CARING FOR AIDS ORPHANS: THE EXPERIENCES OF ELDERLY GRANDMOTHER CAREGIVERS AND AIDS ORPHANS

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INTRODUCTION AND PROBLEM FORMATION

Barnett and Blaikie (1992:2) postulate that the advent of the HIV/AIDS phenomenon seems to have caught countries unaware, and there has been virtually no plan to curb and/or prevent this pandemic. The cost involved in the treatment of HIV/AIDS-related diseases, as well as all the research undertaken in an effort to find a cure for the disease, is also taking its toll on the economies of countries, more so in some cases than in others (Barnett & Blaikie, 1992:2-7).

Amidst all these economic problems there are also the social problems which, if not created by the coming of HIV/AIDS, at least are exacerbated by its presence (Barnett & Blaikie, 1992:2-7). *Orphanhood* is one such problem that needs careful handling, as it impacts on the youth who are the future generation of every nation.

Guest (2001:1) asserts that the arrival of the HIV/AIDS pandemic during the 1980s caused the number of orphans to increase globally, and that by the year 2001 there were 13 million grieving children globally. Webb (1997:2) states that Africa has been struck the hardest by the HIV/AIDS pandemic and about 95% of the world's AIDS orphans are African. According to the HIV/AIDS Orphans Statistics (n.d.), it is estimated that 80% of the world's 15 million orphans live in sub-Saharan Africa. The 4th Report on the Global AIDS epidemic, published by the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2004), conveys the same facts and states that the worst orphan crisis is in sub-Saharan Africa, where 12 million children have lost one or both parents to AIDS. By 2010 this number is expected to climb to more than 18 million.

According to Webb (1997:10), the AIDS orphan crisis in Africa can be attributed to a number of situations. Firstly, Africans have big families and, as AIDS has killed a large number of adults of parenting age, a large number of orphans have been left behind. Secondly, the African extended family has traditionally nursed its sick and absorbed its orphans without fuss or legal process. The death of adults at an earlier age in these families is leaving no financial support system to cope with caring for these orphans. Thirdly, many African parents are no longer living long enough to see their children reach maturity. Fourthly, the death of adults at a parenting age causes some families to collapse. In some desperate cases, relatives will steal orphans' inheritance, while some children struggle along in their parents' homes to make ends meet (Webb, 1997:12). This situation in itself raises serious questions regarding the challenges faced by AIDS orphans and those who have to care for them.

One such group caring for children orphaned by AIDS is the elderly grandparents, who have the obligation to look after the grandchildren left behind by sons and daughters who have died from AIDS (Ageing and Life Course (n.d.); Knodel, Watkins & VanLandingham, 2002:6, Mupedziwa, 1997:9). In a paper presented at the Workshop on HIV/AIDS and Family Well-being in Namibia, Nhongo (2004: 3) confirms the aforementioned and states: "A number of studies have found that in sub-Saharan Africa the majority of orphans, orphaned as a result of HIV/AIDS or for other reasons, are cared for by elder persons, particularly older women". This author also quotes a number of studies that substantiate this phenomenon. (Williams & Tumwekwase (1999) in Nhongo, 2004:3-4.)

The challenges facing grandparents in fostering their grandchildren orphaned by AIDS are as follows, according to Knodel *et al.* (2002:6) and May (2003:18-19):

- Financial implications;
- Emotional strains resulting from negative community reactions towards the fostered grandchildren, or worries about the cost of childcare;
- Physical strain and exhaustion resulting from taking care of infants and younger children, as well as from additional work required to cover the escalating costs incurred in caring for the grandchildren;
- Reduced participation in social activities because community members may avoid the family for fear that the grandchildren are infected, or intra-familial relations may become strained if conflict over custody arises or the grandparents judge other family members to be negligent about shouldering adequate responsibility. Nhongo (2004:3) corroborates the aforementioned and states that the burden and challenges faced by elderly grandparents in caring for AIDS orphans involve fending for them, and providing food, clothing and school fees.
- The challenges facing AIDS orphans are numerous and include the risk of illness, abuse and sexual exploitation. They may not receive the health care they need because of a lack of financial means, or because it is assumed that they are infected with HIV and their illnesses are untreatable. AIDS orphans are often thought to run a greater risk of being malnourished. They endure grave social isolation that often accompanies AIDS and are at far a greater risk of becoming infected with HIV than most of their peers. Being emotionally vulnerable and financially desperate, AIDS orphans are more prone to sexual abuse and exploitation. While grieving the death of a parent, or both parents, AIDS orphans must cope with the community's stigma and often irrational fear surrounding AIDS. They may be ostracised and denied access to schooling and health care as well as to their inheritance and property (HIV/AIDS Orphans Statistics (n.d.).

From these introductory remarks a research problem needs to be derived. The research problem becomes the foundation for the entire research process. It refers to the general or substantive area of focus for the research and includes a situation characterised by doubt and ignorance (Grinnell & Williams, 1990:62; Strauss & Corbin, 1998:35; Yegidis & Weinbach, 1996: 42, 49).

The *problem statement* for this research was postulated as follows: The AIDS epidemic has affected the number of grandparents, especially grandmothers, caring for grandchildren orphaned by AIDS (Aspaas, 1999:202; Nhongo, 2004:3-4; Velkoff & Lawson, 1998:5). Caring for their grandchildren orphaned by AIDS imposes multiple, overwhelming responsibilities and poses several challenges for the elderly caregivers experiencing the frailties of old age and a lack of material, financial, physical, mental and emotional resources to care for their grandchildren (Aspaas, 1999:202; Knodel et al. 2002:6; May, 2003:19; Nhongo, 2004:3-4). The grandchildren are left vulnerable and ostracised as result of a parent, or both parents' death due to AIDS-related diseases (HIV/AIDS Orphans Statistics (n.d.).

The researchers embarked upon this research project with the goal of exploring and describing the experiences relating to the care of AIDS orphans, from the perspective of both the caregivers (elderly grandmothers) and the AIDS orphans in their care.

RESEARCH QUESTIONS

Creswell (1994:4) states that, whereas quantitative research is based on hypotheses, qualitative research stems from research questions. Marshall and Rossman (1999:39) explain that the research

questions posed are shaped by the identified problem and in turn drive the design of the study. From the aforementioned problem formulation and problem statement, the research questions posed to delineate the focus of the study were:

- *What are elderly grandmother caregivers' experiences in caring for AIDS orphans?*
- *What are the experiences of AIDS orphans about being cared for by elderly grandmothers?*

RESEARCH APPROACH AND METHODOLOGY

The nature of the data and the problem dictate the research approach and method employed by the researchers (Cozby, 1993:36). The data obtained from the research study were verbal, so a qualitative method was used. The researchers decided to employ the framework presented by De Vos (in De Vos, Strydom, Fouché, Poggenpoel & Schurink. 1998:43-45), which delineates the qualitative research process in detail with respect to the specific phases involved. This particular framework was chosen because of its flexibility, as it incorporates the perspectives of various authors, amongst them Creswell (1994), Mouton and Marais (1990), Rubin and Babbie (1993), and Taylor in Grinnell (1993). A brief overview of the phases in the qualitative research process will be given, with specific reference to the manner in which they were employed in this study.

Phase one: Choosing the research problem

The motivation for the chosen research problem has already been discussed in the introductory section.

Phase two: Deciding to use a qualitative research approach

In order to answer the two grand-tour research questions posed above, a qualitative research approach was employed for this purpose. According to Strauss and Corbin (1998:10-11), qualitative research means any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer to research about persons' lives, lived experiences, emotions and feelings, as well as about organisational functioning, social movements, cultural phenomena and interactions between nations.

According to Schurink (De Vos *et al.*, 1998:239), the qualitative research approach is a particular paradigm that determines the direction a research project will take from its commencement to its last step or phase. The assumptions and basic characteristics underlying qualitative research methodology will now be discussed briefly, in light of their relevance to the research problem.

The qualitative paradigm appeared to be the appropriate choice because, according to Akeroyd (Ansell & Young, 2004:4), qualitative research methods are called for in relation to AIDS research. The researchers found that qualitative research aided them in the quest to obtain subjective, personal data pertaining to the research problem focusing specifically on the experiences of caring for AIDS orphans from the perspectives of both the elderly grandmothers and the AIDS orphans themselves. This approach afforded elderly grandmothers and the grandchildren orphaned by AIDS in their care, as self-knowing subjects, the opportunity to speak authoritatively about the situation being studied. Creating such an opportunity is pivotal, as older people are left largely on their own in this important role of caring for AIDS orphans. The challenges they face and their contributions are critical, but generally ignored (May, 2003:19). The research employed an inductive, contextual, interpretive and idiographic stance in its interpretation of data. With this holistic and discovery-orientated approach, it was primarily geared towards a hermeneutic stance. The researchers were concerned with how people make sense of their lived

experiences, which provides a postmodern or social constructionist perspective to this study (De Vos in De Vos *et al.*, 1998:242).

Phase three: Selecting the qualitative research design

According to Yegidis and Weinbach (1996:89), a research design refers to "...a plan for conducting research. It is implemented to find answers to the researcher's focused questions...that were formulated". As it was the researchers' intentions to research and interpret the experiences relating to the care of AIDS orphans from the perspectives of elderly grandmother caregivers and the AIDS orphans in their care, they opted within the qualitative approach for an *explorative, descriptive and contextual research design, or strategy of inquiry.*

Tutty, Rothery and Grinnell (1996:4) describe *qualitative research* as the study of people in their natural environment as they go about their daily lives. It tries to understand how people live, how they talk and behave, and what captivates or distresses them. More importantly, it strives to understand the meaning people's words and behaviours have for them. From this qualitative stance, the researchers wanted to come to an understanding of the meaning elderly grandmother caregivers attach to the experience of caring for AIDS orphans, as well as how the latter experience the care they receive from their elderly grandmother caregivers. *Exploratory research* is appropriate when problems have been identified, but our understanding of them is quite limited (Marlow, 1998:32). Exploratory research designs are used to begin the process of knowledge building about a problem and/or question. The researchers included the explorative strategy of inquiry as part of their research design, as they wanted to explore the experiences surrounding the care of AIDS orphans from both relevant perspectives. The pursuit of this exploration led to the development of hypotheses which can be investigated and tested later with more precise and more complex designs and data-gathering techniques (Neuman, 1997:19). A *descriptive strategy of enquiry* was also used as part of the research design for this study, as it allowed the researchers the opportunity to look with intense accuracy at the phenomenon of the moment, namely the relevant experiences, and then to describe what the researchers saw (Leedy, 1997:191). *Contextual studies* seek to avoid the separation of participants from the large context to which they may be related (Schurink in De Vos *et al.*, 1998:281). The researchers' intentions were to explore and describe the experiences relating to caring for AIDS orphans within in the context of an elderly grandmother caregiver–orphaned grandchild relationship.

Phase four: Preparing for data collection

This phase embraced several decisions that were taken before the implementation of data collection (phase five). It included the following:

- Boundaries or parameters for data collection were identified, as well as the setting, or site for data collection. The *setting, or site* where the research study took place was the homes of participants in Francistown, a city in the northern part of Botswana. Francistown was chosen because it has the highest rate of HIV/AIDS prevalence in Botswana (HIV/AIDS Report: Situational Analysis: Orphans and Vulnerable Children, 2002:2). According to Botswana's Social Welfare and Development Services (HIV/AIDS Report: Situational Analysis: Orphans and Vulnerable Children, 2002:7), Botswana, a relatively small country with a population of about 1.6 million, was reported to have 300 000 people infected with HIV/AIDS in 2002. Van Buren (2002:83) notes that the country most adversely affected by HIV/AIDS in Africa is Botswana, where one in every four adults is infected with HIV. Webb (1997:17) reports that in Botswana, HIV/AIDS infection is concentrated on the eastern side of the country, where the population density is the highest. The highest rate of infection (39.6%) is noted in Francistown.

He concludes with the fact that the rate of AIDS deaths in Francistown is higher than anywhere else in the country. As a result of this high rate of infection in the country, especially along the railway line and in urban areas, numbers of AIDS orphans are higher in numbers in urban areas than elsewhere in the country. The Division of Social Welfare (1999:8) in "The Short Term Plan of Action on Care of Orphans in Botswana" (1999-2001) reports that recent studies conducted in Botswana indicate that the problems associated with orphanhood are not new. Projections made by UNICEF (1998:13) showed that by the year 2000 there would be approximately 65 000 orphans as a result of AIDS-related deaths in Botswana. According to the HIV/AIDS Orphans Statistics (n.d.), Botswana had registered only 28 000 orphans by June 2001, which is less than the aforementioned projections.

- *Entry into the setting,* that is, access to the files of the population, which comprised orphans registered with the Francistown City Council Orphan Programme, as well as entry into the homes of the participants was gained through a permit that was issued to the researcher conducting the fieldwork on request from the Office of the President, and the Botswana Government, as well as by assistance from the social workers of the Francistown City Council who were involved in the programme. A letter detailing the research process and its purpose was written to the Francistown City Clerk, and a follow-up a meeting was held by the field researcher and the social workers working on the orphan programme, for the purposes of identification of participants from the files of orphans registered in the Francistown City Council Orphan Programme.

- The population, with reference to the sum of all possible cases that the researchers were ultimately interested in studying (Marlow, 1998:134), was defined as follows:

  - All AIDS orphans registered with the Social and Community Development Department of the Francistown City Council in Botswana;

  - All AIDS orphans' elderly grandmother caregivers in the support groups registered with the Social and Community Development Department of the Francistown City Council in Botswana.

- From the population, a sample or subset of the population was selected for inclusion in the study (Yegidis & Weinbach, 1996:115). The criteria for inclusion in the sample for the study were as follows:

  - Orphans who lived with elderly grandmothers as caregivers who were registered clients with the Francistown City Council orphan programme;

  - Elderly grandmothers who were looking after AIDS orphans who were registered clients with the Francistown City Council orphan programme.

The researchers employed the purposive sampling technique to procure a sample of grandparents and AIDS orphans who fitted the criteria for inclusion as stated above. According to Yegidis and Weinbach (1996:122), purposive sampling is based on the assumption that this sampling method will provide the researcher access to some specialised insight or a special perspective, experience, characteristic, or condition that he/she wishes to understand. A specific sample size cannot be determined at the outset of the study, but the number of participants included in the sample will be informed and will be determined by data saturation, that is, when the information being gathered becomes repetitive (Tutty *et al.*, 1996:82).

The researcher conducting the fieldwork obtained the identifying particulars for the AIDS orphans and elderly grandmother caregivers of these children from the register on AIDS orphans kept by

the Social Work Department of the Francistown City Council. The researcher then made contact with the participants by means of a home visit, as many of them did not have telephones. During this contact she introduced herself to the potential participants. She explained the purpose and the procedures of the research and also determined their willingness to participate in the research. The researcher also provided the participants with the questions to be asked. Furthermore, she asked for their permission to tape-record the interviews. Ethical issues, such as confidentiality and management of information, were discussed. She informed them about who would have access to the tape recordings and the transcripts of the tape-recorded interviews, namely the researchers and the person who would be checking the translations of the transcripts from Setswana to English, as well as the independent coder. If they decided to participate voluntarily in the research, they were requested to sign the consent form, or grant consent that the child might participate in the study. A follow-up appointment was made for the semi-structured interviews to be conducted in Setswana at a venue and time that would be most convenient to the participants.

- The roles which the researcher conducting the semi-structured interview would assume were delineated and planned. The roles of the researcher in this study can be described as 'observer-as-participant' or as 'non-concealed, minimal participant' who identifies herself as a researcher and interacts casually with the informants during the interviewing process. (Gold in Rubin & Babbie 1997:379; Yegidis & Weinbach, 1996:151-152)

- The researcher conducting the fieldwork designed a tentative protocol to note observations in the field, namely a single page with a dividing line down the centre, separating descriptive and reflective notes, which would serve as a guideline for the organisation of raw data obtained during interviews. She also used a dictaphone to record informants' verbal and non-verbal comments. For ethical reasons, this took place upon mutual agreement with the participants being interviewed.

Phase five: Data collection and data analysis

Data were collected both with the elderly grandmother caregivers and the AIDS orphans by means of semi-structured interviews with the aid of the interview guide. An 'interview' is defined as a conversation with direction for gaining understanding of the perspective of the person being interviewed (Tutty, Rothery & Grinnell 1996:52). Holloway and Wheeler (1998:55) explain that a semi-structured or focused interview is conducted by using questions that are contained in an interview guide with a focus on the issues to be covered.

The following request and questions were used as a guide in interviewing the elderly grandmother caregivers:

Request: Tell me about your experience in raising the orphans in your care.

Questions:

- Can you explain the challenges/problems you have encountered while taking care of these children?
- What has helped you to deal with these challenges/problems?
- What support has been offered to you to help you deal with this situation?
- What recommendations and suggestions would you make concerning the care of AIDS orphans who are being cared for by elderly grandmothers?

The children (AIDS orphans) were asked to respond to the following request and questions:

Request: Tell me how it is for you to be looked after by your grandmother.

Questions:

- What is nice or good about it?
- What is bad or not nice about it?
- What would make things better?

The interviews were audiotaped and later transcribed and translated from Setswana into English. An academic well-versed in Setswana was engaged at this stage to check whether the English translations of the interview were in fact what had been said in Setswana. On completion of this, the process of data analysis commenced. According to Yin in Krueger (1994: 140), data analysis consists of examining, categorising, tabulating or otherwise recombining the evidence to address the initial propositions of a study. This is a creative, eclectic process and there are no set recipes (Marshall & Rossman, 1999: 23; Schoeman & Botha, 1991:56; Tesch in Creswell, 1994:153). Creswell (1994:153) contends that the researcher is engaged in several activities during qualitative data analysis. These include collecting the data, sorting the data into categories, formatting the data into a coherent story or picture, and writing the qualitative text. Rose (1982:118) states that the process of moving from data to conceptualisation and theorisation is the most distinguishable aspect of qualitative research. This study employed the eight steps provided by Tesch (in Creswell, 1994:155) to analyse the data systematically, by segmenting it into words or categories that subsequently formed the basis of the emerging story or picture.

Phase six: Data verification

The process of data verification followed Guba's model of trustworthiness (in Krefting, 1991:215-222), which identifies four criteria and strategies for ensuring and establishing trustworthiness, and which are therefore used to assess the qualitative research process undertaken.

- The first criterion addressed in establishing trustworthiness is that of *truth value*, that is, determining to what extent the findings are a true reflection of the 'life-worlds' of the participants, as experienced and described by them. The strategy for establishing truth value is *credibility*. The particular actions taken to achieve credibility include triangulation (that is, triangulation of data sources, namely the elderly grandmother caregivers and the AIDS orphans), peer examination, interviewing techniques, and researcher conducting the fieldwork's authority.

- The second criterion is *applicability*, or the degree to which findings can be applied to other contexts or settings and groups (that is, generalisability). *Transferability* was the strategy employed to attain applicability. Two perspectives of applicability for qualitative research were delineated (Krefting, 1991:216). The first perspective holds that applicability is not seen as being relevant to qualitative research, as it proposes to describe experiences or phenomena which cannot be generalised to other experiences or phenomena (Krefting, 1991:216). The second perspective proposed by Guba (in Krefting, 1991:216), however, claims that *fittingness* is the criterion against which applicability of qualitative research can be assessed. If the findings of a study fit into contexts outside the study situation by means of similarity and goodness-of-fit between the two contexts, then transferability has been achieved. In this study transferability was achieved by documenting 'dense' descriptions of the research methodology and by working contextually, so that procedures could be duplicated accurately.

- The third criterion of Guba's model (in Krefting, 1991:215-222) is termed *consistency*, which is concerned with the extent to which the replication of the study in a similar context or with similar informants will produce the same results. *Dependability* was the strategy used to ensure consistency. The actions that were taken to ensure dependability in this study included: peer

examination of the research methodology and implementation, triangulation of data sources, a dense description of the research methodology, independent coding, and the implementation of a code-recode procedure (Krefting, 1991:216-217).

- *Neutrality* is the fourth and final criterion, and refers to the extent to which the study's findings are free from bias. Lincoln and Guba in Krefting (1991:217) propose that neutrality in qualitative research should consider the neutrality of the data, rather than that of the researcher, and thus suggested *confirmability* as the strategy to achieve neutrality. In this study triangulation was employed to achieve confirmability (Krefting, 1991:221-222).

DISCUSSION OF FINDINGS

The research findings presented in the ensuing part of this paper resulted from the analysis of the seven in-depth semi-structured interviews conducted with the elderly grandmother research participants, as well as seven semi-structured interviews conducted with AIDS orphans, and a consensus discussion on the analysed data between the researchers and the independent coder.

The discussion on the research findings will be presented in two sections, namely:

- a biographical profile of the participants, and
- a discussion on the themes and sub-themes that emerged from the process of data analysis and the consensus discussion. Each of these will be supported by narratives from the transcribed interviews and further complemented by a literature control.

A biographical profile of the research participants

Table 1 provides a biographical profile of one of the sample groups, namely the elderly grandmother caregivers caring for AIDS orphans.

TABLE 1
BIOGRAPHICAL PROFILE OF ELDERLY GRANDMOTHER CAREGIVERS

Participant number	Marital Status	No. of Orphans cared for	Employment Status	Health Status	No. of children dead
1	Single	2	Part-time	Healthy	3
2	Widow	5	Hawker	Hypertension	2
3	Single	7	None	Blindness and cannot walk	1
4	Widow	11	None	Cardiac problems	10
5	Widow	2	None	Hypertension	1
6	Single	1	None	Hypertension	1
7	Single	4	Part-time	Arthritis	1

In some of the instances they had more than one orphan in their care. This tendency of grandmothers caring for AIDS orphans is confirmed by Aspaas (1999:202), who states: "...owing to the loss of adults between the economically productive ages of 15 and 45 [due to AIDS-related deaths], an increasing number of orphans are relying on elderly relatives who may lack sufficient resources, both mental and physical, to provide for them". Kelso (1994) also supported this idea and postulated that AIDS is known as 'the grandmothers' disease' in many southern African

countries. This is because elderly women so regularly assume the role of caregivers, tending their dying son or daughter, possibly his or her spouse, and then the children left behind.

From Table 1 it is also worth noting that all the grandmothers are either widowed or have never been married. The elderly grandmother caregivers all reported having health problems, either from old age or because of the stress suffered as a result of a child, or children, being lost from AIDS-related diseases. Olshevski, Katz and Knight (1999:29) point to the fact that owing to the stress of caregiving, elderly caregivers may enter higher health risk categories than those dictated by age alone. May (2003:19) refers to a World Health Organization study and states: "Although the health of elder care givers are arguably their 'most precious asset not only to them, but to their families and communities', they are finding it difficult to access needed health services for themselves and the orphans they care for due to high cost, distance, and the often-negative attitudes of health workers towards AIDS orphans and primary caregivers".

Table 2 provides a biographical profile of the AIDS orphans who participated in the study. This table shows the gender of the AIDS orphans, their school attendance, and the number of siblings or other relatives from the extended family in the care of the elderly grandmothers. The length of time the children had been staying with the grandmother caregivers is also indicated.

TABLE 2
BIOGRAPHICAL PROFILE OF ORPHANS

Participant number	Sex	School Attendance	No. of siblings	Length stayed with grandmother
1	F	Secondary School	1	Since after mother's death
2	F	Primary School	4	All the time
3	M	Secondary School	6	All the time
4	F	Not attending	10 from different parents	All the time
5	F	Secondary School	1	Since mother's death
6	F	Primary School	None	Since mother's death
7	M	Primary School	3	Since mother's death

Themes and sub-themes: A thematic discussion

The responses from the participants resulted in the following four themes with accompanying sub-themes:

- *Challenges experienced by elderly grandmothers in caring for AIDS orphans.* This theme is divided into the following five sub-themes: (1) Limited and/or lack of income prevents elderly grandmothers from providing orphans' basic needs; (2) Elderly grandmother caregivers experience difficulties with government aid; (3) Elderly grandmother caregivers are the only ones left to be economically active, but their own health problems challenge and prevent them from earning a decent income; (4) Elderly grandmother caregivers face the challenge of no support from the children's fathers and the extended family; and (5) Elderly grandmother caregivers face the challenge that the AIDS orphans in their care do not accept their authority.
- *Experiences of AIDS orphans relating to their grandmothers' care.* This is divided into the following two sub-themes: (1) AIDS orphans experience elderly grandmothers' care as positive, and (2) AIDS orphans experience elderly grandmothers' care as negative.
- *Support systems available to assist elderly grandmother caregivers in caring for AIDS orphans.* This theme is divided into five sub-themes: (a) council orphan programmes; (b)

availability of part-time jobs; (c) old-age pension; (d) community members and family support, and (e) orphans assisting their grandmothers.

- *Recommendations regarding care of AIDS orphans* are highlighted. These are divided into three sub-themes, namely: (1) Government should continue to care for AIDS orphans and support the elderly grandmother caregivers; (2) Grandmothers are never to be separated from grandchildren, and (3) Government is to care for orphans when a grandmother dies.

Each of these themes with their accompanying sub-themes will be discussed in the remainder of this paper and will be subjected to a literature control.

Challenges experienced by elderly grandmothers in caring for AIDS orphans

Table 3 below indicates the challenges experienced by elderly grandmothers in caring for AIDS orphans and provides excerpts from the interviews to support the various sub-themes.

TABLE 3
CHALLENGES EXPERIENCED BY ELDERLY GRANDMOTHERS IN CARING FOR AIDS ORPHANS

	Sub-theme	Excerpts from the interviews
1.	Limited and/or lack of income prevents elderly grandmother caregivers from providing orphans' basic needs	• *Sometimes it gets very tough when I don't get jobs; as a result when I haven't received the monthly rations it gets very difficult for me to feed the children.* • *My main problem is how to feed them. Like today, I haven't cooked any meal. I am still thinking how to cook. This makes me think of my children a lot because if they were around I wouldn't be having all these problems.* • *I have to visit her [grandchild] every month at school and sometimes I get frustrated because of lack of funds to do so.* • *Now this child does not have a good life; as you can see me, I don't have anything I can call mine ... no money ... nothing ...She was used to a different kind of life, diet, etc. that I cannot provide because I am poor.* • *At times I borrow money from other people and some mealie meal if we are short. When my old-age pension comes, it all goes to paying these debts. If there is nothing, these children look up to me and it pains me...* • *I need assistance with this child, her clothing, shoes and blankets; these are the things she needs and I cannot provide.* • *Right now, I have not paid their tuition at school; as a result my grandson did not receive his term report. That hurt very much.*
2.	Elderly grandmother caregivers experience difficulties with Government Aid.	• *It's only through government that I have managed, but the food that we get is not enough.* • *My complaint is in connection with the children's food. I asked from the shop* [where the elderly grandmother caregivers receive the monthly rations on behalf of the AIDS orphans] *because the food has been decreased a lot.* • *Like today, we were supposed to get rations but the shop owner said the rations will only be ready on the second of next month. It is hard on the children because she* [the shop owner] *is always irregular in giving us their food.* • *The boy is doing Form 1, since he was in Std 6 he was never given any school uniform until last week. They once brought a*

		small pair of pants and when I complained they said I should see what to do. The social workers are saying there are too many orphans and they are unable to provide everybody with everything. • *As for the dwelling place ... the social workers are always promising to assist. They had said they would help to put up houses for the orphans. They have since changed their mind, they say they will not manage to do so.*
3.	Elderly grandmother caregivers are the only ones left to be economically active, but own health problems challenge and prevent them from earning a decent income.	• *There is no other help; it is because I was born alone. I have no brothers or sisters to help me. I was dependent on my uncles. They too have now died. My mother has also died. My children were my only relatives, but they have also passed away.* • *There is nobody working in this homestead I am the only one running round to provide for the family.* • *If I was not sickly, I would continue with my hawker's business in order to look after these children.* • *I was helped by my old age pension and being employed by other people, relying on my hands. I have just gone blind after the death of their mother. Now I am creeping.* • *I used to sell as a hawker but since their mother died I developed high blood pressure and can no longer work.* • *But I also have health problems. My right arm sometimes gives me so much pain that I am unable to use it for some time. This means that during that time I cannot do any part-time jobs.* In order to supplement their income, some elderly grandmother caregivers find themselves having to find part-time jobs. The research participants echo this in the following statements: • *Now I have to run around looking for part-time jobs in order to survive and to buy these children clothes.* • *My main source of income is the part-time jobs. There is no one helping me.*
4.	Elderly grandmother caregivers face the challenge of no support from the children's fathers and the extended family.	• *The problem is that I have to take care of these children without the help of their fathers, because their fathers do not support them. As for this young one here, when the parents broke up, the father was told at the customary court to support the child but he didn't do so until my daughter died.* • *Although I have relatives, I don't have anybody to look up to in times of need.* • *As for these children, there is no help forthcoming from them* [i.e. the relatives]. • *There is nobody to help me with these children; people have their own problems.*
5.	Elderly grandmother caregivers face the challenge that the AIDS orphans in their care do not accept their authority	• *I cannot force them to leave for school on time. I never know when the Parent-Teacher Association (PTA) meetings are held.* • *Well, the one attending school at* [name of place] *has just developed the idea that his parents have passed away, now I ill-treat them.* • *Others* [referring to the AIDS orphans in her care] *believe I am capable of being their mother whilst others believe I'm not capable of taking care of them.*

Elderly grandmothers were all either in the pension bracket (65 years and above) or between retirement and pensionable age (between 60 years and 65 years). If they had to rely on an old age pension from the Botswana government, this would amount to P150 (approximately R220.00). The researchers believe that this amount is hardly sufficient for elderly grandmothers to care adequately for themselves. As was foreseen, AIDS removes the breadwinners and caregivers in vast numbers from families, leaving the old and the young to fend for themselves (Loudon, 1997:14). This was not always the case, because throughout sub-Saharan Africa, the extended family has provided a safety net to care for orphaned relatives (Aspaas, 1999:202). Museveni (in Aspaas, 1999:202) explains: "Traditionally, at the death of parents, children are sent to live with another member of the extended family". However, this is changing because the challenge of absorbing the ever-increasing number of children in households with limited resources surpasses in many instances the material ability of these households, regardless of the willingness or desire to help (Aspaas 1999:202). Kaseke and Gumbo (2001:37) add that the harsh economic environment makes it difficult for members of the extended family to support their needy relatives. Therefore, extended family members are not in a position to assist elderly grandmother caregivers in providing for the AIDS orphans' basic needs. According to HIV/AIDS Orphans Statistics, providing care and support for the AIDS orphans is hard for the elderly carers, who are often in poverty and sometimes in poor health themselves. Many of these elderly grandmothers have lost much or all of their saved assets in looking after their sick children. They have to accommodate the young, growing, school-going orphans who no longer have an income from parents. The grandmothers are therefore left with very few economic alternatives to look after the orphans. The comments of the research participants in Table 3 above testify to this. To compound this reality even further, grandmothers, particularly those in the poorer communities, are left without any inheritance from the deceased parents of the AIDS orphans. This creates a situation in which it is impossible to provide the basic needs of the AIDS orphans in their care and they have to rely on government aid (McKerrow 1994:8). These basic necessities needed by the elderly grandmother caregivers articulated in Table 3 are similar to the needs expressed by other families caring for AIDS orphans. Mataka (in Key & DeNoon n.d.) states that NGOs in Zambia supporting individual families with AIDS orphans found that some of these families need help only with school fees, while others need help with shelter and other bare necessities. Aspaas (1999:205), quoting Hunter, states that in the district in Uganda most seriously affected by the AIDS pandemic, the daily sustenance for AIDS orphans was highly problematic, and opportunities for schooling had been nearly eliminated, especially for double orphans (those who lost both parents from AIDS- related diseases). Aspaas (1999:214) further found that basic survival needs for household members affected in any form by AIDS revolve around food, shelter, clothing, sanitation and access to clean water. Additional needs include medical care, education for the household's children, and guarantees of basic human rights. The cries for help from the elderly grandmother caregivers in this study are similar to the aforementioned needs identified in the literature. The mention made by the participants regarding government aid to AIDS orphans is confirmed in the publication of HIV/AIDS Orphans Statistics, which state that government departments assist needy orphans with food, clothing, blankets, counselling, toys, bus fares to and from school, uniforms, and other educational needs.

Another challenge facing the elderly grandmother caregivers is the fact that the orphans in their care do not accept their authority. Barnett and Blaikie (1992:119) echo this phenomenon and state that many grandmothers caring for orphans have reported that they experience problems with disciplining the children in their care.

Experiences of AIDS orphans relating to their grandmothers' care

The information obtained from the AIDS orphans on the following request, as well as from questions posed to them, resulted in this theme focusing on the experiences of AIDS orphans relating to their grandmothers' care: (1) Tell me how it is for you to be looked after by your grandmother. (2) What is nice or good for you about it? (3) What is bad or not nice for you about it?

These data are divided into the following sub-themes and will be presented in the following section of this paper:

- AIDS orphans experience elderly grandmothers' care as positive;
- AIDS orphans experience elderly grandmothers' care as negative.

Sub-theme: AIDS orphans experience elderly grandmothers' care as positive
In a Report from a WCO Intervention to Support Orphaned Children in Swaziland (n.d.),the following needs for orphans are indicated: (1) The need for food supply; (2) School fees; (3) Clothes; (4) Security, especially in 'orphan-headed families'; and (5) The need for community responsibilities. Comparing the responses of the participants to the aforementioned, the researchers conclude that the elderly grandmothers did provide for the needs of the AIDS orphans. Attending and fulfilling their basic needs caused the children to experience the care provided by the elderly grandmother caregivers as positive. The following excerpts from the interviews attest to this:

She looks after us well. She never sells our food. Whatever we need for school she gives us -- things like shoe polish and toothpaste. She feeds us well whenever there is food available.
She looks well after us, she is able to cook for us and we are well fed.
She feeds me, she bathes me. She buys me food and fends for me.
She feeds us well whenever there is food available.
Whenever we are away at school, she washes and cooks for us so that we find food when we come back from school.
She treats us well. She buys us beautiful clothes for dressing up.
She buys me clothes to wear and sees to it that I attend school.
She comes to check if I'm okay at boarding school on a monthly basis.

One participant also had a positive experience about being cared for by his elderly grandmother caregiver, since she protected him. This became apparent from the following comment: *She buys me food and fends for me.*

Sub-theme: AIDS orphans experience elderly grandmothers' care as negative
Being cared for by the elderly grandmothers was not only a positive experience, but also a negative one.

The latter was mainly due to the lack of or limited finances from the elderly grandmothers' side. This caused the AIDS orphans to experience that their elderly grandmothers could not provide for their basic needs. They expressed the following views:

She is not able to provide for all the things that my mother used to provide me with. She is unable to buy me things like my mother used to, because she is not employed.
She does not buy me sweets, chips and new clothes. I want to go and stay with you [the researcher].
Sometimes I think that if my grandmother was working, she would be in a position to give us money to buy the things we want. She would be able to give us that money to make us happy as other children who have parents.

Nhongo (2004:6) confirms the fact that a lack of or limited finances on the grandparent's side causes the orphaned children in their care to view the care as negative, and states: "The economic burden is not only a cause of concern for older people, but is also a source of dissatisfaction for some of the children in their care." Hai (in Nhongo, 2004:6) mentions that, from research undertaken in Tanzania, some orphans indicated that they were not well supported and that their needs were not being met by their grandparents.

TABLE 4
SUPPORT SYSTEMS AVAILABLE TO ASSIST ELDERLY GRANDMOTHER CAREGIVERS IN CARING FOR AIDS ORPHANS

Support systems available to assist elderly grandmother caregivers in caring for AIDS orphans.	**Excerpts from the interviews**
Council Orphan Programmes	• *My main support comes from the Council. I am very grateful for that. There is nothing else that I rely on except the rations from Council and the occasional part-time job that I get every now and then.* • *Really there is no concrete help that I get from anywhere else except from Council.* • *Anyway the government does help me because they get supplied with school uniforms and they also give them food.*
Old-Age Pension	• *I was helped by my old-age pension and being employed by other people, relying on my hands. I have just gone blind after the death of their mother.*
Doing part-time jobs	• *My main source of income is the part-time jobs.* • *There is nothing else that I rely on except the rations from Council and the occasional part-time job that I get every now and then.* • *I was helped by my old-age pension and being employed by other people, relying on my hands...* This participant had to stop doing part-time jobs as she "*just gone blind after the death of their mother.* This was also true for another participant who had to stop generating an income through part-time jobs because of ill health. The following statement from the participant attests to this: *I used to sell as a hawker but since their mother died I developed high blood pressure and can no longer work.*
Familial and community support	• *I depend on the one who is nursing the baby* [referring to one of her granddaughters] *and her younger sister but they are so young. They are the ones who look after me when I am sick.*

Support systems available to assist elderly grandmother caregivers in caring for AIDS orphans

Table 4 indicates the support systems available to assist elderly grandmother caregivers in caring for AIDS orphans, and provides excerpts from the interviews to support the various sub-themes.

The support systems mentioned by the elderly grandmothers in this study in caring for the AIDS orphans concur with the sources of support available to Ugandan households providing crisis

fostering for children orphaned by AIDS, as found in the study of Aspaas (1999:214). She divided the resources available to household members for meeting the needs of AIDS orphans into the following subgroups: capital resources, labour resources and social welfare resources. The Council Orphan Programme and the old-age pensions as sources of support, as well as the familial community support, would fit in with what Aspaas (1999:214) labelled as "social welfare resources". The latter is defined as kin network and social or institutional services that offer material and emotional support. Doing part-time jobs would fit in under the subgroup 'labour resources.'. 'Labour resources' refer to wages and/or earnings derived from informal sector activities, or remittances (Aspaas, 1999:214).

From Table 4 above, it becomes clear that the familial and community sources of support were mainly lacking amongst the sample group. The following comments by the research participants testify to this:

- *There is no one helping me.*
- *The problem is that I have to take care of these children without the help of their fathers, because their fathers do not support them.*

The aforementioned lack, especially of community support, is confirmed by Ansell and Young (2004:6), who found that very few of the participants (AIDS orphans and guardians in urban and rural Lesotho and Malawi) reported receiving any formal or informal assistance from non-related community members.

Recommendations regarding care of AIDS orphans

The theme: *recommendations regarding care of AIDS orphans from the perspectives of the elderly grandmother caregivers and the AIDS orphans* has been divided into three sub-themes, namely: government should continue to care for AIDS orphans and support the elderly grandmother caregivers; grandmothers never to be separated from grandchildren; and government to care for orphans now and also take responsibility when grandmother dies.

Sub-theme: *Government should continue to care for AIDS orphans and support the elderly grandmother caregivers.*
This sub-theme originated from the following comments, especially from the elderly grandmother caregivers:
Government should know that we are crying. [Crying for] *children's clothes. When last were they given clothes? They are now dressed in worn-out clothes. I see those who do school are provided with school uniforms and blankets only, but no casual clothes... As for the dwelling place* [we need assistance].
The government should help me while they are staying with me until I am very sick or dead, that is when the government can take them away...When I can no longer cope, I would like the government to take then to a place where orphans stay.
Government can help me to build them a house.

Recommendations made by the AIDS orphans highlighting Government's assistance or support were deduced from the following comments:

We would like to have a dwelling house built for us ... as you can see, this one is too small, we are crowded and it is too weak – it can fall anytime. The house should be built in my grandmother's plot because we do not have a plot of our own.

The government should help my grandmother to look after us. The government should buy us clothes for Christmas. The government should also buy us school uniforms and give us food.
I would like to attend school so I can work for myself in the future [indicating a need for financial support for education].

McKerrow (1994:8) stresses the fact that government intervention and support is needed because the HIV/AIDS pandemic has made the extended family unable to cater for the basic needs of children orphaned by AIDS. He maintains that if these needs for food, shelter, clothing, nurture, schooling, health care and recreation are to be provided for and then sustained, increasing demands and expectations will fall on broader formal and informal community involvement and commitment.

Sub-theme: Grandmothers never to be separated from grandchildren
Grandmother caregivers who were interviewed all expressed a wish not to be separated from their grandchildren. They stated:
...but again if they [government] *can build for them* [AIDS orphans] *at a different place, they will have abandoned me.*
I thank God that they [deceased parents] *left behind their children, otherwise I would be alone.*
My wish is that I should never be separated from these children.

This wish might be in view of the fact that the grandmothers who were caring for AIDS orphans had suffered the loss of their own children and feared further losses. Chant (in Aspaas, 1999:2210) alerts one to the fact that altruism may not be the only explanation for the women's (grandmothers') desire to promote the well-being of the children under their care or not to be separated from them, as a means to ensure their own security, especially in old age. Goody (in Aspaas, 1999:214) is of the same opinion and maintains that child-fostering literature suggests women's willingness to accept foster children because of the expectation of companionship and material security when they become aged.

Sub-theme: Government to care for orphans when grandmother dies
The grandmothers in the study all pointed out that there was no social support assisting them in taking care of the orphans. The reasons advanced were that there was absolutely no living relative; that the living ones were not working either owing to ill health or because they were unemployed. Another reason was that extended family members were busy with their own problems and could not afford the extra burden of orphan care. Furthermore, socio-economic factors are undermining the effectiveness of the extended family system (Kaseke & Gumbo, 2001:1:55).

Orphan care, as described by both the orphans and elderly grandmother caregivers in the study, embraces basic needs such as shelter, education, food, clothes and general items (see Table 1 above). According to evidence in the study, orphans stayed with their elderly grandmothers as caregivers because they were the only available carers in the extended families. Suffice it to say that with their passing on, there will be no reliable caregivers. Government therefore needs to be prepared to take over the care of these children. The participants expressed themselves as follows in this regard:
Sometimes it worries me that given my ill health I might die before she is old enough to look after herself. If that happens, I wish that government takes over the care of this child to ensure that she has a chance in life.
My wish is that government makes a place for them where they can be cared for by Council ... they should be government children.

While the aforementioned participant requested that AIDS orphans should be institutionalised, Nhongo (2004: 11) advocates that institutionalisation should be avoided where possible. In support

of this, she quotes the United Nations viewpoint: "While these institutions are necessary and respond to the very real need, particularly for physical care, many studies indicate that none of these institutions has proven to be an acceptable substitute for the family in providing emotional, psychological and social support". Therefore, the need for community responsibility remains. Communities need to take it upon themselves to look after their own – the AIDS orphans and the elderly caregivers (A Report of a WCO Intervention to Support Orphaned Children in Swaziland).

CONCLUSIONS AND RECCOMMENDATIONS

The above research findings constitute the experiences of elderly grandmother caregivers and AIDS orphans in relation to the care of AIDS orphans. Based on the research findings and the literature verification, the following conclusions can be drawn:

- The elderly grandmother caregivers are committed to the care of their orphaned grandchildren despite the hardships;
- The elderly grandmother caregivers are experiencing many difficulties in looking after their orphaned grandchildren;
- Extended family members and communities are not very supportive of orphan care;
- Although government has set out programmes specifically to address the care of orphans, these do not function adequately.

Based on these conclusions, the following recommendations are made:

- *Capability assessment*

It is recommended that the capability of elderly grandmother caregivers caring for AIDS orphans be specifically assessed by the social workers working on orphan programmes. This step will assist social workers in overcoming some of the challenges they are faced with in securing the welfare of the both the elderly grandmother caregivers and the AIDS orphans.

- *Provision for orphans' basic/necessary economic needs*

It is recommended that provision for the orphans' necessary day-to-day needs, for example, transport money to school and school uniforms, is ensured at all times. Lack of these amenities may discourage them from continuing with their schooling, which is important for every child to acquire (Nhongo, 2004:9; HIV/AIDS Orphans Statistics, n.d.).

- *Consistency in the delivery of rations*

It is recommended that there be consistency about the dates of ration delivery by assigned shop owners. This is important because, if the caregivers do not collect food rations on certain dates, they have to forfeit the month's supply.

- *Institutions important as last-resort provider*

Although extended family member/community-based care of orphans is desired and should be encouraged, it is recommended that government equip itself by preparing for institutional care of orphans in view of an ailing sole care-provider and ultimately, virtually no care-provider. This will also discourage unscrupulous extended family members from taking in orphans with the sole purpose from benefiting from their inheritance as well as from the rations provided by government (Aspaas, 1999:204, 221; HIV/AIDS Orphans Statistics, n.d.).

- *Incorporation of orphan opinions in programme development*

It is recommended that there be a structured forum where children orphaned by AIDS can give their views on their experiences as orphans living with elderly grandmother caregivers. As the

ones who live the experience, they are best suited to shed light on the nature of orphan care programmes and how they should be operationalised.

- *Bereavement counselling*

It is recommended that bereavement counselling be offered as a matter of procedure both to elderly grandmother caregivers and AIDS orphans, to assist with their feelings of bereavement and loss.

- *Future research*

It is recommended that research focusing on the impact of caring for AIDS orphans by elderly grandmother caregivers be placed on the agenda for future research and that this topic under investigation be replicated on a larger scale.

REFERENCES

A REPORT OF A WCO INTERVENTION TO SUPPORT ORPHANED CHILDREN IN SWAZILAND. n.d. [Online]. Available: http://www.afro.who.int/swaziland/wco report. [Accessed 10 October 2004].

AGEING AND LIFE COURSE (n.d.). 'Impact of AIDS on older people in Africa: Zimbabwe case study' [Online]. Available: http://www.who.int/hpr/ageing/hivimpact.htm [Accessed 10 October 2004].

ANSELL, N. & YOUNG, L. 2004. Enabling households to support successful migration of AIDS orphans in Southern Africa. **AIDS Care,** 16(1): 3-10.

ASPAAS, H.R. 1999. AIDS and orphans in Uganda: Geographical and gender interpretations of household resources. **The Social Science Journal**, 36(2): 201-226.

BARNETT, T. & BLAIKIE, P., 1992. **Aids in Africa: Its presence and future impact**. London Belhaven Press.

CRESWELL, J.W. 1994. **Research design: qualitative and quantitative approaches**. Thousand Oaks, London: Sage Publications.

COZBY, P.C. 1993. **Methods in behavioural research** (5th ed). California: Mayfield.

DE VOS, A.S. & STRYDOM, H. & FOUCHÉ, C.B. & POGGENPOEL, M. & SCHURINK, E. W. 1998. **Research at Grassroots; A primer for caring professions.** Pretoria: Van Schaik Publishers.

DIVISION OF SOCIAL WELFARE. 1999. **Short Term Plan of Action on Care of Orphans**. Botswana: Government Press.

DIVISION OF SOCIAL WELFARE. 2002. **HIV/AIDS Report: Situation Analysis of Orphans and Vulnerable Children.** Botswana: Government Press.

GRINNELL, R.M. 1993. **Social research and evaluation** (4th ed). Itasca, Illinois: F.E. Peacock Publishers.

GRINNELL, R.M. & WILLIAMS, M. 1990. **Social work research: A primer.** Itasca, Illinois: F.E. Peacock Publishers.

GUEST, E. 2001. **Children of AIDS: Africa's orphan crisis**. London: Pluto Press.

HIV/AIDS ORPHANS STATISTICS. n.d. [Online]. Available: http://wwwavert.org/ aidsorphans.htm. [Accessed: 11 October 2004].

HOLLOWAY, I. & WHEELER, S. 1996. **Qualitative research for nurses**. Great Britain: MPG Books Ltd.

KASEKE, E. & GUMBO, P. 2001. The AIDS crisis and orphan care in Zimbabwe. **Social Work**, 37(1):53-58.

KELSO, B.J. 1994. 'Orphans of the storm' [Online], vol.39(1):5. Available: EBSCOhost: Academic Search Premier, Item: AN9406080336 [Accessed 4 November 2003].

KEY, S.W. & DE NOON, D.J. [n.d.] 'Life is though for AIDS orphans', *AIDS Weekly Plus* [Online], Available: EBSCOhost: Academic Search Primer, Item: 10691456 [Accessed 29 September 1997].

KNODEL, J., WATKINS, S. & VANLANDINGHAM, M. 2002. **AIDS and older persons: An international perspective: PSC Research Report (Report No. 02-495).** Michigan, USA: The Institute for Social Research University of Michigan.

KREFTING, L. 1991. Rigor in qualitative research: The assessment of trustworthiness. **The American Journal of Occupational Therapy,** 45 (3): 214-222.

KRUEGER, R.A. 1994. **Focus groups: A practical guide for applied research** (2nd ed). London: Sage Publications

LEEDY, P.D. 1997. **Practical research: Planning and design** (6th ed). Columbus, Ohio: Prentice Hall Inc.

LOUDON, M. 1997. Grappling with the social consequences of HIV and AIDS. **Positive Outlook**, 4(3): 14-15.

MARLOW, C. 1998. **Research methods for generalist social work**. U.S.A.: Brooks/Cole Publishing Company.

MARSHALL, C. & ROSSMAN, G.B. 1999. **Designing qualitative research**. Newbury Park: Sage Publications..

MAY, A. 2003. **Social and economic impacts of HIV/AIDS in Sub-Saharan Africa, with specific reference to aging.** Boulder, Colorado: Institute of Behavioural Science: Population Aging Center, University of Colorado at Boulder.

McKERROW, N. 1994. When children are orphaned by AIDS. **Positive outlook**, 1(4):8-9.

MOUTON, J. & MARAIS, H.C. 1990. **Basiese begrippe: Metodologie van die geesteswetenskappe**. Pretoria: RGN.

MUPEDZISWA, R. 1997. AIDS and older Zimbabweans: who will care for the carers? **South African Journal of Gerontology**, 6(2):9-12.

NEUMAN, W.L. 1997. **Social research methods: Qualitative and quantitative approaches.** London: Allyn & Bacon.

NHONGO, T. 2004. **Impact of HIV/AIDS on generational roles and intergenerational relationships.** Paper presented at the Workshop on HIV/AIDS and Family Well-being, Namibia, 28-30 January 2004.

OLSHEVSKI, J.L., KATZ, A.D. & KNIGHT, B.G. 1999. **Stress reduction for caregivers**. Philadelphia: Brunner/Mazel.

ROSE, G. 1982. **Deciphering sociological research**. London: MacMillan Publishing Company.

RUBIN, A. & BABBIE, E. 1993. Research methods for social work (2nd ed). New York: Brooks/Cole Publishing Company.

RUBIN, A. & BABBIE, E. 1997. **Research methods for social work** (3rd ed). New York: Brooks/Cole Publishing Company.

SCHOEMAN, H.P. & BOTHA, D. 1991. Regverdiging vir kwalitatiewe navorsing in maatskaplike werk. **Maatskaplikwerk Navorser Praktisyn**, 4(3): 44-62.

STRAUSS, A. & CORBIN, J., 1998. **Basics of qualitative research.** London: Sage Publishers.

TUTTY, L.M.; ROTHERY, M.A. & GRINNELL, R.M. 1996. **Qualitative research for social workers: Phases, steps and tasks.** Boston: Allyn and Bacon.

UNAIDS. 2004. **Report on the global AIDS epidemic (4th global report)** [Online]. Available: http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm [Accessed 10 October 2004].

UNICEF. 1998. **Stimulating orphan programming in Botswana.** Botswana: Gaberone

VAN BUREN, L. 2002. **Botswana economy: Africa, South of the Sahara**. London: Europa Publications.

VELKOFF, A. & LAWSON, V.A. 1998. **International Brief: Gender and aging caregiving.** United States of America: U.S. Department of Commerce Economics and Statistics Administration. Bureau of Census.

WEBB, D. 1997. **HIV and AIDS in Africa**. London: Pluto Press.

YEGIDIS, B.L. AND WEINBACH, R.W. 1996. **Research methods for social workers**. London: Allyn & Bacon.

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