

**EXPERIENCES OF GRANDMOTHERS IN RAISING THEIR GRANDCHILDREN
IN THOHOYANDOU, VHEMBE DISTRICT, LIMPOPO PROVINCE,
SOUTH AFRICA.**

By

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DECLARATION

I, Damian Jessica Uchechi declare that, the mini-dissertation titled: ***Experiences of grandmothers in raising their grandchildren in Thohoyandou, Vhembe District in Limpopo Province, South Africa*** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that it was never submitted to any other institution.

Signature.....

Date

DEDICATION

This project is dedicated to almighty God, my source of strength. To my husband, Lucas Damian, for his unwavering support.

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ABSTRACT

The phenomenon of grandparents raising their grandchildren is not new in different parts of the world. It has been noted that taking up a parental role has become the norm for grandparents, especially the grandmothers. This study aimed to explore the experiences of grandmothers in raising their grandchildren in Thohoyandou. Specifically, it aimed to establish the reasons why grandmothers in Thohoyandou are involved in raising their grandchildren, to identify and describe the challenges experienced by grandmothers in raising their grandchildren in Thohoyandou and finally, to establish the coping mechanism being used by these grandmothers to address the challenges being experienced by them.

The study was conducted in Thohoyandou Block J which is situated in Thulamela municipality in Limpopo Province, South Africa. A qualitative method using an interpretative phenomenological approach was used. Ten grandmothers who were raising their grandchildren were selected through snowball sampling method. The researcher sought the help of a home-base care worker at Muledane clinic to have access to the first grandmother after which the remaining grandmothers were referred by the known participant. Individual in-depth interviews were used to get information from them, using an interview guide. Each grandmother signed a consent form and then gave permission for the interview to be audio-recorded. Pseudo name were used in order to protect the participants. Data were transcribed verbatim, coded into themes and sub-themes using inductive thematic analysis. Themes that emerged include, changes in grandmothers' role, feeling towards the role change, socio-economic factors that affect care-giving grandmothers, health of grandmothers, strategies for better living. Findings revealed that different reasons exist which made grandmothers to take up the responsibility of raising their grandchildren, grandmothers are affected negatively in their caregiving role and their main source of income are the child-support and pension grant (for those that are eligible).

Keywords: experiences, grandmothers, raising, grandchildren.

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LIST OF ACRONYMS AND ABBREVIATIONS

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

1. INTRODUCTION

1.1 Background of the study

The role of grandmothers in households has changed a lot over time. Traditionally, when a parent learns that he or she is soon to become a grandparent, there is an anticipation of indulging and spoiling the new grandchild and many new grandparents usually feel excited about being able to have some fun with the little one without taking full responsibility of raising the child (Glass & Huneycutt, 2002). Grandparents consider their role to be that of a companion and friend to grandchildren, helping to maintain a sense of family identity and continuity, as well as inculcating moral beliefs and values into grandchildren (Cox, 2000).

1.1.2 Who are grandparents raising their grandchildren?

There is not just one face of grandparents raising grandchildren in history. According to Low (2013), no official position is attached to being a grandparent in the South African law. Despite this lack of information, grandparents providing childcare are likely to be females and they span a large age range when compared to other groups of care givers. They can be aged from their 30s through to their 80s, with a partner, with a high educational level, in a high-wealth range, in good health and with differently-aged grandchildren (Glaser, Price, Gesa, Ribe, Stuchbury & Tinker, 2013; Purcal, Brennan, Cass & Jenkins, 2014). Grandmother as caregivers' in the past decade have been responsible for major changes in childrearing. Although grandparents have cared for their grandchildren throughout history, there has been an increase in the phenomenon of grandparent as caregivers over the past 20 years in South Africa (Lekalakala-Mokgele, 2011).

In the United States of America, the 2012 Census Bureau's record shows that there are 2.7 million grandparents who are responsible for the basic needs of their grandchildren who live with them (Ellis & Simmons, 2014) while, over 500,000 African-Americans, aged 45years and above were estimated to be raising grandchildren (Fuller-Thomson & Minkler, 2005). Moreover, from the Taiwanese Directorate General of Budget & Accounting Statistics (2010), the 1988 census identified 39,500 households in which children were being raised by grandparents, while in 2010 it was estimated that 86,900 children now live in households headed by grandparents (Chang & Hayter, 2011).

The records of the General Household Survey carried out by South African Human Right Commission and The United Nations Children’s Fund (UNICEF) in 2011, indicate that in South Africa, only one in three children live with both biological parents, and 61% of the children not living with either parent reside with their grandparents (Kelley, Whitley & Campos, 2010; Louw, 2013). Jamieson *et al.* (2011) also emphasize that parenting in South Africa has long been distinguished by the presence of multiple care-givers and the involvement of broad kinship networks in the lives of children, both with and without living parents. With the importance of the role that the extended family plays in African culture, it is not surprising that grandparents are the single most important category of care-givers, besides the actual biological parents of a child, to assume the responsibility for caring and raising children in South Africa (Louw, 2013).

1.1.3 Global trends on grandmothers raising their grandchildren

Over the past two decades, international research has documented a steady growth in the number of women with responsibility for raising their grandchildren. The situation is such that the grandmothers either takes up the responsibility of being the care-giver or risk their grandchildren going into foster care (Karp, 1993; Gladstone, Brown & Fitzgerald, 2009; Hayslip & Kaminsky, 2005).

Studies conducted across Europe show grandmothers are playing a key role in providing both intensive and occasional care for their grandchildren; for instance, the British Social Attitudes (BSA) survey carried out in Britain showed that about 63% of grandparents with grandchildren under 16 are providing care for them while in the U.S.A a little more than 7 million grandparents have been reported to live with at least one grandchild under the age of 18 in the same household during the year 2010 (Glaser *et al.*, 2013; Wellard, 2011; Brotherson & Saxena, 2013). Also in countries such as Portugal, Spain, Italy and Romania, studies showed that grandparents play a major role when it comes to providing intensive childcare for their grandchildren. Reasons for this include the fact that welfare payments to mothers at home are limited, there is little formal childcare for the parents and few opportunities for mothers to work part-time. While in Sweden and Denmark and to a lesser extent, France the reverse is the case (Glaser *et al.*, 2013).

With regard to age, the National Survey of Families and Households in the United States of America (USA) shows that roughly two-thirds of those with children of childbearing age are grandparents and at least 80% of families contain three generations. As a result, more adults now have a sustained experience as grandparents and the social salience of grand parenting has

increased (Szinovacz, 1998; Friedman, *et al.*, 2008). However, Silverstein and Marenco (2001) report that younger U.S.A grandmothers tend to live closer to and have greater contact with their grandchildren, whereas older grandmothers provide financial assistance. Furthermore, a survey of health, ageing and retirement in Europe (SHARE) shows that there is less provision of intensive childcare in countries with high percentage of older women in paid- work, while a British evidence suggests that the provision for child care peaks among women in their 50s and 60s (Gray, 2005; Glaser *et al.*, 2013).

Like other Western countries, New Zealand has seen a rapid increase in the number of children in kinship care. Worrall as cited by Campbell and Handy (2011), estimates that over 10,000 New Zealand children are currently being cared for by relatives, primarily maternal grandmothers, on a long term basis. Unlike many developed countries like USA where grandmothers are responsible for raising their grandchildren for reasons such as parental substance abuse, child neglect, child abuse (Bowers & Myers, 1999; Dowdell, 2004) or mothers being imprisoned (Ruiz, 2002), in Taiwan, most grandmothers have taken the responsibility as the primary care-givers to their grandchildren because the parents of the child are going through a divorce process or working away from home (Chang, 2008).

In terms of race, older Black women, historically, have more morbidity, are highly represented as grandparents in the primary caregiver population, and they have higher odds of being grandmother care-givers than those of other races. This high dependency on black grandmothers may be due to their resilience which they show during hard times and also as they can bring their family together with their love (Franklin, 2015). These factors place Black grandparents (specifically grandmothers) at higher risk of decline in physical and mental health than their White counterparts (Pruchno, 1999).

A careful analysis of South African social history will attest to the central role played by grandparents in looking after their children's children, whether they are orphaned or not (Bray 2003). Furthermore, the improving health and longevity of grandparents coupled with the decline in the socio-economic conditions in South Africa will in all likelihood, increase the dependence placed on grandparents (especially grandmothers) as care-givers (Louw, 2013). For example, in South Africa, over 80% of the children who do not have their biological parents living in the same household, live with their grandparents (Stats SA, 2012). According to these statistics, some conditions which led to this increase include, the high divorce rate, the growing number of single-

parent (mainly single mother) households of which the percentage is 54.4% (female-headed) in Thulamela municipality of Vhembe district where my study area is located (Stats SA, 2011). The rising rate of unemployment (Holborn & Eddy, 2011), the increase in drug and alcohol abuse, the level and extent of poverty in South Africa have all been identified as contributory.

Harper and Ruchieva (2004) report that women have stronger social and psychological roles as family caregivers and 'kin-keepers' with a greater commitment to maintaining family lineage, hence, in most societies, especially in Africa, grandmothers assume the role of caregivers to their grandchildren. This study is aimed at exploring the experiences of grandmothers in raising their grandchildren in Thohoyandou, Thulamela Municipality of Limpopo Province.

1.2 Problem statement

The researcher is a nursing mother who usually takes one of her children to the primary- health clinic for immunization and regular check-up. With the assumption that post-natal check-up for babies and regular check-up for children are supposedly done with a parent or both parents of the child in attendance, the researcher observed that at the clinic, it is usually the grandmothers who take up this responsibility. Moreover, the researcher noted through her discussion with some of the grandmothers that parenting a second time is not as easy as it was the first time with their own children.

The researcher noted that at the Department of Social Development, and also at Muledane clinic in Thohoyandou, there is no record or statistics with regards to grandmothers that are raising their grandchildren because they are not in foster care, despite the fact that this situation exists. The health workers at the clinic also confirmed that grandmothers are now usually seen bringing their grandchildren to the clinic. It is against this background that the researcher explored the experiences of grandmothers raising their grandchildren in Thohoyandou.

1.3 Rationale for the study

Globally, several studies (Glaser *et al.*, 2013; Kelly *et al.*, 2013; Backhouse & Graham, 2010; Chang & Hayter, 2011; Chohan, 2010) have been conducted on different issues related to grandmothers raising their grandchildren. In South Africa, different studies have been conducted on the experiences, coping strategies and empowerment of grandparent as care-givers of children orphaned by HIV/AIDS (Tloubatla, 2009; Phetlhu & Watson, 2014; Wood, 2011; Potterton, Stewart, & Cooper, 2008; Hlabyago & Ogunbanjo, 2009). There is however no known

documented study on the experiences of grandmothers raising their grandchildren in the context of Thohoyandou Thulamela Municipality, Vhembe district in Limpopo Province South Africa.

1.4 Significance of the study

The results from this study may enrich the nation especially the civic leaders and chiefs with information with regards to the experiences of grandmothers in raising their grandchildren, in Thohoyandou. Furthermore the results of the study may provide standard information that may assist the Department of Social Development and Health planners to design effective strategies directed towards dealing with challenges that are encountered by grandmothers who are raising their grandchildren in Thohoyandou.

1.5 Purpose of the study:

The study aimed at exploring the experiences of grandmothers raising their grandchildren in Thohoyandou.

1.6 Objectives:

The following were the specific objectives of this study:

1. To establish the reasons why grandmothers in Thohoyandou are involved in raising their grandchildren.
2. To identify and describe the challenges experienced by grandmothers in raising their grandchildren in Thohoyandou.
3. To establish the coping mechanism being used by these grandparents to address the challenges being experienced by them.

1.7 Definition of concepts

- **Grandmother:** According to Glaser, Price, Gesa, Ribe, Stuchbury & Tinker (2013), a grandmother is a female grandparent providing childcare to her young grandchildren. In this study, grandmother means an African grandmothers or great grandmother of any age, cultural background and socio-economic status who are fully responsible for providing some of the basic needs of her grandchildren in a grandparent-headed household. The situation is due to permanent absence of the child/children's parents or in female-headed households where the parents of the grandchildren are present.
- **Grandchildren:** According to Tornbull (2010), grandchildren refers to the children of one's son or daughter. In this study, the word refers to children of one's son or daughter or children of one's grandson or granddaughter between the ages of 0-18 years who are under the care of their grandmother /great grandmother.
- **Experience:** this refers to something that happens to an individual (Tornbull, 2010). In this study, the word refers to all that the grandmothers live through or encounter during the course of their caregiving responsibility; and how such encounters affect their health, and how they cope with them.
- **Raising:** means the process of looking after a child until he or she grows up (Tornbull, 2010). In this study, 'raising' refers to all activities undertaken by the grandmother in order to fulfill her responsibilities as a parent to her grandchild/ children.

1.8 Layout of chapters

Chapter 1: Overview of Study

Chapter 2: Literature Review

Chapter 3: Research Methodology

Chapter 4: Results and Discussion

Chapter 5: Summary, Recommendations, Limitations and Conclusion

1.9 Summary

This chapter provided an overview of the study and included the introduction, background of the study, and further discussed the global trend on grandmothers raising their grandchildren. The significance, rationale and the purpose of the study were also described to gain an understanding of the expected outcome of this study. The definition of the different terms used in this study were included for clarification. The next chapter deal with the literature review.

2. LITERATURE REVIEW

2.1 Introduction.

Many grandmothers who believed their parenting roles were completed when their children become adults have found themselves facing the daunting responsibility of raising another generation of children (Crosnoe & Elder, 2002). But the question is: *What happens when grandmothers assume the role of primary caregivers for their grandchildren?* This section provides discussions on existing studies related to the experiences of grandmothers in raising their grandchildren.

2.2 Reasons why grandmothers are raising their grandchildren

Grandmothers taking responsibility for raising their grandchildren often arises from crisis situation that mars the ability of birth parents to sufficiently care for their children (Conway, Jones & Speakes-Lewis, 2011). Different situations exist which explains why grandmothers are taking the responsibility for raising their grandchildren (Alemneh, 2015; Conway *et al.*, 2011) and they include:

2.2.1 Mother incarceration

There is a noticeable increase in the number of women being incarcerated in jails in many countries when compared to their male counterparts (Gainsborough, 2008). Globally, women and girls make up a minority of the prison population as a whole, and it is estimated that they represent between 2 and 9 per cent of the total population (Ashdown & James, 2010).

It has been noted that more than 20 million women in the U.S.A misuse and abuse substances, for this reason the incarceration of women in the United States is escalating. Between 1995 and 2006, the number of women under the jurisdiction of state and federal prisons increased by 55% (from 68,468 to 106,174) (Harrison & Beck, 2006; SAMHSA, 2007). The reasons are due primarily to countries implementing tougher sentencing policies, increased illegal drug use and, trafficking, and states having less regard for the gender of the inmate. Evidence of this shift in the legal system has seen the sentencing of more females shown by the increase of 84% of female prisoners from 1990-1999 (Hanlon, Carswell & Rose, 2007).

As drug-related sentences account for a significant proportion of women on probation (19%), in local jails (30%), (34%) in state prisons and in federal prisons (72%), Greenfeld and Snell (2000) also revealed that the majority of women who are incarcerated in the U.S.A are mothers of minor children. Phillips, Erkanli, Keeler, Costello and Angold (2006), also note that about three-quarters of children of incarcerated mothers also have fathers involved in some criminal activity leading to a heavy reliance upon extended family for care of children, during maternal incarceration. All these accounts for some of the reasons why grandmothers are the most common caregivers when mothers are incarcerated, with 45–53% of mothers in South Africa reporting this caregiving arrangement for one or more of their children (Mumola, 2000).

2.2.2 Death of parents through HIV/AIDS

HIV/AIDS infection remains a major public health challenge internationally and research reveals that the world-wide spread of HIV/AIDS has also been a major contributing factor in the increase in the number of grandparents-caregivers (ECDC-WHO, 2012; Fuller-Thomson & Minkler, 2000; Safman, 2004; Wilson & Adamchak, 2001). By 2007, the number of global AIDS deaths was 2.1 million (1.7 million adults and 330 000 children under 15 years of age) (UNAIDS – WHO, 2007). In Europe, the 2012 surveillance data by ECDC/WHO indicate that the number of people living with HIV in Europe has continued to increase while in Africa, the Sub-Saharan region remains the most severely affected by the HIV/AIDS pandemic (ECDC-WHO, 2012; Bhargava & Bigombe, 2003). For example, the Joint United Nations Programme on HIV/AIDS revealed that South Africa is one of countries with the highest number of HIV-affected persons as compared to other countries in the world. It was estimated that in 2011, globally about 16.6 percent (16.6%) of the adult population aged 15-49 years was living with HIV and that an estimated 5.4 million people living with HIV were in South Africa (Stats SA, 2011).

Despite the fact that the HIV infection rate in the country is now starting to decline, the Medical Research Council projects that by 2015 about 5.7 million children would have lost at least one parent to AIDS in South Africa (South African Institute of Race Relations, 2009). As a result of the death of a parent or parents through HIV/AIDS, Hill *et al.* (2008) and Ardington and Leibbrandt (2010) conclude that, like in other parts of sub-Saharan Africa, the extended family in South Africa will continue to be the primary social safety-net system with children who lose their parents being absorbed into their relatives' families.

2.2.3 Parental substance abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2011). In the U.S.A, about 2.9 million children live with grandparents and child neglect is the primary reason for this transition (Pew Research center, 2010). According to the U.S.A National Institute on Drug Abuse (2010), parental substance-abuse is an important contributing factor to the growing issue of child abuse and neglect. More than 17 million children in the U.S.A live with a parent or another adult who drinks heavily or binge-drinks and consume four or more drinks in 2 hours, and more than 9.2 million live with a parent or other adult who uses illegal drugs. A report in the '*White Paper on Families in South Africa*' by the Department of Social Development (2012) revealed that the substance abusers in South Africa are probably the youth and increasingly, female. School children in both rural and urban areas are increasingly becoming drug-users as substances like cannabis (dagga) and cocaine are becoming widely available. As the epidemic is growing, so is the need for more and more grandparents to rescue their grandchildren from their parent's neglect (Minkler & Roe, 1993).

2.2.4 Working-class parents

There has been an increase in the number of working mothers across all demographic groups, and in America, single, low-income mothers have experienced the greatest recent growth (Haskins, 2006; Coley & Lombardi, 2013). In Europe a high percentage of mothers in paid-work receive grandparental childcare as compared with those who are not in paid work, however, the reverse is true for mothers in Scandinavia; because there, those who are not in paid work receive more help from grandparents than those who are employed (Wellard, 2011; Glaser *et al.*, 2013). Similarly, most grandmothers in Taiwan take on the responsibility of raising their grandchildren because the mother and father of the child/children are working full time or, the grandmothers do not want their grandchildren to go to babysitters' homes, or they want to financially assist the parents of the child (Chang & Hayter, 2011). A study carried out by Hall (2010) also shows that rural-urban migration of women in South Africa in search of employment is made possible due to the availability of grandmothers in the rural community, as these grandmothers are able to provide financial support to the grandchildren from their old age pension and child support grant.

2.2.5 Teenage pregnancy

The process of change to parenthood is an important event in the life of any individual, but takes on a special meaning when it occurs early in life. This is because, teenage pregnancy is perceived as a major public health and socio-economic challenge in many countries across Africa (National Research Council & Institute of Medicine, 2005; Kanku & Mash, 2010; Awopetu, Igbo & Newton, 2013; Willan, 2013).

The peculiarity of the reproductive behavior among teenage girls in South Africa is the fact that almost all the childbearing takes place outside a recognized marital union (Makiwane, 2010). While many members of extended families can and do assist teenage mothers with childcare, the most enabling support a teenage mother can receive is from her mother (that is, the baby's maternal grandmother) (Chohan, 2012; Jewkes, Morrell & Christofides, 2009; Panday *et al.*, 2009; Morrell, Bhana & Shefer, 2012).

Moore (2013), has established the idea that 'mothering' has changed in South Africa over the last decade, with many mothers now having a different opinion on the role of fathers and 'ways of mothering'. This shifting view of mothering include the recognition of the importance of being a mother as well as 'nurturing the self' (for which she, the teenage mother of the baby needs support) "The mother in the younger generation, however, required support form kin caring for her children so that she could work on the "project of the self" (Moore, 2013:168). In other words, the teenage mother needs kinship care for her child so as to participate in activities that will enable her to become a better person/parent. For instance, Grant and Hallman (2008) found that the availability of an adult care-giver in the home was a strong determinant of whether girls in South Africa would return to school post-pregnancy and this concurs with a childcare patterns in South Africa, where older persons usually take on the care of children of young women (Makiwane & Udjo, 2006).

It is important to note that grandmother's active involvement in raising their grandchildren is patterned by race, with black African girls often experiencing high levels of support from their mothers. As in many black African communities in South Africa, it is considered a tradition for the maternal grandmother to be very involved in raising her grandchild (Jewkes *et al.*, 2009; Chohan, 2012).

2.3 Experiences and challenges of grandmothers raising their grandchildren

A shift to the grandparent-as-parent role, may have an effect on the grandparents in a number of different ways, including provoking feelings of not being recognized, disadvantaged, misunderstood and isolated within the community. It results in attitude adjustment, physical, emotional, social, and financial challenges, all of which affect the quality of life (Yagoda, 2003; Backhouse & Graham, 2010). The following discussions will focus on challenges faced by caregiving grandmothers as part of their experience, as they raise their grandchildren.

2.3.1 Health of caregiving grandmothers

In this study, the concept of 'health' originates from the World Health Organization's definition of 'health' (WHO, 1948), which states that 'health' is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In other words, the challenges will be discussed based on how it affects the health and wellbeing of grandmothers raising their grandchildren.

2.3.2 Physical health of grandmothers raising their grandchildren

Physical health is an important factor in determining the quality of life and longevity. A persons' health determines greatly how he /she carries out daily activities such as, bathing, eating and even dressing up. It also influences social interactions, opportunities for employment and financial securities. According to Kelley *et al.* (2013), an assessment of the physical health of 504 African-American caregiving grandmothers showed that a little more than 25% were diabetic, almost 60% were hypertensive, and nearly 90% were either overweight or obese as determined by their body mass index (BMI). These results concur with the statement made by Hadfield (2014) and several studies that have also reported hypertension and diabetes as part of the physical health problems faced by grandparents as care-givers.

2.3.3 Psychological well-being of grandmothers raising their grandchildren

From a psychological perspective, most literature focus on the concepts of stress and depression (Kelly *et al.*, 2013) with caregiving stress being associated with a decline in grandparental assessment of their emotional well-being (Chang & Hayter, 2011). In the general population, according to Kelly *et al.* (2013), stress is linked with a host of negative health outcomes which may affect the quality of care given to the grandchildren. The uncertainty concerning how long the grandmothers will be providing full-time care for grandchildren was

also a source of stress, with many fearing that the child will be returned to an unfit parent (Kelley, 1993).

Song and Yan (2012) and Strutton (2010) found out that different researches carried out on the psychological well-being of grandparents have repeatedly shown that grandparent as caregivers usually have high rates of depression with the married and older grandmothers experiencing less emotional strain than single or younger grandmothers (Conway, Jones & Speakes-Lewis, 2011).

In the USA, a national sample of caregiving grandmothers showed that they had significantly higher levels of depressive symptoms when compared to non-caregiving grandmothers (Fuller-Thomson & Minkler, 2000). Several factors were found to contribute to the health problems, these include diminished grandmothers' physical health, and lack of family resources (Kelly *et al.*, 2013).

2.3.4 Emotional challenges of grandmothers raising their grandchildren

The health challenges confronted by caregiving grandmothers are also likely to have an impact on their emotional well-being (Kelly *et al.*, 2013). Thupayagale-Tshweneagae (2008), point out that symptoms of emotional distress and poor self-reported health have been documented among older adults caring for ill-adult children and/or orphans in Botswana. Howard *et al.* (2006) and WHO (2002), also reports the same result in Zimbabwe. Emotional distress seems to arise from anxiety over inability to provide a desired standard of care, burn-out and physical pressures of daily and parenting activities, a lack of adequate social support and from sadness and/or grief over losing adult children either to migration, illness, or incarceration (Howard *et al.*, 2006; Oburu & Palmerus, 2005; Williams, 2003).

2.3.5 Attitude adjustment

Brotherson and Saxena (2013) state that grandparents usually expect that their later life will be a time to enjoy the pleasures of grandchildren without the responsibilities; but when circumstances make it impossible to do so, it may take some effort to adjust to the new role of caregiving. Additionally, it may mean many adjustments in life planning, related to finances to career changes to relocation and lifestyle changes. Furthermore, many grandparents have contradictory or ambivalent feelings about becoming 'parents' again. Most times, they are happy to be able to provide for the grandchild and yet angry that they have been forced into

taking full responsibility of raising another child (Lever & Wilson, 2005). Glaser *et al.* (2010) However, reassures that once the period of adjustment to their new situation is over, grandparents appear to return to previous behaviours directed towards improving their lifestyle and that of their grandchildren.

2.3.6 Financial challenges of grandmothers raising their grandchildren

Unemployment is one of the major sources of financial burden on women and for the grandmothers. It usually happens when employers see grandmothers as too old or unskilled to work in modern establishments or areas. As a result, older grandmothers face specific threats to their rights in relation to age discrimination, and this includes access to employment (Help Age International, 2011; Waldrop & Weber, 2001). Studies (Fuller-Thomson & Minkler, 2005; Chang & Hayter, 2011; Lewis, 2007; UNICEF, 2007), reveal that despite the fact that many grandmothers were faced with a number of financial challenges, with limited resources and economic stress, a good number of the caregiving grandmothers are committed to fulfilling their responsibility of raising their grandchildren. Also, many caregiving grandmothers indicate that they receive less financial support from child welfare agencies than their non-kin foster-parent counterparts (Goodman, 2012).

2.3.7 Social challenges of grandmothers raising their grandchildren

Pitcher (2002) in his research on *'Placement with grandparents: The Issues for Grandparents Who Care for their grandchildren'* state that most of the grandmothers reported that being responsible for the care of a younger child meant being more 'tied down', which led to a reduction in their social life. In other words, such responsibility may take them out of step with their social group (Backhouse & Graham, 2010). McGowen *et al.* (2006) for example, report in their study that grandmothers at all levels of care felt they had less private time, loss of freedom for themselves and less couple-time with their spouse, while many complain that they had been looking forward to an empty nest and retirement dreams, which had to be put aside. The social separation that grandmothers experience may make management of their physical and emotional issues difficult and detrimental (Sampson & Hertlein, 2015).

As shown by different literatures, no matter the type of challenges being faced by grandmothers, there is a negative outcome with regards to the health of care-giving

grandmothers, especially when some grandmothers have to either delay or neglect their own healthcare needs in order to tackle the more urgent needs of their grandchild/children (Clottey, 2015). It is worth noting that a possible delay in the treatment or management of any medical condition which may result from caregiving by grandparents will lead to the intensification of symptoms associated with existing chronic illnesses, potentially leading to rapid physical decline. Surely, a grandmother's weakened health status might have a negative effect on her ability to carry out her responsibility as a parent towards her grandchild/children in her care (Whitley *et al.*, 2015).

2.4 Coping mechanisms of grandmothers raising their grandchildren:

Coping, according to Baron and Byrne (1991) is defined as response to stress, and as such includes what an individual does, feels or thinks so as to become proficient, tolerate or reduce the negative effects of difficult circumstances, successfully. Baron and Byrne (1991) further explain that stress occurs when the demands placed on an individual exceed his/her ability to adjust. In other words, coping involves behaviors that an individual develops to so as to adjust to the non-specific response of the body to any demand (Selye, 2013).

The inability of grandmothers to deal with any difficult situation associated with caregiving may incline them to reflect symptoms of stress as they are older and more at risk of developing health-related problems (UNICEF, 2007). The challenges facing grandmothers in raising their grandchild/children therefore usually involve a great deal of stress and this can impact negatively on their coping abilities (Heymann, Earle, Bajaraman, Miller & Rogen, 2007). The following discussions will focus on challenges of grandmothers raising their grandchildren and how grandmothers cope with these challenges.

2.4.1 Financial coping mechanism

Reports from several studies (Phetlhu and Watson, 2014; Alemneh, 2015; Wood, 2011), have shown that grandmothers cope with their various challenges in different ways. For instance, as shown in a qualitative study carried out by Wood (2011), grandmothers who are eligible to pension grants report the use of loans gotten from the loan sharks to support their families as the grants are only able to sustain them for approximately two weeks with their

most basic needs. In addition some grandmothers also report that they supplement their income through hawking food items.

Furthermore, Phetlhu and Watson (2014) reveal that some grandmothers also get support from their relatives and employers (for the employed grandmothers, who are few) in the form of provision of food, clothes and money.

2.4.2 Social and Health challenges and coping mechanism

With regards to the social challenges experienced by grandmothers raising their grandchildren, several studies have established that some of the effects that caregiving have on grandmothers are, increased risk of depression, loneliness, or emotional stress which can affect the psychological wellbeing of the grandmother (Clottey, 2015). In order to reduce the negative effects that caregiving has on grandmothers, some of them had to employ domestic workers on a full time basis so that they (grandmothers) can socially interact with their peers in churches or luncheon clubs. In contrast to longing to associate with their peers which will help minimize their loneliness, some grandmothers tend to manage their situation through isolation from their peers due to these grandmothers' self-perceived inferiority complex (Alemneh, 2015; Mokone 2006). Clottey (2015) notes that in order to manage some of their health issues, for instance, some grandmothers depend on pain killers, prescription or non-prescription, to cope.

Previous studies (Phetlhu and Watson, 2014; Alemneh, 2015; Wood, 2011), have shown that when caregiving grandmothers use some adaptive coping strategies for instance, seeking social support from friends, neighbors and the church, indulging in self-help and help-seeking skills, their performance is enhanced as they carry out their daily activities. These coping strategies also help to reduce the negative outcomes of caregiving, thus promoting grandmother well-being, alongside that of the grandchild (Musil, Warner, Zauszniewski, Wykle, & Standing, 2009; Bohman *et al.*, 2007; Oburu & Palmerus 2005; Zauszniewski, Au, & Musil, 2012).

2.5 Summary

This chapter reviewed the literature relevant to this study. The issues discussed were reasons why grandmothers are raising their grandchildren, the experiences of grandmothers raising

their grandchildren, and coping mechanisms of grandmothers raising their grandchildren. The next chapter describes the methodology of the study.

3. RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research design, study setting, study population, sampling method, and plan for data collection, instrument, data analysis and measures to ensure trustworthiness, ethical considerations and dissemination of results.

3.2 Study design

This study is qualitative in nature as it aimed to explore the experiences of grandmothers raising their grandchildren in Thohoyandou. Merriam (2009), explains that qualitative research design is usually adopted by researchers whose interest lies in having a better understanding of how people make sense of their world and the experiences they have lived through.

Benner's (1994) interpretative phenomenology approach was used to state clearly the practical, everyday understandings and knowledge of the lived experiences of grandmothers raising their grandchildren in Thohoyandou. Wojnar and Swanson (2007) note that the aim of interpretative phenomenology is to detect the participants' meanings of their lived experience through the combination of the researcher's understanding of the phenomenon under study, participant-generated information, and data obtained from other relevant sources (literatures). The researcher's decision to use the interpretative approach is guided by the purpose of the study which is not to only discuss but to clearly articulate and document the experiences of grandmothers raising their grandchildren.

3.3 Study setting

The study was conducted at Thohoyandou, which is the administrative center of the Vhembe district and Thulamela Municipality in the Limpopo Province of South Africa, (figure 1). Thohoyandou is the main developmental node in Thulamela local Municipality and it is surrounded by numerous rural settlements situated on the outskirts of the built-up area (Stats SA., 2011).

The racial make-up of Thohoyandou is of black Africans (95.5%), Indian Asian (4.1%), Coloured (0.2%), white (0.2%), others (0.1%). The official languages spoken in Thohoyandou are Venda (84.7%), Tsonga (2.6%), English (2.1%), and Northern Sotho (1.2%), other (9.4%) (Census, 2011).

According to Stats SA (2011), 17.40% of the population are of employment age, those 20+ in age in Thohoyandou 21.90% have acquired matric certificate and 11.20% have studied up to higher education level. It has an unemployment rate of 43.80% with 58.30% rate among the youth between the ages of 15-34 and a dependency ratio of 70.1% per one hundred (100) for those between the ages of (15-64) (The local Government Handbook, 2011).

With regards to household dynamics, 54.40% of the household in Thohoyandou are headed by women with an average size of 3.8% per household (The local Government Handbook, 2011).

Also 87.20% of the residents have access to electricity, 15.20% have pipe-borne water inside their dwelling and 10.70% make use of flush toilets that are connected to sewerage while the rest have it outside their dwelling and some make use of pit latrines (The local Government Handbook, 2011).

3.4. Study Population and Sampling

3.4.1. Population

Welman & Mitchel (2005) define ‘a population’ as the study objects and consists of individuals, groups, organizations, human products and events or the conditions to which they are exposed. In this study, the target population consist of all grandmothers in Thohoyandou Block J.

3.5 Sampling method

Purposive sampling method was used to recruit grandmothers who are raising their grandchildren in Thohoyandou Block J. The researcher chose to use Thohoyandou Block J because it harbors in a large portion, people of different socio-economic status. In purposive sampling method, selection of individuals as study participants is usually based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge (Speziale *et al.*, 2011). Snowball sampling method was used to select participants (Speziale *et al.*, 2011). This is because the researcher only knew few of the potential participants and the additional envisaged participants were referred by the known ones. The sample size comprised of 10 grandmothers. The criterion of data saturation was applied to discontinue data collection when necessary (De Vos, Strydom, Fouché & Delpont, 2010).

3.5.1 Inclusion criteria

- Grandmothers who have been a care-giver grandmother for at least six months;
- Grandmothers residing within Thohoyandou Block J and
- The children under the care of the grandmother were within the age of 0-18 years.

3.5.2 Exclusion criteria

Caregiving grandmothers for children in foster care.

3.6 Method for data collection

In this study, in-depth individual interview was used for data collection and the following were the central question: ‘*Please share with me your experiences in raising your grandchild*’. Probing questions from the interview guide which was developed was based on the specific objectives of this study which was used to obtain in-depth information on the experiences of

the grandmothers in raising their grandchildren (Peu, 2016; Cohen & Crabtree, 2006). The use of an interview guide was to ensure that the study objectives were covered during data collection. The interview guide served as a guideline for the interviewer so as to provide credible, comparable qualitative data (Cohen & Crabtree, 2006).

3.7 Data collection method

Individual in-depth face-to-face interviews were conducted for about 40-60 minutes. Data were collected until saturation was reached. Prior to the beginning of data collection, permission was sought from the chief and the village civic authority in order to gain access to the grandmothers. Thereafter, the researcher sought the help of a home-based care worker at Muledane clinic to help her locate any grandmother that fits the criteria for the research. This is due to the fact that the home-base care workers are usually in direct contact with different individuals in Thohoyandou Block J. The first grandmother used for the pre-test was introduced to the researcher after which the aim of the research was explained by a research assistant and her consent was secured as well as a verbal permission to audio-record the interview. Thereafter, the researcher was referred to another participant by the interviewee. Those that agreed to participate, their consents were also secured and verbal permission was also obtained to audio-record the interview, after which arrangements for the date and time for the interview were scheduled by each grandmother.

Each grandmother completed a demographic survey form (which was used get a comprehensive description of each grandmother) thereafter, the in-depth interview commenced. The researcher approached the interview with an open-mind in order not to appear judgmental so as to enable the participating grandmothers to speak about their experiences and feelings, freely (Speziale *et al.*, 2011). The sequence of the questions in the interviews were flexible and guided by the answers given by the participants. Various techniques for data collection was used, like taking down of field notes; this was used to record the researcher's own reflections and observations (Alemneh, 2015: Speziale *et al.*, 2011).

Both the local language (Tshivenda) and English language were used for the interview process depending on the choice of the participant and this enabled the grandmothers to express themselves better. The help of a payed, trained professional interviewer was enlisted for easy communication with some grandmothers since the researcher does not speak the local language (Tshivenda) fluently. The trainee interviewer underwent skill-building exercise, interpersonal communication and the use of data collection instruments before the pre-test by the

researcher as recommended by Boyce and Neale (2006). Before the interview process, the aim, specific objectives, and the interview technique of the research were explained to the trained professional interviewer. Issues regarding ethics in interviews were discussed with each grandmother/interviewee. Interviews were conducted in the grandmothers' homes.

3.8 Pre-test

The feasibility of the interview guide was tested with two participants who had similar characteristics with the study participants but were not part of the implemented study although their responses achieved the aim met the specific objectives of the research (Kvale, 2007; Gillham, 2009).

3.9 Data Management and Analysis

Thematic analysis, as cited by Braun and Clarke (2006) was used to analyze the data:

- **Transcription of verbal data**

The audio-recorded interviews were transcribed verbatim from Tshivenda to the English language by an independent professional researcher which was later translated by a language expert to ensure that it was well composed.

- **Familiarizing with the data**

Another professional researcher listened to the audio file to verify if they were transcribed verbatim. After the internal reliability check by the professionals, the researcher read through the depth and breadth of the content so as to familiarize herself with it. She also read through the entire data set again before coding, categorizing the ideas, and identifying; possible patterns came into shape as she read through.

- **Generating initial codes**

The data were initially coded and collated then a long list of the different codes was identified across the data set by the researcher. This phase, re-focused the analysis to broader level of themes, rather than codes. This process involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes.

- **Reviewing themes**

The researcher developed a set of themes which were later refined. During this phase, some themes collapsed into each other and on the other hand some themes were separated.

- **Defining and naming themes**

The researcher was satisfied with the thematic map of her data and each coded theme was accompanied by an operational definition that allowed for clarity and determining what aspect of the data each theme captured.

- **Producing the report**

The write-up provided sufficient evidence of the themes within the data in order to ensure that there is a concise, coherent, logical, non-repetitive, and accurate account of the story the data, within and across themes.

3.10 Measures to ensure Trustworthiness

Trustworthiness is a general criterion which qualitative researchers use to measure the rigor of a research (Hanson *et al.*, 2014). As a way of ensuring trustworthiness, the principles of credibility, dependability, transferability and confirmability as recommended by Lincoln and Guba (1985) were applied to various aspects of trustworthiness.

3.10.1 Credibility

Credibility is the extent to which the research findings are a true and exact representation of the phenomenon of study (Lietz & Zayas, 2010). Methods that were adopted by the researcher so as to ensure credibility of this included the establishment of rapport which was achieved when the researcher outlined the necessary information regarding the research after which they gave their consent to participate in the study and this took about an average of one hour with each grandmother (Truglio-Londrigan, 2013). In addition to the prolonged engagement with the participants, the researcher also spent some time with the grandmothers to present the findings to them for verification that the findings were a true reflection of what they had said. This process is also known as 'member checking' followed by corrections from the study supervisors (Anney, 2014).

3.10.2 Dependability

Dependability implies the extent to which the research findings are stable over time and can be reproduced by another researcher (Petty *et al.*, 2012). Detailed description of the procedures employed in the collection, recording and analysis of data have been given in this study; this procedure is also known as 'audit trial' (Leitz & Zayas, 2010). By giving such detail, other researchers will be able to duplicate and judge the soundness of the research (Hanson *et al.*, 2011).

3.10.3 Transferability

Lincoln and Guba (2012) mention that the description of the data gathering must be inclusive enough to enable findings to be transferred to other situations. The researcher provided a complete description of the research methodology findings and verbatim quotes from individual interviews. This is to ensure applicability of the study to other contexts and participants for this study were also selected purposively (Anney, 2014).

3.10.4 Confirmability

Confirmability in this study was ensured by use of an audit trial. The researcher reported all the research processes, showed diagrams, tables, explained and justified what each table was intended for and also made presentations on the reasons for decisions undertaken (Leitz & Zayas, 2010).

3.11 Ethical Considerations

Ethical considerations were applied in this study. The researcher informed the participants about the purpose of the study and also the methods, as well as the procedures that would be followed when the study was being conducted. These principles are based on the human rights that need to be protected in research (Brink *et al.*, 2012). The following aspects were applied to ensure adherence to ethical considerations:

3.11.1 Ethical Clearance

The research proposal was presented to the Higher Degrees Committee (HDC) of the School of Health Sciences at the University of Venda, and University Higher Degrees Committee for approval and quality control. The University of Venda, Health, Safety and Research Ethics Committee then gave the researcher ethical clearance to conduct the research.

3.11.2 Permission to conduct the study

Permission to collect data was granted by all the civic head of Thohoyandou block J, as well as the participants themselves.

3.11.3 Informed Consent

A consent form was issued to each participant before the commencement of the study to ensure that they all participated in the study out of their will and knowing what they are involving themselves in.

The researcher developed an information sheet which ensured that all the essential information, such as purpose of the study, significance of the study, procedures of the research, the risk and benefit of the research, the voluntary nature of the research participation, the participant's right to withdraw from the research at any time, assurance of anonymity and confidentiality were provided. This enabled participants to make an informed decision before signing the form. Only the individuals who tendered in their written informed consent form participated in the study.

3.11.4 Confidentiality

The participants were assured that the information provided by them would be treated confidentially and that only the researcher and the supervisors would have access to the data; and that the audio records will be kept in a safe place where no unauthorized person can have access to them.

3.11.5 Anonymity

For the purpose of this study, the issue of anonymity were adhered to by the researcher through the use of pseudo names so as to maintain confidentiality (Alston & Bowels, 2003). The participants were told of the main reason for the use of pseudo names.

3.11.6 Protection of participants

The researcher ensured that no physical, psychological or emotional harm were inflicted on the participants. The researcher asked questions in an appropriate manner not in a judgmental way in order to avoid causing anxiety or create distress during and after the interview process. No other possible danger came up during and after the interviews.

3.12 Dissemination of results

Findings from this study and recommendations made will be kept at the University of Venda library; a copy was also submitted to Thulamela municipality. The findings from the study will be published in peer-reviewed and accredited national and international journals as well as presented at seminars and conferences.

3.13 Summary

This chapter described the detailed process as to how the study was conducted in order to achieve the study objectives. The study design was qualitative and interpretative in nature. Measures undertaken to ensure trustworthiness and ethical considerations were also described. Processes followed in data collection and analysis were outlined. The next chapter will focus on the results and a discussion of the analyzed data.

Chapter 4

Results and Discussion

4.1. Introduction

This chapter focuses on the findings and discussion of the results. Participant responses are arranged in terms of themes and sub-themes originating from data analysis. In order to protect the identity of the participants, pseudo names were used to distinguish the participants. A literature control was done to support or refute what is already known about the topic.

This study aimed to explore the experiences of grandmothers raising their grandchildren in Thohoyandou Block J.

The objectives of this study were:

- To establish the reasons why grandmothers in Thohoyandou Block J are involved in raising their grandchildren.
- To identify and describe the challenges experienced by grandmothers in raising their grandchildren in Thohoyandou Block J and
- To establish the coping mechanism being used by these grandparents to address the challenges being experienced by them.

4.2 Presentation of findings

A total of 10 grandmothers volunteered and took part in the one-on-one in-depth interviews until data saturation was reached. Grandmothers were asked the following main question: **‘Please share with me your experience since you started taking care of your grandchild/children’**. Probing questions were asked as a follow up on the responses from the participants. An interview guide (**Appendix C**) was used to guide the researcher during data collection. Data were transcribed verbatim in order to record accurately the information provided by participants.

4.2.1 Participants’ demographic information

A total of ten grandmothers participated in this study. A summary of their characteristics are outlined in Table 4.1

Table 4.1: The demographic information of participants

Name	Age	Level of Education	Marital status	Number of Grandchildren	Years as caregiver	Employment status
Thanga	36	Primary	Married	1	1	Unemployed
Mashudu	60	Primary	Married	1	8	Pensioner
Fulu	63	Primary	Widowed	2	3	Pensioner
Tshilidzi	53	Secondary	Married	4	5	Self employed
Aruwani	56	Primary	Widowed	4	12	Unemployed
Ronewa	81	None	Widowed	4	Not specified	Pensioner
Mpho	47	Tertiary	Married	1	9	Employed
Kate	49	Secondary	Unmarried	3	18 months	Employed
Luthendo	53	Secondary	Unmarried	5	9	Unemployed
Thandeka	83	None	Widowed	8	18	Pensioner

4.3 Summary of findings

A detailed presentation of the identified themes and sub-themes which emerged during the analysis are supported by direct quotations of participants with regard to their experiences in raising their grandchildren and this has been presented in Table 4.

Table 4.2 Summary of the findings from grandmothers raising their grandchildren in Thohoyandou Block J

Theme	Sub-theme
1. Change in grandmothers' role	1.1 Death

	<p>1.2 Teenage pregnancy</p> <p>1.3 Neglect by parent(s)</p> <p>1.4 Abandonment</p>
2. Feelings towards role change.	2.1 Acceptance
3. Socio-economic factors affecting grandmothers raising their grandchildren	<p>3.1 lack of financial resources</p> <p>3.2 inadequate physical space</p> <p>3.3 separation from peers</p>
4. Health of grandmothers	<p>4.1 psycho-emotional well-being</p> <p>4.2 physical health</p>
5. Strategies for better living	<p>5.1 self-support</p> <p>5.2 support from family and friends</p> <p>5.3 support from government</p>

4.3.1. Theme 1. Changes to grandmothers' role

Research have shown that, grandmothers sometimes forgo their traditional role to take up the role of parents to their grandchildren when circumstances are out of control. It occurs usually when an unanticipated, involuntary, and an indefinite situation arises in the lives of the parents (Strom & Strom, 2011). The following sub-themes emerged from this theme; death, teenage pregnancy, parent disability, abandonment and neglect.

4.3.1.1. Sub-theme 1.1: Death

The analysis of the study results showed that some of the grandmothers became caregivers due to the death of their daughters; four out of the ten participants reported that they took up the responsibility of raising their grandchildren when their daughters died after being sick. They did not know the actual cause of the sickness which led to the death. This point however, was

quite different from other known studies were the cause of death of the child's parent was stated.

In contrast, one of the grandmothers explained that her daughter died through HIV/AIDS after childbirth and the incident led to her assuming the position of a mother in the life of her grandchild.

She said "Am just forcing to raise her because the mother passed on due to HIV after giving birth to her" (Thanga).

Her revelation is supported by the studies of Backhouse and Graham (2010) and Harris and Kim (2011) which reported death through HIV/AIDS as one of the reasons why grandmothers take up the responsibility of raising their grandchildren. According to Knight and Yamin (2015) and Phetlhu and Watson (2014), HIV causes a large number of maternal death in South Africa. Another participant asserted that her role change was as a result of the death of daughter during childbirth. This was her comment:

".....the fact that she left a new born baby under my care have not been easy (she paused and shakes her head), she died as she was giving birth" (Fulu).

The findings revealed that majority of the participants assumed the role of parents to their grandchildren as a result of death.

4.3.1.2. Sub-theme 1.2: Teenage pregnancy

Findings from this study revealed that three grandmothers took up the responsibility of raising their grandchildren because one/all of their daughters gave birth as a teenager. A participant commented:

"Their mothers left them in my care since 2011. The other one is in Johannesburg but she is not working. The other one is working while the other one is just staying here with me but not working because she is still in secondary school. All of them have their own child..... (Tshilidzi).

The findings is consistent with study from Kanku & Mash (2010); UNICEF (2008) where it is reported that one of the negative effects of teenage pregnancy is that, the teen mother is more likely to have low educational qualifications, as there are chances that they may drop out of school and also become a burden to their family with regards to financial resources. Here are some quotes from the participants:

“This one here is my grandchild (pointing towards a young girl nursing her baby outside), am also taking care of her mother has stopped going to school since she started giving birth” (Thandeka).

“I started taking care of my first grandchild from my daughter Cecilia back when I was at home. Then it was very hard because I was alone as my husband just passed away, I asked her “Cecilia! You have to get pregnant now? What will I do?” then she was in secondary school. Later she got pregnant for the second time (Lorraine). I asked her “again Cecilia?”” (Aruwani).

Data revealed that despite the fact that the participants were available to take care of their grandchildren, the teenage mothers do not go back to school. This contradicts the report of Grant and Hallman (2008), which claims that the presence of an adult caregiver in the family is a guarantee that the teenage mother will go back to school.

4.3.1.3. Sub-theme 1.3: Neglect by parent(s)

A study carried out by Sampson and Hertlein (2015) corroborated the finding that one of the reasons that prompts the grandmothers into raising their grandchildren is parental negligence. In this study, the account of two participants corroborated with the result of the cited literature. These were their comments:

“...she is better off staying here than when she was at Masisi village. When she came here, she was looking horrible and she was not given any pocket money to eat at school. And the grant is being collected by the father’s elder brother (the uncle) at Masisi village” (Mashudu).

“I took them by myself because they not being taken care of as their mother don’t have any job and their fathers are absent” (Ronewa).

Based on literature, parental neglect is usually not done intentionally, because the neglect results from problems (for instance, joblessness, teenage mother) and that hinders parental ability to provide a child’s basic needs, including child’s safety (Christian, 2012; Saewyc *et al.*, 2004). A study carried out by Christian (2012), revealed that there are negative outcomes associated with neglectful parenting especially when it is perpetrated on children in preschool and school-age. They include, succumbing to peer pressure easily as their parents’ acts of

negligence towards them might make the children believe that they are not important, academic difficulties, and they tend to be less competent socially (Christian, 2012). The aforementioned consequences may be the key thing that prompted the grandmothers' decision to raise their grandchildren although they may not articulate it in this manner.

4.3.1.4. Sub-theme 1.4: Abandonment

In this study, only 1 out of the 10 grandmothers that participated in this study reported that she took up the responsibility of raising her grandchild because the mother abandoned him with the father when he was just three month old. The excerpt from the participant will confirm it:

“It was a very difficult situation because the mom brought the child when he was just 3 month old. My daughter in law brought him here as she cannot raise another child that is from my son’s adultery” (Mpho.).

This finding supports a previous research carried out in South Africa by Blackie (2014) where he reported that some South African mothers abandon their babies because they in turn have been abandoned by the father of the child. According to the researcher, about 65% (sixty five percent) of South African children are abandoned by their mothers, at some unsafe place. In the literature, the physical act of child abandonment is a form of child maltreatment which can be a stressful experience for a child as they go from the warmth and familiarity of their mother to a strange environment with strange people and from breast milk to bottle (Blackie, 2014; Christian, 2012).

Despite the fact that the grandmothers in this study assumed their roles due to some circumstances they cannot control, there are some contradiction in some other countries regarding the grandmother's reason for raising her grandchild/children. For instance, In East Asian countries, such as China, Lou and Chi (2012) point out that grandmothers commonly prefer to take care of grandchildren, due to cultural factors for instance, to emphasize to the younger generation the importance of family unity and also due to lack of childcare services.

Study carried out by Boon, Ruiters, James, Bornes, Williams, and Reddy (2010) reveal that South African grandmothers raise their grandchildren due to the fact that the parents of their grandchildren have migrated to other places in search of jobs or because the mothers are working there, are unemployed, sick, or for any other causes, have abandoned their children.

These studies corroborated the findings in this study were South African grandmothers in Thohoyandou Block J assumed the role of caregiver as a result of death, unavailability of the daughter who has gone in search of greener pasture, abandonment, teen parenthood and neglect.

4.3.2 Theme 2: Feelings towards the role change

Different kinds of emotions are experienced by grandmothers as they assume their duties towards their grandchildren. Only one sub-theme emerged from this theme.

4.3.2.1 Sub-theme 2.1 Acceptance

All the participants revealed that at the beginning they either felt pain, aggrieved or even helpless as they took up the responsibility of raising their grandchild/children. The common thing that existed among all the participants with regards to their feeling towards the responsibility is accepting the situation after a long while; this happens because those grandmothers consciously chose to do so, claim Lange and Greif (2011). The following were some of the excerpts from two participants:

“I felt like I had no choice, but I like them because now they help me around the house. I have nothing to complain about” (Ronewa).

“I was hurt but I have to accept the situation, but now am use to it” (Kate).

Studies conducted in Addis Ababa in Ethiopia and Eastern Cape in South Africa indicated that as grandmothers adjust or even forfeit their time in order to raise their grandchildren, feeling of resentment, grief towards the child or the situation they found themselves may creep in (Alemnah, 2015; Kidman & Thurman, 2014).

Glaser *et al.* (2010) however, reassure that once the period of adjustment to their new situation is over, grandparents appear to return to previous behaviours directed towards improving their lifestyle and that of their grandchildren and this view concurs with the current study.

The responsibility of caring for grandchildren can be both beneficial and joyful afterwards, as many grandparents raise grandchildren under challenging circumstances (Tang, Jang & Copeland, 2015).

4.3.3 Theme 3: socio-economic factors affecting grandmothers raising their grandchildren

Limited resources were highlighted as part of the challenges which grandmothers face as they carry out their responsibilities towards their grandchildren in this study. The following sub-themes emerged:

4.3.3.1 Sub-theme 3.1: Lack of financial resources

Results of the analysis indicated that almost all the grandmothers who participated in the study experienced financial burden which results in their inability to provide some of the basic needs for their grandchildren. Data revealed that financial burden may be as result of loss of the family support system, especially when the available support for the family is not capable of providing the basic needs of the family;

A participant revealed:

“I felt pain because I don’t have a husband again. I cried a lot. Because when my husband was alive, I don’t do anything. He is the one working while am taking care of my children. Am not working, am only doing petty trading to support us and I know it can’t even take care of us” (Aruwani)

Or due to the fact that they can no longer work as a result of old age. An 83-year old participant complained:

“Due to my age, I cannot work. I am not managing at all” (Thandeka)

Another elderly participant explained that due to financial burden, she is not able to satisfy their needs as a parent, as her old-age grant is not sufficient. She said:

*“.....sometimes the mothers support but it is not enough even with my old age grant”
“Looking after them alone is not easy because I cannot fulfil their excessive demands”
(Ronewa).*

This study identified financial burden due to the expenses associated with caring for grandchildren and providing of some of the basic needs for the wellbeing of their grandchildren. The findings from this research corroborates with studies carried out both in South Africa (Dolbin-MacNab *et al.* 2013) and overseas (Backhouse & Graham, 2012) where financial

problems have been widely documented with many grandmothers not being able to provide the basic necessities of their grandchildren such as housing, food, clothing, and transportation.

4.3.3.2 Sub-theme 3.2: Inadequate physical space

In this study, it was noted that only 1 out of the 10 participants that was interviewed complained of inadequate physical space due to overcrowding. She explained;

“but it has not been easy on accommodation, as I also have my other children; six children and three grandchildren and we live in a two-bedroom apartment. And the sleeping arrangement has not been easy. We are forced to lift the bed and place it on the floor so that it can accommodate all of us” (Kate).

This experiences is consistent with other studies were participants indicated overcrowding as a limitation to comfortable shelter. Previous studies by Alemnah (2015), Phetlhu and Watson (2014), Hlabyago and Ogunbanjo (2009) on this topic have cited inadequate physical space as a result of overcrowding as a hindrance to the comfort of grandmothers. In effect, overcrowding may limit their privacy, thus impacting on their sense of security (Phetlhu & Watson, 2014).

4.3.3.3 Sub-theme 3.3: Separation from peers

Participants in this study reported changes in their everyday lives. The majority of the participants in the interview revealed that they are no longer able to do most of the things which they did before.

A demand on time is particularly one of the major challenges grandmothers face as previous studies claimed that caregiving limits grandmothers' social interaction (Goudie *et al.*, 2013; Goudie *et al.*, 2010). Data indicate that once a grandmother assumes the role of a parent in the life or lives of their grandchild/children, they will no longer be able to socialize with their peers or even attend any social function like other grandmothers who are not burdened with the responsibility of raising their grandchildren. For instance, a participant complained that:

“I don't even go to places that I usually go to before. My movement is restricted since I have to take care of them” (Tshilidzi).

Another participant explained:

“I don’t usually do what I use to do before because I have to cook and also do washing for the children’s cloth and it is too much for me” (Fulu).

Research Data have also shown that in order to make ends meet, some grandmothers go about looking for menial jobs to support the family. This also does not give grandmother enough time to socialize with her peers. This comment from a widowed grandmother confirms it:

“Aahh... I don’t have time at all. I go about looking for piece jobs (menial jobs). When someone is sick we go to the hospital. I plan my time so as to help me to manage. I wake up early, prepare porridge, bath them and send them to school. After that I will go out to look for menial jobs after which I will come back to take care of them again. I don’t even do any other except to go to church” (Aruwani).

This comment is backed by previous studies (Phetlhu & Watson, 2014; Backhouse & Graham, 2010; McGowen *et al.*, 2006) which also revealed that the decision to raise ones grandchild may take the grandmothers out of step with their social group.

It is important to note that the social challenges faced by grandmothers come about because grandmothers are either tied up due to the fact that they cannot leave their grandchild/children alone especially, the younger ones or because they are desperately searching for job. In other words, leaving their grandchildren in the care of someone may mean spending the limited fund which is meant for the upkeep of the family as payment. For instance, in the case of a 36-year old participant who is raising her grandchild because she lost the mother through HIV/AIDS infection; her other children usually go to school. She only completed her secondary school education which may not qualify her for a well-paid job therefore, spending the little salary earned by her husband may not be a wise decision. She complained:

“I cannot be able to do piece job again because there is no one to take care of the children. I cannot do everything that I usually do when there was no baby” (Thanga).

The supplementary responsibility of raising ones grandchildren causes unavoidable challenges associated with increase in financial burden, loneliness which is a result of social separation. These may pose great threats to the wellbeing of grandmothers as they may make the management of their physical and psychological issues difficult (Sampson & Hertlein, 2015; Kuo & Operari, 2011).

4.3.4 Theme 4: Health of grandmothers

It became known from the findings of this study that grandmothers experience different types of health issues caused by the different challenges they face as they play their roles as second parent to their grandchildren. The following sub-themes were developed under this theme; depression, anxiety and stress and body pain.

4.3.4.1 Sub-theme 4.1 Psycho-emotional well-being

The study revealed that the grandmothers worry because they are not able to provide some of the basic needs of the children. The feeling of helplessness when they look at their present conditions, makes them anxious as to what the future holds for their grandchildren. This finding corresponds with other studies both internationally (Backhouse & Graham, 2012) and in South Africa (Dolbin-MacNab *et al.* 2013) which revealed that grandmothers usually feel anxious due to future concerns for their grandchildren. The following are some of the comments from the participants;

“Looking after them alone is not easy because I cannot fulfil their excessive demands and it affects me physically and emotionally it is straining because there is nothing I can do. I usually get depressed when I think about the situation of things now and what it will be tomorrow. To focus on myself and the children is a bit too much for me so automatically it will affect my health, so am not really healthy” (Ronewa)

Thandeka, an 83 year-old grandmother revealed that she is worried that only 3 of her grandchildren are going to school and also sad over her children’s lifestyle

“Am not happy their mothers are just going about with men giving birth and they are not working. This one here is my grandchild with her children, am also taking care of them as she has stopped going to school since she started giving birth. Even her boyfriend also stays with us and they are not working. Am really worried and I don’t know what to do about their future. Am just worried about those once that are not going to school. Only 3 of my great-grandchildren are going to school”

Part of the explanation above which was given by Thandeka also revealed that grandmothers in this study were disappointed and grieved over the lifestyle of their own children. Here is

another comment from a grandmother who complained over the non-chalant attitude of the fathers of her grandchildren;

“Hmm... I have been affected.....I have been affected because I see their fathers walking about drinking beer. Am so stressed, since I have seen them, they have never for one day say to me “mama please take this and support the children” and am wondering why they are doing all these things. If am the one providing food, what about the cloths? They see their children growing but don’t do anything. All they do is when they see the children, they are happy saying” this is my daughter and so on” (Aruwani).

These experiences also relate with the studies carried out by Backhouse and Graham (2012) and Dolbin-MacNab *et al.* (2013) were some of the participants experienced stress and depression as a result of grief over the actions and lifestyle of their adult children.

Two participants felt that they are not healthy due to the pressure to provide for their family. In their own words,

“I have been under pressure and I can feel it that am not really healthy. Both my husband and I are not working so it’s obvious that we have money problem” (Tshilidzi).

“I have been affected in my heart because am thinking too much and I don’t sleep. It’s as like when you are covered with a blanket and you are not getting any air. ” (Aruwani).

Participants in this study expressed the emotional stress that they were experiencing due to grandchild caring. The findings revealed that the grandmothers were also worried because they were struggling to support their grandchildren financially as well and therefore the emotional stress affected their physical health.

4.3.4.2 Sub-theme 4.2: Physical health

Studies by Backhose and Graham (2012); Williams (2011); Kelley *et al.* (2010) have shown that grandmothers experience different physical health challenges which limit their ability to perform their daily activities as they take up the responsibility of raising their grandchildren. It is confirmed by the following quotes:

“....because of the washing I fell pain mostly in my hands and feet” (Fulu)

“I have high blood pressure, thinking about how to survive especially with my child that is crippled” (Luthendo).

A participant experienced an emotional breakdown as a result of the health of her grandchild. She said:

“I had an emotional breakdown at a certain time when all of a sudden he became so thin to the extent that you can count the bones on his ribs for no just cause. I had to take him to the clinic” (Mpho).

Caregiving stress usually result in health problems as the findings also revealed that the physical health of grandmothers are affected either due to grief or as a result of the stress of caregiving. Here are their comments

“It has been a heart-aching experience because my daughter was the bread winner of the house and the fact that she left a new born baby under my care have not been easy (she paused and shakes her head), she died as she was giving birth. I even fell ill to the extent that people noticed that I was not ok because I was persistently coughing, but when I consulted the doctor they said that it was not TB (tuberculosis). It got worse when I started taking care of my grandchildren, but now it is getting better” (Fulu)

“The problem is that I usually have nightmare, dreaming of my daughter but am not sick. Although sometimes my heart beats in such a way that I feel like I will have a heart attack but now am managing” (Mashudu).

The findings indicate that during the course of raising their grandchildren, different health challenges were experienced by the participants which were a result of the difficult conditions in which they find themselves. For instance worry over the basic needs and health of the grandchildren, sadness regarding the lifestyle of their parents, burden of running the family effectively and efficiently and others.

The afore-mentioned validates previous research by (Alemneh, (2015); Hayslip *et al* (2014); Mehta & Thang, 2012) that caregiving has a negative impact on the phsycho-emotional and physical health of grandmothers

In contrast to the evidence of the negative impact of caregiving on grandmothers, some studies alleged that raising grandchild/children to a degree had a positive effect on grandmothers’

intellectual ability and also on their physical health (Arpino & Bordone, 2014; Chen & Liu, 2012).

4.3.5 Theme 5 Strategies for better living

Findings revealed that the participants device many means through which they manage the situations around them for survival. Different sub-themes were developed; support from family, support for themselves and support from government.

4.3.5.1 Sub-theme 5.1 Support for themselves

The study findings revealed that some of the participants also look for other means to support themselves financially, some sought for odd jobs in order to make ends meet while some had to borrow money to augment their pension grant which is not enough. Here are some of their comments;

“Both my husband and I are not working so it’s obvious that we have money problem. None of us is getting grant except for one of my grandchildren, so we depend on the piece (menial) jobs that my husband does and the money that I make selling Magwiyna (fried doughnuts)” (Tshilidzi).

“I wake up early, prepare porridge, bath them and send them to school. After that I will go out to look for menial jobs after which I will come back to take care of them again” (Aruwani).

Individual characteristics of grandmother-caregivers makes it problematic for them to raise their grandchildren rather, family and community resources are needed for sustenance (Simpson & Lawrence-Webb, 2009)

4.3.5.2 Sub-theme 5.2 Support from family and friends

The data revealed that some of the participants receive financial help from their family members while some of them collect food and old clothing to support their family. These were their comments:

“I am not managing at all, am just collecting food from family members because the grant is not even enough” (Thandeka).

“Their uncle just got a job and he has been helping us” (Fulu).

However, a participant complained that none of her family members were of help to her when she needed them to help look after the baby until she gets back from work. She explained;

“It was a very difficult situation because the mom brought the child when he was just 3 month old. My daughter in law brought him here as she cannot raise another child that is from my son’s adultery. So it was very hard for me to raise the child. What I did was to look for a maid. But it was difficult to get help, my mother-in-law said I must look after the child by myself, I took him to Johannesburg for my mum to help me until am able to get a helper but she refused” (Mpho).

The study is consistent with the finding in Clottey (2015) which noted that in order for grandmothers to have time for other activities and reduce the negative effects of caregiving, they enlist the help of a domestic worker. The data also revealed that other grandmothers could not afford to do that due to limited finance rather, they are the only ones taking care of their grandchildren. According to Mpho:

“I manage financially by myself and only uses his grant to pay for his transportation at least”.

This could be as a result of the fact that she finished her tertiary education which enabled her to get a well-paying job. For some other grandmothers, their family members also support them financially in running of the home. Here are quotes from them:

“Thank God for my son Celestine, he is supporting me now and even Cecilia” (Aruwani).

“One of my grandchildren’s father is working and one of my children is working in the hotel. They help sometimes, but it is not even enough” (Luthendo).

Data revealed that six out of the ten participants interviewed had support from their family and friends while none had any from any non-governmental organization (NGO) in Thohoyandou block J. This finding corroborates with previous studies (Cattell, 2008; Nyambedha *et al.* 2007; Schatz, 2007; Williams, 2003) which proved that there is insufficient support from both the adult children and the wider social environment for grandmothers raising their grandchildren.

4.3.5.3 Sub-theme 5.3: Support from government

In this study, some participants claimed that the only governmental support that they receive is the child- support grant and old-age grant for those that are of age but no payment is being made directly to them as caregivers. Here are their quotes to confirm it:

“There is no money, I only use child support grant to support the family” (Luthendo).

“Mostly we depend on government grant for survival, which is the child support grant” (Fulu).

The participants also explained that the child-support and old-age grant is not even enough for them to fulfill the basic needs of their grandchildren even with the help of family members, below are some of their comments.

“I manage financially by myself and also uses his grant to pay for his transportation at least” (Mpho).

“There is no money, I only use grant to support the family” (Luthendo).

“I am not managing at all, am just collecting food from family members because the grant is not even enough” (Thandeka).

The data revealed that although child support grant is provided for each registered South African child which was meant to be used for their upkeep, it is still inadequate for the provision of their basic needs. For some grandmothers addition of their old age grant, still is not enough. They have to resort to borrowing from loan sharks. This comment confirms it:

“...just that I sometimes I had to borrow money to look after them because the father of the children are not helping out financially. When I borrow money, the people wants it back and to be honest, I can't afford them financially” (Ronewa).

The findings are consistent with findings of Sidloyi and Bomela (2016), which confirm that social support from family, remittances from friends, pension grants, and child support grants help to alleviate some of the financial burdens of grandmothers raising their grandchildren. Although, The analysis also indicated that self-support strategies also help in relieving to an

extent the financial burden of participants, both old and young although it did not indicate if the support has any impact on the wellbeing of the participants.

According to literature (Zauszniewski *et al.*, 2012; Musil *et al.*, 2009; Bohman *et al.*, 2007; Oburu & Palmerus, 2005), the coping strategies adopted by grandmother-caregivers helps to reduce the negative outcomes of caregiving, thus promoting grandmother well-being, alongside the grandchild. In contrast, Ngwira (2015) asserts that some coping strategies adopted by grandmother-caregivers (for instance, indulging in menial jobs) when done continuously may makes them more vulnerable in the long run.

Nonetheless, Dolbin-MacNab and Hayslip (2014) explain that the assumption surrounding grandmothers raising their. Grandchildren and being overly saddled by their caregiving responsibilities which leads to stress may mean that, grandmother-caregivers resilience may be underestimated especially when protective factors which are relevant to grandmothers raising their grandchildren for instance, having assistance and support from others as well as being optimistic in difficult situations are in existence (Dolbin-MacNab *et al.*, 2013) this is because, the availability of social support is perceived to be most beneficial to grandparents with higher levels of stress thereby, encouraging positive outcomes of grand parenting (Gerard *et al.*, 2006).

4.4 Summary of the chapter

Chapter four analysed the data collected from grandmothers raising their grandchildren and the results were discussed with reference to the literature. The data revealed that grandmothers raising their grandchildren go through a lot of unfavorable situations which may affect the quality of care given to their grandchildren.

The emergent themes, sub-themes and categories were discussed using literature control. Chapter five will discuss the conclusions, recommendations and limitations of the study.

CHAPTER 5

SUMMARY CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the conclusions and recommendations from the study, based on the data analysed in the previous chapter. The previous chapter discussed the results within available literature.

5.2 Summary of the study

The aim of this study was to explore the experiences of grandmothers raising their grandchildren in Thohoyandou, Vhembe District of Limpopo Province. The objectives of this study were as follows:

- To establish the reasons why grandmothers in Thohoyandou block J are involved in raising their grandchildren.
- To identify and describe the challenges experienced by grandmothers in raising their grandchildren in Thohoyandou Block J.
- To establish the coping mechanism being used by these grandparents to address the challenges being experienced by them

A qualitative, interpretative phenomenological research approach was employed in this study. The target population was grandmothers raising their grandchildren in Thohoyandou block J. The participants were responsible for providing the basic needs, emotional and financial support for their grandchildren. The researcher used snowball sampling method and the point of data saturation was reached after ten participants from different households had been interviewed. The data collection instrument was in-depth individual interviews using an interview guide and data analysis was done using the thematic analysis approach. Emerging themes and subthemes were discussed using literature support.

5.2.1 Change in grandmother role

The study revealed that different reasons existed which prompted grandmothers to take up the responsibility of raising their grandchildren. Such reason includes; death of their own daughters, through HIV/AIDS infection after childbirth and during childbirth, teenage pregnancy, neglect of their grandchildren by their birth parents and abandonment. Although the study did not reveal the cause of death of the parents during childbirth, it indicated that some can be rate at which some happen can be reduced. For instance, in the case of death through HIV/AIDS infection, the nursing mother can be guided to ensure that she collects her medication and takes them on time. In the case of teenage pregnancy, identifying the main reason behind the increase in the number of teenage pregnancies in such places will make its reduction a reality. This study assumes that with the increase in the number of teenage pregnancies in Thohoyandou block J, will bring about more grandmothers saddled with the responsibility of raising their grandchildren.

5.2.2 Feeling towards role change

The study revealed that none of the grandmothers was happy at the beginning of their journey as second parents to their grandchildren. They were either sad about the event that led to their current condition (death of their own child) or sad because of their current condition. A common thing existed among all the grandmothers that participated in this study; they have accepted the situation they found themselves in. In other words, they all have accepted their situation as they perceived that there was nothing they can do about it.

5.2.3 Socio-economic factors that affect grandmothers raising their grandchildren

The study also revealed that grandmothers' financial burden have increased as they also have to cater for the basic needs of their grandchildren, some of their children as well as their own needs. Inadequate physical space is one of the challenges facing grandmothers as they share the small accommodation space they have with their grandchildren. This indicates that there is lack of privacy for the comfort and security of the grandmothers as some have to share the same sleeping room with their children and grandchildren.

5.2.4 Health of grandmothers

Findings revealed that grandmothers experience a lot of health challenges like emotional breakdown, depression, hypertension and physical body pain. As grandmothers worry about how to provide the daily needs of their family, the future of their grandchildren if they are no more, the lifestyle of their own children, and grieve over the death of their own children, their psycho-emotional and physical health is affected. This may also affect the quality of care given to their grandchildren.

5.2.5 Strategies for better living

Due to the financial burden associated with caregiving, grandmothers adopted different methods of coping with their situation. Some of the grandmothers do not receive any kind of help from the parents of the children, other family members were there to help out when they need it. Some of the reasons why their own children were not able to help out includes, no employment, nonchalant attitude towards their children, being under- age (for the teen mothers) and because the mothers do not know the father of their children. In order to meet the daily needs of the family, grandmothers search out odd jobs to get stipends, they became self employed by selling baked goods , they collect old clothes from their family or friends, they receive financial help from some of their family members, and also supplements with the child-support and pension grants (for those who are eligible).

5.3 Limitation of study

The study focused on Thohoyandou Block J in the Vhembe District of Limpopo Province and therefore the findings cannot be generalized, however, a detailed description of the study was provided, which shows the transferability of the study.

5.4 Conclusions

The following are the conclusions of this study:

- Different reasons prompted the grandmothers to take up the responsibility of raising their grandchildren
- Some of these reasons must be dealt with so as to decrease or prevent the incidence of involuntary caregiving burden to grandmothers.

- There was the existence of negative feeling as grandmothers started raising their grandchildren
- The different negatives feelings were later translated to acceptance after a long while; this because grandmothers chose to do so.
- Grandmothers complained of lack of financial resources to help alleviate the burden of caregiving
- Grandmothers that have high educational qualification seemed not to be affected by financial constraints unlike the uneducated ones
- The age of grandmother determines if she will be able to get a job in order to provide financial support to her family.
- Almost all the grandmothers complained of lack of support from the parents of the children especially from the fathers
- Grandmothers worry about the future of their grandchildren and such may affect their well-being negatively.
- Grandmothers also suffer from grief due to the loss of their own children
- The exhaustion associated with taking care of their grandchildren may affect grandmothers' physical health.
- Most grandmothers depend on the child-support grant and pension grant (for those who are eligible for survival and
- Grandmothers do not have any social group which teaches them on how to handle their situation better.

5.5 Recommendations

The following recommendations have been made based on the conclusions reached in the study:

- Provision of skill acquisition centers by the Department of Social Development to as to train women especially those with low educational qualification in different skills (for instance, soap making, baking, growing a vegetable garden to help equip them to provide for their families as they produce and sell the products.
- The Department of Health and Education should work hand-in-hand so as to provide higher education facilities in the rural communities to help educate grandmothers

especially the younger grandmothers and the mothers that are still alive but could not attend or complete formal education.

- It is also recommended that Vhembe District Department of Health and Social Development should work with Thohoyandou block J Civic heads in order to establish support groups that will guide grandmothers on how to manage the stressful situations.
- It is recommended that social workers should also guide grandmothers in taking all the necessary steps needed to ensure that each child under their care has access to child-support grant.

5.6 Indications for further research

This study has highlighted a number of researchable aspects that could be pursued further by those involved in the experiences of grandmothers raising their grandchildren. The results from Thulamela Block J, reveal that some of the reasons why grandmothers are taking up the responsibility of parenting their grandchildren can be reduced. There is, therefore, an urgent need to address the issues surrounding maternal mortality and health-risk behaviors among teenage girls with the view of reducing the burden of child-care on grandmothers. This research, has implications stretching far beyond Vhembe District, and they can serve as a point of departure for more intensive analyses through conducting a research using different target population to validate the findings of this study. Further research is suggested to describe the magnitude of the health challenges faced by grandmothers raising their grandchildren.

5.7 Summary

The findings revealed that the grandmothers who are taking care of their grandchildren experienced both financial and health challenges as they carry out their role. It was also revealed that each grandmother adopted different strategies suitable to them in order to manage the burdens they experience as they raise their grandchildren.

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APPENDICES

APPENDIX A: INFORMATION SHEET

Research study on the experiences of grandmothers raising their grandchildren in Thohoyandou.

I am conducting a research on the experiences of grandmothers raising their grandchildren in Thohoyandou. The aims of this research is to establish the reasons grandmothers take on the responsibility of raising their grandchildren, the challenges they face as they raise their grandchildren and how they are coping with the challenges they face in their day-to-day activities.

The research process

The study involves your participation in an in-depth, face -to-face interview that will be similar to an everyday conversation. Your participation has been requested because you have been identified as a grandmother who is raising her grandchild/children.

I envisage that the face-to-face interview would last approximately one hour and if it is necessary, your permission will be sought to extend the interview beyond that. The interview will take place at the time and venue which are suitable to you.

The interview will be recorded on audiotape if you permit it and the tape will be safely stored at the University. You will be given the opportunity to check taped transcripts of your interview. You are free to request that interviews not be taped, and in this case I will kindly request permission to take notes instead during the interview. There is no pressure to answer any of the questions, but rather it is hoped that you will willingly and honestly answer all the interview questions. At any point during the interview you may withdraw from the study and questioning if you so wish.

Anonymity and confidentiality

Please note that any information you will provide will be treated as confidential and therefore will not be divulged to anyone without your consent. Pseudo names will be used when publishing this study. Please note that participants in this study will not be paid any incentives and participation is voluntary, which means that you are free to withdraw at any time if you feel uncomfortable during the course of the interview.

For more information please do not hesitate to contact me, damiessicauche@gmail.com or call on 0717957886. The University's Ethics Committee has approved this study.

APPENDIX B: CONSENT FORM

My name is **Damian Jessica Uchechi**. I am a Masters student at the University of Venda registered for the Masters in Public Health (MPH). I am conducting a research entitled, *The experiences of grandmothers raising their grandchildren in Thohoyandou*.

The purpose of this research is to explore the lived experiences of grandmothers as they take on the responsibility of raising their grandchildren, how they are coping with the situation and what support system are needed to assist and empower them.

I would like to invite you to participate in the study. Please be informed that your participation in the study is voluntary and should you wish to withdraw, you are free to do so. To ensure privacy, I will take into consideration issues of confidentiality and anonymity. The study will adhere to these ethical principles by refraining from mentioning respondents by names. Hence respondents will not be expected to give their names.

I thank you in advance for your interest to participate in the study.

Signature of researcher..... Date.....

I have read and understood the contents and terms of this request to participate in this study. I hereby declare that I am voluntarily participating in this research.

Participant's signature..... Date.....

APPENDIX C: INTERVIEW GUIDE

Central Question

- Please share with me your experience since you started taking care of your grandchild/children

Probing questions (if required)

- Can you please tell me how your grandchild/children came into your care?
- Have you been affected in any way since you took up the responsibility of raising your grandchild/children?
- How did you feel the first time you realized that you will be responsible for raising your grandchild/children?
- How have you been coping with the challenges you face as you raise your grandchild/children?

APPENDIX D: REQUEST TO CONDUCT RESEARCH

P.O.Box 1051
Shayandima
0945
10 March, 2015

The Civic Head
Muledane village
Thohoyandou 0950.

Dear Sir/Madam,

RE: REQUEST TO CONDUCT A RESEARCH PROJECT ABOUT THE EXPERIENCES OF GRANDMOTHERS IN RAISING THEIR GRANDCHILDREN, IN THOHoyANDOU BLOCK J

I, DAMIAN JESSICA UCHECHI, a Masters Student in the Department of Public Health of the University of Venda hereby requests permission to undertake a study in Thohoyandou entitled **the experiences of grandmothers in raising their grandchildren in Thohoyandou Block J**. This study has been prompted by the problem of grandmothers taking over the raising of their grandchildren which is prevalent in our communities.

The study aims to explore the reasons why grandmothers in Thohoyandou are raising their grandchildren, how these grandmothers carry out their new role as parents to their grandchildren and how they cope with their situation. I am therefore requesting for permission to conduct the study in Thohoyandou Block J. I trust my request will meet with your approval. Thanking you in advance for your consideration.

Sincerely

Damian Jessica Uchechi

Student No: 14009585

damiessicauche@gmail.com

Cell: 0717957886

APPENDIX E: ETHICAL CLEARANCE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms JU Damain

Student No:
14009585

PROJECT TITLE: **Experiences of grandmothers raising their grandchildren in Thohoyandou, Vhembe District, Limpopo Province, South Africa.**

PROJECT NO: SHS/16/PH/11/2906

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr NS Mashau	University of Venda	Supervisor
Dr A Tugli	University of Venda	Co-Supervisor
Ms JU Damain	University of Venda	Investigator - Student

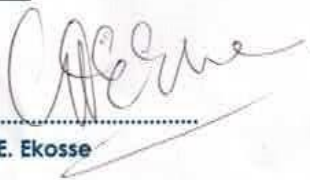
ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: July 2016

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee:

Name of the Chairperson of the Committee: Prof. G.E. Ekosse



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