to the grandparents. Van Dyk (2005) states that stress can lead to psychological and physical illness, anxiety, conflict, and so forth. Cannon (1932, cited in Paul, 1998) in Tloubatla (2009) believes 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, osteoporosis and so forth.

2.5.2 Loss, depression and coping

Gerdes (1999) 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. Gerdes (1999) 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. Gerdes (1999) argues 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 Gerdes (1999), the person suffering such losses is likely to manifest certain signs of stress, such as depression, fear and anxiety, confusion, indecision, hostility and frustration, and so on. Gerdes (1999) maintains that many old people suffer from ‘reactive depression’ (that is, a reaction to certain conditions) with loss as its basis. Depression manifests itself in sadness, despair,

hopelessness, poor self-esteem and feelings of helplessness and a loss of interest in life (Gerdes 1999). Grandparents who have lost more than one child to HIV related illnesses and/or AIDS may mourn the loss of life itself. They may fear the loss of their ability to care for themselves and their families. According Van Dyk, (2005) to 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 Guest (2001) in Tloubatla (2009) 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 I think about it, I pray and cry ...” These grandparents usually face strong material, emotional and psychological constraints and receive little external support (Guest, 2001) in Tloubatla (2009).

The following discussion will unveil some of the reasons why grandparents do not receive adequate support from external sources while they care for their grandchildren. This will be done by discussing the issues surrounding discrimination against HIV-related illnesses and AIDS, and the grandparents’ ability to cope with these.

2.6 GOVERNMENTAL ORGANIZATIONS

The HIV and AIDS epidemic has crippled the socioeconomic structures of the African continent in general and that of South African society in particular, leading to millions of orphans, worldwide either being absorbed by their extended families, and/or placed in

institutions. Some orphaned children often have to migrate to new homes and communities (Ansell & Young, 2005). The burden of care rests upon the extended family households, the siblings, and so on, but mostly upon the grandparents, a very poor elderly group. Nduru (1992) in Tloubatla (2009) postulates 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 Nduru (1992) in Tloubatla (2009) stated that while some of the continent's senior citizens may have enjoyed a relatively quiet retirement, this prospect has been largely wiped out by the responsibility of caring for grandchildren who have been orphaned by AIDS. Eckley of the South African Council for the Aged in Pretoria 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 (*ANC Daily News*, 30 June 2004) in (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. However, Nduru (1992) in Tloubatla (2009) states 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.

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. Eckley, in the article cited above, warns that if

grandparents stop giving care to these children, the streets and children's homes will be full of AIDS orphans.

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'. 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 most. 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 percent of older persons (60 years and above) fell below the poverty datum line (Tloubatla, 2009).

According to research carried out in South Africa, older women caring for children affected by HIV and AIDS "referred to a scarcity of food, and a daily struggle to procure food to feed the family" and Zirimenya (1999) commented that grandmothers walk a tight rope between survival and starvation (Tloubatla,2009). In South Africa, older people may be eligible for child support grants but very few of these grants are accessible. The primary reason is that there are stringent eligibility requirements placed on these grants and often grandmothers are perceived as too old to care for children (Beales, 2002). However, there is much dissatisfaction over the actual amounts given to the caregivers as figures were calculated in 1992 and do not take into account the rise of inflation (Zirimenya, 1999). Furthermore, many elderly people and caregivers do not have access

to basic water and are still on a waiting list for housing and for the education of their grandchildren (Zirimenya, 1999). According to a document by the Social Development and Grants (Reconstruction & Development Programme, 1994) the SA government promised to build affordable houses for the poor, to combat poverty, to find a strategy to promote sustainable development, to avail social grants, and to roll out a food support program for impoverished families. However, these promises have not materialized for the elderly.

2.7 RELIGIOUS SUPPORT

The church and other religious organizations have a crucial role in providing support, faith and hope to the elderly care givers. The Church, through its practices, can provide a climate of love, acceptance and support by reflecting on the issues raised by the AIDS pandemic. Van Dyk (2005) suggests that religious organizations should be actively involved in HIV care and prevention. By listening to comforting words of compassion from religious institutions, elderly caregivers may get the inner strength to endure their difficult situation (Van Dyk, 2005).

2.8 INTERNATIONAL PERSPECTIVE ON GRANDPARENTING

2.8.1 Grandparenting among Native Americans

Social roles develop in the context of cultural traditions and social institutions that vary among different groups. Being a grandparent is an example of a social role where there are different expectations among different racial and ethnic groups. Kivett (1991) in Andersen & Taylor (2006) stated that the dominant culture defines grandparents as

indulgent, playful and fun-seeking, but also hand-off. This role differs, however, among various groups in the society, and it is more important for some than for others. African American men, for example, tend to see grandfathering as a more central role in their identity than do most White men. Mult-generational households may give grandparents a primary role in child rearing; whereas in other groups, grandparents are supposed to take an assisting, but hand-off approach to child care. In many cultures, grandparents are also defined as the dispensers of wisdom. Joan Weibel-Orlando has studied grandparenting among Native American groups and found that, within these cultures, there are diverse role for grandparents, all of which reflect the high esteem in which old people are held in Native American societies. A few styles she identifies are cultural conservator, ceremonial instructor, and custodian. As cultural conservator, grandparents pass on the traditions of the group, proving cultural continuity and identity for young children as Native Americans. Storytelling can be an important way that this role is enacted, given that stories pass on the cultural beliefs of the group. Grandparents also teach young Native Americans a wide array of ceremonial activities –sun dance, rodeos, powwows, and memorial feasts. Through this instruction, children learn the values of the group. As custodians of young children Native American grandparents also provide essential household labor typically assigns this role to women.

2.9 UTAH'S CURRENT POLICIES ON KINSHIP CARE

According to Betournay (2007) there are many reasons for the growth in grandparents as caregivers, and there are both demographic and public health factors at play. In Utah, the Division of Child and Family Services is required to consider kin first when seeking out-of-home placement for a child. Utah is currently encouraging kin caregivers to complete

the foster care licensing process (Betournay, 2007). This allows the state to provide them with more benefits to (Betournay, 2007). If grandparents want to become licensed, they have to apply and pass the same requirements as any other foster parent (Betournay, 2007).

In Utah, most of the increase in grandparents caring for grandchildren is related to the increase of methamphetamine use among parents. *Utah Division of Child and Family Services* data show that there were 12,579 reported victims of abuse and neglect handled by Child and Family Services in Utah in the fiscal year 2004. Drug abuse was a contributing factor for the neglect, abuse or dependency that led to removal for over 1,000 of the 1,894 children who were placed out of their homes (Betournay, 2007).

2.10 CUSTODY OF GRANDCHILDREN IN UNITED STATES

An increasing number of children are being raised by relatives (kin) other than parents, the most common being grandparents raising grandchildren. Some of these families have informal arrangements (without legal custody or guardianship) others are part of the formal foster care system. Bengston as cited by Berns (2007) stated that family relationships beyond the nuclear family are becoming increasingly important in American society. Extended family members help care for children and provide emotional support. About 6% of children under the age 18 are care by their grandparents .This represents a 76% increase from 1970 (U. S. Bureau of the Census ,2003) as cited by Berns (2007).Some reasons are that the child's parents are deceased, the child was abandoned, or the court granted legal custody to the grandparent teen (s) because the parents were deemed unfit to nurture and support. Substance abuse, pregnancy, divorce,

physical and mental illness, abuse, neglect and incarceration are reasons cited (Children's Defence Fund, 2004) as cited by Berns (2007).

Many custodial grandparents do not fit the stereotype of senior citizen enjoying retirement activities (Smith, Dannison & Vach- Hasse, 1998) as cited by Berns (2007). Their median age is 53, and some have to care for their own parents in addition to their grandchildren. The constant challenge leave many grandparents physically, emotionally and financially drained. The challenges faced by parenting grandparents are changes in the relationships with their spouse and other family members ,financial stress, possible feelings of uncertainty, isolation, anger, grief, fear and worries about health or death(deToled & Brown ,1995) as cited by Berns (2007). The challenge faced by children raised by grandparents is to develop a sense of belonging and stability amid the transition from their own homes. Common feelings are grief, fear, anger, and embarrassment. sometimes these feelings are exhibited in such acting –out behaviors as physical or verbal aggression ,regression to immature behaviour(crying, whining and bed wetting) manipulation ,withdrawal and hype-activity (Minker & Roe, 1993) as cited by (Berns,2007)

2.11 GRANDPARENTS AND OTHER KINSHIP ROLES

The American Association of Retired Persons in Grant & Ray,(2006) states that grandparents and other relatives are an important part of many children's lives, and they may be actually raising their grandchildren more than 6 million children are living in households headed by grandparents (4,5 million children) or other relatives (1,5 million children). These living arrangements may or may not include the parent of the child living in the home. For example, a variation of the grandparent-headed household is the

subfamily, which is created when a family, such as a single teenage mother and baby, live with the grandparents remaining as the head of the household, but the mother raising the child. In addition, grandparents may also play the important role of providing before-or after school care for their grandchildren who do not live in their home.

Grant & Ray (2006) argued that kinship carer, or grandparents or other relatives becoming surrogate parents (when parents are unable to; the arrangement may be temporary or a permanent legal guardianship), has increased dramatically, in the United States of America, and the American Association of Retired Persons now offers support for grandparents in the legal, financial, educational and health issues that they face in raising their grandchildren.

Grandparents and other relatives assume a parenting role for many reasons, including the death of the child's parents, parental divorce, unemployment, and drug and alcohol abuse, which may lead to serving a jail sentence, or teenage pregnancy. If children are removed from the home due to abuse or neglect, a grandparent or other relatives may assume custody to keep the children from going into the foster care system (Grant & Ray, 2006).

The parenting styles of grandparents vary, some grandparents may be minimally involved, while others are active participants in child rearing. Raising grandchildren can give grandparents a sense of purpose in life as they see to raise their grandchildren more successfully than the children's parents. Special bonds can be created between children and grandparents who live together (Edwards & Daire) in (Grant, Ray, 2006). However, there are also challenges for grandparents raising their grandchildren, especially economic difficulties, with the additional expenses of the children, expenses are often not

reimbursed by the parents. A total of 18% of children living with their grandparents are below the poverty line, and 23% of these children are not covered, by health insurance. (U. S. Census Bureau, 2005) in (Grant & Ray, 2006). Raising youth children can take a physical and emotional toll on grandparents, especially if they have personal medical conditions. Children may have behavioral problems and emotional difficulties, due to a sense of abandonment ,anger ,or rejection ,that grandparents or other relatives have with children's parent(s) may be strained and difficult ,creating tension in the family. If the grandparents have not legally adopted or do not have legal guardianship of the grandchildren, the situation has a temporary feeling, and grandparents may not have access to legal records, such as school or medical records (Grant, & Ray, 2006).

2.12 GRANDPARENTING IN AMERICA

Bergston & Robertson in Cherlin & Furstenberg, (1992) observed that families in later life are also shaped by both the delights and burdens associated with grandparenting in America. With so many baby boomers becoming grandparents and so many grandparents becoming caretakers of grandchildren, there is an explosion of research on the grandparenting role (Cherlin, Furstenberg, 1992). Three common grandparenting styles have been identified. First, the companionate or formal grandparenting style stresses independence for grandparents but lots of love and companionship between grandparents and grandchildren. Grandparenting do not interfere with the parents' authority. They clearly keep parenting separate from grandparenting. Second, in sharp contrast to the companionate style, is the involved or surrogate-parent role, in which grandparents, usually grandmothers, care for grandchildren who often live with their grandparents (Cherlin, Furstenberg, 1992). They, therefore, have a great deal of control over them.

Third, the remote style of grandparenting occurs when grandparents have limited contact and are distant figures with their grandchildren, usually seeing them only on holidays or special occasions. Gift-giving and kindness are common, but the grandparent vanishes until the next family event. Overall, grandparenting for older people allows them to engage in productive roles when other social role may be shrinking and clearly contributes to life satisfaction.

These styles are not mutually exclusive and are altered as family circumstances change. With its emphasis on companionship, the companionate style is the ideal in the United States loving grandparents who may indulge their grandchildren when necessary but who leave parenting to their parents (Cherlin, Furstenberg, 1992). However, much research is now focusing on the rapidly increasing involved surrogate parent style. Divorce, death, drug use and AIDS, out of wed-lock birth, safety concerns, and escalating day-care cost often result in Grandparenting becoming a full time job. When parents are not financially or emotionally capable of caring for their children, grandparents are frequently gaining custody. About 6.3 percent of all children under the age of 18 are living in grandparent-headed homes, a 30 percent increase from 1990 to 2000 (AARP, 2002a). There is still research on what happens to families when grandparents are pressed into service as parents(Ehrle, 2001).However ,while love and support characterize their roles, when grandparents become the parents of their grandchildren ,role strain, depression, lack of privacy, and emotional problems are frequent byproducts (Cherlin & Furstenberg,1992).

2.13 STYLES OF GRANDPARENTING

The strongest feature of modern grandparenting is its diversity. talking of role grandparents expectations, Hagestad as cited by Bond, et,al (1996) has pointed out that in a society where grandparents range from the age from 30 to 110, and grandchildren range from newborn to retirees, we should not be surprised to find a variety of grandparenting style and few behavioral expectations regarding grandparenting.

According to Cherlin & Furstenberg, (1992) classified styles of grandparenting into five groups: detached, passive, supportive, authoritative, and influential. Although both detached and passive grandparents have little interaction with their grandchildren, the detached do not see their grandchildren often whereas the passive do. The supportive type refers to those who have interactions involving helping each other and running errands or chores for each other. According to Cherlin & Furstenberg (1992) the authoritative type refers to those who have high scores on parent-like behaviors such as disciplining, giving advice, discussing problems, correcting behavior, and being asked for advice by grandchildren. Finally, the influential type refers to those who have high scores for both supportive and authoritative dimensions.

2.14 THE HIGH COST OF CARING: ECONOMIC CONSIDERATIONS

Scott as cited by Minkler & Roe (1993:82) has argued, that “a person is not just political but is also economic” and this is typical of grandparents who become the primary caregivers of infants and young children. The personal decision to care often has profound financial consequences. The high costs of caring may be particularly pronounced in African American communities, where economic vulnerability is already a

frequent fact of life. This vulnerability is increasingly concentrated in female headed households; by the mid 1980s 70% of all Black families in poverty were headed by women, and just over half of all Black children lived in these families Simms as cited by Minkler & Roe (1993: 82). Although poverty rates in female headed households are highest in families whose head is young (age 24 and below), grandmother heads is of households are also at high risk for poverty, particularly if they are elderly (Roe, 1993).

2.15 CHALLENGES FOR GRANDPARENTS

Kinship families have very different needs from non-relative foster care families, partly because the family dynamics are different when the caregiver has a long-standing history and relationship with the child's parent(s). Shore & Hayslip in Hayslip & Kaminski, (2005) stated that many custodial grandparents experience disappointment, resentment and feelings of being taken advantage of by their son or daughter. Some parents are manipulative and disrespectful to the caregivers, causing them stress and anxiety. Grandparents may also find themselves caught in between parents and children. These factors can cause a great deal of tension for grandparents. Studies have shown that grandparents raising their grandchildren have higher rates of depression than those of their age that are not raising grandchildren (DeToledo & Brown; Kornhaber; Musil, as cited in Hayslip & Kaminski, 2005). Grandparents caring for grandchildren can also experience social isolation, inadequate support, financial strains, and difficulty with legal issues and obtaining medical care for their grandchildren (Wohl, et al; Kelly, as cited in Hayslip & Kaminski, 2005).

2.16 PARENTING GRANDCHILDREN IS DIFFERENT THAN PARENTING YOUR OWN CHILDREN

Simmons & Dye (2000) stated that the closest thing that one could compare some grandparents' experiences with is a really ugly divorce where everyone fights about who should have the children or how they should be raised. When a grandparent is raising grandchildren, they are also often dealing with their own adult child who may be angry, mentally ill, incarcerated, or just plain having terrible issues to deal with themselves. A grandparent may be faced with question like "should I adopt my grandchildren or not? Should I seek full custody or just temporarily take the children into my home?" This is not something they had to face when they were raising their own children (Simmons & Dye, 2000).

Simmons & Dye (2000) stated that another big issue is the mental health of the grandchildren who may have a history of physical, emotional, or sexual abuse. Many grandparents get children who have either been abused or suffer from a variety of mental health issues. As parents, these grandparents may have dealt with these same issues with their own children but not when they first got them.

Many times grandparents are raising grandchildren who came to them at a moment's notice. Sometimes it is the opposite. The grandparents started off as part-time caregivers. Then one day, they found themselves "caregiving" full-time and were then faced with the legal issues of what to do next (Simmons & Dye, 2000).

So while the simple issues of "go sit in time-out for 5 minutes and think about what you did," may be the same as what the average parent might do, most everything else is very

different. New skills need to be developed by most grandparents on how to deal with emotionally battered or neglected children to dealing with the other adults who may or may not be an everyday challenge (Simmons & Dye, 2000).

Some grandparents are raising children on an informal basis with no legal arrangement. This can cause many problems when it comes to enrolling children in school, obtaining medical and mental health services, and providing a secure and stable environment for children (Simmons & Dye, 2000). Simmons & Dye (2000) also mentioned that other grandparents have obtained the legal status necessary to safely and properly take care of the grandchildren, but have often spent many thousands of dollars in legal fees in the process, many even dipping into their retirement programs, taking out second mortgages on their homes, and paying legal fees with credit cards, this does not happen in all cases but in many. Whatever their situation, one thing is clear; their lives have changed with the addition of someone else's children. The change may bring happiness or sadness, but there is a change, and with that change, comes stress. Understanding the stress and finding proper ways to deal with it is vital for grandparent's emotional and physical health as well (Simmons & Dye, 2000).

2.17 HELPING GRANDCHILDREN

According to Karen (2008) most grandparents do not raise their grandchildren or another relative's child or children because they have an overwhelming desire to start a family all over again. Karen (2008) revealed that they raise them because they need help and love. That fact can be overwhelming in and of itself at times. When children are taken from a parent and raised by another, there are always reasons, and those reasons are often

accompanied with trauma, sorrow, and grief. What needs to be done to help the children will depend on numerous variables, the age of the children, their educational abilities or lack thereof, their physical health, and so important, their emotional health. It is important to remember that not only adults experience depression and anxiety. Many children suffer tremendously from anxiety attacks and situational or clinical depression. They may experience internal conflict regarding those they love. They may feel anger, guilt, and even fear (Karen, 2008). Therefore, seeking professional counseling for children who have been victims of abuse or neglect can be not only helpful for the child but a support to the grandparent or kinship parent as well (Karen, 2008).

Karen (2008) suggested the following agencies and institutions that can be helpful when grandparents are determining what is needed to help their grandchildren:

- **Social Services:** Social Workers who are child advocates can be very helpful in finding needed services in your area.
- **Schools:** Children who have been removed from their homes because of abuse or neglect or are away from the parents they love may experience problems in school and also develop behavior problems. There may be learning disabilities and health problems caused by either physiological or psychological reasons. The schools can be a great resource in determining needs and either providing services or providing referrals to other agencies.
- **Pediatricians and Community Health Centers:** Find a good pediatrician who you have confidence in and can rely on for support. Many health centers offer health education and nutrition counseling.

- **Health Department:** The Health Department can also be a good resource for nutrition services. Many of the problems children experience can be helped with proper nutrition.

2.18 CHILDREN AFFECTED BY AIDS

According to Foster (2000), AIDS has only begun to affect children's lives over the past two decades ,and the numbers affected are dramatically escalated, particularly in sub Sahara Africa where the adult HIV prevalence rate exceeds 30 per cent in several countries. While attention has focused on orphans, children are affected not only by parental death, but also by the strains that AIDS imposes on their families, communities and even public services such as education and health care (Foster, 2000), especially where poverty is already a problem. when parents or other family members become ill, there is often a decline in the resources available to children, both material and emotional. Children may be expected to substitute for the sick person, carrying out domestics chores, childcare, agricultural work, or sometimes earning an income. They may also take on caring roles, cleaning ,feeding and administering medicine to a relative with resident elsewhere (Ansell & Young, 2005). School attendance by children from AIDS affected household is often poor and many drop out because of work commitments or lack of financial resources.

(USAID/ UNICEF/UNAIDS/2000) in Ansell & Young (2005) state that globally more than 13 million children are estimated to have lost one or both parents to HIV. Ansell, et, al (2005) stated that although there is nothing new about orphanhood, the scale of the AIDS pandemic, and attendant problems related specifically to AIDS, exacerbate the

difficulties children face. In rich countries, usually no more than 1 than per cent of children are orphaned; in the Third World, before AIDS, the figure was about 2 per cent. By 2001, in 10 African countries more than 15 per cent of children were orphans, as many as three-quarter of these due to HIV. Distinguishing "AIDS orphans" from other orphans in service delivery is inappropriate and often and often stigmatizes those affected. However, AIDS orphans are distinct insofar as they are much more likely to become double orphans. In many cases, fathers predecease mothers, yet most estimates of orphan numbers refer only to maternal orphans. Those who have lost fathers to AIDS less easily enumerated, but can suffer serious economic consequences (Foster, 2000). Parental death affects children under 15, excluding older adolescent girls who may be vulnerable to sexual and economic exploitation on the loss of a parent. Inclusion of 15 -17 years olds can inflate the total number by 25-35 percent (Foster, 2000) in (Ansell & Young, 2005). Fostering of children is common in Africa, not only in enforced circumstances. Research in Tanzania found less than a quarter of foster children were orphans (Foster & Williamson, 2000) as cited by (Ansell & Young, 2005). In places severely affected by AIDS, however, will foster families are increasingly difficult to find. In Zambia, at least one orphan is cared for in over 35 per cent of households (Fussell & Greene) in (Ansell & Young, 2005). While, traditional, orphans in patrilineal societies were cared for the by paternal uncles and their families today, many such families, are too stressed to accept more children, and increasing numbers are cared for by maternal grandparents. Foster families, themselves, can be affected by AIDS, further disrupting the lives of orphans. Although it is seldom favoured, sometimes siblings are spilt to share the burden of care;

furthermore the presence of orphans in a household can adversely affect the other resident children (Foster in Ansell & Young, 2005).

Children orphaned by AIDS face a range of difficulties, some of which are shared by other AIDS -affected children. Children whose close relatives are sick or die may experience psychological distress, including anxiety and depression (Pivnick & Villegas) in (Ansell, et. al, 2005). The stigma attached to AIDS as a sexually transmitted infection can also cause problems for children experience a worsening economic situation, and disruption to their education. Research in several African countries has shown that orphans are more likely than other children to be below the appropriate grade in school (Bicego, 2003), due to infrequent attendance, poor performance, temporary withdrawal or being put back a class due to migration.

Some children are discriminated against by foster families ,or have to share the attention and resources of a grandparent caring for several families of orphans. Children who are fostered are more likely to drop out of school, engage in paid and unpaid work and suffer abuse (UNAIDS, 2006). Where children receive inadequate economic and emotional support, they may also have a heightened vulnerability to HIV infection (Foster, 2000).

Family or community-based care is generally considered preferable to institutional care for AIDS-affected children, not least because institutional care on the scale required would be prohibitively expensive. Boyden, in Ansell, et, al (2005) stated that, nonetheless, there are situations where arrangements break down. In some sub Saharan African countries, significant number of children live in sibling-headed households with little adult involvement in their lives. Other children, particularly boys, seek survival on

the city streets. Girls are more likely to find foster homes, serving as unpaid domestic helpers.

2.19 THE IMPACT OF HIV/AIDS ON OLDER PERSONS IN AFRICA AND ASIA

The Impact of Caregiving on the Health and Well-being of Kenyan Luo Grandparents

In a study on the impact of caregiving on the health and well-being of Kenyan grandparents by Ice, Juma, & Yogo (2008), they stated that African grandparents are taking on more responsibility for their grandchildren's care. In 2005, an estimated 24.5 million Africans were living with HIV/AIDS accounting for approximately 64% of global HIV/AIDS cases (UNAIDS, 2006). The high mortality rate of adults with HIV/AIDS has produced approximately 12 million orphans whose care has largely been left to grandparents and other relatives (UNAIDS 2006). As the working-age adults fall ill and die, HIV affected households (Help Age International, 2002; UNAIDS, 2006; UNICEF, 2003). Reports by the Joint United Nations Program on HIV/AIDS (UNAIDS) and Help Age International suggest that elderly Africans do not have the social and economic resources to care for orphaned grandchildren and are at risk of ill health but few studies have systematically measured and compared the health status of caregivers and non-caregiving peers (Help Age International, 2002; UNAIDS, 2006; UNICEF, 2003).

The Kenyan Grandparents study is a longitudinal study conducted in Nyanza Province which began in 2003. Nyanza Province in Western Kenya has a prevalence rate which ranks among the highest on the continent (UNAIDS, 2006). An estimated 30-39% of

adults living in Nyanza Province are infected with HIV with no signs of a decrease in prevalence in the near future.

2.20 SUMMARY

In this chapter, available literature has been reviewed, indicating that grandparents are increasingly being recruited into caregiving of grandchildren. However, more and more grandparents raise their grandchildren. This can be for a multiple of reasons, but the bottom line, is that their children are unable, or unavailable to raise the children so grandparents step into the role of raising a second family. They are raising children that they had most likely not expected to be raising. Their feelings and reactions to the situation will vary widely, depending on their health, their financial situation, and what other plans they had for their lives.

CHAPTER 3

COMMUNITY PROFILE OF UTRECHT AREA

3.1 BACKGROUND

This is a community profile of Emadlangeni municipality where the study was conducted. One may say community profiling is a tool for community development. However, according to Hawtin & Percy-Smith (2007) they defined community profile as a range of projects undertaken or initiated by different organizations including communities themselves, statutory agencies and voluntary organizations. Community profiles are also potentially broadest in scope, covering both needs resources and the whole range of issues affecting a community.

Emadlangeni Municipality is situated in the north east boarder of KwaZulu Natal. It borders Edumbe and Abaqulusi (Paul Pietersburg and Vryheid) in the north east of KwaZulu Natal, Endumeni, Nqutu and Dannhauser on the south and Newcastle and Seme (Volkrust) Municipality in the North West KwaZulu Natal. It is coded by the Demarcation Board as KZ 253.EMadlandeni is approximately three thousand five hundred and thirty eight (3 538) square kilometers

This is a tiny rural town fifty two (52) kilometers and sixty five (65) kilometers away from Newcastle and Vryheid respectively. The area of our Municipality is generally dry, very cold in winter and very hot in summer.

3.2 DEMOGRAPHIC PROFILE

The municipality has three (3) satellite towns, namely, Groenvlei, Blood River and Kingsley. These areas are north west, east and south east of Utrecht town of our municipality. The terrain is mountainous and communication is a challenge because there

are very few communication networks. Radio and television is very difficult to get reception and the mobile phones do not work in certain areas. Emadlangeni falls under Amajuba District Municipality. It covers 3534.71 km of 6910 km of the District which is 51, 15%. We have a population of thirty two thousand two hundred and seventy seven (32 277) people in terms of the National Census 2001 statistics. Twenty nine thousand two hundred and sixty five (29 265) are Africans, the Whites are two thousand three hundred and thirty eight (2 338), Coloured are six hundred and two (602) while seventy two are Indians.

Most of the people who live in Utrecht are Christians, although there are also other religions such as those who follow the faith of the Nazareth especially for Zulu and Islam faith especially for Indians.

3.3. SERVICE DELIVERY PROFILE

Emadlangeni Municipality has a large area of jurisdiction in the whole of Amajuba District Municipality. There is good infrastructure with the town of Utrecht, but there are challenges with the rural areas.

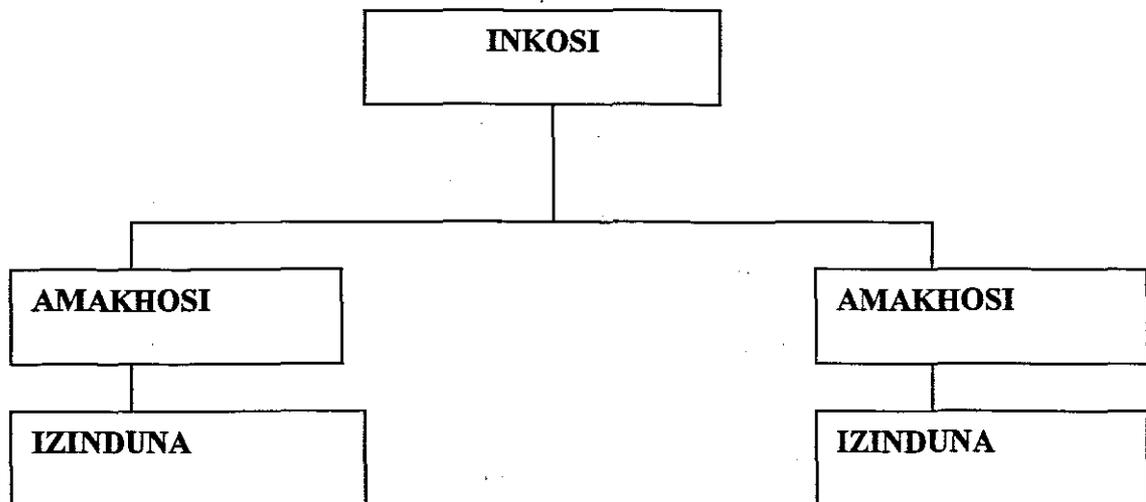
Five land reform areas identified in the municipality all of which need basic infrastructure. The land reform areas are the following, but there might be some variance in terms of the number of beneficiaries:

- Kwa Nzima 285 families
- Shabalala 300 families
- Mabaso 290 families
- Amantungwa 600 families
- Inkululeko 104 families

- Kingsley/ Community Trust

300 families

3.3.1 TRIBAL AUTHORITY MANAGEMENT STRUCTURE



3.3.2 Water Supply:

This is the function of Amajuba District Municipality which is the service provider and UThukela Water is the water service provider.

The following priorities were identified:

- Enlargement of raw water source storage.
- The replacement of water network due to high frequency of failures.
- Water Demand Management System as stipulated by law.
- Fluoride dosing as stipulated by law.
- Re-equipping of water purification works.
- Replacing of existing water meters with prepaid meters.
- These matters were referred to uThukela Water.

There is a pressing need to provide clean water to the rural areas. We believe that the Land Affairs shall ensure that the establishment grants do cater for this pressing need for clean water. Emadlangeni Municipality has a large dam called Zaihoek Dam that supply raw water to Amajuba Power Station at Seme Municipality in the Mpumalanga area. There is a debate that water should be supplied to Municipality from this dam. The water supply backlog is 58% calculated from the community stand over 200 metres. According to the study done by Amajuba District Municipality in 2005 the water supply backlog has increased from 58% to 71%. This may be because of the new land reform projects.

3.3.3 Sanitation

This function falls with the District of Amajuba which is the service authority and uThukela Water is the service provider. According to the 2001 census statistics, Emadlangeni Municipality had a backlog for sanitation of 38.40% as indicated in the table here below:

Households	2001	1996
Flush toilets	1124	1160
Flush septic Tank	572	-
Chemical toilet	103	-
VIP	275	-
Pit latrine	1755	679
Bucket latrine	33	36
None	2324	1596
% of backlog	38.40%	45.96%

3.4 ROADS

There is still a need to have the following roads tarred; the road from Utrecht town to Groenvlei, a road through Kempslust to Vryheid, and the road to Paul Pietersburg. This could allow trucks to travel shorter distance to either Newcastle or Vryheid or service the railway line from Utrecht to Newcastle. This could be an economic boost for the area. A study conducted by Amajuba District Municipality states that 75% of the households have a basic level of road service and that only 10% of households walk more than five kilometers or 30 minutes to the main road.

3.5 LAND REFORM AND HOUSING

Land reform is to ensure that at least 30% of all agricultural land is transferred over a period of 15 years. Land reform is implemented through the following three (3) programs.

- Land restitution which involves returning land (otherwise compensating victims lost since 19 June 1913 because of racial discriminating laws;
- Land redistribution makes it possible for the poor and disadvantaged people to buy land with the help of a Settlement/Acquisition grant by Government; and
- Land Tenure Reform is the most complex area of land reform. It aims to bring together all people occupying the land under legally validated system of land holding. It provides alternatives for people who are displaced in the process.

3.6. HOUSING

Census 2001 indicated that there were more households living in the rural areas as indicated in the table below:

Households	2001	1996
Formal	2836	1392
Informal	184	40
Traditional	2981	1908
Other	186	9
% of housing backlog	54.16%	58.43%

The backlog of housing in our Municipality has increased from 54.16% in 2001 to 82.5% in 2005. The majority of the farm workers still live in mud houses. Formal houses are in the urban area. There is a waiting list of five hundred (500) applicants for houses. People living in the Land Reform Settlement do not qualify for housing subsidy from the Department of Housing because they benefit from the Department of Land Affairs settlement grants. The set back is that the Department of Land Affairs has not made provisions for housing to the beneficiaries put pressure on the Municipality and Districts Municipality. Amakhosi in these areas prefer to use the grant from Land Affairs Department of Agricultural activities other than houses. The Municipality has completed two low cost housing projects and are planning further two housing projects:

- 150 units in Goedehoop completed (2000)
- 78 units in the Agri- Village completed (2006)
- 91 units in Ekhayaletu (31 new 60 old mine)
- 330 units in Goedehoop extension 2

3.7 TELEPHONE

A total of one thousand six hundred and thirty two (1632) in the rural areas has no access to telephone at all. The majority of these households are in the Inkosi Nzima's area. There is also no access to television and radio frequency in these areas. Attempts to get the telephone provider and SABC failed.

Households	2001	1996
Telephone and Cell-phone in Dwelling	534	-
Telephone only in Dwelling	404	665
Cell-phone Neighbor	993	-
Public telephone	517	181
Other- Nearby	910	369
Other not Nearby	520	188
No Access	679	470
Total percentage of the Households without access	1632	1485
	26.38%	14.22%

3.8 ELECTRICITY

According to Census 2001 up to a total of 4 043(63.35%) households are still using candles as a source of energy for lighting. A total of 1801 (29.11%) people has electricity . the average people using candles had increased from 51.48% to 65.35%.electricity and paraffin users has decreased from 32.35% to 29.11% and 15.48% to 4.23% respectively. There were no households using solar system in 1996 and 2001 there were 12.the figures of electricity users shall change drastically in the next Census statistics because Eskom had reticulated the area of Inkosi Khumalo area known as Emxhakeni in 2007 and Berouw in the beginning of 2008.

Households	2001	1996
Electricity	1801	1122
Gas	30	10
Paraffin	262	537
Candles	4043	1788
Solar	12	-
Other	38	0

3.9 SPORTS AND RECREATION FACILITIES

There is great difference between the sport facilities and community halls in the whole Municipality are. The urban area enjoys a fair distribution of sports facilities and community halls. The District municipality has received funds from the Department of Sports and Recreation amounting to R 1, 3 to construct the sports field. The Municipality

has once again identified Bendsdorp as the area to construct the sport field, because the area is densely populated.

3.10 SOCIAL PROFILE

3.10.1 Education and Training

The level of illiteracy in our Municipality is high with up to 25% of the population who are over 20 years having not attended school. 11% of the population has completed Grade 12 and 4 % has attended higher education in terms of the 2001 Census Statistics.

Persons	2001	1996
No schooling	4 500	3 211
Completed primary	1 238	8 94
Secondary	4 120	2 407
Grade 12	1 976	906
Higher	792	279

In terms of Amajuba Baseline Data (2001) in Emadlangeni municipality IDP (2008/2009) the illiteracy level has decreased from 25% of the population to 10% in 2005.

There are forty nine (49) schools in Utrecht municipal area. Nineteen of them offer education up to grade 7(standard 5). The key issues in terms of the integrated development plan, additional classrooms are needed in all schools there is a need for cottages for educators to avoid long distance traveling of educators to schools.

The infrastructure for schools should be upgraded. Schools need water, sanitation and electricity in the rural areas .there is a need for pre-school facilities and an upgrade of schools to offer grade 12 (Matric) in rural areas. A lot of households send their children to

relatives, friends and acquaintances for the sake of getting high school education. This disintegrates family life and subjects female children to unwanted pregnancies.

3.10.2 Health and HIV AIDS

There is one (1) hospital which is called Niemeyer, which services the whole of Emadlangeni Municipal area. The nearest hospital is in Madadeni hospital which is 49 kilometers away from Utrecht (Emadlangeni). Access to the hospital is reasonable although the majority of community members walk more than ten (10) kilometers to get to the facility.

A new clinic has been built and completed in 2008 and will be in use during 2008\2009 financial year. There are 35 points in the whole area which is being visited by mobile clinic. There is a depot for the ambulances which are dispatched from Newcastle. The response is now improving. HIV \AIDS statistics in the District according to the Department of are 40% in 2001 and this figure declined to 38% in 2004. These figures are worrying because they affect planning of infrastructure and the households requiring services place a high demand on health care facilities and social services. The key issues for health services in terms of our integrated development plan (IDP) is a need for clinic in rural areas, upgrade of heath facilities in Utrecht, the relocation of the ambulance service to Utrecht and the need for the evaluation of the locality of mobile clinics.

3.10.3 Social development

A major social development issue facing Emadlangeni Municipality is that pensioners are forced to travel long distances to get their pension payouts and social grants. Transport is the major challenge. There is a scarcity of public transport for pensioners. In areas, where there is some kind of transport, the transport is available only once a day. The access of the

pension payouts need to be improved. The following is the list of poverty alleviation projects implemented in Utrecht by the Department of Social Development:

- Candle making Zenzele Women Organization
- Community garden Siphamandla Organization
- Community garden Masibonisane Organization
- Art & Craft Thuthukani Organization
- Poultry Masithuthuke Organization

3.11 COMMUNITY DEVELOPMENT WORKERS

The municipality was allocated 3 community development workers. Two (2) of them have since passed away and there is one (1) left. The aim of this project is to bring government closer to people. The primary role of the community workers involves:

- Providing detailed analysis and ongoing updates of the profile of the community,
- Facilitating local areas planning at ward level,
- Linking communities with external institutions to access services and resources,
- Assisting the communities in translating their plans into concrete actions,
- Providing service providers to and the communities.

3.12 ENVIRONMENTAL PROFILE

The Municipality is made up of six (6) different bio-resources group

- Eight (8) moist highland:
- Nine (9) dry highland:
- Eleven (11) moist transitional tall grassland:
- One (1) dry tall grassland: and

- Fourteen (14) sand-lands.

The majority of the area of our municipality is made out of bio resource level group 8 and 14. There is severe frost in the mountainous area of our municipality in the winter. Forest patches appear on the slopes along the escarpments mainly in cooler and moist areas, grass grows to approximately 0.5m high.

3.13. SOCIO- ECONOMIC PROFILE

The government has set itself the following three developmental objectives, namely:

1. Growing the economy by more than 6% per annum;
2. Halving unemployment by 2014; and
3. Halving poverty by 2014.

According to SiVest (2004; p20), in Emadlangeni IDP(2008) the economy of the region as a whole has stagnated since the early 1980's, indicated by a decline in the GGP (Gross Geographic Product) with an associated reduction in formal employment opportunities. In terms of figures generated by the DBSA for the Amajuba Region (2003) the economy of the DM is growing at an average growth rate of 3.6% per annum for the period 2000 to 2003 and the growth rates for the Emadlangeni municipality during this period was -0.7% per annum. The growth rate is far below the 3.6% per annum of the DM. In terms of the percentage contribution of the DM to the provincial GVA, the Amajuba DM contributes 3.3% while Emadlangeni is contributing 0.1%.

Employment

The unemployment is high in the area as indicated in table below, up to 47.3% of the people are not working and only 52.7% are employed. From the census 1996 the rate of unemployment has increased by 24.18% in 2001 and further increased by 8.02%, in 2005. This may be as a result of the mine closure in Emadlangeni area.

Employment status

Persons	2005	2001	1996
% employment	52.7	60.7	84.9
% of unemployment	47.3	39.3	15.1
Total	100	100	100

Individual monthly income

The income level of Emadlangeni municipality is low, with 23 325 (72.26%) people having no income at all (this includes people who are not economically active). Some 4 342 (13%) people earn below R400, 2 425 (7.15%) people earning below R800 and 642 (1.9%) below R1 600 as indicated in table below only 1 544 (4.98%) people earn above R1 600.00. More people are still earning below R1 500 per month of which it is below the household subsistence level, i.e. the income required by the households to sustain a basic healthy living level.

From the people who responded during the Census 1996, it was indicated that the total number of 14 952 (73.76) people did not have an income at all and 3 897 (19.2%) earned between R1-800 and only 1421 (7.01%) people earned more than R800 per month.

Individual monthly income

Persons	2001	1996
None	23325	14952
R1 – 400	4342	1566
R401 – 800	2425	2331
R801 – 1600	642	437
R1601 – 3200	604	315
R3201 – 6400	628	549
R6401 – 12800	186	97
R12801 – 25600	58	13
R25601 – 51200	20	7
R51201 – 102400	38	3
R102401 – 204800	7	-
Over R204801	3	-

Source: Statistics SA Census 2001 in Emadlangeni IDP

Household income

According to the Amajuba Baseline Data Study the income level of households in Utrecht is very low with approximately 87% of households earning below R1500, which are then classified as indigent.

Household income

Category	Income category	Number of households	%
Indigent household	No income	1000	17.65
	1-600	2575	45.53
	601-1500	1440	25.42
Middle income household	1501-2500	365	6.45
	2501-3500	135	2.38
	3501-5000	125	2.21
High income household	5001-7500	15	0.27
	7501-10 000	5	0.09
	10 001-and above	0	0.0
Total number of household		5663	100

3.14 CHALLENGES OF EMADLANGENI (UTRECHT) AREA THAT ARE BEING REVIEWED FROM THIS COMMUNITY PROFILE ARE AS FOLLOWS:

- The inadequate living conditions of farm workers in terms of tenure security, the need for land and access to basic physical and social infrastructure.
- The development of the economy through the stimulation of the tourism sector through training, funding and the development of marketing opportunities.

- Lack of funding and vigorous awareness on HIV/AIDS through the local CBO's dealing with the Pandemic.
- The stimulation of the agriculture and SMME sectors through training, funding and the creation of development opportunities.
- The lack of social services and infrastructure in the area especially at the satellites sub satellites together with the associated basic infrastructure such as water and sanitation.
- Linking region economically and socially with the town through integrated transport system and road networks.
- The social and physical; impact of the lack of sound communication and communication systems such as telephones, radio and television.
- The upgrading and provision of infrastructure according to the needs created by the newly developed spatial strategy.
- The institutional and financial restructuring of the municipality.
- Addressing the needs of women, youth, disable and aged together with the development opportunities will serve as a guiding principle in each projects and programmes that will be implemented by the municipality.

3.14 SUMMARY

This chapter has given an overview of the challenges that the municipality is facing. These issues will then inform the strategic plan of the Emadlangeni Municipality in terms of the objectives, strategies and projects chosen to address those issues.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter explains how the research was conducted. It reviews the design of the study, the sampling methods, and the way in which data was collected and analyzed. It also entails a description of the ethical issues associated with study and steps taken to maintain high ethical standards.

4.2 METHODOLOGY

Methodology can be defined as the framework associated with a particular set of paradigmatic assumptions that researchers use to conduct their research. For example, scientific method, ethnography, action research (O' Leary, 2007).

4.2.1 Research design

Research design can be defined as a related directly to the testing of hypotheses. It is a specification of the most adequate operations to be performed in order to test specific hypotheses under given conditions (Bless & Higson- Smith, 2000). (Welman, 2001) defined a research design as a plan according to which the researchers obtain research participants (subjects) and collect information from them.

4.2.2 Description of a research design

According to Sarontakos in deVos, and others (2006) descriptive research design is quite common, in most cases as a preliminary study. Its aims are to describe social systems, relations, or social events, providing background information about the issue in question as well as stimulating explanations. Description research presents a picture of the specific details of a situation social setting or relationship, and focuses on “how” and “why” questions. Neuman in deVos, et, al (2006). The research, therefore, begins with a well-defined subject and conducts research to describe it accurately. Descriptive research can be a basic or applied research goal and can be qualitative or quantitative in nature (deVos, et, al, 2006). In qualitative studies according to Rubin and (2001) in deVos (2006) description is more likely to refer to a more intensive examination of phenomena and their deeper meanings, thus leading to thicker description, and a research strategy such as the case study would be applicable (Bless & Higson- Smith,1995) in (deVos, 2006).

4.3 QUALITATIVE RESEARCH METHODS

Creswell (1998) as cited in Creswell (2009:5) defines qualitative study as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. Terre Blanche and others (2007) asserted that with qualitative research, the aim is to understand how people live, how they talk, how they behave, and what captivates or distresses them.

This study is a descriptive study, qualitative research methods of collecting data were employed to address the research aim in this study. According to Punch (2005) qualitative research concentrated on the study of social life in natural settings. The qualitative approach enabled the researcher to develop complex holistic picture reports detailed views

of informants. It was the best approach because the researcher was able to collect data in a natural setting. During data collection the researcher was able to gain multiple meaning and also individual experiences concerning the study. Focus groups and individual interviews were used during data collection.

4.4 DATA COLLECTION

The study made use of open-ended interviews, which, were in-depth in nature and allowed the researcher to explore the topic of this study more openly, while allowing participants to express their opinions and ideas.

The interviews were carried out in two different ways; two (2) focus groups comprised 5 participants each group was interviewed differently. Then 6 face to face interviews were conducted in the participants' homes. This took place because it was impossible for the researcher to meet with these 6 participants at the same time because they live far away from one another. Furthermore, transport was a big issue, especially for those participants who live in the rural areas. The interviews lasted between 45 minutes and one hour. Furthermore schedules were developed to guide the researcher during interviews. All interviews were transcribed and translated from isiZulu to English language before analysis.

4.5 POPULATION SAMPLE AND SAMPLE METHODS

4.5.1 Sample

According to Bless and Higson- Smith (2000) a sample can be defined as the subset of the whole population which is actually investigated by a researcher and whose characteristics will be generalized to the entire population. For the purpose of this study, the sample frame consisted of 16 grandparents who were raising their grandchildren in Utrecht.

4.5.2 Purposive sampling

This sampling method is based on the judgment of a researcher regarding the characteristics of a representative sample. The sample was selected in deliberative and non-random fashion so as to gain rich data from individuals (grandparents) who had experiences in raising their grandchildren, while parents of their grandchildren are not present due to some various reasons, such as death, divorce, drug abuse, unemployment, abandonment etc.

4.5.3 Population

Bless & Higson- Smith (2000) population can be defined as a “target population”, population is the set of elements that the research focuses upon and to which the results obtained by testing the sample should be generalized. The population for the study was grandparents from Utrecht. This is a tiny rural town, which is fifty two (52) kilometers and sixty five (65) kilometers away from Newcastle and Vryheid, respectively (Emadlangeni Municipality Integrated Development Plan, 2008). Access to this rural town was gained from its Local Municipality which is Emadlangeni municipality. For this study the

population comprized grandparents aged between 56-and above years old, who are currently assuming a role of being caregivers to their grandchildren.

4.5.4 Sample size

Bless & Higson- Smith (2000) the major criterion to use when deciding on sample size is the extent to which the sample size is representative of the population. Sample size, the study consisted of 16 grandparents. Meetings with participants were held differently so as to maintain the acceptable number of participants when collecting data using focus groups. Scheduled face-to-face individual interviews were used to obtain data also.

4.6 VALIDITY AND RELIABILITY OF DATA

To ensure that the findings were accurate the reliability and validity of the study were taken into consideration. Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Babbie, 2004). While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure (Neuman, 2003).

Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trials. Without the agreement of independent observers who able to replicate research procedures, or the ability to use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories, or make claims about the generalizability of their research.

Reliability and validity are central issues in all measurement. In this study the researcher made sure that reliability procedures were followed, for example, these following procedures were adhered to:

- Transcripts were checked to make sure that they do not contain obvious mistakes made during transcription.
- The researcher made sure that there is not a drift in the definition of codes, and also a shift in the meaning of the codes during the process of coding.

The participants of the study were grandparents in Utrecht. Focus groups and face-to-face interviews were used to collect data transcripts and field notes were made during the interviews. The researcher observed that the instruments that were used were effective because the findings or the results obtained were valid.

4.7 DATA ANALYSIS

The analysis of data answers the question of how the researcher would arrange and other findings (Grinnell, 1993). Data analysis with this study occurred qualitatively, the researcher took all the collected data, which included field notes from focus groups and interviews transcripts, and begin to form a clearer understanding of the information. The researcher coded the data, conduct content analysis by looking for specific words for which themes were identified. Data analysis in this study also included tables, frequency and distribution percentage.

4.8 ETHICAL CONSIDERATIONS

All social research involves ethical issues. This is because the research involves collecting data from people, and about people (Punch, 2005).

Through out this study ethical principles were adhered to. Participants were informed about the purpose of the study and their consent for participation was obtained. Participants were also made aware that they could withdraw at any stage of the research process. Anonymity and confidentiality was ensured since participants names were asked during the interviews. The researcher strove to be honest, respectful and sympathetic towards all participants required debriefing after interview. The researcher made necessary referral to professionals who could provide psycho-emotional support and counseling for participants who needed such service.

4.9 SUMMARY

The third chapter has described the research process in depth, including the research design and methodology that was followed in the study.

CHAPTER 5

PRESENTATION AND DISCUSSION OF FINDINGS

5. INTRODUCTION

Chapter four has indicated how the data was collected. The instruments and procedures used to collect data were also indicated in the previous chapter. This chapter focuses on the results of the research. Analysis and interpretation of the data being collected will be presented in this chapter.

5.1 SECTION A

5.1.1 ANALYSIS OF BIOGRAPHICAL INFORMATION

Data is presented in a tabular form and for clarity a brief explanation follows each table.

5.1.2 FREQUENCY DISTRIBUTION OF RESPONDENTS ACCORDING TO AGE

5.1 Age

Age	Frequency	Percentage
56-65	7	44
66-and above	9	56
Total	16	100

The table above indicates the frequency distribution according to the ages of the participants. As it is illustrated above the total number of participants was sixteen (16). The number of respondents between the ages of 66 and above was 9 representing 56 percent of the total sample. Seven (7) respondents were between the ages of 56-65 representing 44 percent of the total sample.

5.1.3 DISTRIBUTION OF RESPONDENTS ACCORDING TO GENDER

The question of gender was asked in order to get a clear picture on the gender that is more prevalent to assume a caregiver's role to grandchildren.

5.2 Gender

Description	Frequency	Percentage
Female	11	69
Male	5	31
Total	16	100

Table 5.2 indicates that females respondents were eleven (11), representing 69 percent of the total sample. Five (5) respondents were males, representing 30 percent of the total sample. It was noticed that grandmothers were the ones who assumed the role of caregivers than grandfathers. Mudavanhu and others (2008) support the assertion that even in the households where there are two grandparents the grandmother is usually the one to assume the role of a caregiver.

5.1.4 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE GEOGRAPHICAL POSITION

5.3 Area

Description	Frequency	Percentage
Rural	13	81
Urban	3	19
Total	16	100

Table 5.3 indicates that the majority of the respondents were thirteen (13) from rural areas, representing 81 percent of the total sample. The minority of respondents were from urban areas 3, representing 19 percent of the total sample.

5.2 SECTION B

5.2.1 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE PERIOD AS PRIMARY CAREGIVERS TO THEIR GRANDCHILDREN

5.4 The period of respondents being caregiver

Description	Frequency	Percentage
Below 1 year	3	19
2to 3 years	5	31
4 years and above2	8	50
Total	16	100

Table 5.4 illustrates that eight (8) families representing 50 percent of the total sample lived with their grandchildren for the period of 4 years above. Whereas five (5) families, representing 31 percent of the sample lived with their grandchildren for the period between

2-3 years. Furthermore, three (3) grandparents-headed families, representing 19 percent had been living with grandchildren for the period that is less than a year.

5.2.2 THE DISTRIBUTION ACCORDING TO THE CAUSES FOR GRANDCHILDREN TO LIVE WITH THEIR GRANDPARENTS

5.5 The causes for grandchildren to live with their grandparents

Description	Frequency	Percentage
Death	8	50
Unemployment	3	19
Abandonment	2	13
Drug abuse	2	13
Other causes	1	6
Total	16	100

Table 5.5 indicates that death was the main cause for grandparents to live with their grandchildren, as indicated by eight (8) respondents, representing 50 percent of the total sample. Then, unemployment was noticed as another cause as it had three (3) respondents, representing 19 percent of the total sample. Furthermore, abandonment was viewed as another cause as it had two (2) respondents, representing 13 percent of the sample. Moreover, drug abuse was viewed also as a cause as it had two (2) respondents, representing 13 percent of the total sample. Finally, one (1) grandmother mentioned other causes that led her to remain as the caregiver, representing 6 percent of the total sample.

The American Association of Retired Persons(2006) in Grant & Ray,(2006) states that grandparents and other relatives assume a parenting role for many reasons, including the

death of the child's parents, parental divorce, unemployment, and drug and alcohol abuse, which may lead to serving a jail sentence, or teenage pregnancy.

4.2.3 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE CAUSES OF DEATH OF THEIR OWN CHILDREN

5.6 Causes of death

Description	Frequency	Percentage
Sickness	8	50
Still alive	5	31
Car accidents	2	13
Murdered	1	6
Total	16	100

Table 5.6 illustrates that eight (8) participants reported that their own children passed away due to illness, representing 50 percent of the total sample. However, five (5) participants reported that their own children were still alive; representing 31 percent of the total sample. Two (2) participants reported that their own children passed away due to car accidents, representing 13 percent of the total sample. One participant reported that her child was murdered, representing 6 percent of the total sample.

5.2.4 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE TYPE OF GOVERNMENT GRANTS THEY RECEIVE

5.7 The type of grants they receive

Description	Frequency	Percentage
Child support grant and old age grant	6	38
Child support grant only	4	25
Old age grant only	4	25
No grant	1	6
Foster grant only	1	6
Total	16	100

According to Table 5.7 the number of respondents who received child support grant and old age pension were 6, representing 38 percent of the total sample. Four (4) participants reported that they received child support grants only, representing 25 percent of the total sample. Another four (4) participants reported that they received old age pension grant, representing 25 percent of the total sample. The number of respondents who indicated that they received foster care grants was only one participant, representing 6 percent of the total sample. One respondent did not receive any social assistance. In South Africa, older people may be eligible for child support grants but very few of these grants are accessible.

Tloubatla (2009) argues that 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. However, Nduru in Tloubatla (2009) states that the problem

faced by senior citizens in South Africa, also occurs in neighboring countries. Grandparents continue to be discriminated against and they have no say in issues pertaining to their lives in general.

5.2.5 DISTRIBUTION OF RESPONDENTS ACCORDING TO GRANDCHILDREN WHO ATTEND SCHOOL

5.8 Grandchildren who attend school

Description	Frequency	Percentage
Yes	14	88
No	2	12
Total	16	100

Table 5.8 indicates that 14 respondents reported that their grandchildren attend school, representing 88 percent of the total sample. However, 2 respondents reported that their grandchildren did not attend school, representing 12 percent of the total sample.

Nhongo, (2004) argues that many older people in Africa and other parts of the world have no option but to become ‘Africa’s Newest Mothers’. Beales (2002) suggests that there is little support for grandparents who care for AIDS orphans. As a result, grandchildren drop out of school in order to support themselves and their aged carers. Furthermore, school attendance by children from grandparents headed household is often poor and many drop out because of work commitments or lack of financial resources.

5.2.6 DISTRIBUTION ACCORDING TO GRANDPARENTS WHO HAVE VEGETABLE GARDEN AT HOME

5.9 Vegetable garden at home

Description	Frequency	Percentage
No	9	56
Yes	7	44
Total	16	100

Table 5.9 above illustrates that out of 16 respondents, 9 respondents reported that they did not have vegetable garden at their homes, representing 56 percent of the total sample. Then 7 respondents reported that they had vegetable gardens, representing 44 percent of the total sample.

5.2.7 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE VARIOUS WAYS OF ELEVATING POVERTY

5.10 Ways of elevating poverty

5.10 Ways of elevating poverty

Description	Frequency	Percentage
Farming	7	44
No means	4	25
Stokvels/savings clubs	3	19
Sell hand-work /clothes selling	2	13
Total	16	100

Table 5.10 above describes the ways that grandparents use to alleviate poverty. Seven (7) participants reported that they obtained food by cultivating and they also mentioned that they also have some cattle such as cows for milk and meat, representing 44 percent of the total sample. However, four (4) participants reported that they did nothing to alleviate poverty, representing 25 percent of the total sample. Furthermore three (3) participants reported that they were involved in the stokvel groups or savings clubs, representing 19 percent of the total sample. Moreover two (2) participants reported that they secured food through selling their handwork such as doormats, representing 13 percent of the total sample.

5.2.8 DISTRIBUTION OF RESPONDENTS ACCORDING TO PHYSICAL WELL- BEING

5.11 Physical well- being

Description	Frequency	Percentage
Arthritis	7	44
Diabetics	4	25
Other health sickness	3	19
Eye diseases	2	13
Total	16	100

The table above indicated that most grandparents were arthritic, as we can see from the table that seven (7) respondents are representing 44 percent of the total sample. Four (4) respondents reported that they were diabetic, representing 25 percent of the total sample. Three (3) respondents reported that they had other health illnesses, representing 19 percent

of the total sample. Two (2) respondents reported that they had eye diseases, representing 13 percent of the total sample.

According to Hughes in Foster (2004) the elderly caregivers are usually at risk not only of chronic illnesses, such as arthritis, high blood pressure, cardiovascular and respiratory conditions but also of neglected health if these conditions are not treated. This situation may exacerbate poor health and impact on coping abilities.

5.2.9 DISTRIBUTION ACCORDING TO GRANDPARENTS THAT ARE BEING SUPPORTED BY THEIR EXTENDED FAMILIES IN RAISING THEIR GRANDCHILDREN

5.12 Extended families support

Description	Frequency	Percentage
No	10	63
Yes	4	25
Sometimes	2	13
Total	16	100

The table above illustrates the participants that were supported by their extended families in raising their grandchildren. Ten (10) participants reported that they did not get any support from their extended families, representing 63 percent of the total sample. Four (4) respondents reported that they did get support from their extended families, representing 25 percent of the total sample. Then, 2 participants reported that they sometimes received support from their extended families, representing 13 percent of the total sample.

5.2.10 DISTRIBUTION ACCORDING TO THE TYPES OF THE HOUSEHOLDS PARTICIPANTS LIVE IN

5.13 The types of households

Description	Frequency	Percentage
RDP	6	38
Mud houses	5	31
Standard houses	3	19
Shack	2	13
Total	16	100

The table above indicates the types of homes that the participants lived in. Six (6) participants reported that they lived in the RDP houses, representing 38 percent of the total sample. However, participants that lived in the rural areas they still live in mud houses, representing 31 percent of the total sample. Three participants from urban area lived in the standard houses, representing 19 percent of the total sample. Then, 2 respondents reported that they still live in shacks, representing 13 percent of the total sample.

According to Zirimenya (1999) the problem of inadequate housing is one of the serious challenges faced by grandparents living with orphaned grandchildren. Grandparents sometimes share the same inadequate accommodation with their own children and grandchildren. Some grandparents face the challenge of trying to accommodate one or more orphaned children in their state provided housing namely, the Reconstruction and Development Program (RDP) houses.

5.2.11 DISTRIBUTION OF RESPONDENTS ACCORDING TO EMOTIONAL PROBLEMS

5.14 Emotional problems

Description	Frequency	Percentage
Stress and Depression	10	63
Helplessness and feelings of inadequacy	4	25
Anxious of death	2	13
Total	16	100

Concerning coping in terms of emotional well-being, most of the participants had some commonalities here and there. Most of them reported that they felt stressed to gain this role of becoming caregivers again. Table 5.14 illustrates that Ten (10) respondents reported that they usually experience feelings of stress and depression, representing 63 percent of the total sample. Furthermore, four (4) respondents reported that they experience feelings of helplessness and inadequacy, representing 25 percent of the total sample. Moreover, two (2) respondents also reported that they now afraid that they are going to die and live their grandchildren suffer alone, with no one to take-care of them, representing 13 percent of the total sample.

Tloubatla (2009) states that elderly people often complain about problems such as depression, stress and burnout, feelings of inadequacy, helplessness, guilt and loss of self-esteem and confidence. Grandparents may also deny their health problems and possibly their stressful situation. They may be anxious that their grandchildren might die if the parent died of AIDS related illnesses.

5.2.12 THE DISTRIBUTION OF RESPONDENTS ACCORDING TO COMMUNITY -BASED SUPPORT

5.15 Community support

Description	Frequency	Percentage
No community support	6	38
Churches	4	25
Community support networks	3	19
Grandmother's support groups	3	19
Total	16	100

Table 5.15 illustrates that six respondents reported that they did not get support from the community, representing 38 percent of the total sample. Although 4 respondents reported that churches played a huge role in supporting them, this represents 25 percent of the total sample. Three (3) respondents reported that they obtained support from community support networks that are met to assist them, representing 19 percent of the total sample. However, three 3 respondents reported that they received support from grandmothers support groups. Van Dyk (2005) suggests that the church and other religious organizations have a crucial role in providing support, faith and hope to the elderly care givers. The church, through its practices, can provide a climate of love, acceptance and support by reflecting on the issues raised by the AIDS pandemic.

5.2.13 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE PSYCHO-SOCIAL DIFFICULTIES THEY EXPERIENCE IN RAISING THEIR GRANDCHILDREN

5.16 Psycho-social difficulties

Description	Frequency	Percentage
Behavioral problems	7	44
Teenage pregnancy	5	31
Substance abuse	4	25
Total	16	100

Table 5.16 illustrates that respondents experience these psycho-social difficulties. As we can see that seven (7) respondents reported that they had experienced behavioral problems with their grandchildren, representing 44 percent of the total sample. Furthermore, five (5) respondents reported that they had problems in their homes because their grandchildren fell pregnant while young, representing 31 percent of the total sample. Four (4) respondents reported that they experienced problems that are related to substance abuse, representing 25 percent of the total sample.

5.2.14 DISTRIBUTION OF RESPONDENTS ACCORDING TO THE PROBLEMS THAT ARE RELATED TO THE GENERATION GAP

5.17 Generation gap

Description	Frequency	Percentage
Sexual health education	8	50
Lack of respect / Lack of discipline	4	25
Changes in educational systems	4	25
Total	16	100

Table 5.17 illustrates the problems that are related to generation gap, that were being experienced by respondents. Eight (8) respondents reported that they were not capable of educating their grandchildren about sexual health education, representing 50 percent of the total sample. However, 4 respondents reported that they viewed the lack of respect and discipline to their grandchildren, representing 25 percent of the total sample. Then, another four (4) respondents reported that changed educational systems caused problems for them as grandparents, to be unable to provide academic and homework assistance, representing another 25 percent of the total sample.

5.2.15 THE DISTRIBUTION OF RESPONDENTS ACCORDING TO THE DIFFICULTIES IN ACCESSING GOVERNMENT AID (financial assistance)

5.18 Difficulties in accessing government aid

Description	Frequency	Percentage
Government officials ignorance\long queues	7	44
Lack of birth certificates/ ID Books	6	38
Long distance to get help/transport problems	3	19
Total	16	100

Table 5.18 illustrates the respondents according to the difficulties that hampered the respondents in getting government aids. Seven (7) respondents reported that government officials were ignorant toward attending their matters and, they further reported that they got long queues, representing 44 percent of the total sample. Six (6) respondents reported that they lack birth certificates and identity documents, representing 38 percent of the total sample. Three respondents reported that they had to travel long distances to get help. They further, reported that they experienced transport problems, representing 19 percent of the total sample.

5.2.16 THE DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR BASIC NEEDS

5.19 The basic needs

Description	Frequency	Percentage
Food	7	44
Houses	6	38
Water	3	19
Total	16	100

Table 5.19 illustrates the respondents according to their basic needs. Seven (7) respondents reported that they needed food to survive, representing 44 percent of the total sample. Six (6) respondents reported that they needed houses, representing 38 percent of the total sample. Also, three (3) respondents reported that they needed water, representing 19 percent of the total sample.

5.3 SUMMARY

In this chapter the findings of the study have been reported, interpreted and discussed. The study has revealed that grandparents who raised their grandchildren experienced various challenges. This task is not easy for them as they faced many difficulties, such as emotional, financial, and physical difficulties.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter the research presents the findings of the study, draws conclusions and makes recommendations. The objectives of the study are also restated.

6.2 FINDINGS AS PER THE OBJECTIVES OF THE STUDY

- i. To examine the experiences of becoming a parent again from grandparents.
- ii. To discover community based services that assist grandparents in supporting and raising their grandchildren.
- iii. To suggest alternative ways in alleviating poverty among these families.
- iv. To explore generation gap and its impact in psycho-social difficulties.

6.3 THE EXPERIENCES OF BECOMING A PARENT AGAIN FROM GRANDPARENTS

The findings revealed that to become a parent again for grandparents is a frustrating experience.

Grandparents reported that they had no plans on raising a second family. Undertaking the full-time responsibility for raising grandchildren causes major changes in their lives. Furthermore, they mentioned that as they were confronted with the demands of parenting for a second time and that they also struggled with the family conditions that led to the situation. For example, in this study the participants reported that death, unemployment, abandonment, drug abuse and other causes are the reasons for them to raise their grandchildren.

In addition, they also mentioned that this (new) role often includes physical, emotional, social, and financial challenges that were not present when they raised their own children.

The findings of this study also revealed that physical constraints are viewed as a challenge for grandparents who raised grandchildren. This study confirms what Fuller-Thomson, et,al assumed that the elderly caregivers are usually at risk not only of chronic illnesses, such as arthritis, high blood pressure, cardiovascular and respiratory conditions but also of neglected health if these conditions are not treated.

It also revealed that respondents were in short of basic needs such as food, water, houses and clothes. Moreover, the most challenging hardship in this study was financial hardship. Respondents mentioned that obtaining financial assistance from the government was a problem due to the fact that other grandchildren did not have birth certificates. Furthermore, obtaining birth certificates was viewed as hassle ,as it entailed long queues at Home Affair Departments, traveling long distances to get help, transport problems and that government officials are sometimes ignorant and their ignorance lead to pointless delays.

6.4 THE COMMUNITY- BASED SERVICES THAT ASSIST GRANDPARENTS IN SUPPORTING AND RAISING THEIR GRANDCHILDREN

From the study conducted with grandparents on challenges they experience in raising their grandchildren, some participants mentioned that they received community support either from community centres or groups that are met to assist grandmothers. However, for

grandparents who live in deep rural areas in Utrecht they reported that they did not get community support. They mentioned that their homes are situated far away from one other, so it is difficult to have meetings together as grandparents. They also mentioned that they had transport problems to gain access to community centres as they are situated far away from them. They further reported that they did not have enough money to travel long distances to get assistance.

6.5 ALTERNATIVE WAYS IN ALLEVIATING POVERTY AMONG THESE FAMILIES

This objective was achieved because most respondents were able to mention the various ways in alleviating poverty among their families.

The various ways mentioned by the respondents were as follows, farming, and stokvels, community project, hand-work (mats) and vegetable gardens. Some respondents mentioned that had cattle, they obtained milk from cows. Some of them especially those who lived in deep rural areas mentioned that they also have meal fields, and sometimes they sold maize to survive. However, other participants reported that they did nothing to alleviate poverty, counting different reasons such as that they now lack energy because of various chronic illnesses. Other respondents mentioned that they alleviate poverty by joining savings clubs (stokvels).

6.6 GENERATION GAP AND ITS IMPACT IN PSYCHO-SOCIAL DIFFICULTIES

Grandparents provide a bridge to the past by acting as sources of family history, heritage and traditions: storytellers who kept grandchildren aware of their own family experiences and their culture. However, one of the objectives of this study was to assess the generation

gap and its impact in psycho-social difficulties. The findings of this study revealed that there are some difficulties that grandparents experience in raising their grandchildren. Some respondents mentioned that their grandchildren had behavioral problems; others reported that their grandchildren fell pregnant even though they were still fairly young. Others reported that their grandchildren abused drugs.

Grandparents and their grandchildren have their ups and downs when it came to forming a relationship. The reason is the generation gap that comes between them. Grandparents and grandchildren are at least two generations apart and the circumstances under which each one of them was growing are completely different. This study confirmed that, grandparents find it difficult to teach or give advice to their grandchildren concerning sexual health education, some grandparents reported that they were unable to help their grandchildren with homework, because of limited expertise with current advice school subjects.

In addition, today's grandchildren think differently, speak differently and have completely different values compared to their grandparents. This also plays a big role in creating the generation gap between grandparents and their grandchildren.

6.7 RECOMMENDATIONS OF THE STUDY

a. Counseling

It is recommended that counseling be offered to elderly caregivers and it would be necessary to avert their emotional difficulties and be able to face their new realities and be capable to care even for bereaved grandchildren. To bridge generation gap training and education activities with clear statements about how times have changed, and how important is to update, develop new skills and acquire new knowledge should be insisted during counseling sessions.

b. Support groups

Support groups are also recommended to empower grandparents to define their needs, develop strategies, and take action to meet those needs whether they are for services such as stress management and parenting classes or medical care for their grandchildren. They can be an important resource to address directly emotional problems reported by grandparents.

The government should develop organizations or a community centre that will build capacity and empower grandparents to cope with challenges of re-parenting through programmes that would:

1. Improve grandparents' abilities to contribute to household income;
2. Provide psycho social care;
3. Provide education regarding HIV/AIDS, parenting skills, child-care, nutrition, healthy ageing, bereavement, household budgeting and Child Rights;
4. Provide workshops on skills training, income generation and food gardening;
5. Engage and support grandparents in income-generating projects;
6. Train grandparents to train others, for example to teach others skills to do handwork and other important strategies to alleviate poverty, these skills would play a huge role in enhancing the livelihoods of these families.
7. Assist grandparents in accessing grants and securing their pensions;
8. Increase grandparents' access to supportive community services.
9. Train volunteers in community care programs in family assessment and supervision

10. Promote the establishment and development of community care programs especially in the rural areas because they have limited access to social welfare departments

6.8 OTHER RECOMMENDATIONS

- i. Agriculture plays a major role in poverty alleviation, promoting smallholder agricultural growth can be an effective strategy to reduce rural poverty and income inequality.
- ii. Furthermore, the transport needs for people who live in rural areas should be provided and the basic needs such as water, food, social welfare, health and education should be addressed as well.

6.9 CONCLUSION

The findings of the study confirmed that grandparents do not come into the parenting role, unless there has been a significant disruption in the family. This means that they do not choose or plan to assume this role of parenting again. This role to some grandparents is more difficult as they have physical problems that restrict their ability to fully participate in their grandchildren's lives. Nevertheless, programs that would furnish grandparents to cope with these difficult situations should be developed.

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REQUEST FOR PERMISSION TO DO RESEARCH WITH GRANDPARENTS AS THE SAMPLE

Sir/Madam

I am a student at the University of Zululand, doing Masters in Community Work. I would like to have permission to do research using grandparents in your area as part of my study sample.

The proposed research is aimed at assessing the challenges experienced by grandparents in raising their grandchildren in Utrecht in Kwa-Zulu Natal.

I am hoping that the finding of the study will be of assistance in planning for educational programs for grandparents, when needed.

Thank you for giving this matter your attention.

Yours sincerely

Ntombifuthi Richness Lunga

.....

QUESTIONNAIRE

Dear prospective participant

The researcher Ms N.R. Lunga is conducting a research study on **“The challenges experienced by grandparents in raising their grandchildren in Utrecht in KwaZulu Natal”**. You are requested to volunteer to participate in this study. All information will be treated with the strictest confidentiality.

Thank you for your co-operation

SECTION A

Analysis of biographical information

1. Gender

Male	
Female	

2. Age Group

56-65 years	
66- and above	

3. Geographical Position

Urban		Rural	
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SECTION B

1. How long have you been living with your grandchildren?

2. What are the causes for grandchildren to live with you as a grandparent?

SECTION A

Analysis of biographical information

1. Gender

Male	
Female	

2. Age Group

56-65 years	
66- and above	

3. Geographical Position

Urban		Rural	
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SECTION B

1. How long have you been living with your grandchildren?

2. What are the causes for grandchildren to live with you as a grandparent?

3. What are the causes of death of grandchildren's parents?

4. What are the types of government grants that you receive as a grandparent?

5. How many grandchildren attend school?

6. Do you have a vegetable garden at home?

7. What do you do to maintain food security?

8. What are your physical problems?

9. Do you get support from the extended families in raising your grandchildren?

10. What types of the households do you live in?

11. How do you cope in terms of emotional well-being?

12. Do you get any community- based support?

13. What psycho-social difficulties do experience in raising your grandchildren?

14. Do you have many related generation gap problems at home?

15. Have you ever had any difficult experiences in accessing government aid? If yes how?

16. What are your the basic needs as caregivers?

Thank you for your participation!!!

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