

Challenges faced by the grandparents in caring for AIDS orphans in Koster

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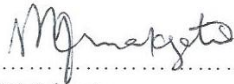
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My family, especially my wife, Elsie and younger brother, Stanford for their continuous support, love and interest in my progress.

DECLARATION

I, MOTHABELA JACKSON MAKGATO, student number 16489898, declare that:

- **CHALLENGES FACED BY THE GRANDPARENTS IN CARING FOR AIDS ORPHANS** is my own work and that all the sources that I used are acknowledged in the bibliography.
- This study has been approved by the Ethics Committee of the Institutional Office of the North-WEST University (Potchefstroom Campus).
- This study complies with the research ethical standards of the North –West University (Potchefstroom Campus).



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MJ Makgato

November 2010

SUMMARY

The prevalence of HIV/AIDS is increasing with immense influence and pressure on the grandparents as primary caregivers and the main supporters of orphans in families. The grandparents are faced with biophysical, socio-economic and psychosocially challenges and lack of support from the community of Koster in the North-West Province of South Africa.

Caring for AIDS orphans who have lost their parents due to AIDS and of whom some are infected is an enormous challenge. There should be a partnership between the grandparents, the community, public sector and private sector to assist the grandparents who care for AIDS orphans. Therefore, there are recommendations made by the researcher as tools for health-care workers in order to support the grandparents as they care for AIDS orphans.

The objectives of this research were to explore and describe challenges faced by the grandparents in caring for AIDS orphans in Koster, and how their needs could be met by making recommendations for effective support of the grandparents. A qualitative, explorative and descriptive design was used which enabled the research to understand the challenges faced by grandparents in caring for AIDS orphans and how their needs could be met. Semi-structured interviews were conducted to obtain the data.

The population studied in this research consisted of the grandparents caring for AIDS orphans in Koster in the North-West Province, South Africa. Voluntary purposive sampling was used to select participants with the assistance of mediators who are working for the Non- Government Organizations dealing with HIV and AIDS in Koster. The sample size was determined by data saturation, which was reached after 15 interviews.

Data analysis was carried out simultaneously with data collection. In consensus discussions, the researcher and the co-coder reached consensus on the main, sub and further sub-categories. From the research findings, four main categories were identified namely; the challenges faced by the grandparents, perceptions of the grandparents on how their need could be met, the impact of the challenge and coping mechanisms.

It could be concluded that the grandparents are faced with diverse challenges in caring for AIDS orphans. In order to address these challenges the community and government must be fully involved. The basic, psychosocial, socio-economic and biophysical needs can be addressed through support system.

[Key terms: AIDS, orphans, caring, grandparents, challenges]

OPSOMMING

Die voorkoms van MIV/VIGS verhoog steeds met geweldige invloed en druk op die grootouers as die primêre versorgers en ondersteuners van wesies in gesinne. Die grootouers word gekonfronteer met biofisiese, sosio-ekonomiese en psigososiale uitdagings asook 'n gebrek aan ondersteuning van die gemeenskap van Koster in die Noordwes Provinsie van Suid-Afrika.

Die versorging van Vigs wesies wat hulle ouers verloor het as gevolg van Vigs en van wie sommige ouers geïnfecteer is, is 'n groot uitdaging. Daar behoort 'n vennootskap tussen die grootouers, die gemeenskap, openbare sektor en die privaat sektor te wees om die grootouers te help om vir hierdie Vigs wesies te sorg. Daarom is daar aanbevelings gemaak deur die navorser as hulpmiddel vir die gesondheidswerkers om die grootouers te ondersteun tydens die versorging van die Vigs wesies.

Die doelwitte van die navorsing was om die uitdagings waarmee die grootouers in die versorging van die Vigs wesies in Koster gekonfronteer word, te verken en te beskryf om sodoende hulle behoeftes aan te spreek en aanbevelings te maak vir effektiewe ondersteuning van die grootouers. 'n Kwalitatiewe, verkennende en beskrywende ontwerp was gebruik wat die navorser in staat gestel het om die uitdagings waarmee die grootouers gekonfronteer word om Vigs wesies te versorg ten einde hulle behoeftes te vervul, te verstaan. Semi-gestruktureerde onderhoude was gebruik om die data te versamel.

Die populasie bestudeer in die navorsing was die grootouers wat vir Vigs wesies sorg in Koster in die Noordwes Provinsie, Suid-Afrika. Vrywillige doelgerigte steekproef was gebruik om deelnemers te selekteer met die hulp van tussengangers wie binne 'n Nie-Regeringsorganisasie werk met MIV en Vigs in Koster. Die steekproefgrootte was bepaal deur dataversadiging wat na vyftien onderhoude gerealiseer het.

Data-analise het gelyktydig met data insameling plaasgevind. Tydens konsensus gesprekke het die navorser en die mede-kodeerder ooreengekom oor die hoof-, sub- en verdere sub-kategorieë. Uit die navorsingsresultate is vier hoof kategorieë geïdentifiseer, naamlik; die uitdagings waarmee grootouers gekonfronteer word, persepsies van die grootouers en hoe hulle behoeftes aangespreek kan word, die impak van die uitdagings en die hanteringsmeganisme.

Samevattend kan gesê word dat die grootouers gekonfronteer word met diverse uitdagings tydens die versorging van Vigs wesies. Die gemeenskap en die regering behoort voluit betrokke te wees om die uitdagings aan te spreek. Die basiese psigo-sosiale, sosio-ekonomiese en bio-fisiese behoeftes kan wel suksesvol deur 'n ondersteuningsstelsel aangespreek word.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

HIV/AIDS has devastated the social and economic fabric of African societies and made orphans of a whole new generation (Matshalanga & Powell, 2000:1). After the death of their parents, orphans are followed by cycles of poverty, malnutrition, stigma, exploitation and psychological trauma. This occurs when parents who are supposed to raise their children die pre-maturely due to AIDS and leave them without support, parental love, guidance and resources. These responsibilities often land on the laps of close family relatives who in most cases are grandparents. Usually, the grandparents are not financially, physically and emotionally ready for this new responsibility, thus leaving them with challenges that they have to face despite their capacity to do so. The purpose of this study is to understand the challenges faced by the grandparents in caring for AIDS orphans in Koster through the use of exploratory and descriptive design which would allow in depth understanding of this phenomenon within this specific context. In this chapter the background, problem statement, the research design and methods, ethical consideration and rigour will be discussed.

1.2 BACKGROUND AND RATIONALE

It is estimated that 688 493 people died in South Africa due to AIDS related diseases in 2002 and during the same period there were 885 000 orphans as a result of HIV/AIDS (Mogotlane, 2005:8-2). Before the AIDS epidemic was identified in 1981, there were relatively few orphans in Africa (Centre for Policy Studies, 2000) with an estimate of about 2 percent of children living in developing countries. Today, however, the devastating impact of AIDS on the population of Africa has resulted in large numbers of orphans.

By 2000 the AIDS crisis had created more than 13 million orphans worldwide (UNAIDS, 2000). In eight Sub-Saharan countries more than 20% of all children under the age of 15 are orphans of AIDS or other causes of death (World Bank Policy Research, 1999). The Department of Public Health, University of Cape Town, added by estimating to this in their statement that South Africa will have close to 2 million orphans by 2015 which is relatively a massive number (University of Cape Town, 2002). Based on the Nelson Mandela/HSRC study of AIDS (2002) it was found that 13% of children aged 2-14 years had lost a father, a mother or had lost both father and mother. Due to lack of support many of the AIDS orphans live where poverty, malnutrition, lack of safe water, sanitation and basic health and education services already make children's lives risky (Van Dyk, 2008:346). In addition to the above, orphaned children are not only traumatized by loss of parents, but they may also lack the necessary parental guidance through crucial life stages of identity formation and socialization to adulthood and therefore there is a great need of care to be provided to the orphans.

However, the needs spoken of do not only refer to love, care and support, but mostly tangible resources especially finances that is often a problem in the developing countries. Care for these orphans includes a range of resources such as finances, physical care and emotional care which is love and feeling of security. Most of the governments provide care in the form of physical structures and finances with adequate love often missing. In Malawi, Save the Children mobilizes and helps more than 200 Village Committees that care for about 23,000 orphans (UNICEF, 2001). In Ethiopia, for example, caring for a child in an orphanage cost between US \$300-500 per year and the same high cost can be expected in South Africa. Hence in Zimbabwe, where AIDS has orphaned seven percent of all children under the age of 15, the National Policy on the Care and Protection of Orphans advocates that orphans be cared for by the community

whenever possible and only placed in institutions as a last resort to ensure that love is also given (UNAIDS, 2000).

In many African communities the responsibility for the care of an orphan is placed on the immediate families with the main expectation being placed on grandparents. Thus orphans have to rely on aging and often impoverished grandparents to give comprehensive care. Today many grandparents assist in the upbringing of their grandchildren, and this may entail assisting financially as well as in other practical ways which in most cases always have its own challenges. This reality was also highlighted in another UNICEF report in 2003 that the percentage of orphans taken care of by grandparents in Namibia increased from 44% in 1992 to 61% in 2000 and these figures might be worse in South Africa (UNICEF, 2003).

According to HelpAge report (UNAIDS, 2008), half of the world 15 million orphans are currently being cared for solely by their grandparents and these numbers will double again by 2015. As a result, grandparents must take responsibility for their grandchildren, despite that many already lack money for adequate food and medicine for themselves. These older people, many in their 80s and 90s struggle to feed their grandchildren and nurse sick toddlers.

In actual fact, many of the African grandparents who care for orphans are grandmothers (Kaizer Family Foundation, 2006). The foundation further indicates that because the grandmothers have always worked hard through farming, preparing meals, nursing the sick and caring for children, the burden of AIDS has therefore fallen mostly on them. Furthermore, the grandmothers are expected to pay for their grandchildren school fees, uniforms and books which pose a real financial challenge as most of them do not have an income or are low income earners. It is thus no surprise that financial hardships bear down on them.

Not only is finance a challenge for these grandparents, but other challenges might be emotional, psychological and social and these could have an impact on the grandparents' life span. According to Weiten (2007:187), grandparents are prone to insomnia which is frequently a side effect of emotional problems such as depression or of significant stress such as pressures at home. Furthermore, the elderly are vulnerable to physical ailments such as backaches and chronic diseases such as hypertension. These problems are indicative that even though the grandparents are faced by financial challenges to raise AIDS orphans, they have their own economic and physical challenges which make caring for these orphans a bigger challenge (UNAIDS, 2008). Studies of population dynamics suggested that for the next generation of orphans there would be far fewer grandparents to be carers (UNAIDS, 2000). This will be a result of stress, pressure and hardships grandparents put themselves under which has an impact on their life span.

Although studies have been done with regard to challenges of the grandparents caring for AIDS orphans (Mudavanhu *et al.*, 2008; Hlabyago & Ogunbanjo, 2009:506), none has been done in a rural setting of the North-West which have its own unique dynamics. Koster is one such setting. Working at Koster Hospital in North-West Province - as a registered nurse, and coming in contact with the grandparents regularly, the researcher believes much could still be researched on this topic.

Koster is situated in Bojanala region of North-West Province in South Africa (see figure 1.1). According to Koster district 2008/2009 statistics, the population in that area is 40 113 people, and the predominant ethnic group is Batswana people. Batswana people have their cultural practices that are almost similar to other African ethnic groups (Pienaar, 2004:8), they speak Setswana and still celebrate cultural heritage e.g. norms, values, rituals and

food including communal living and caring for each other within a family unit.

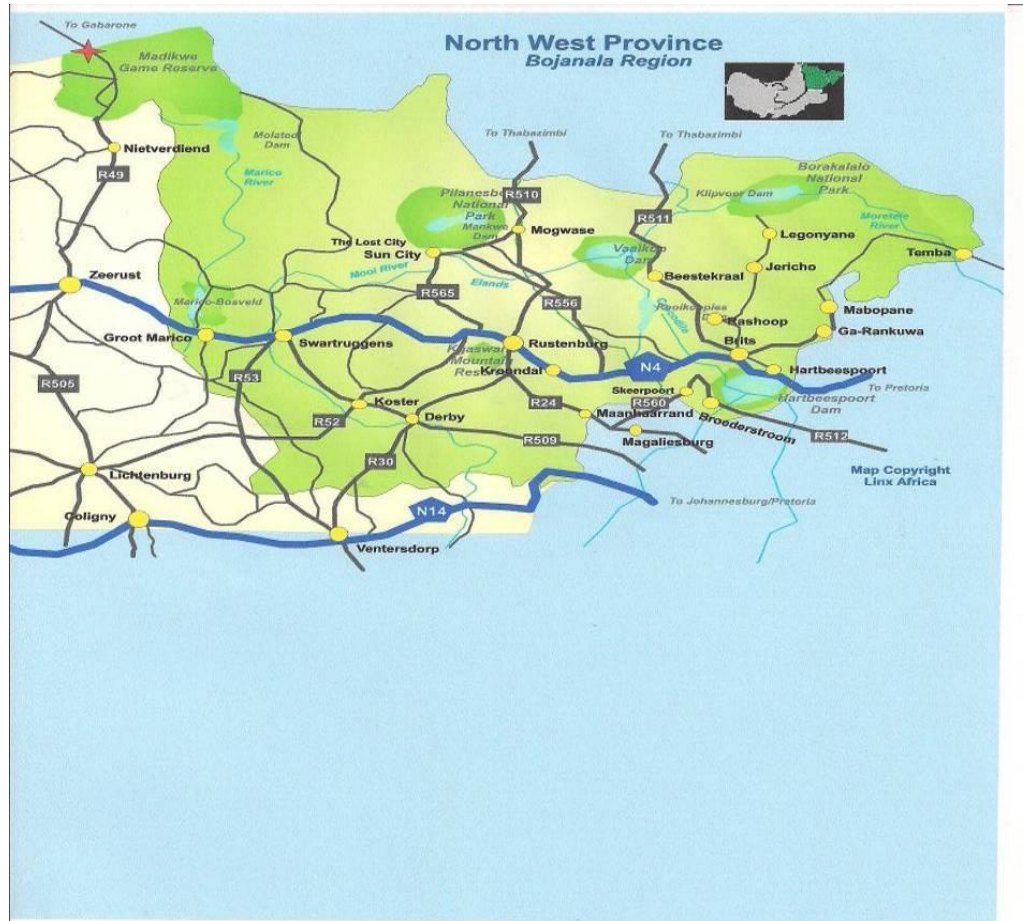


Figure 1.1: Map of Koster in Bojanala district

Source: [www.linx](http://www.linx.com) Africa

The employment figure of the areas stood at 10241 (25.5%) with most of the people working on farms since Koster is a farming area. AIDS deaths per annum are between 170 to 180 and the deaths include those who were on HAART and those who were not yet initiated on treatment. Koster has one clinic and one hospital which is level one facility and both the clinic and hospital offer Voluntary Counselling and Testing.

1.3 PROBLEM STATEMENT

The setting as defined indicates that the community have different problems such as poverty and associated health problems due to the limited work opportunities and health care resources. Therefore the grandparents in this setting might be grappling with specific challenges due to their geographic location and economic status. The challenges identified in other settings might be the same but different in order of priority. Lack of knowledge and understanding with regards to the specific contextual challenges faced by grandparent while caring for AIDS orphans, and their needs as perceived by them is problematic as generic assistance strategies by policy makers may be off the mark and not applicable. Hence there is a need to explore and describe the challenges faced by grandparents in caring for AIDS orphans in this context. Once the challenges faced by grandparents in caring for AIDS orphans are better understood, recommendations could be made for the development of strategies that will meet the needs of the grandparents in this context.

To attain the purpose of this study, the following research questions were asked:

- What are the challenges faced by grandparents in caring for AIDS orphans in Koster?
- How can the challenges that the grandparents face in caring for AIDS orphans be met?

1.4 RESEARCH PURPOSE AND OBJECTIVES

The main purpose of this study was to gain knowledge about the challenges that are faced by grandparent in caring for AIDS orphans in Koster and how these challenges could be met so as to make recommendations. The specific objectives of this study are:

- To explore and describe the challenges faced by grandparents in caring for AIDS orphans in Koster.
- To explore and describe how the challenges faced by grandparents in caring for AIDS orphans can be met.

1.5. PARADIGMATIC PERSPECTIVE

The paradigmatic perspective describes the manner in which the researcher views and explains the research material as outlined by De Vos *et al.* (2005:261). The paradigmatic perspective comprises of meta-theoretical statement, theoretical and methodological statements as defined by Botes (1995:9).

1.5.1 META-THEORETICAL STATEMENTS

The researcher's meta-theoretical statements are founded in the Christian faith and include the following meta-theoretical statements as defined within the researcher's view; human being, health, environment and nursing. In the next session the researcher's assumptions follows.

1.5.1.1 Human being

God created human beings in his image and therefore he loves and cares for everyone. Human beings are created as a whole being (body, mind and spirit), complex and unique.

It is from this meta- theoretical view, that grandparents who are human beings in this research are created in the image of God and require love, support and appreciation while caring for AIDS orphans. These grandparents are willing to love and care for the orphans. That is why their caring for orphans is important to address so that their body, mind and spirit could be in harmony.

1.5.1.2 Environment

God created the environment which is the sphere in which human beings can live in fellowship with him. Human beings are in charge of the environment, should share it with fellow human beings. Human beings are placed within the environment to carry out God's given responsibilities and tasks. The environment where the grandparents live is within their families and communities in Koster. Grandparents are expected to carry out the task of caring for the AIDS orphans by their families and the community which is a God's given responsibility to care for each other.

1.5.1.3 Health

The researcher shares sentiment with the World Health Organization's (1978) definition of health which refers to it as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (Dennill *et al.*, 1978). To maintain a state of health, people must possess relevant knowledge, pursue healthy lifestyles and change their behaviours and attitudes.

In this research grandparents have challenges of caring for AIDS orphans which could have an impact on their health. Therefore the physical and psychological health of grandparents cause by the challenges they face in caring for AIDS orphans can be restored when their needs are met.

1.5.1.4 Nursing

In the context of this study nursing means care, love and service offered to the patient in order to prevent and cure illness, promote health and rehabilitate where impossible to cure. In giving the service, the nurse act in a Godly manner. Therefore, in their quest of caring for AIDS orphans, the grandparents carry out the nursing duties with diligence in spite of the challenges they face.

1.5.2 THEORETICAL STATEMENTS

This section includes the discussion of the theoretical framework, central theoretical statement and methodological statement.

1.5.2.1 Theoretical framework

Maslow's (1970) theory of human needs (Slavin, 2009:299-300) form the basis as it assist in the understanding of human motivation. This theory is relevant in this research as the grandparents who have AIDS orphans in their care also have needs that should be met in order to fulfil their responsibilities. Therefore through understanding their challenges in caring for AIDS orphans, ways of motivating them to fulfil their tasks can be developed and implemented.

The Maslow's theory of human needs depict the hierarchy in a manner where needs in the lower level should met before an individual could progress and satisfy the needs in the next level (see figure 1.2). In this research it is assumed that the grandparents' plight could be addressed in the same manner where their basic needs are met for them to get fulfilment in caring for the AIDS orphans. The following table depicts the levels of human needs according to Maslow (1970) and it's applicability in this study.

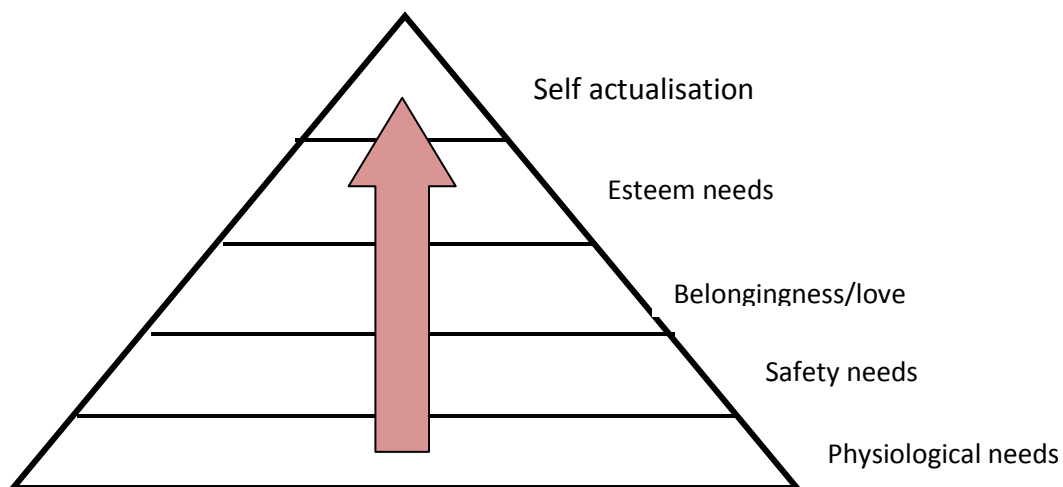


Figure 1.2: Maslow's hierarchy

Table 1.1: Application of Maslow hierarchy of need theory adapted from Slavin (2009:299-300)

Levels	Maslow needs	Applicability
5	Self-actualisation Personal growth and fulfilment	When all the needs are met, the grandparents will be fulfilled and content in spite of the tasks that they have to undertake in their old age.
4	Esteem needs Achievements responsibility, reputation	Grandparents need to fulfil their responsibilities attached to caring for AIDS orphans therefore achieving what they set out to do. With the needs below met, the grandparents' self esteem through their reputation of being responsible will be increased.
3	Belongingness and love needs Family, affection, relationship, support group	Grandparents need to be accepted in their communities and not be discriminated against due caring for AIDS orphans (associated stigma). They also need to maintain proper relationships with their other family members and the orphans. The grand parents need to have support from their fellow community members, NGOs associated with AIDS orphans' care and the South African government while caring for AIDS orphans.
2	Safety needs Protection, security, stability	Grandparents need financial security and protection of their own well being for them to be able to give AIDS orphans stability and safety during care.
1	Biological and physiological needs Food, drink, shelter, warmth	Grandparents need to have shelter, food, drinks and warmth for them to be able to face the challenges in caring for the AIDS orphans.

1.5.2.2 Central theoretical statement

Exploring and describing the challenges of the grandparents in caring for AIDS orphans in Koster and how the challenges would be met would contribute to formulation of recommendations to empower and enable the grandparents to care for AIDS orphans.

1.5.2.3 Conceptual definitions

AIDS

The acronym AIDS stands for Acquired Immune Deficiency Syndrome (Van Dyk, 2008:4). According to Houle (2003:7) the word "Acquired" means that

is a disease caught from someone else, "Immunodeficiency" means that there is a deficiency, a defect or a problem with the body's immune system which prevents illness and aids the healing process, "Syndrome" means a group of symptoms that together indicate a certain problem. Houle (2003:8) is of the opinion that the virus called HIV, or human immunodeficiency virus causes AIDS. In this study AIDS refers to a disease which has deprived orphans an opportunity to live with their parents and be taken care of with love, support and guidance.

Orphan

According to UNAIDS (2008) orphan is a child who has lost a mother (maternal) or has lost a father (paternal) or has lost both parents (double). In this study orphan means a vulnerable child under the age of eighteen who has lost one or both parents due to AIDS and badly needs support, care and love from grandparents (Van Dyk, 2008:343).

Grandparent

Grandparent means the father or mother of someone's father or mother (Hornby, 2000:517). In this study grandparent refers to an older person who has lost a son or daughter or son in law or daughter in law as a result of AIDS and must sacrifice his or her time, resource and work hard to care for orphans.

Challenge

A challenge refers to a new or difficult task that tests somebody's ability and skill (Hornby, 2000:178). In this study challenges means a new or difficult task faced by grandparents in caring for AIDS orphans.

Caring

Is the process of providing what people need for their health and protection (Hornby, 2000:164). In this study caring implies the tasks that grandparents

are expected to undertake so as to provide to orphans needs like. love and support in order for them to make it in life.

1.5.3 METHODOLOGICAL STATEMENT

The study focus on a better understanding of the challenges of grandparents in caring for AIDS orphans through the generation new knowledge in the lived world of the grandparents and the orphans in Koster part of the Bojanale district.

The researcher is of the opinion that the study will provide a framework within which the grandparent will be able to generate and organise new ideas to improve quality care in order to satisfy the needs of the orphans. The explanation that this study provides, namely the challenges regarding caring of the orphans will add value to knowledge dissemination to the grandparents where they live.

According to Burns & Grove (2005:39), the theoretical framework of a study (Maslow's hierarchy needs theory) enhances methodological assumptions. In addition, assumptions are also the basic principles that we accept and assume to be true without proof or verification (Burns & Grove, 2005:39, Brink, 2006:25). Since the main purpose of this study was to gain knowledge about the challenges that are faced by grandparent in caring for AIDS orphans in Koster and how these challenges could be met so as to make recommendations, the researcher will be able to generate new knowledge about concepts in the study by using a qualitative, explorative and descriptive study design. This would increase the understanding of the theoretical concepts that a variable presents (Burns & Grove, 2005:39) in order to achieve the purpose of the study.

1.6 RESEARCH DESIGN AND METHOD

Subsequently the research methodology is discussed with reference to the research design, the research method that includes the population and the sampling method as well as the data collection and data analysis.

1.6.1 RESEARCH DESIGN

According to Terre Blanche, Durrheim and Painter (2006:34) research design is a strategic framework for action that serves as a bridge between research question and execution or implementation of the research. Therefore the research design ensures and enables the researcher to achieve goals and objectives (both short and long term). A qualitative research approach using an exploratory and descriptive design (Burns & Grove, 2005:52) to explore and describe challenges faced by grandparents in caring for AIDS orphans and to explore and describe how the challenges they face in caring for AIDS orphans can be met was followed.

1.6.2 RESEARCH METHOD

This section includes brief description of population, sampling, data collection and data analysis. A detailed account of this process will be given in the following chapter.

1.6.2.1 Population

Population is the entire group of persons or objects that is of interest to the researcher and that meets the criteria, which the researcher is interested in studying (Brink, 2006:123).

The population included grandparents, who are caring for AIDS orphans in Koster and linked to the NGO's.

1.6.2.2 Sampling

According to De Vos *et al.* (2005:193), sampling means to take any portion of a population that met the criteria of the study and that is representative of that population. Purposive voluntary sampling was used to select participants (grandparents who are caring for AIDS orphans) who met the specific selection criteria for the research and who were willing to share their challenges in caring for AIDS orphans (Burns & Grove, 2005:352). This method was selected due to the sensitivity of the topic and the need to get information from specific group of people who possessed the required knowledge. In this regard the researcher used the mediators working with the NGOs to select participants due to trust relationship. The mediators were not part of the study population but a link between the researcher and grandparents because of the trust relationship they have with the grandparents and confidentiality as a reason.

1.6.2.3 Setting

The setting where this research took place was within the context and boundaries of Koster, a town in the North-West Province. The researcher conducted the interviews at a NGO's office working with AIDS orphans and the interviews were scheduled on two separate days. The participants selected the time, extend and venue under which they shared their experiences and feelings with the researcher during an in-depth interview (Burns & Grove, 2005:186). The setting ensured that the right to privacy and confidentiality was upheld so that the rights of participants might not be violated. The participants felt relaxed, calm and able to interact with the researcher without fear or favour.

1.6.2.4 Sample size

The sample size was determined by data saturation, which meant when no new information was provided (Burns & Grove, 2005:358). In this research

fifteen grandparents were interviewed and data saturation was achieved when there was a pattern of data repetition.

1.6.2.5 Data collection

Under data collection the role of the researcher, the data collection interview and data analysis will be discussed.

- **The role of the researcher**

The researcher obtained permission as indicated by De Vos *et al.* (2005:62) from North-West University ethics and from participating NGOs to conduct the research at Koster, North-West province. The researcher personally went to the NGOs to identify persons who could serve as mediators. The researcher explained the criteria set to select the grandparents and arranged subsequent meeting with the participants whereby he explained to them the procedure which was followed during the interviews.

- **Data collection interview**

Open-ended questions guided by an interview schedule were used to collect data (Brink, 2006:152). To facilitate the discussions the researcher used communication technique as described by Okun (1997:70). This included clarifying, probing, reflecting, paraphrasing and summarizing.

A trial run was done to ensure that the question asked explored and described what was intended. A voice recorder was used to capture the interview however field notes as indicated by De Vos *et al.* (2005:298) were taken immediately after each interview.

1.6.2.6 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data (De Vos *et al.*, 2005:333). The researcher developed

a work protocol as a guide to analyse data. Raw data was given to a co-coder who worked independently to analyse data as indicated by Brink (2006:185). A consensus discussion was held between the researcher and the co-coder. Data was reduced or broken to themes or categories .

1.7 RIGOR

Rigor was ascertained by using Guba's (1985) model of trustworthiness, based on identification of four aspects of trustworthiness: truth value, applicability, consistency and neutrality as indicated by Krefting (1991:214). Following is a summary of how it was ensured and a detailed description of the processes that were followed will be discussed in the subsequent chapter.

1.7.1 TRUTH-VALUE

Truth-value is also called credibility (Krefting, 1991:215). Truth-value was obtained by means of strategies such as: member checking, peer evaluation, triangulation, and reflexivity, time sampling and prolonged engagement.

1.7.2 APPLICABILITY

Applicability is termed as transferability which refers to the degree to which research findings can be implemented to other contexts and settings (Krefting, 1991:216). However the principle of applicability do not apply to this study because of the uniqueness of the context chosen for this study. It simply means the ability to generate from the findings to larger populations. The researcher viewed each experience of the participants as unique and contextual and not generalized findings to other populations or contexts.

1.7.3 CONSISTENCY

"Consistency" replaces the quantitative term "reliability" in qualitative research and is concerned with whether the findings would be consistent if the research were replicated with the same participants (Krefting, 1991:216). Consistency was achieved when dependability was achieved. In this study the researcher used the co-coder as the external viewer.

1.7.4 NEUTRALITY

From the research question and protocol for data collection through the raw data, through various stages in the analysis of data to the interpretation of findings. To ensure the neutrality of the research, field notes and the raw data were given to the co-coder to draw conclusions regarding the data.

1.8 LITERATURE INTEGRATION

The researcher compared research results on the challenges of the grandparent caring for AIDS orphans with relevant literature and integrated existing research findings with new and old information (de Vos *et al.*, 2005:84). New information gained from this research was highlighted as unique findings.

1.9 ETHICAL CONSIDERATIONS

The researcher was guided by ethical principles to conduct the research (Brink, 2006:46-48). Ethical consent (**appendix A**) was acquired from the North-West University (Potchefstroom Campus). Brink (2006:31) further outlined three fundamental ethical principles that apply to the research, namely; respect for persons, beneficence and justice.

1.9.1 PRINCIPLE OF RESPECT FOR PERSONS

According to this principle, the researcher ensured that in this study individuals had the right to self determination and the right to privacy and confidentiality.

1.9.1.1 The right to self-determination

According to Polit *et al.* (2001:78) self-determination means that prospective participants have the right to decide voluntarily whether to participate in a research, without the risk of incurring any penalty or prejudicial treatment. The authors also stated that participants have the right to ask questions, to refuse to give information, or to terminate their participation. In this research, the participants were informed about their right to voluntary decision making and were free to withdraw from the research at any time without penalty or discrimination.

1.9.1.2 The right to privacy and confidentiality

According to Babbie (2007:65) a research project guarantees confidentiality when the researcher can identify a given person's responses but promises not to do so publicly and participants have the right to expect that any data they provide will be kept in strictest privacy. According to Brink (2006:33) the participant has the right to determine the extent to which, and the general circumstances under which, his or her private information will be shared with or withheld from others. In this research, participants were allocated alphabetical letters to protect their anonymity. The participants' identity was under no circumstance linked to the data collected. The data on the MP3 were destroyed after being transcribed.

1.9.2 THE PRINCIPLE OF JUSTICE

According to Polit and Hungler (1997:81 & 82) participants have the right to fair and equitable treatment before, during, and after their participation in the study. In this research, no participant withdrew however there would still be no discrimination against such participants if they decided otherwise. The researcher treated all participants fairly and conducted the interviews as agreed. Neutrality was the qualitative answer to the criterion of conformability. According to Guba (1985) as cited by Krefting (1991:221) audit strategy was the major technique or establish conformability.

1.9.3 THE PRINCIPLE OF BENEFICENCE

According to Brink (2006:32) to adhere to this principle, the researcher needs to secure the wellbeing of participant, who has the right to protection from discomfort and harm – be it physical, emotional, spiritual, economical, social or legal. In this research, there were neither risks nor potential risks identified. Although the participants said they accepted that their children died of AIDS and looked strong and emotionally healed, the researcher had a plan in place to refer the participants if it should be needed for support and counselling.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter comprises of a detailed description of the research design, research method, and ethical issues pertaining to conducting this research as well as trustworthiness which is about the quality assurance of this research.

2.2 RESEARCH DESIGN

Parahoo (2006:183) defined research design as a plan that describes how, when and where data are to be collected and analysed. The author further explained that the research design comprises the following aspects:

- Approach (Qualitative, quantitative or both, with or without conceptual framework);
- The method of data collection and ethical considerations;
- The time, place and source of the data;
- The method of data analyses.

While Terre Blanche *et al.* (2006:34) defined a research design as a strategic framework for action that guides 'the arrangement of conditions for collection and analyses of data in a manner that aims to combine relevance to the research purpose with economy in procedure'. In this research, the researcher used exploratory and descriptive designs following qualitative approach to explore and describe challenges faced by grandparents in caring for AIDS orphans and to explore and describe how the challenges

faced by grandparents in caring for AIDS orphans could be met in the context as defined in this research.

2.2.1 EXPLORATORY DESIGN

Exploratory studies are undertaken when a new error or topic is being investigated and is designed to shed light on the various ways in which a phenomenon is manifested, on underlying processes and used to make preliminary investigations into relatively unknown areas of research. The design employs an open and flexible approach to research as it attempt to look for new insights into phenomenon. (Terre Blanche *et al.*, 2006; Neuman, 2000:21; Babbie, 2007:88). In this research, an exploratory design was chosen because it allowed the openness and flexibility that was needed to explore challenges faced by grandparents in caring for AIDS orphans and to explore how the challenges faced by grandparents in caring for AIDS orphans could be met. This allowed the researcher to get in-depth information on a phenomenon that is relatively new in the context of this research.

2.2.2 DESCRIPTIVE DESIGN

Descriptive studies aimed to describe phenomena and the researcher who conducts a descriptive investigation aims to observe, count, describe and classify phenomena (Terre Blanche *et al.*, 2006; Babbie, 2007:88). In this research, a descriptive design was used because it allowed the researcher to describe challenges faced by grandparents in caring for AIDS orphans and describe how the challenges faced by grandparents in caring for AIDS orphans could be met. The design afforded the opportunity to describe the explored participants' views in a manner that is scientific but representative of their perceptions.

2.2.3 QUALITATIVE APPROACH

A qualitative approach implies that the research was an attempt to understand the phenomenon in its entirety, rather than just focusing on specific concepts (complex and broad). It stresses the importance of peoples' interpretations of events and circumstances, rather than the researcher's interpretation and emphasised that subjectivity is essential for the understanding of human experience. Collection of information is often done through formal structured instruments and analysed narrative information is illustrated in an organized, but intuitive, fashion (Terre Blanche *et al.*, 2006:1; Brink, 2006:11). In this research, a qualitative approach was used because the subjectivity was needed from the grandparents for the understanding of their experience regarding challenges that they faced in caring for AIDS orphans. This approach allowed the use of instruments that are not strictly controlled, thus allowing the participants to freely voice their opinions. It also allowed for interpretation of events through the eyes of the participants and not those of the researcher.

2.2.4 CONTEXT

According to Burns and Grove (2005:732) context means the body, the world, and the concerns unique to each person within which that person can be understood. A contextual approach was undertaken as the researcher aimed to understand the specific challenges in the chosen context which might be unique and needed specific interventions. The context where this research took place was within the settings of Koster in the North-West Province where grandparents live and care for AIDS orphans.

2.3 RESEARCH METHOD

A short description of the research method was given in Chapter 1. A detailed description of the population, sample, the method of data collection, data analysis and literature control follows.

2.3.1 RESEARCH SAMPLING

2.3.1.1 Population

Population is defined as the total number of units from which data can potentially be collected and these units may be individuals, organizations, events or artefacts and theoretically specified aggregation of study elements (Parahoo, 2006:1; Brink, 2006:123; Babbie, 2007:190; Burns & Grove, 2005:342). The population that was used in this research is grandparents who cared for AIDS orphans at Koster, North-West province and had a link to NGO's that are involved in the care of AIDS orphans. There are two such NGO's in Koster and therefore both NGO's were included. The NGO's supported and assisted the grandparents in caring for AIDS orphans.

2.3.1.2 Sample

Sample is a part or fraction of a whole, or a subset of a larger set, selected by the researcher to participate in a research, and is representative of the population from which it is selected if the aggregate characteristics of the sample closely approximate those same aggregate characteristics in the population (Brink, 2006:124; Babbie, 2007:189; Burns & Grove, 2005:341).

In this research, a sample referred to the grandparents who met the set criteria enabling the researcher to explore and describe challenges faced by grandparents in caring for AIDS orphans and explore and describe how the

challenges faced by grandparents in caring for AIDS orphans can be met. The set criterion was as follows; grandparents had to:

- have AIDS orphans in their care
- be residents of Koster
- be linked to NGO that participate in the research

- **Sampling method**

Sampling refers to the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest and taking any portion of a population as representative of that population. (Brink, 2006:124; De Vos, *et al.*, 2005:193; Babbie, 2007:180).

Purposive sampling method was used as described by De Vos *et al.* (2005:207) to select participants who met the specific selection criteria. This method was selected due to the sensitivity of the topic which meant that not every potential participant might be willing to participate openly. It also allowed opportunity to focus on individuals we know who have in-depth knowledge of the phenomenon under study. This method was also selected based on the participants who are especially knowledgeable about the question at hand (Brink, 2006:133). The researcher obtained permission from both NGO's and met mediators from each NGO to assist in selecting potential participants. The researcher utilized the mediators because of the trust-relationship that they have already established with the grandparents.

- **Sample size**

According to Polit *et al.* (2001:185) sample size refers to the number of participants in a sample. They further said that researchers are generally advised to use the largest sample possible and ensure that the population is representative. However the proposition that larger sample is better does not apply in qualitative studies, what is important is reaching data saturation

(Brink, 2006:136).The author further stated that when planning samples, the researcher should consider the sample in relation to purpose, design, as well as practical reality. Data saturation is the point at which new data no longer emerge during the collection process (Brink, 2006:134).In this research, data saturation was determined after the researcher interviewed 15 participants and began to hear the same information repeatedly being reported and therefore there was no new information emerging.

2.3.2 DATA COLLECTION

This section entailed full account on the role of the researcher, the method of data collection and data analysis.

2.3.2.1 The role of the researcher

The researcher requested permission from North-West University ethics committee after submitting a proposal which was subsequently granted(**see appendix A**). He then requested permission from NGOs' (**see appendix B**) to continue in their terrain which was also granted (**see appendix C**).

The researcher visited the NGO's for introduction and to meet potential mediators who will assist in recruiting the participants for the research. The purpose of the visit and the process that was to be followed was also explained. The researcher then explained the criteria for selection of mediators, which was as follows. The mediator had to be able to;

- Speak Setswana
- Live in Koster
- Have two or more years long trust relationship with the participants.

Their role was explained and a meeting was subsequently arranged with the selected mediators (one per NGO) at separate venues to discuss recruitment of the potential participants. The criteria for selecting

participants were explained to them. After the mediators selected the participants, a meeting was set which included the researcher, the mediators and participants for introduction of purpose. The other purpose of the meetings included explanation of purpose of research and the processes that were to be followed, i.e. the signing of the consent form (**see appendix D**) and also ethical issues including the use of the recording device. The participants were encouraged to choose the venue and time where and when data collection would take place.

2.3.2.2 The physical setting

Physical setting is a location for conducting research, such as a natural, partially controlled, or highly controlled setting and is also the context in which events or activities occur, a socially defined territory with shifting boundaries (Burns & Grove, 2005:751). In this study the physical setting refers to a site where the researcher interacted with the participants in order to collect data which is the NGO's office. The researcher used one office for all the interviews conducted. The office was sound-proof and other participants were accommodated in the hall not far from the office. The venue was conducive for the interview and participants were able to share with the researcher their challenges and their how their needs could be met. There was no interference, noise and disturbances. The participants gave each other chance. The setting provided was private, quiet, comfortable and easily accessible. Sitting arrangements organised by the participants encouraged involvement and interaction between the researcher and the participants.

2.3.2.3 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or topic objectives and the researcher must carefully consider exactly what type of information is needed to answer the

research question (Burns & Grove, 2005:42; Brink, 2006:141). In this research, interviews as a technique of data collection were used.

- **Interviews**

Interviews as a method of collecting data were used. Interviews are the predominant mode of data or information in qualitative research, and the researcher was interested in peoples' stories (in this research, the grandparents' stories) in an attempt to understand the world from the participants' point of view (De Vos *et al.*, 2005:287). Semi structured interviews were used as a technique of data collection to describe and explore the challenges faced by grandparents in caring for AIDS orphans and to explore and describe how the challenges faced by grandparents in caring for AIDS orphans can be met.

Semi-structured interviews is a method that gives the researcher and the participants much more flexibility and the researcher is able to follow up interesting avenues that emerge in the interview for participants to give fuller pictures. The researcher used this technique in order to gain a detailed picture of the participants' point of view about the topic (De Vos *et al.*, 2005:296). During semi structured interview, the researcher had to ask a certain number of specific questions (**appendix E**), could also pose additional probes (Brink 2006:152).

Semi structured interview is the combination of structured interviews and unstructured interviews. According to Brink (2006:208-209) unstructured interviews are interviews whereby the interviewer is given a great deal of freedom to direct the course of the interview; the interviewer's main goal is to encourage the respondents to talk freely about the topic that is being explored.

Welman *et al.* (2005:165-167) stated that in semi structured interviews instead of an interview schedule, interview guide are used. The author

further stated that a semi structured interviews offer a versatile way of collecting data and can be used with all age groups.

In this research, the researcher utilized a semi-structured interview schedule/ guide (**appendix E**) in order to explore the challenges faced by grandparents in caring for AIDS orphans and to explore and describe perceptions of grandparents of how the challenges faced by grandparents in caring for AIDS orphans can be met in depth.

The researcher conducted personal research interviews because of the sensitivity of the research. The researcher probed further in order to encourage participants to elaborate and give more in depth information on the topic as stated by Brink (2006:152). The researcher furthermore facilitated the interviews by using communication techniques as outlined by Okun (1997:70):

- Clarifying: A technique used to clarify unclear statements, e.g. " I wonder what you meant exactly by..."
- Minimal verbal responses: Included responses such as "mm mm", "Yes", and occasionally accompanied by nodding the head to indicate that the interviewer is following what the participants says.
- Probing: An open-ended question that would encourage the participant to give more information, e.g. "Tell me more about that".
- Reflecting: Verbalizing the concerns and perspectives of the participant to show understanding.
- Paraphrasing: Repeating the participant's words but using synonyms.

- Summarizing: The interviewer cited what seems to him the most important aspects of the conversation and gave the participants a chance to indicate whether the interviewer has clearly understood.
- Data was captured using MP3 voice-recorder.

- **Field notes**

Field notes regarding were taken down immediately after each interview as indicated by De Vos (2005:304), to prevent the researcher from forgetting some aspects that might affect the research findings. According to Welman *et al.* (2005:199) field notes can be described as detailed notes and observations that are made by the researcher, and are made of everything that is said and done during the interview and for this purpose a voice recording device and hand written notes done immediately after the interview was useful. According to Creswell (1994:152) field notes include:

- **Descriptive notes:** These were the reports on the portraits or descriptions of the participants, the physical setting, the interviewer's account of particular events that occurred and activities that took place during the interview.
- **Demographic notes:** These were information with regard to the time, place and date to describe the physical setting where the interview took place.
- **Reflective notes:** These were a record of personal thoughts such as speculation of incidents, feelings, problems encountered during an interview, ideas generated during the process, hunches, impressions and prejudices. **(See appendix F)**

2.3.3 DATA ANALYSIS

According to De Vos *et al.* (2005:333), data analysis was defined as the process of bringing order, structure, and meaning to the mass of collected data. Brink (2006:170) defined data analysis as a method of organizing the raw data and displaying them in a fashion that will provide answers to the research questions and entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms. Burns and Grove (2005:43) defined it as a process of reducing, organizing and giving meaning to the data.

Data captured on the MP3 voice recorder as well as field notes was transcribed and translated. Analysis was done using Tech 8 steps (Creswell, 1994:153-159) which was as follows:

- The researcher read all transcripts to get an overall idea of emerging themes.
- Words and sentences as units of analysis were underlined as stated by participants.
- Underlined words and sentences were transferred to the left column of the transcript as categories.
- Personal perceptions of the researcher were written on the right column of the transcript.
- The identified categories that were transferred to the right were re-read so as to identify main categories, the sub-categories and the redundant categories.
- The categories words were translated into scientific languages, while the possibilities of refinement were kept in mind.
- The same steps were followed to analyze the rest of the transcript.

An experienced co-coder in qualitative research was appointed to analyse the data. The researcher gave the co-coder transcript and field notes. The co-coder and the researcher independently analyzed the data followed by discussion meeting in order to reach consensus on the categories from the data.

2.3.4 LITERATURE INTEGRATION

Literature review is an organized written presentation of what has been published on a topic by scholars (Burns & Grove, 2005:93) providing an overview of current knowledge of the research problem. In this research, literature review was undertaken by the researcher to compare and verify the research findings obtained in this research with relevant literature and existing research findings.

The researcher used literature review for the purpose of providing a scientific basis for the research and highlighted new information gained from this research.

2.4 RIGOR

Rigor was ascertained by using Guba's model of trustworthiness, based on identification of four aspects of trustworthiness: true value, applicability, consistency and neutrality as indicated by Krefting (1991:216). Trustworthiness refers to the degree to which the results of the research are truthful, authentic, accurate and credible (Brink, 2005:118). Reliability and validity only apply to quantitative however in qualitative research rigor is tested through true value, applicability, consistency and neutrality. According to Krefting (1991:215), for the research to be trustworthy it must be conducted in a manner that will ensure accuracy in presenting the lived experiences as reported by the participants. The four aspects of trustworthiness were as follows:

Table 2.1: Strategies to ensure trustworthiness adapted from Guba's model in Krefting (1991:215)

STRATEGY	CRITERIA	APPLICATION
Credibility	Reflexivity	The co-coder and the researcher analysed data concurrently and there were later a consensus discussion
	Triangulation	The interview data were interpreted by a co-coder and cross checked in consensus discussions
Transferability	Nominated Sample	Purposive sampling by use of mediators who have trust relationship with participants to ensure a representative sample
	Dense description	Dense information concerning the participants and research context was provided
Dependability	Dense descriptions of methodology	The method of data collection, analysis and interpretation was described carefully and accurately
	Code and re-coding	The researcher and a co-coder coded the data independently and consensus discussions were held on the coding themes and data analysis
Conformability	Conformability audit	Field notes were kept, consisting of observational, theoretical and methodological notes after every interview and during the entire research process and literature review to verify the data was conducted.
	Reflexivity	The co-coder and the researcher analysed data concurrently and there was later a consensus discussions.

2.4.1 TRUTH-VALUE

According to Lincoln and Guba *in* Krefting (1991:215) truth-value asks whether the researcher has established confidence in the truth of the findings for the participants and the context in which the research was conducted. According to Lincoln and Guba *in* Mouton & Babbie (2001) truth-value is obtained when the research findings represent an accurate description of human experiences as they are lived and perceived by the participants. The researcher obtained truth-value by means of reflexivity.

The co-coder and the researcher analysed data concurrently and there was later a consensus discussions.

Reflexivity analysis was also attained through the use of field notes to ensure that the researcher's observations and ideas are noted to guard against biases. Through this, the researcher was able to reflect his own bias, preconceived ideas and interviewer experiences and separate them from research findings.

2.4.2 APPLICABILITY

Applicability is termed as transferability by Lincoln and Guba (1985) which refers to the degree to which research findings can be implemented to other context and settings (Lincoln and Guba *in* Krefting, 1991). According to Lincoln and Guba's frame work as cited by Polit *et al.* (2001:255), transferability refers to the generalisability of the data, that is, the extent to which the findings from the data can be transferred to other setting or groups. It simply means the ability to generate from the findings to larger populations however in qualitative research, the researcher cannot transfer the findings to other settings because participants respond subjectively and contextual confounders had an influence on responses. Nonetheless the researcher presented the data sufficiently descriptive so that it is possible for another person to make a comparison, if need be or replicate the study in a different context as cited by Krefting (1991) as discussed. To ensure transferability of this research a detailed description of the research design, the research method and data analysis was done in this chapter.

2.4.3 CONSISTENCY

According to Polit and Hungler (1997:306) the dependability of qualitative data refers to the stability of data over time and over conditions. Consistency in qualitative research is concerned with whether the findings will be consistent if the research was replicated with the same participants

or in the same context (Krefting,1991:216). The inquiry audit approach was used by the researcher in this study and an inquiry audit involved a scrutiny of the data and relevant supporting document by an external reviewer (Polit & Hungler, 1997:306).

2.4.4 NEUTRALITY

Sandelowski *in* Krefting (1991:216) defined neutrality as the freedom from bias in the research procedure and results. According to Guba as cited by Krefting (1991:216) neutrality refers to the degree to which the findings are a function solely of the participants and conditions of the research, thus the qualitative answer to the criterion of conformability. In qualitative research, conformability focuses on the characteristics of the data. To ensure the neutrality of this research, the raw data, field notes, and the interview schedules were also made available to the co-coder (Krefting, 1991:221). The researcher went through the data over and over again in order to guard against bias. The data was made available to co-coder to compare with the researcher in order to take out the bias and field notes were used to exclude bias.

2.5 ETHICAL ASPECTS

The following were the ethical procedures that were adhered to:

2.5.1 REVIEW BY ETHICAL COMMITTEE

The researcher submitted the research plan to the ethical committee of the North-West University, Potchefstroom Campus for review and for permission to conduct the research as indicated by Brink (2006:41). A full proposal indicating the topic of the research, the purpose of the research, the research design and the ethical consideration that the researcher would adhere to was submitted. The researcher was granted permission to conduct the study (**see appendix A**).

2.5.2 ETHICAL CONSIDERATIONS

Babbie (2007:62) defined ethical issues as typically associated with morality, and both words concern matters of right and wrong. According to Brink (2006:30) a researcher is responsible for conducting research in an ethical manner and failure to do so undermines the scientific process and have negative consequences. According to the same author the researcher had to:

- Carry out the research competently
- Manage resources honestly
- Acknowledge fairly those who contribute guidance or assistance
- Communicate results accurately
- Consider the consequences of the research for the field of study in particular, and for society in general

Brink (2006:31) outlines three fundamental ethical principles which are; respect for persons, beneficence and justice. The researcher strictly adhered to ethical principles in order to ensure that the research is conducted with integrity. The following are relevant ethical principles for this research:

2.5.2.1 Principle of respect for persons

According to this principle, the researcher ensured that in this research participants had the right to self determination and the right to privacy and confidentiality.

- **The right to self-determination**

According to Polit *et al.* (2001:78) self-determination means that prospective participants have the right to decide voluntarily whether to participate in a research, without the risk of incurring any penalty or

prejudicial treatment. They also stated that participants have the right to ask questions, to refuse to give information, or to terminate their participation.

This implies that an individual has the right to decide whether or not to participate in a study, without risk of penalty or prejudicial treatment (Brink, 2006:32). The same author further stated that the participants has the right to withdraw from the study at any time, to refuse to give information or to ask for clarification about the purpose of the study and the researcher must respect this right by avoiding using any form of coercion.

In this study participants decided voluntarily, fairly and free from pressure to participate in this study without coercion, risk of penalty and threats. They were free to withdraw, refuse or choose not to continue with the study. The researcher together with the mediators explained clearly to the participants that they were not coerced to participate, under threat; they were free to withdraw, refuse or choose not to continue. The researcher reiterated this information even in the subsequent meetings.

- **The right to privacy and confidentiality**

According to Babbie (2007:65) a research project guarantees confidentiality when the researcher can identify a given person's responses but promises not to do so publicly and participants have the right to expect that any data they provide will be kept in strictest privacy.

According to Brink (2006:33) the participant has the right to determine the extent to which, and the general circumstances under which, his or her private information will be shared with or withheld from others. The further stated that a participant who agrees to participate has a right to expect that the information collected from or about him/her will remain private and this can be ensured through either anonymity or confidentiality procedures. Babbie (2007:64) sated that anonymity is guaranteed in a research project when neither the researchers nor readers of the findings can identify a

given response with a particular participant. According to Brink (2006:34) 'Anonymity' literally means namelessness.

The right to privacy is the right the participants have to determine the time, extent and general circumstances under which they will share their experiences and feelings with the researcher (Burns & Grove, 2005:186). Participants selected time and venue that suited them. The right to confidentiality is based on the right to privacy (Brink, 2006:34). The researcher ensured that the information participants shared remain confidential.

In a qualitative study anonymity and confidentiality is not guaranteed because according to Burns and Grove (2005:188) complete anonymity exists if the participants' identity cannot be linked, even by the researcher with his or her individual responses. However in this research, participants were allocated alphabetical letters to protect their anonymity. The participants' identity was under no circumstance linked to the data collected. The data on the audio player were destroyed after being transcribed.

2.5.2.2 The principle of justice

According to Polit and Hungler (1997:81 & 82) participants have the right to fair and equitable treatment before, during, and after their participation in the study. They further stated that fair treatment includes the following:

- The fair and non-discriminatory selection of participants.
- The non-prejudicial treatment of people who decline to participate or withdraw from the study after agreeing to participate.
- The honouring of all agreement between the researcher and the participants.
- Courteous and tactful treatment at all times.

- Sensitivity to and respect for the beliefs, habits and life styles of people from different cultures.
- Participants' access to research personnel at any point in the study to clarify information.
- Participants' access to appropriate professional assistance if there is physical or psychological damage.

In this study the researcher selected participants fairly, willingly and without coercion for direct reasons related to their challenges in caring for AIDS orphans (Brink, 2006:34). The researcher guarded against favouritism and honour, scheduled interviews as agreed. The participants were treated fairly and given equal chance to share the challenges they face in caring for AIDS orphans. This was done through the assistance of the mediators since they had trust relationship with the grandparents. The researcher conducted the study with integrity and honesty.

2.5.2.3 The principle of beneficence

According to Brink (2006:32) to adhere to this principle, the researcher needs to secure the wellbeing of participant, who has the right to protection from discomfort and harm – be it physical, emotional, spiritual, economical, social or legal. The author further stated that if the research problem involves a potentially harmful intervention, it may have to be abandoned or restated to allow investigation in an ethical environment.

In this research, there were neither risks nor potential risks identified. The researcher examined the ratio between the risks and benefits of the research before beginning the study (Brink 2006:39). The participants had already accepted that their children died of AIDS and looked strong and emotionally healed. Despite of this observation made, the researcher had a plan in place to ensure emosional support to the participants in need thereof.

2.5.2.4 Scientific honesty

According to Brink (2006:40) the researcher must demonstrate respect for the scientific community by protecting the integrity of scientific knowledge and in order to be honest, the researcher must avoid the following activities:

- Fabrication, falsification or forging e.g. the researcher invents information.
- Manipulation of design and method e.g. the researcher plans the design and data collection methods so that the results will support his/her point of view.
- Selective retainment or manipulation of data e.g. the researcher chooses only the data that will support his/her point of view and discards the rest.
- Plagiarism e.g. the researcher presents as his/her owns the work or ideas of someone else.
- Irresponsible collaboration e.g. the researcher doesn't fulfil his/her responsibility as a co- author of the report.

In this research, the researcher would like to share the results with the scientific community in a respected manner and in an accredited journal. The researcher guarded against plagiarism by acknowledging other authors whose literature was used to enrich this research. Above all the researcher is intended to share the results with the relevant departments as highlighted in Chapter 1.

2.6 CONCLUSION

In this chapter, the researcher covered a detailed description of the research design i.e. exploratory design and descriptive design, sampling i.e. purposive voluntary sampling and sample size, data collection and analysis, trustworthiness and ethical issues. The overall plan to obtain answers to the

research questions was highlighted taking into consideration the context of the research from which data was collected.

A detailed exposition of the role of the researcher, literature review, semi-structure interview and detailed account of field notes in this research were highlighted. The researcher also included the appendixes for more information. The research objectives were achieved through the involvement and interaction of the participants who freely and willingly participated and made the research a success. The researcher also outlined as to how the mediators were involved and how they assisted in the selection of the participated grandparents.

CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

In the previous chapter, a detailed description of research methodology was given. Research findings regarding the challenges faced by grandparents in caring for AIDS orphans follow in this chapter. The interviews were adapted, transcribed verbatim and checked for accuracy by the researcher. Examples of direct quotations from the interviews enriched these findings, which the researcher compares and confirms with existing literature pertaining to challenges faced by the grandparents in caring for AIDS orphans and indicates those findings that are unique to this research.

3.2 RESEARCH FINDINGS AND LITERATURE INTEGRATION

The consensus between the researcher and the co-coder resulted in four categories for the challenges faced by the grandparents in caring for AIDS orphans. These categories were further divided into sub-categories and further categories as displayed in Table 3.1. A detailed description of both sets of data, the quotations and the literature integration that are dealt with separately will follow.

Table 3.1: Summary of results of the challenges faced by the grandparents in caring for AIDS orphans

1. Different dimensions of challenges faced by Grandparents	2. Grandparents' identified needs	3. Impacts of the identified challenges.	4. Mechanisms used by grandparents in coping with the challenges of caring for AIDS orphans.
<p>Biophysical challenges:</p> <ul style="list-style-type: none"> Limited physical space due to overcrowding. The burden of disease on grandparents due to the orphans' own illnesses. The grandparents' own physical challenge to care for smaller children. 	<p>Assistance with supply of Food/Groceries</p>	<p>Emotions caused by the challenges:</p> <ul style="list-style-type: none"> Hopelessness Shame Frustration 	<ul style="list-style-type: none"> Support from relatives Support from the employers The grandparents received support from the home-based carers Seek odd jobs to augment their income Depend on cheap and second hand goods to maintain the AIDS orphans.
<p>Socio-economic challenges:</p> <ul style="list-style-type: none"> Provision of day to day basic needs. Access to governmental assistance. 			
<p>Psychosocial and emotional challenges:</p> <ul style="list-style-type: none"> The grandparents' loss of their own children. The grandparents' lack of skills to deal with post traumatic experiences of the orphans. The grandparents' lack of skills to deal with the orphans' deviant behaviour. Associated stigma 			

3.3 DISCUSSION OF FINDINGS

Discussion of the findings regarding the challenges faced by the grandparents in caring for AIDS orphans included the four main categories identified as highlighted in Table 1:

- ❖ **Challenges faced by grandparents in caring for AIDS orphans.**
- ❖ **Impacts of the identified challenges on grandparents.**
- ❖ **Grandparents' identified needs.**
- ❖ **Mechanisms used by grandparents in coping with the challenges of caring for AIDS orphans.**

3.3.1 CHALLENGES FACED BY GRANDPARENTS IN CARING FOR AIDS ORPHANS

The challenges faced by grandparents were further divided into categories which were biophysical, socio-economic and, psychosocial and emotional challenges as highlighted in Table.

3.3.1.1 Biophysical challenges of grandparents

Biophysical challenges as reported by the grandparents included their own challenges to care for smaller children, limited physical space due to overcrowding and burden of disease on grandparents due to the orphans' own illness. Further sub-categories are indicated in Table1, regarding physical challenges faced by grandparents in caring for AIDS orphans as reported by grandparents.

- **Limited physical space due to overcrowding**

From the findings of this research it was clearly indicated that the grandparents had limited space for accommodation since the orphans joined their families. It was evident that this gesture of the grandparents to stay with the orphans made small houses to be over-crowded with limited

space to share. One of the participants stated that she had no adequate space and as a result her husband slept on a dilapidated sofa inherited from white employers. The following are the quotations from the interviews:

"If you come to my small house, you will see that there is no furniture, my bed is small, and my husband sleeps on a dilapidated sofa which we received from whites."

"Our 2 roomed houses are small for three people.....so?"

According to Aronson *et al.* (2005) overcrowding is the subjective feeling of unpleasantness due to the presence of other people and is a source of stress. The authors further stated that limited physical space makes it difficult for the grandparents to move around as freely as they would like. It also lowers the feelings of control and limits if not take away privacy.

This supports perfectly the view that some grandparents have no or limited space in order to care for the AIDS orphans. According to WHO (2002:14) accommodation has become a major problem especially in households catering to orphans and as a result there are too many people in a house WHO (2002:5) further reported that the presence of orphans in the household brought limited space, underlying frustration and disharmony and therefore it was difficult for them to cope in such a limited space.

- **Burden of disease on grandparents due to the orphans' own illnesses**

Grandparents are more concerned about the illnesses of the orphans than their own illnesses. Most of them are diabetic and hypertensive but have decided that their own conditions take back seat and assist orphans. The grandparents had to visit the health facilities frequently to save the ailing orphans and as such this caused a burden. According to the participants, the physical strain related to age caused by the repeated visits to the hospital, makes it difficult to rest as they should at their age. From the

findings it was clear that the participants were more concerned with the collection of treatment of the orphans and as such disregarded their own chronic illnesses. The participants mentioned how they utilized wheelbarrows frequently in order to save the orphans when the ambulances were not responding immediately.

Majority of the grandparents indicated that they are so touched by conditions of positive orphans and as such are obliged to collect their chronic treatment monthly. Some participants reported that the health facility is far and as such need finance for transport. One participant verbalized that she collects the orphan's treatment from the hospital situated far from the house. In another incident the participant indicated that the orphan under her care developed a skin condition and she was expected to foot the bill for transport costs to the hospital. Another participant further indicated how she took her orphans to the clinic for voluntary testing in order for her to intervene timeously if they are positive. The following are the quotations from the interviews.

"When they are sick, we carry them with wheelbarrows to the hospital because ambulances don't respond immediately and delay. We don't want then to complicate"

"The last born suffers from pneumonia and flu"

"My 6 years old is HIV positive and on treatment and the hospital gives me date for the next month when I collect medicine for the month"

According to Oluwagbemiga (2007:673) it is a strain on household resources and income to take care for orphans that are diagnosed with HIV. The author further stated that it is a major strain and it reduce the ability of the grandparents to work and cause mounting medical fees (transport and consultation) and push affected households into deeper poverty.

The grandparents sacrificed their time, energy and money to ensure that the orphans get better treatment. According to Reuter (2009:264), people

who receive multiple drug treatments should be reviewed regularly in order to control symptoms while maximizing quality of life. The author further stated that in case of intercurrent bacterial infections which are common among HIV/AIDS positive people, the health care worker needs to assess the severity of the illness and decide in favour of the patients. Therefore it is the responsibility of the grandparents to see to it that the orphans are assessed regularly by the health care workers and are frequently taken to the hospital for medical intervention.

- **The grandparents' own physical challenge to care for smaller children**

From the findings of this research, it was clear that the participants are expected to physically care for smaller children even though physically they are weak and frail. One participant indicated that she is expected to bath the orphans and take them to the crèche even though she was a chronically ill patient. Herself in one incident the participant highlighted that she was not supposed to touch water and to cook due to weakness but she was bound because nobody could assist. Majority of participants interviewed indicated how they should walk long distances to social development department to apply for social grants, even though they were old and did not have the physical strength for it. They were also expected to walk long distances to accompany them to the schools and also to the crèche. These aspects take a big toll on grandparents and this is a challenge as it also impacts negatively on their health. The following are the quotations from the interviews:

"I am expected to bath them and to take them to the crèche."

"My weakness. I am not supposed to use water but I am bound because I must cook and wash their clothes."

"I am chronically ill, known diabetic and arthritis, my hands are swollen, I cannot wash their clothes."

According to Orb and Davey (2005:164) caring for orphans ranging from infants to teenagers can be physically challenging and exhausting for the grandparents. The authors further stated that grandmother expressed tiredness as an overriding factor. The grandparents become mothers again and are expected to care for AIDS orphans even though they look tired.

Literature indicated that grandparents are at the brink of losing their health as they advance in years, they are severely limited on their bodies and gradually find themselves increasingly unable to attend events or activities (Smith, 2005:686). For them to be expected to care for orphans as primary care givers is really strenuous and challenging.

According to Mudavanhu *et al.* (2008) grandmothers are faced with the burden of caring for their grandchildren. They are supposed to be relaxing, resting and refreshing yet they have become mothers again and are expected to assist the AIDS orphans. Oluwagbemiga (2007:668) mentioned that orphans were left in the hands of caregivers who also could not meet their own physical needs.

3.3.1.2 Socio-economic challenges

From the findings in this research it was indicated by the grandmothers that they face financial challenges in caring for AIDS orphans. This sub-category was divided into further sub-categories as indicated on Table3.1, namely

provision of day to day basic needs and access to governmental assistance.

- **Provision of day to day basic needs**

The findings of this research identified that grandparents are unable to meet basic needs like food and clothes for orphans due to financial challenges. The participant mentioned that an orphan under her guardianship is supposed to go to school and she couldn't afford to pay school fees. In another incident the participant stated how she struggled to buy clothes and food for the orphans. Majority of the participants highlighted on how they were unable to purchase school uniform for the orphans. It was clear that the grandparents struggle to make ends meet. The participants indicated that they had applied for the social grants without success and resorted to selling small goods in order to provide the orphans with basic needs. The other participant mentioned how the orphan supposed to go to school and there is no money for school fees. The following are quotations from the interviews.

"I cannot afford food because I am unemployed ..."

"There is no money, we experience shortage of food."

"My challenges are countless, lack of food and clothes."

According to Orb and Davey (2005:166) study, the most challenging hardship for grandparents is finances. The authors further stated that the grandparents are expected to provide orphans with food, clothing and shelter which all are costly.

Safman (2004:11) found that the dominant concerns of caregivers to orphaned children are the costs associated with child rearing in an increasingly market based society. It is quite evident that the provision of basic needs is taxing on the grandparents and moreover staying in an environment where there is no financial resource.

According to Van Dyk (2005:270-271) grandparents must meet the needs of the orphans as listed in the United Nations Convention on the Rights of the Child, namely:

- **Access to governmental assistance**

Another finding that emerged from this research was that some grandparents were unable to access or get pension grant because they are below sixty years and as such do not qualify to register for old-age grant .The participant stated that it takes a while for one to start receiving the grants under their care. In another case the participant indicated that she requested the government to provide them with grocery while waiting for social grants. The participant mentioned that she struggled because the orphans are not on social grants due to poor service- delivery at Social development department. According to the participants, most orphans used to be on the social grants before their mothers died.

After the death of their parents the government cancelled the grants and as such the grandparents must reapply. The participants mentioned that even after applying for the grants, the money takes time to be released. The other participant indicated how she was so desperate for assistance and had even considered looking for a job. The participants mentioned that those who received the social grants, the money was meagre and as such could not cover school-fees, uniform, food and transport and therefore pleaded with the authorities to increase it. Some participants also expressed how they would appreciate if they can receive old-age grant in order for them to provide basic needs of the orphans. Most participants seemingly did not have information about foster care grants and that aggravated the situation .The following are the quotations from the interviews:

"I am asking for his money (social grant to be released). Once I start receiving it I will be able to pay for his school fees."

"I requested the government to provide us with groceries while waiting for social grants."

"After the death of their mother, then I changed documents so that they (orphans) might move in with me and the grants stopped immediately."

According to Mudavanhu *et al.* (2008) grandmothers relied on aid from Non-Governmental Organizations and those who are fortunate to be enlisted for governmental aid, however, complained about delays. Some are told that their files had gone missing without proper explanation and most grandmothers lacked the legal expertise to challenge such claims. These authors further stated that obtaining assistance was also hindered by the fact that most often, orphans do not have birth certificates since most grandmothers had lost contact with their son-in-law. Most orphans' fathers withdrew once their children were in the care of their grandmothers, which is exactly the case with these grandparents. This had a negative impact on the grandparents since they had a problem in accessing governmental assistance.

3.3.1.3 Psychosocial and emotional challenges

The third sub-category divided into the grandparents' loss of their own children, the grandparents' lack of skills to deal with post traumatic experiences of the orphans and the grandparents' lack of skills to deal with the orphans' deviant behaviour. The following was a brief discussion of the findings regarding each sub-category:

- **The grandparents' loss of their own children**

It emerged from the findings of this research that, the way the grandparents lost their children was touching and traumatic and make it difficult for them to cope psychosocially. The participant reported how her daughter suffered, presenting with diarrhoea, vomiting, and loss of appetite and wasting. In another incident the participant indicated how AIDS robbed her daughter. Many of the grandparents saw their children dying and as such were still traumatized by those incidents.

The majority of the grandparents still have fresh wounds that affected them psychologically and emotionally hence intervention is relevant and appropriate. One participant stated how AIDS killed her daughter, and left her burdened with the orphans. The findings in this research indicated that the grandparents still grieve for their children. In another incident the participant indicated that how AIDS robbed her from her daughter and that she is not coping emotionally. Another participant shed tears as she tried to explain as to what happened to the mother of the orphans. It was clear that the participants were still mourning and grieving for the loss of their children. The participants verbalized how difficult it was for them to care for the orphans in such situations. The following are direct quotations from the interviews with the grandparents.

"My daughter was ill presenting with diarrhoea, vomiting, loss of appetite wasted."

"There are many challenges, their mother is dead."

"She presented with loss of appetite and sores all over the body?"

According to UNICEF (2002) grief is a normal reaction for parents to loss of their children and is usually intertwined with bereavement. The report further indicated that most grandparents may begin the mourning process during their child illness and go through most of the emotions related to anticipated loss and grief.

Cook and Oltjenbruns (1989) claimed that researchers have largely ignored the grief process that grandparents go through and argue that grandparents are often more alone and without the necessary support system in their grief.

According to Uys and Middleton (2004:682-683) people from all backgrounds tend to experience a similar set of stages following the loss of a loved one e.g. denial, anger, bargaining, depression, acceptance and move to hope. The author further stated that people move through the above stages at different rates and may stay in one stage for quite some time and you cannot rush a person from one stage to another. Alpaslan and Mabutho (2005:276) found that elderly caregivers all reported having health problems either from old age or from the stress suffered as a result of a child or children died of AIDS related illnesses.

The author added that at times the bereaved person may even go back to an earlier stage and support is required because usually the early stages of bereavement involve idealizing the dead person. Imagine the grandparents who were still mourning and grieving for their lost children, expected to care for the orphans just because nobody can take over. According to Reuter (2009:274) the social workers as members of the multi disciplinary team should provide assistance in order for the grandparents to cope with psychosocial issues such as bereavement and stresses associated with financial worries. Grief is a normal reaction to loss and is usually intertwined with bereavement (UNICEF 2002).

Winston (2006:34) found maternal grief to be lengthy and intense given the unique relationship between the mother and her child and therefore the grandparents were expected to grieve for a lengthy period.

- **The grandparents' lack of skills to deal with post traumatic experiences of orphans**

It emerged from the findings of this research that grandparents lacked skills to deal with post traumatic experiences of the orphans. The participants reported how they assisted their children before dying in front of the orphans and the experiences were actually traumatic to the orphans.

One participant indicated how her orphan behave strangely by attempting suicide now and then and has decided to keep her chronic medication next door lest the orphan take an over-dose. Another participant mentioned that her unruly orphan reported her to the police officers for abuse. This was confirmed by the following quotations:

"My heart was sad because I see on the TV how many people die of AIDS, infecting one another. I used to bath her, being sad that I would lose my daughter."

"The girl stresses me. After reprimanding her, I don't move lest she will commit suicide."

"The girl is older but when I rebuke her, she attempt suicide by taking my hypertensive and asthmatic treatment."

According to Van Dyk (2005:247-248) children or orphans have to go through the same tasks of grieving as adults, although their cognitive abilities should always be taken into account. The author further stated that the children gradually come to a full understanding of death and dying and had addressed children according to different ages:

- The pre-school child (3-5 years): Death is separation regards it as temporary in nature. In child' view death is reversible phenomenon and the child expects the deceased person to return.
- A young child (6-9): Might grasp the reality and finality of death, but does not see death as universal (affecting all people) or as persona (applying to him or her).

- Children older than 10 years understand that death is final, personal and universal. It is at this stage that children start to realize that death may apply to them and that it is a concrete fact of life that nobody can avoid.

In caring for the orphans, the grandparents should understand them and be skilled enough to assist them. Egan (2002:3-4) indicated that transferring skills to the grandparents help them manage their problems in living more effectively and develop unused resources and also becoming better at helping themselves in their everyday lives. The author added that people with even devastating problem situations can often, with some help, handle them more effectively. To make things simple Van Dyk (2005:224-225) mentioned that some people experience acute stress disorder after the death of a significant other and the following are the symptoms.

- Severe feelings of anxiety and helplessness.
- Feelings of dissociation, emotional, unresponsiveness, numbness and withdrawal from social contact.
- Persistent reliving or re-experiencing of the traumatic event through intrusive, recurring thoughts, repetitive dreams about the event, illusions and flashbacks.
- Sleep disturbance, irritability, finding it difficult to concentrate or remember things and restlessness.
- Avoidance of interpersonal involvement.

The author further stated that if the symptoms persist within four weeks of the traumatic event and last for two days or up to a month the condition is acute traumatic stress disorder. But if the symptoms last for longer than a month the condition is considered as post-traumatic stress disorder. The post-traumatic disorder can be delayed and begin after six months.

- **The grandparents' lack of skills to deal with the orphan's deviant behaviour**

The findings of this research clearly indicated that the grandparents lacked skills to deal with the orphans' deviant behaviour. This was evident when one participant reported that when she rebuked the older orphan, she attempted suicide by taking her chronic treatment. She further stated that the girl did as she wish, did not want to be reprimanded, misbehaved and she had to still hold her peace. Another participant indicated that an 18 year old orphan reported her to the police for abuse when she reprimanded her.

The participants also mentioned that the orphans played truant and some of them became drop-outs. The other participants reported that the orphan under her care was disobedient and kept bad company and everyday came back home late. It was quite clear that dealing with the deviant behaviours of the orphans was a mountain to climb for the grandparents. It was also evident from the interviews that the participants lacked skills practically to deal with the deviant behaviours of the orphans. The grandparents' interventions were always amiss and irrelevant due to the fact that they were not capacitated in dealing with these deviant behaviours of the orphans. The following are the quotations from the interviews:

"She wants to commit suicide and further she does not want to be reprimanded. When she misbehaves, I must hold my peace. Do as she wishes".

"The 18 year old reported me to the police that I ill-treat them."

"I found her at school with police officers reporting that I abuse them."

"The girl stresses me. After reprimanding her, I don't move lest she will commit suicide."

Literature indicated that most grandparents are illiterate, have no information or adequate information dissemination and this makes these grandparents' situation difficult (Winston, 2006:33). The author further

explained that it is psychologically distressing and confusing for the grandparents since they have no abilities and skills to deal with their circumstances.

Mudavanhu *et al.* (2008:93) mentioned that the grandmothers must be assisted with insight regarding HIV/AIDS and in particular, how to handle the problems they are encountering in their roles as caregivers. The authors further stated that skills training, knowledge, and orientation in raising grandchildren, some of whom are infected, are needed and that the grandparents need social support and psychological help to strengthen their capacity to continue as caregivers and to ensure optimal functioning for the future of the orphans in their care.

Gouws *et al.* (2000:155) stated that it is a frightening fact that suicide among adolescents is increasing because the adolescents have been exposed to greater stress while environmental supports have decreased, leaving the adolescents more vulnerable. The older orphans were not an exception in that had suicidal tendencies and as such rebel against the authority of the grandparents. The authors further outlined a variety of factors at play in adolescent's suicide:

- A lot of conflict between parents, between the parents and children.
- Economic stress due to frequent parental unemployment.
- Early parental physical or emotional deprivation.
- Absence or loss of one /both parents.
- Have poor relationships, even with peers, and feel socially isolated and helpless.
- Alcohol and drug abuse.
- Depression and stress.

According to Louw and Louw (2007:303) adolescents are often emotionally unstable and often have emotional outbursts and that they are inclined towards intense mood swings, a typical storm and stress situation. The

authors further stated that much of the behaviours of the adolescents may be related to their need for autonomy and often rebel to stricter control of parents and therefore teenage-orphans in this research were not exceptional.

- **Associated stigma**

From the findings of this research it was evident that the majority of the grandparents interviewed still have a problem of stigma. Another participant indicated that she felt ashamed wherever she went and people did not want to eat her food lest they contract HIV. This happened due to the stigma attached to HIV/ AIDS. Another participant further described incident indicating that people stigmatized them and as a result treated them differently as soon as they know that their children died of AIDS. The participant mentioned that people mistreated her for a mere fact that her daughter died of AIDS.

The participants also indicated that the people who were supposed to support them were now mocking, discouraging and discriminating against them. According to the participants the only people who supported them were home based carers to both the orphans and with other things though it was sometimes. The following are quotations from the interviews:

".Besides I am mistreated here at the township as they heard that my daughter died of HIV/ AIDS."

"I am ashamed where ever I go, people don't want to eat my food lest they catch HIV. At funerals and wedding, they don't want me to work because they think I have it."

Van Dyk (2005:100) stated that AIDS-related stigma and discrimination remain the greatest obstacles to people living with HIV infection or AIDS. The author further indicated that stigma and discrimination increase people' vulnerability, isolate them, deprive them of their basic human rights, care and support, and worsen the impact of infection. Stigma and concern are

the main reasons why the grandparents still live in fear, shame and in isolation.

According to Winston's study (2003:91), most grandmothers suffer because of the stigma that is associated with AIDS death, which includes shame, guilt and anger. The author further stated that the orphans are also in turn, stigmatized. Karim and Karim (2005) indicated that in South Africa as in elsewhere, stigma goes hand in hand with discrimination based on different perceptions and misconceptions on HIV and AIDS. The authors further stated that communities remain locked in denial.

The grandparents were discriminated against because their children died of AIDS. Van Dyk (2005:240) summed it up by stating that fear, self-righteousness and cohesiveness can be so great in some communities that they regard the person with AIDS as having committed crime and infected people are perceived as guilty and are denied their ordinary privileges of social life. The Koster community was not an exception because of how they mistreated the grandparents for no apparent reasons.

3.4 GRANDPARENTS' IDENTIFIED NEEDS

This main category was further divided into sub-category which was highlighted under the column, namely, assistance with supply of food/groceries.

- **Assistance with supply of Food / Groceries**

It was clearly indicated from the findings of this research that the majority of the grandparents would like to be assisted with grocery in order to make ends meet. This was evident when the participants indicated that they were struggling with clothes and food. The participant indicated clearly that she was not on old age pension grant and the orphans under her care were not yet registered for social grants and as such it would bring her joy to see them receiving grocery while waiting for the grants. Another participant

indicated that she be assisted to register the orphans for foster grant and groceries.

The participants also mentioned that they could not afford food since well they were unemployed. It was verbalized that some orphans had no food and had to go to the school with empty stomach. It was evident that the grandparents could not afford to buy the food the orphans prefer, delicious and nutritious but had to ensure that their stomach were full. Several participants mentioned that they were on the waiting list at the centre (NGO) to get groceries. Another participant stated that the last time she received grocery from social development was three months ago.

It has emerged from the data that in spite of the social grants some of the grandparents received from government, it was not adequate to help them to get food as they have to break that amount to cover all the other needs. Majority of the grandparents, who received social grants, also registered for food parcels. Seemingly the grandparents have a problem in buying food from the social grant.

The following are the quotations from the interviews:

"If they can assist me with groceries. Since I have applied for groceries, I have not yet received it."

"I can't afford because I am unemployed. The only groceries we have, we got for Christmas."

"I have applied for the grocery and was told the grocery will be available in February."

"They have no food to eat and yet they are expected to attend school."

Reed (2005:22) stated that HIV/AIDS mothers leave the orphans with nothing and it is difficult to buy food and many children go hungry. The author further stated that when people are not fed properly, their immune system does not work as well and with malnourished body and lack of

treatment, death often comes quickly. The grandparents were obliged to ensure that the orphans were taken care and that is why their pressing needs were groceries.

According to Van Dyk (2005:301-302) nutritious food comprises of energy-giving foods: carbohydrates or starchy foods, body-building foods: proteins and protective foods like vitamins and minerals. The reason why the grandparents applied for food was to ensure that the food the orphans ate was nutritious since well the grandparents could not afford due to lack of resources.

According UNICEF (2006) report, cash transfers in the form of grant are essential to provide an acceptable standard of living for orphans and caregivers who take in orphans. The report further indicated that child support grant is more widely received since it is less cumbersome to access while foster care grant requires a court order and is an extremely onerous process, source which dissuades people from applying.

3.4 IMPACTS OF CHALLENGES FACED BY GRANDPARENTS

This main category was divided into one sub-category which is highlighted under the same column, namely, emotions caused by the challenges.

- **Emotions caused by the challenges**

It emerged from this research that the grandparents experience different emotions caused by the challenges they faced as they take care of AIDS orphans. According to Coon (2004), the word emotion means to move. The author further explained that emotion can refer to the combination of physiological arousal, perceptual- cognitive processes as well as observable behavioural expressions. The following are further sub-categories of resultant emotions: hopelessness, shame and frustrations.

Hopelessness

It emerged from the findings of this research that grandparents became hopeless in their situation due to challenges they faced. Majority of the grandparents appeared and sounded hopeless. Participant indicated that she was not coping and as such she does not know what to say. Another participant mentioned that it was difficult for her to care for AIDS orphans under such resource-limited circumstances. The participants indicated how they were not coping in caring for the orphans even though they had no choice but to continue looking after them. In another scenario the participant indicated that she was struggling to make ends meet. Another participant reiterated that she does not understand as to why conditions were like that. The following were the quotations from the interviews:

"What can I say sir? I can't say I am coping. It is something I have to do."

According to Jeffreys (2005) grandmothers become fearful about their needs to be taken care of not being met in the future and feel that they have lost themselves, their hope and their future. Grandparents are so in despair such that every word proceeds from them is negative.

Mudavanhu *et al.* (2008) indicated that the despair experienced by most of the grandparents emanated from the fact that events in their lives have taken a turn for the worst in this regard having to care for the orphans in resource less situations. They are expected to provide the orphans with food, clothes and treatment even though there is no money.

Shame

It surfaced from the findings in this research that losing children to AIDS has made life difficult for the grandparents. The participant indicated that she is always ashamed where ever she went because neighbours thought that she would infect them with HIV/AIDS. She further mentioned that

people didn't want to interact and work with her at funerals and weddings. The following are quotations from interviews:

"I am ashamed where ever I go, people don't want to eat my food lest they catch HIV."

According to Winston's (2003:96) finding, the study established that most grandmothers suffer due to AIDS death, which included shame, guilt and anger. The grandparents were stigmatised due to the death of their children to HIV/AIDS and as such that interfered with the grandparents' caring of the orphans.

Frustration

The findings from this research reveal that grandmothers were frustrated and do not know what to do next. One participant mentioned how she was reported to the police by the orphan she sacrifices a lot to assist. It was not that easy to care for the orphans. Another participant related how she was no longer working, on chronic treatment and had no money but still expected to take the orphans to school. The following quotations confirm this:

"I found her with the police officers reporting that I abuse her."

"These orphans are drop-outs. I am no longer working and have chronic disease such as diabetic mellitus and hypertension. I have no financial support to take these children back to school."

Cook and Oitijenbruns (1989) argued that grandparents are often more alone, and without necessary support system and are expected to cope well. What was frustrating to the grandparents was assisting orphans without resource and appreciation.

3.6 MECHANISMS USED BY GRANDPARENTS IN COPING WITH THE CHALLENGES OF CARING FOR AIDS ORPHANS

This main category was divided into five sub-categories highlighted under the column, namely, the grandparents who got support from their relatives, the grandparents got support from their employers, the grandparents received support from the health care-givers, the grandparents got support from the home-based carers and depend on cheap and second-hand goods to maintain the AIDS orphans. The following was a brief summary of the discussion of the results of each coping mechanism:

- **The grandparents got support from their relatives**

From all the grandparents who were interviewed, the majority of participants indicated that their relatives supported them fully with food, clothes and money. The participant indicated that her sister who worked as a domestic worker bought food and clothes for the orphans. Another participant stated that one of her siblings collected old-clothes for the orphan from work. One participant indicated that her son who works deposit money every month for the orphans and life becomes easy. Seemingly the grandparents enjoyed overwhelming support from the relatives. The participant mentioned that her relatives came to her rescue by purchasing food and soap for the orphans every month-end. The participants also mentioned that the relatives supported them even though not all of relatives were supportive. The following are statements from the transcripts:

"Only my siblings do support me. One of them works and when she has collected clothes she give it to these orphans."

"I get it from my relatives. My other daughter is supportive. She works as a domestic worker."

"I am being supported by my relatives, though not all."

"My son works ... and every month he deposits something for me and life

becomes easier."

"Relatives always come to our rescue. They purchase food and soap for us every month-end."

According to D'Cruz (2002), caregivers support from extended family is an important buffer for them. Foster (2000) argues that the burden of caring for orphans should therefore be shared amongst a large group of close relatives. He further stated that in most African societies, the sense of duty and responsibility of extended families towards other members was almost without limits. Watson (2008:164) stated that grandmothers received support not just in the form of cash but also through in-kind assistance with food and other subsistence needs. This showed that support from the relatives was crucial for grandparents in caring for AIDS orphans.

- **The grandparents got support from their employers**

Findings in this research indicated that many of the grandparents got support from their employers even though not all of them were employed. The participant mentioned that her employer bought clothes for the orphans and also gave her money. Another participant indicated that her employer bought medication from chemist when the orphan was sick and also paid the Doctor for consultation. Another participant also mentioned that her employer contributed towards the needs of the orphans. From the findings of this research it is clear that grandparents receive support from their employers. The following are the quotations from the interview:

"Where I sometimes assist, (employer) bought clothes for these children from Pep-stores"

"Whites that I am working for sometimes they give me R300 though not every month."

"Also the lady I work for buy medication from chemist when she is sick and pays the Doctor for her consultation."

There was seemingly no literature regarding the support the employers offered the grandparents in order to make life easy for the orphans. The only literature available was employers assisting and supporting their HIV/AIDS employees and seems to be a unique finding in this context.

- **The grandparents received support from the home-based carers**

The participants were also supported by the health care-givers sent by the local clinic. The care-givers assisted with the bathing of small orphans and strengthening of the grandparents in caring for AIDS orphans. According to the participants, the care-givers had specific day to visit the grandparents. They also made sure that the HIV/AIDS positive orphans took their treatment as ordered and visited the health facility as expected for monitoring and evaluation of CD4 count and Viral Load. Following was the quotation from the interviews:

"The local clinic sends home-based carers to help bath the orphans and assist also with other things."

Van Dyk (2005:260-261) stated that the main goal of home-based care programs is to provide the organizational structures, resources and framework that will enable the family to look after its own sick members. The author further outlined the important functions of the home-based care programs as follows:

- To empower the community and the family to cope effectively with the physical, psychological and spiritual needs of those living with HIV infection and Aids;
- To educate the community about the prevention of HIV transmissions;
- To support family members in their care-giving roles; and
- To reduce the social and personal impact that living with HIV infection and Aids makes on all those concerned.

According to Reuter (2009:274) home-based care givers assist with numerous activities of daily living .e.g. bathing, toileting, ambulation, meal preparation and provide company and general supervision. The care-givers supported the grandparents with daily activities and that made life easy for grandparents in caring for AIDS orphans.

- **The grandparents sought odd jobs to augment their income**

Findings in this research revealed that most of the grandparents sought odd jobs to augment their income. One of the participants indicated that she got a job as domestic worker in order to augment her income. Another participant also mentioned that she got odd-jobs in order to care for the AIDS orphans. A participant indicated that she was employed by a lady in order to make ends meet. Another participant mentioned that she had resorted to selling *Simba*-chips (Simba refer to patato chips) in order to care for AIDS orphans. The other participant mentioned that she started to cut trees as an odd-job in order to provide the orphans with food and clothes. The following are the direct quotations from the interviews:

"Sometimes I work as a domestic worker to make ends meet though I am being paid R30 for service."

"I have piece (odd) job I am busy with however we get paid after a long time."

"Yes, after the funeral of her mother we remained with something financially from the mortuary and selling Simba."

According to Matshalanga (2004) some grandmothers resorted to selling home beer or fruits to generate income. The author further stated that due to the high mortality rates and the weakening of the extended family, the burden of caring for the orphans is left entirely on grandmothers. No wonder the grandparents resorted to selling Simba (Simba refer to patato chips), cutting trees and working as domestic workers in order to provide food, clothes and pay school fees for the AIDS orphans.

Orb and Davey's (2005:164) study reported that grandparents had to go out of their ways to source income for survival of their families. Oluwagbemiga (2007:668) mentioned that the grandparents often were forced to work more than they would have in order to cope with the needs of extra mouths of the orphans.

- **Depend on cheap and second hand goods to maintain the AIDS orphans**

The findings in this research indicated that the grandparents resorted to using cheap and secondhand items in order to make ends meet. One participant indicated that she buy clothes from cheap store because she has consistent income. Another participant mentioned that her siblings collect clothes from Rustenburg where she works for orphans. The following are quotations to confirm this:

"I buy at store because I have no income."

"When she has collected clothes she give it to these orphans."

Oluwagbemiga (2007:668-677) explained how grandmothers had to change their life style in order to cope with economic pressure. Buying cheap and second hand items made it easy for the grandparents to cope.

3.7 CONCLUSION

The findings of the research and the literature control regarding the challenges faced by grandparents in carrying for AIDS orphans were discussed in this chapter. Findings were discussed according to their different categories, sub-categories and further categories and compared with the relevant existing literature for confirmation, with the unique findings identified and highlighted. In the next chapter the limitations of the research and the conclusion according to the researcher will be discussed. The researcher will also focus on guidelines formulation for the health workers so as to assist the grandparents in carrying for AIDS orphans.

CHAPTER 4

CONCLUSIONS, SHORTCOMINGS AND RECOMMENDATIONS FOR NURSING EDUCATION, RESEARCH AND COMMUNITY NURSING PRACTICE

4.1 INTRODUCTION

In the previous chapter the research findings were discussed. The findings were supported by direct quotations from the interview with the participants, and confirmation was also made through reference to relevant literature. In this chapter the conclusions and shortcomings will be discussed, recommendations will be made for nursing education, nursing research and community health practice with special reference to the formulation of guidelines for health workers to facilitate the accessibility and user friendliness and utilization of health services by grandparents who care for AIDS orphans.

4.2 CONCLUSIONS

Conclusions from the data of this research will be discussed in this chapter. Data analysis by the researcher and the co-coder resulted in four major categories regarding the challenges faced by the grandparents in caring for AIDS orphans and therefore the conclusions pertaining to these major categories will be discussed separately.

4.2.1 Conclusions pertaining to the physical and biophysical challenges of the grandparents in caring for AIDS orphans

- **Limited physical space due to overcrowding**

A conclusion that can be made from the findings is that the grandparents have a biophysical challenge of limited space due to overcrowding. Apparently the challenge is caused when the grandparents accommodate

AIDS orphans in their houses. It was evident that this gesture of the grandparents to stay with the orphans makes small houses to be overcrowded with no free space to share.

It is clear that there are many people in households and as such this limits or deprive them the right to privacy. The presence of AIDS orphans in their households brings frustration, conflict and stress. Most grandparents stay in small houses while others stay in small shacks and this makes it difficult for them to bath and dress in front of the AIDS orphans. Their space is invaded and therefore it is also difficult to sleep.

- **The burden of disease on grandparents due to the orphans' own illnesses**

It can be concluded that the grandparents are burdened by the orphan's illness. Previous studies indicated that grandparents saw their physical illness as a challenge however in this study it is clear that they focused more on the illnesses of the orphans and their own took a back seat.

It is clear that the grandparents ensure that they frequently visit the health facilities to collect treatment and at their age is not an easy task. It is apparent that the grandparents ascertain that the orphans are taken to the health facilities when they are ill despite the distance to travel or walk. The grandparents make sure that the AIDS orphans get support and are taken to the health facilities even though the grandparents are not well. A conclusion can be made that repeated visits to the health facilities and using limited financial resources is a challenge and further burden the grandparents.

- **The grandparents' own physical challenge to care for smaller children**

The findings conclude that smaller children need daily bath, food and support when they are ill and this is a challenge to the grandparents are

physically weak, fatigued and frail. The grandparents who are supposed to be relaxing, resting and refreshing are now pushed to the forefront as the primary caregivers and as such a lot is expected from them, i.e. sacrifice, responsibility and strenuous activities. This is evident in that the grandparents accompany the orphans to the crèche and to school when need arise.

The grandparents become mothers again and are expected to care for AIDS orphans even though they look weak. It is clear and evident that many grandparents suffer from chronic conditions such as arthritis, hypertension, diabetes and asthma among others and therefore caring for smaller children is physically challenging and exhausting for the grandparents.

4.2.2 Socio-economic challenges

- **Provision of day to day basic needs**

Grandparents have socio-economical challenges, as concluded in the study it is evident that the majority of the grandparents cannot afford to purchase food, clothes and pay school fees. Therefore it is clear that the grandparents are struggling, pulling hard and not coping with socio-economic issues. It is also evident that majority of the participants are unemployed and therefore cannot afford to provide day to day basic needs e.g. buy food, school uniform and to pay school fees.

- **The grandparents' access to governmental assistance**

The researcher made a conclusion that the grandparents still have problems in accessing governmental assistance. Some of the grandparents are below 60 years and as such do not qualify to register for old-age grant while for other grandparents it can take a while to start receiving a relevant grant after applying. Some orphans have no necessary documents e.g. birth certificates which make it difficult for the grandparents to apply for social grants. To some grandparents filing of forms or just to confirm that

their forms have been filled appropriately it's a challenge because of illiteracy. It is also evident that the old-age grant grandparents receive, is meagre and it cannot cover groceries, school fees and clothes.

It is also clear that after the death of the orphans' parents, the government cancelled the applicable grants and as such the grandparents must re-apply. Another challenge for the grandparents when applying for social grants is having to stand in long queue and delays in accessing the money. The grandparents don't know that if you don't have money for the school fees, you can apply for school fees exemption at the school where the orphans attend.

It is clear that even though the grandparents have financial difficulty, they still have no information regarding social grants. Most of them only know much about child-grant and not about foster grant. By virtue of taking care of orphans they qualify for foster grant which is substantially quite better. The foster care amount is bigger than child grants which is substantially too little.

4.2.3 Psychosocial and emotional challenges

- **Grandparents' loss of own child**

The grandparents still grieve for their loss which makes it difficult for them to cope psychosocially. It is clear that the grandparents still remember vividly the pain their children went through before dying and therefore it is difficult for them to care for orphans in such situations.

It is evident that the grandparents are not prepared and passionate to care for the orphans but are rather forced because there is nobody to who can assist in caring for the orphans. It is apparent that grandparents are alone and without the necessary support in their grief and this aggravates the situation.

- **Grandparents' lack of skills to deal with post-traumatic experiences of the orphans**

The conclusion that can be made that the grandparents lack skills to deal with this experience and there is seemingly no appropriate intervention. In addition a conclusion that can be made is that the grandparents are not trained to deal with post-traumatic experiences of the orphans.

Transferring skills to the grandparents assist them to manage their problems in living more effectively and develop unused resources as they care for the orphans. A conclusion that can be made is that lack of skills is a challenge to the grandparents and as such it is difficult for them to care for the AIDS orphans.

- **The grandparents' lack of skills to deal with the orphans' deviant behaviours**

It is clear that the grandparents lack skills to deal with the orphan's deviant behaviour. When the orphans attempt suicide, the grandparents do not know how to react and respond in such situations. It is also clear that the grandparents were never workshopped and trained to deal with the orphans when they misbehave, disobey, and play truant and this is a challenge to the grandparents.

Even though most grandparents are illiterate and have no or little information on intergenerational relations, basic information and knowledge about orphans' deviant behaviours can help them greatly. A conclusion can be made that the orphans take advantage of illiterate grandparents by behaving strangely and badly.

- **Associated stigma**

It is evident that the majority of the grandparents still have associated stigma as a challenge in this research. They are being discriminated

against because their children died because of AIDS even though they are not positive themselves. People in the community refuse to eat the food of the grandparents lest they catch HIV/AIDS. It is clear that the grandparents are being mistreated by the community after disclosing that their children have died because of AIDS.

A conclusion that can be drawn from this is that stigma is the main reason why the grandparents still live in fear, shame and in isolation. It is also that the grandparents are at the receiving ends even though they didn't do anything wrong but stepped in to assist the orphans. The grandparents are caught in the middle and have to suffer the consequences. The participants also reported that even at the funerals and weddings, the community does not want to work with them. They think that the grandparents will infect them with AIDS/HIV.

The community holds the grandparents responsible for the consequences of the action of their children and even seeks to punish them. It is ironic that the people who are suppose to support the grandparents now mock, discourage and discriminate against them. Stigma increases the grandparents' vulnerability, isolate them and deprive of their basic human rights. It is clear that the community also is not workshopped on how to support HIV/AIDS victims and are instead discriminated and isolated from the community. It is quite hurting and heart breaking that the community which is supposed to support the grandparents now stigmatize them.

4.2.4 Conclusions pertaining grandparents' identified needs

- **Assistance with supply of Food /Groceries**

The conclusion that can be made from the findings is that despite the grants the grandparents receive from the government; it is not adequate to help them get food as they have to break that amount to cover all other needs. It is clear that the grandparents need groceries to top up the grants. It is also

clear that the grandparents need food /groceries to eat while still waiting for social grants. Due to lack of food, some orphans have no food to eat and have to go to the school with empty stomach.

It is evident that the grandparents cannot afford to buy the food the orphans prefer, delicious and nutritious but as long as the orphans' stomachs are full. Most of the orphans are on ARV treatment and as such are expected to be fed properly. If they grandparents do not get groceries the orphans' immune system becomes weakened and malnourished, therefore death often comes quickly. Not eating enough nutritious food can be a cause for weight loss. The reason why the grandparents apply for food is to ensure that the orphans eat delicious and nutritious food.

- **Conclusions pertaining impacts of challenges on grandparents**

- **Hopelessness**

It is clear that the grandparents are hopeless in their situation of caring for the orphans due to challenges they are faced with. They are not coping and as such they do not know what to do in most cases when they are no resources. It is evident that the grandparents find it difficult to care for AIDS orphans under resource limited circumstances. It is also clear that even though they struggle to make ends meet, they have no choice but to care for AIDS orphans.

Grandparents are so in despair because their lives have taken a turn for the worst. It is clear that the grandparents have no hope since well they are expected to care for the orphans without money. The grandparents appeared and sounded hopeless and reiterated that they don't understand as to why conditions were so bad like that.

- **Frustration**

From the results it is clear that grandparents are frustrated and don't know what to do next. It is difficult for them to care for the orphans without resources and appreciation. Even though they sacrifice a lot to care for the orphans, their effort are not recognized by the community. It is also clear that the older orphans defy and undermine the authority of the grandparents, to do as they wish and with no one rebuking them.

4.2.6 Conclusions on coping mechanism of grandparents with the challenge of caring for AIDS orphans

- **Grandparents got support from their relatives**

The grandparents get support from their relatives in order to cope with the challenge of caring for AIDS orphans. The relatives support the grandparents with support them with food, clothes and money. It is clear that the grandparents enjoy overwhelming support from the relatives. The grandparents' relatives share the burden of caring for the orphans with the grandparents. The relatives make life easy for the grandparents in caring for AIDS orphans.

- **The grandparents got support from their employer**

It is found that some grandparents get support from their employers in order to cope with the challenge of caring for AIDS orphans. The employers buy clothes and treatment for the orphans in order to assist the grandparents in caring for AIDS orphans. Whenever they lack resources and the response from the relatives is immediately. It is apparent that the employers contribute towards the need of the orphans.

- **The grandparents got support from home based careers**

A conclusion made by the researcher is that the home based carers support grandparents in caring for the orphans. The home based carers assist the grandparents to bathe the little orphans.. The home based carers ensure that the grandparents give HIV positive orphans' treatment as ordered and visit the health facility regularly. The home based carers identify the needs of the orphans who were affected by the illness of their parents.

- **The grandparents sought odd jobs to augment their income**

It is evident that the grandparents seek odd jobs to augment their income. The grandparents resort to selling *Simba*-chips, cutting of trees and domestic activities in order to care for AIDS orphans. The odd jobs augment the income of the grandparents so that they can be able to buy food, clothes and pay school fees. A conclusion that can be made is that the grandparents use the odd jobs to increase their meagre income as they for the orphans. The grandparents are forced to work extra-time in order to cope with the needs of the orphans. It seems that the social grants are not sufficient to cover food, clothes and school fees and therefore the grandparents consider seeking for odd jobs to augment their income.

- **The grandparents depend on cheap and second hand goods to maintain the AIDS orphans**

A conclusion that can be made is that the grandparents depend on cheap and second hand goods to maintain the AIDS orphans. The grandparents purchase goods from cheap store in order to save more so that they can have enough as they care for the orphans. It is clear that the grandparents change the life styles in order to cope with economic pressure and needs of the orphans. It is also apparent that the grandparents resort to using cheap and second hand items in order to make ends meet.

4.3 SHORTCOMINGS OF RESEARCH

The following is the shortcomings of the research as observed by the researcher.

Some participants seemed uncomfortable to discuss challenges of the grandparents in caring for AIDS orphans and took time to open up. This was due to the fact that HIV/AIDS issues might have been sensitive to discuss. The researcher had to probe first before they could open up. After the researcher had probed, the participants were co-operative and participated fully. Another shortcoming was that the accommodation which was organized by the participants through the mediators for interviews and would be convenient for data collection, the researcher learnt that it would not be available.

This resulted on the participants choosing the NGO's office because of adequate space and would allow for adequate privacy. The researcher and the participants agreed to use the NGO offices and eventually it served the purpose. Regarding the language, the researcher used the home language for interviews and it went well. As far as the researcher is concerned, there were minimal shortcomings for this research.

However these shortcomings had no negative effect on the results. Although this research is titled "The challenges faced by the grandparents in caring for AIDS orphans", the results cannot be generalized to all the grandparents as the population was from Koster and due to their different dynamics, different results could be generated from a different population.

4.4 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND COMMUNITY HEALTH NURSING PRACTICE

In this section, recommendations for nursing education, nursing research and community health nursing practice will be discussed. These

recommendations will be made with reference to the findings of the study, literature and the conclusions.

4.4.1 Recommendations for nursing education

4.4.1.1 The findings of this research could be of assistance if it could be included in the curriculum of all basic nursing programmes that are offered in institutions of higher learning such colleges and universities. Learners should be taught on the expected dynamics in inter-generational households which may consist of neonates, toddlers, young school children, adolescents, young adults as well as older persons. They should be empowered with relevant knowledge and skill to manage issues relating to the mentioned situation that arises in the era of HIV/AIDS.

4.4.1.2 The research findings can also assist nursing education to focus on the reality of the challenges caused by the devastating disease HIV/AIDS within a community/home-based approach.

4.4.1.3 The research findings indicate the need voiced by the grandparents for information to assist them in caring for the AIDS orphans. Nursing students can play a vital role to apply health promotion strategies that focus on basic health education to transfer applicable knowledge to the persons responsible for the AIDS orphan. This will empower both the nursing student and the grandparents, not only about HIV/AIDS, but also on inter-generational relationships.

4.4.2 Recommendation for nursing research

Based on the research findings, literature and conclusions drawn from this research, it is evident that there is potential for further research in the field of the challenges faced by the grandparents in caring for AIDS orphans.

Research in the following areas is recommended:

- 4.4.2.1 The attitude of the health workers (nurses and social workers) towards the grandparents who care for AIDS orphans.
- 4.4.2.2 To identify the role and functions that different roleplayers can play in dealing with grandparents caring for AIDS orphans.
- 4.4.2.3 An exploration of coping mechanism of the grandparents who care for AIDS orphans.
- 4.4.2.4 To explore and describe collaboration possibilities that is inter-, multi- and transdisciplinary of nature to support grandparents caring for AIDS orphans.

4.4.3 Recommendations for community health nursing practice

Recommendations for community health nursing practice with reference to the specific guidelines as set under the objectives of this research with the views to formulate guidelines for health education that will facilitate the grandparents' empowerment so as to enable the grandparents to care for the AIDS orphans and protect themselves from the risk of becoming HIV infected.

- 4.4.3.1 Development of an action plan to operationalise community/home-based support to grandparents who care for AIDS orphans within an inter-, multi- and trans-disciplinary approach.
- 4.4.3.2 Leaders in health care in the Koster area need to be informed on the findings of the research for possible implementation of sustainable structures (can be initiated from primary health care clinics) in the community that can support the grandparent and their families in caring for the AIDS orphans.

4.4.3.3 Involve all roleplayers from various sectors and disciplines, private and public, to support grandparents on bio-physical, socio-economical and psychological level through active participation in the community.

4.4.3.4 The health care workers working in primary health care facilities should not only empower the grandparents by teaching them skills related to managing the illness AIDS, but they can also contribute to skills in problem solving, decision making and communication that apply in intergenerational situations.

4.5 CONCLUDING REMARKS

The objectives of the research were achieved, which were to explore and describe challenges faced by the grandparents in caring for AIDS orphans; to explore and describe how their needs can be met; and to formulate recommended strategies for health education that will facilitate grandparents empowerment so as to enable the grandparents to care for the AIDS orphans.

The researcher performed data collection, and analysis was conducted with the assistance of an independent co-coder. The findings of this research explicitly describe the challenges faced by the grandparents in caring for AIDS orphans and how their needs can be met. Literature was integrated in the discussion of the findings and the unique findings in this research were highlighted.

The conclusion that can be drawn is that the grandparents are faced by various bio-physical, socio-economical and psychological challenges. It was evident when the grandparents shared them with the researcher. Recommendations in this research are made for nursing research, nursing education and community nursing practice.

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WHO **see** WORLD HEALTH ORGANISATION

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APPENDIXES

APPENDIX A

PERMISSION FROM NORTH-WEST UNIVERSITY ETHICS COMMITTEE



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
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Tel: (018) 299-1111/2222
Web: <http://www.nwu.ac.za>

CEN/SUV
Tel: (018) 299 4237
Fax: (018) 299 2464

Mrs. M. Halgryn

7 October 2009

ETHICS APPLICATION: NWU-00051-09-S1 (D.R. PHETLHU)

The applicant has responded to the comments from the panel satisfactorily and Ethical approval of this study is recommended.

Yours sincerely

A handwritten signature in black ink, appearing to read "Prof. H.H. Vorster".

Prof. H.H. Vorster

APPENDIX B

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

My name is Mothabela Jackson Makgato and I am an M. Cur. student at the School of Nursing Science at the North-West University, Potchefstroom campus. I would like to ask your permission for conducting the following research project:

CHALLENGES FACED BY THE GRANDPARENTS IN CARING FOR AIDS ORPHANS IN KOSTER

This is the focus of the research project for my Master's Degree in Nursing Science. The research proposal for this project has been approved by the Research Committee of the School of Nursing Science and by the Ethic Committee of the Faculty of Health Sciences.

The study is based on the following objectives:

- To explore and describe the challenges faced by grandparents in caring for AIDS orphans in Koster.
(To explore and describe how the challenges they face in caring for AIDS orphans can be met.

The research will focus on these objectives by conducting a qualitative research project in which in-depth interview will be conducted. Mediators who are working for the NGOs dealing with HIV and AIDS in the Koster will be approached for assistance in obtaining participants, one mediator from each NGO.

Confidentiality will be a primary concern in this research; the identity of the participants and the collected data will be kept confidential at all times.

Supervisor: Dr. D.R. Phetlhu

Co-supervisor: Dr. M.J. Watson

I will appreciate if my request can be considered.

Yours sincerely,

Jackson Makgato
(M. Cur. Student)

Cell phone: 084 371 2933

APPENDIX C

PERMISSION TO CONDUCT RESEARCH FROM NGO'S

KGETLHENGRIVER CARERS

NPO-043-273

827 MOTSUMI STR P O BOX 681 REAGILE KOSTER • KOSTER, 0348 • Phone: 014 543 2395

ENQ: B. N. MATLALA (ADMIN OFFICER) butinyanematlala@gmail.com 076 932 6171

• 827 MOTSUMI STR P O BOX 681 REAGILE KOSTER • KOSTER, 0348, 014 543 2395/072 758 1716

12 DECEMBER 2009

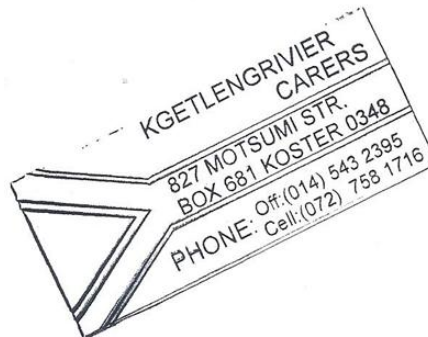
CONFIRMATION LETTER

FROM: - KGETLENGRIVIER CARERS

THIS IS TO CONFIRM THAT Mr JACKSON MAKGATO IS GRANTED PERMISSION TO CONDUCT RESEARCH PROJECT/STUDY AT THE CENTRE. HE CAN USE MEDIATORS FROM THE CENTRE TO RECRUIT GRANDPARENTS LINKED TO THIS NON-GOVERNMENTAL ORGANISATION. FEEL FREE TO USE THE CENTRE AND ASK IF YOU WANT ASSISTANCE.


ADMIN OFFICER

DATE: 12/12/2009



APPENDIX D

INFORMED CONSENT FORM

Research title: **Challenges faced by grandparents in caring for HIV/AIDS orphans in Koster**

A. PURPOSE AND BACKGROUND

As student of the North-West University, Potchefstroom campus, the school of nursing sciences, I am expected to conduct a research project as a requirement of Masters Degree. I have realized that if this topic of interest identified is explored, it will be of benefit to the grandparents and government in Koster, by identifying the challenges and develop support systems in assisting the grandparents in caring for HIV/AIDS orphans.

HIV/AIDS poses a great concern to the global village and therefore many grandparents have lost sons and daughters. This has happened internationally, nationally in South Africa and provincially in North-West. Grandparents as immediate bread winners have to assume responsibility and accountability just to make sure that their grandchildren are taken good care of. With limited resources, lack of support and little physical strength, this seems to be a huge challenge. Grandparents need support from their fellow grandparents, community and government for them to be able to execute their expected role and responsibility.

The purpose of this study is to identify and explore the challenges faced by grandparents in caring for HIV/AIDS orphans in order to develop recommendations with the aim of enhancing and improving the support they offer to the orphans.

B. PROCEDURE

If you agree to participate in this study the following will occur:

You will be invited to participate in on one on one interview where you will be able to share your experience in caring for HIV/AIDS orphans.

C. RISKS / DISCOMFORTS

There are minimal risks associated with participation in this study. These include:

1. Some Questions may trigger emotional negative reaction but you may decide not to answer the question you do not wish to answer.
2. The interview may sometimes become exhausting as you answer the questions.
3. Confidentiality: Participation in this research may temper with your privacy, however your records will be handled as confidential as possible. Only the researchers Jackson Makgato and Dr. Phetlhu will have access to your study records. Anonymity will be maintained in any reports or publications resulting from the study.

D. BENEFITS

There will be no direct benefit to you from participating in this study. Your participation will help the researchers in identifying and exploring the challenges faced by grandparents in caring for HIV/AIDS orphans.

E. COSTS

Your participation in this study is free of charge or cost.

F. PAYMENT

You will receive no payment for your participation.

G. QUESTIONS

You are free to forward your questions or concerns regarding the research to Jackson Makgato and Dr. Phetlhu.

H. CONSENT

You will be given a copy of this consent to keep.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY

You are free to decline to participate in this study, or withdraw or stop participation at any time without any consequences or penalty. Your decision to participate or not to participate in this study will not have influence on both your present and future status.

.....
Date

.....
Signature of study participant

.....
Date

.....
Signature of person obtaining consent

APPENDIX E

SEMI STRUCTURED SCHEDULE / GUIDE

1. What are challenges faced by the grandparents in caring for AIDS orphans in Koster?
2. How can the needs of the grandparents be made?

APPENDIX F

FIELD NOTES

Observational notes:

The participant was a 60 year-old grandparent caring for AIDS orphans. The participant was recruited by the mediator in one of the two Non Governmental Organizations

She listened attentively and participated actively during the interview. The venue was at the office of one of Non Governmental Organizations. The interview took place on a Tuesday Morning, 5th January 2010 from 8h00 until 8h40. The participant used Setswana during the interview and the interview went quiet well.

Theoretical notes:

The participant was really willing to talk and shared with the researcher her challenges in caring for AIDS orphans. She asked the researcher to clarify and explain in detail whenever she did not understand the question. She told the researcher that though she had challenges, the Non Governmental Organizations she had affiliated with assisted her with food parcels. She further said that though is not always happening, is better than nothing.

Methodological notes:

During the interview the office was private enough. The session took about 40 minutes. The participant and the researcher were sitting around a table and the atmosphere was very comfortable. People who entered the office were quiet, calm and without disturbance. Participants were well prepared for the interview.

APPENDIX G

TRANSCRIPTION OF AN INTERVIEW

- R: Morning madam, how are you?
- P: Morning sir, I am fine.
- R: I am going to call you Mrs. "S". I have explained earlier that in research we make sure that participant's names are hidden.
- R: What are the challenges you face in caring for AIDS orphans.
- P: Challenges that I face is that the boy works for a construction company. It is a piece job. He dropped-out at grade 7 and the other one dropped -out at grade 8. The other one's name is Oratile and is 6 years old. Oratile is the one I am still struggling with. The other one (grade 8 drop-out) I want to cancel his name from receiving social grant since well he is a drop-out. It is not wise to be a recipient of social grant for somebody who does not attend school. Tomorrow I may be to blame.
- R: May you please continue?
- P: Oratile is last born and his mother will be turning 2 years in the grave. He attends school at Hoërskool and I am responsible for his schooling. I am not a pensioner, only his grandfather receives pension grant, who is my husband. Therefore we are able to purchase porridge, wood, relish, soap and ointment.
- R: Are you coping? (Clarity)
- P: What can I say sir. I can't say I am coping; it is something I have to do. Oratile was receiving child grant but was stopped after his mother had died.
- R: What are other challenges in caring for AIDS orphans?
- P: It is difficult for me more so that he (Oratile) is supposed to go to school and I don't know how I going to pay school fees!
- R: Okay. You don't know how are you going to pay? (Follow up question)
- P: The money his grandfather receives from social development can only afford to cover groceries (soap & porridge).
- R: What else can you say?
- P: The others (drop-outs grade 7 & 8) take care of themselves however it is my responsibility to care for the last born (Oratile) who is 6 years old.

R: What about support? Do you have a support system in raising the child?

P: I have no alternative but rather bound to care for him.

R: How would you like your needs in caring for orphans to be met?

P: I am asking for his money (social grant to be released). Only when I start receiving I will be able to pay for his school fees and school in general.

R: Okay, yes.

P: And food. He (Oratile) is HIV/AIDS positive.

R: How do you assist him in his AIDS condition?

P: I ensure that he gets his treatment.

R: How?

P: Only when they (Health practitioner) have given me a date, I take him to the clinic to collect his treatment (HAART).

R: How else would you like your needs to be met?

P: He has not yet received social grant from social development in town (Koster). Again, I ask for groceries.

R: Okay, thanks for your time.