



UNIVERSITY OF
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**AN EXPLORATION OF EXPERIENCES OF ELDERLY
WOMEN CARING FOR NON-BIOLOGICAL CHILDREN
WITHOUT A STATUTORY MANDATE: MNQUMA LOCAL
MUNICIPALITY, EASTERN CAPE**

By

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30 January 2025

DECLARATION

I, Mandisa Thundzi, hereby declare that:

1. This study represents my own original work, except where otherwise explicitly stated and duly acknowledged.
2. This work has not been previously submitted for any degree or qualification at any other university.
3. All sources of information, including data, images, and other materials used in this study have been appropriately cited and acknowledged.

Mandisa Thundzi



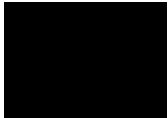
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Project Supervisor

30 January 2025

Date

ABSTRACT

In many African cultures, childrearing is a collective responsibility. Extended family members, particularly elderly women, have traditionally played a significant role in nurturing and raising children. This practice is deeply rooted in African values like *Ubuntu*, which emphasizes interconnectedness, compassion, and collective well-being. Rapid urbanization, poverty, HIV/AIDS, and other social challenges have disrupted traditional family structures. This has resulted in an increase in the number of children who require alternative care arrangements. Guided by the *Ubuntu* and resilience theories, this qualitative study explores the experiences of elderly African women in the Mnquma Local Municipality, Eastern Cape, who are caring for non-biological children without a statutory mandate. The research investigates the motivations, challenges, and support systems utilized by these elderly African women and establishes the recommendations that they attach to address their challenges. The study employed an interpretivist paradigm and thematic analysis to analyse the data that was collected through semi-structured interviews with women aged 60–80 years.

Findings reveal that cultural values, community-driven caregiving, and a sense of moral obligation drive their commitment despite significant socio-economic and health-related challenges. The research highlights the urgent need for policy recognition, inclusion, and support for informal care systems to improve the well-being of both elderly African women and children. These insights contribute to the broader discourse on indigenous caregiving practices, offering culturally sensitive recommendations for social work and policy reforms. By understanding the experiences of these elderly African women, implicated parties can develop more effective and culturally sensitive interventions to support the well-being of both non-biological children and the elderly in African communities. This study was conducted using a qualitative approach and two sampling methods: purposive and snowball sampling.

Key terms: Elderly African women, Caregiving, Experiences, Statutory Mandate

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Finally, I acknowledge the profound philosophical concept of *Ubuntu*, which underscores the interconnectedness of humanity and the importance of collective well-being. It is my sincere hope that this research contributes to a deeper understanding and appreciation of the intricate and multifaceted realities of informal caregiving within our communities.

DEDICATION

This dissertation is dedicated to my younger self, a testament to the unwavering belief in one's own potential. Despite facing numerous obstacles, perseverance and a commitment to personal growth have led to this achievement. This work serves as evidence of the resilience and adaptability necessary to overcome challenges and achieve one's aspirations. The ability to navigate uncertainty and embrace fear as a motivator has proven instrumental in navigating academic pursuits. This dedication acknowledges the courage to disregard self-doubt and embrace a growth mindset, ultimately demonstrating the power of self-belief in overcoming adversity.

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LIST OF ACRONYMS/ABBREVIATIONS

ECSECC	Eastern Cape Socio Economic Consultative Council
CYCC	Child and Youth Care Centre
GBV	Gender-Based Violence
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
US	United States
UNAIDS	United Nations Programme on HIV/AIDS
OVCs	Orphans and Vulnerable Children

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CHAPTER 1: INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 CONTEXTUAL BACKGROUND

Elders frequently serve as primary caregivers to numerous children within many households (Dolbin-MacNab, Jarrott, Moore, O'Hora, Vrugt & Erasmus, 2015, p. 2182). In a South African context, this role often includes taking care of children that they are related to and those that this study coins as 'non-biological children', implying children who are not biologically related to them (Dolbin-MacNab et al., 2015). The latter is the result of a myriad of occurrences that leave several children in need of care and protection, such as incarceration, death of biological parents, child neglect, child abandonment, teenage pregnancy, and substance abuse, inter alia (Sooryamoorthy & Makhoba, 2016, p. 310). While the practice of taking care of non-biological children may appear extraordinary to the Western world, it is deeply rooted in the African philosophy of *Ubuntu*. This concept is encapsulated in the proverb, '*umntu ngumntu ngabantu*' which translates to '*I am because we are*' or '*it takes a village to raise a child*', emphasising the collective responsibility of child-rearing within the African cultural context (Emmerentia, Janetta & Victoria, 2022, p. 240). This practice is equivalent to a statutory process called adoption; however, taking care of non-biological children is commonly carried out through an auspice of indigenous values, especially in African communities and in rural villages. From generation to generation, it has been a cultural practice to entrust elderly people with children's development and growth with the belief that they will imbue wisdom and culture with them (Tsamaase, Harkness & Super, 2020, p. 94).

In Western countries, the socially accepted and normative approach to child-rearing typically centres on the nuclear family, with biological parents playing a primary role (Brown, Rangel-Pacheco, Kennedy, & Kamwanyah, 2020, p. 174). In contexts such as in the United States of America, elders may assume caregiving responsibilities for non-biological children when biological parents are unable to do so due to issues such as substance abuse, child abuse, child neglect or incarceration (Dolbin-Macnab, 2006; Mtshali, 2016, p. 76). Conversely, within the African context, a predominant factor necessitating such caregiving is the HIV/AIDS endemic (Mohale, 2013, p. 2). For example, in 2002, 18% of South Africans aged 15 to 49 were diagnosed with HIV/AIDS (Mtshali, 2016). In 2018 alone, approximately 71 000 South Africans succumbed to HIV/AIDS-related illnesses, leaving many children

orphaned as a result of the death of their biological parents (UNAIDS, 2019). By 2022, it was estimated that around 2 500 000 South Africans in the 15 to 49 age group were living with HIV/AIDS (UNAIDS, 2023). This public health crisis has placed an additional caregiving burden on South African elders, who increasingly assume the responsibility of raising the next generation. This phenomenon is further exacerbated by the fact that elders often outlive their adult children, creating a unique dynamic in caregiving responsibilities (Mohale, 2013, p. 4).

In the Eastern Cape province, where this study is based, approximately 85 154 individuals succumbed to HIV/AIDS-related illnesses in 2021 (Statistics South Africa, 2022). Socioeconomic factors have been identified as significant contributors to this issue. Notably, Eastern Cape province recorded the highest unemployment rate in the country, reaching 47.1% in the second quarter of 2021 (Eastern Cape Socio Economic Consultative Council [ECSECC], 2021). Unemployment, which exacerbates migration and child neglect, particularly among young people, is considered a major driver of the phenomenon of elderly African women caring for non-relative children (Lannoy et al., 2020, p. 116). Biological parents often migrate to urban areas in search of employment opportunities, leaving children in the care of elderly people (Mlambo, 2018, p. 64). A study conducted by Dolbin-Macnab et al. (2016) revealed that elderly women demonstrate considerable resilience and assume primary responsibility for the care of children who lack alternative support, particularly in rural communities.

It is widely acknowledged that it is in the best interest of every child to be raised by a parent within a family setting, whether within or outside the statutory system and regardless of whether the caregiver is biologically related or unless circumstances such as unavailability of a parent or caregiver prevent this arrangement (Masha & Botha, 2021, p. 500). However, it is important to recognise that the elders who assume caregiving responsibilities may experience significant emotional distress while fulfilling this role or taking on this additional burden (Sooryamoorthy & Mkhoba, 2016, p. 317).

In rural African contexts, many elders provide care for children through private, informal, or formal arrangements, often without statutory intervention or mandate (Louw, 2017, p. 459). This raises an important question: *What are the experiences of elderly African women caring for non-biological children without a statutory mandate?* As a result, this study explores their lived experiences.

1.2. MOTIVATION AND RATIONALE FOR CONDUCTING THE STUDY

The researcher, a qualified and registered social worker, has professional experience working with children in need of care and protection as well as their caregivers within a child protection organisation based in Mnquma Local Municipality (April 2018 - March 2020). During this period, the researcher frequently encountered elderly African women raising and caring for children whom they were not biologically related to. These caregiving arrangements were often private and conducted without formal involvement from courts or social workers. Upon informal inquiry, during that practice era, numerous reasons for this were revealed, including a lack of knowledge about available social services and challenges in obtaining required documentation for accessing formal support, such as foster care or adoption.

This observation prompted the researcher to explore a central question: *What are the experiences and perceptions of these elderly African women as they navigate this caregiving journey?* Consequently, this study undertook to pursue a comprehensive assessment of the experiences of elderly African women caring for non-biological children without a statutory mandate in Mnquma local municipality, Eastern Cape South Africa. Understanding the significance of this caregiving role was vital to appreciating its impact on these elderly women and also advancing the discourse of decolonial social work. Notably, the researcher is no longer practicing social work in this jurisdiction, ensuring that no prior relationships or emotional attachments existed with participants that could have compromised the objectivity of the study or unduly influenced the participants' responses.

Sooryamooth and Mkhoba (2016) argue that elderly individuals caring for non-biological children often do so not out of surplus energy and enthusiasm but rather due to moral and cultural obligations, particularly in response to evident neglect or lack of care these children face. While this caregiving role may include some positive aspects and experiences, it is also likely to involve significant challenges. Similarly, Dolbin-Macnab et al. (2016) highlight the necessity for grandmothers raising children to develop resilience. Their study on resilience among South African grandmothers raising grandchildren includes a poignant statement from one participant: *"I can't and won't kick them out of my house because they have nowhere else to go and no one else to help them"* (Dolbin-Macnab et al., 2016, p. 2200). This statement is particularly profound, underscoring the weight of communal obligation that these caregivers bear, regardless of the difficulties involved. It encapsulates the selfless commitment inherent in this caregiving role, reflecting a sense of duty that extends beyond individual capacity or circumstances.

Aligned with the assertion by Kaushik and Walsh (2019, p. 9) that social work practice should be rooted in methodologically sound research evidence, conducting an exploratory

study on elderly African women caring for non-biological children in the absence of legal obligations presents a valuable scholarly contribution on the discourse of Africanising and/or decolonising social work practice through evidence-based research on issues that relates to African values. Conducted by a social work practitioner [the researcher], this study's motivation is underpinned by its potential for meaningfully engaging and illuminating underexplored aspects of South African rural society. This study delved into a caregiving practice that resonates deeply with an IsiXhosa proverb, "*kuthatha ilali ukukhulisa umntwana*" (it takes a village to raise a child). Despite the cultural significance of the practices of rural African people, a substantial knowledge gap persists regarding the lived experiences of elderly African caregivers in the context of this study.

This exploratory study attempts to shed light on the motivations of elderly people, the challenges they face, and the informal support systems they utilise. This knowledge is vital for informing future interventions and policy development. By understanding these community-driven caregiving ways, this study anticipates that social workers can advocate for better support structures for both caregivers and children within the Eastern Cape and beyond and potentially influence national policy. Ultimately, this may strengthen social work practice by moving beyond assumptions and grounding it in the realities of these caregiving dynamics, especially within a rural African context. This allows for culturally sensitive and more effective interventions that uphold the spirit of *Ubuntu* (humanity), which is central to South African social values.

The rationale of this study is also fuelled by its potential to contribute to strengthening social work practice by moving beyond statutory positionality and socio-legal assumptions while anchoring it in the lived realities of caregiving dynamics, particularly within a rural African context. Moreover, it enables the design of culturally sensitive and effective interventions that embody the ethos of *Ubuntu* (humanity), a core value of South African society. Dolbin-Macnab et al. (2016) emphasise the prevalence of caregiving among grandmothers, highlighting the resilience they have had to develop in response.

This study was conducted to address the aforementioned reasons, aiming to gain insights through an exploration of elderly African women's experiences in caring for non-biological children. The above was achieved through one-on-one, in-depth interviews conducted by the researcher with all participants. The findings are intended to inform policymakers and other relevant stakeholders, facilitating the review of existing policies related to this phenomenon and addressing identified gaps. Furthermore, the study seeks to highlight and advocate for the inclusion and recognition of informal, private, and community-based social support systems.

While Chapter 2 provides further details on the literature available, a review of various sources revealed an absence of an academic definition for the term non-biological child/children, including within the Constitution and the Children's Act. As outlined in a later section of this chapter, for the purposes of this study, *non-biological children* are defined as children cared for by elderly African women who are neither biologically related to them nor legally tied to them. According to the Children's Act No. 38 of 2005, a *child* is defined as a person under the age of 18, while a *biological child* refers to one who is blood-related or connected by birth. These caregiving arrangements, often grounded in cultural notions of extended family and the principle of *Ubuntu* (humanity) (van Breda, 2019), fall outside the legal frameworks established in the Children's Act of 2005, which primarily addresses foster care, guardianship, and adoption.

1.3. PROBLEM STATEMENT

There has been a rapid increase in the number of elders caring for both related and non-related children in South Africa (Stats SA, 2022). Several studies have explored the various circumstances that contribute to this growth, as well as the different care systems in place for children in need of care, protection, or alternative care, the likes of Dolbin-Macnab (2006); Mohale (2013); Sooryamoothy and Makhoba (2016) and Onalu, Ramsey-Soroghaye and Okah (2023, p. 112). However, limited research has focused on the experiences of elders in rural villages, specifically within the Mquma municipal area, who take on the responsibility of providing full-time care for non-biological children in their later years.

Under normal circumstances, an elder should be cared for at this stage in their life instead of assuming a caring responsibility to children (Littrell, Murphy, Kuwenda, & Macintyre, 2012; Walker, 2022). However, elderly people continue to find themselves having to assume this additional responsibility. The phenomenon is more prevalent in the Eastern Cape province, especially in rural villages (Kang'ethe, Mugedya, & Nomngcoyiya, 2022, p. 296). The 2023 child protection week report shows a significant growth in the number of children who were in need of care and protection between 2021 and 2023, particularly in the Eastern Cape Province (Department of Social Development, 2023).

Furthermore, assuming this responsibility on a full-time basis and without any support from state authorities adversely affects the health and well-being of some of these elders (Kang'ethe, 2019). This additional responsibility introduces various challenges to elders. For example, the values and parenting styles that were effective and relevant when elders raised their biological children are no longer relevant in contemporary contexts (Schultz & Shirindi 2019, p. 360). Moreover, most elders have not engaged in active parenting for an extended period. Consequently, taking on the responsibility of caring for children, particularly infants or

adolescents, within the current South African context poses significant challenges (Brange, 2018; Rubin, 2013). These elders are also not equipped enough for this role as they should be, and they should employ appropriate disciplinary approaches suited to the modern generation (Brunissen, Rapoport, Fruitman, & Adesman, 2020). Thus, the issues and challenges they currently encounter cannot be effectively addressed using the same approaches that were employed when raising their adult children, as these strategies are no longer relevant (Gulacti, 2021, p. 297; Schultz & Shirindi, 2019, p. 360).

While documented cases, such as those mentioned above, exist, it is equally important to acknowledge the presence of similar undocumented cases. These often occur in rural villages and are not recorded because they happen without any statutory intervention, thus informally, privately and/or independent of the state. This is a result of various factors, such as a lack of information and poor service delivery in accordance with the subject matter (Kosec & Wantchekon, 2020). It seems because of poor service delivery and lack of statutory services in these rural villages, and these elderly African women come up with their own Indigenous remedies for solving this problem. Being an impediment as it is, the aforementioned is caused by issues such as the social workers' excessive workloads as a result of a shortage of the staff, working under difficult conditions where they are faced with resources scarcity, and time constraint which prohibits them from performing tasks such as marketing alternative care services and implementation of prevention services as it stands (Truter, & Fouché, 2019).

Elderly women in Mnquma Local Municipality, Eastern Cape, are increasingly assuming the responsibility of caring for non-biological children without legal recognition or formal support. The absence of a statutory mandate restricts their access to social grants, such as foster care grant, and essential services, resulting in financial strain and emotional distress. Furthermore, there is a lack of research specifically examining the experiences of elderly caregivers in rural villages, particularly within the Mnquma municipal area, who provide full-time care for non-biological children in their later years.

Their challenges and difficulties may be highlighted, but how they personally perceive and experience this journey has not yet been discovered or significantly assessed and explored. Knowing their experiences is crucial for social service providers and policy makers as it will help to raise awareness in accordance with elders' needs or required support as they are carrying out this responsibility outside the statutory system.

1.4. AIM, OBJECTIVES AND RESEARCH QUESTIONS

The main aim of this study is to explore the experiences of elderly African women who are caring for non-biological children without a statutory mandate at Mnquma Local Municipality in the Eastern Cape.

1.4.1. Research Objectives

- a) To explore the reasons for elderly African women in Mnquma Local Municipality to care for non-biological children without statutory mandate.
- b) To explore the challenges faced by elderly African women in Mnquma Local Municipality when they are caring for non-biological children without a statutory mandate.
- c) To understand the support systems that elderly African women utilise when caring for non-biological children without a statutory mandate.
- d) To offer/establish recommendations by elderly African women that can help to address challenges when caring for non-biological children without a statutory mandate in Mnquma Local Municipality.

1.4.2. Research questions

The main question for this study is, what are the experiences of elderly African women caring for non-biological children, without a statutory, at Mnquma Local Municipality in the Eastern Cape?

Sub-questions

- a) What are the reasons for elderly African women in the Mnquma Local Municipality care for non-biological children without statutory intervention?
- b) What are the challenges faced by elderly African women in Mnquma Local Municipality when they are caring for non-biological children?
- c) What are the support systems that elderly African women utilise when caring for non-biological children?
- d) What can be done to address challenges faced by elderly African women when caring for non-biological children in Mnquma Local Municipality?

1.5. LOCATION OF THE STUDY

This study explored the experiences of elderly African women from selected rural villages at Mnquma Local Municipality in the Eastern Cape, namely Xhaxhashimba and Khobodi A/A. These villages are very close to each other, and they are merely separated by a paddle called "*emfuleni*" or "*ebrijini*".

From the field observation of the researcher, it was notable that most people residing there are older adults (grandmothers and grandfathers) with their daughters-in-law (the wives of their older sons who have migrated to the cities for employment). The last group that forms a larger population is children and/or grandchildren. Elderly people in this area make up a population estimated to be 25,5%, and children from 0-14, about 69,6 % all combined (Statistics South Africa, 2023; Annual Report, 2023).

The houses in both these villages were observed to be formal structures, built with blocks, roofed with corrugated iron sheets and/or thatched with grass. Most of them being rondavels and four-cornered structures or rooms. There are no informal settlements that the researcher made during her tenure as a researcher and prior as a practitioner in this area. Typically, in this area, the only structure that might be next to or similar to a shack is that small one that is used as a chicken coop. Residents would refer to it as "*ihoki*" or "*ibhangalo*" or "*umkhukhu wenkukhu*". Thus, "Wendy house" is specifically designed to raise and store chickens/birds.

Previous research has revealed that, in this area, there is limited access to or poor service delivery in these villages because of the distance between the business centre District (CBD) and these residential areas (Rulashe, & Ijeoma, 2022). Most households fetch water from the river, then the advantaged minority have water tanks and public taps (Macanda, 2014). People travel for almost 50 kilometres to get to town, travelling in uncertified public transport modes such as vans or bakkies, which they refer to as "oquqa" the so-called "bakkie sector" (Republic of South Africa, 2007). As a result of the aforesaid, there is no tar road, but only the gravel road that is not adequately maintained. Consequently, cars cannot get to some parts of these villages, especially when it is raining or when the roads are wet, this is an experience that the researcher felt first-hand during data collection. People have to get off cars far away from their homes and carry their groceries in their heads, in wheelbarrows and at times with donkeys "animal carts" (ibid). As far as these villages are from the city or town, there is however cases of crime reported from time-to-time. The most prevalent crime in these villages is livestock theft (Pasiwe, et al., 2021, p. 154). Figure 1 below displays the geographical map of Mquma Local Municipality.

Fig. 1 Map of Mquma Local Municipality



Adapted from: Government of South Africa (2020)

In this selected location of the study (Xhaxhashimba and Khobodi A/A), there are gatekeepers in both these villages, who are traditional community/local leaders; they are called "inkosi" (chiefs) and "Oosibonda" (headmen). These are people that the researcher had to approach first to request permission to conduct research in the villages of their people. A gatekeeper is an individual entrusted with formal or informal authority or power to give approval to an outsider to enter a certain community, research group and/or site (De Vos, 2011). It is crucial to note that there is one "inkosi" (A Chief, Traditional Leader) for both these villages, but a different "Oosibonda" (headman) according to the "ingingqi" (demarcation) of each area "ilali/sixeko". Oosibonda (headman) work as an intermediary between the people and "inkosi". No one goes straight to the "inkosi" has not met with the "usibonda" of their "ingingqi/sixeko" (demarcated settlement or location).

1.6. SIGNIFICANCE OF THE STUDY

The study provided a platform for the voices of elderly African women in rural villages to be heard concerning the phenomenon under investigation. It also makes a significant contribution to the body of knowledge by addressing the existing gaps where informal care is concerned, particularly the need for recognizing the phenomenon or concept of 'Indigenous adoption'. Furthermore, it offers recommendations on how social welfare services in South Africa can support elders caring for non-biological children, thereby alleviating stress and anxiety.

In terms of policy contribution, the study highlights critical gaps, such as the omissions in the Children's Act, including the lack of recognition of informal care arrangements and the failure to acknowledge the existence of 'indigenous adoption practices' in African rural villages. Additionally, the exclusion of private or informal caregivers from the support systems designed for individuals caring for vulnerable children is identified as a significant issue. This gap poses challenges for elderly African women, who are often left to manage these responsibilities independently and without adequate support. Such circumstances are shown to lead to stress and, in some cases, mental health-related issues.

Lastly, the researcher intends to use the findings of this study to raise awareness among policymakers and social service providers relating to elders' support needs since they are caring for children outside the statutory system. Moreover, these findings will be worthwhile in determining the ways in which child protection services can be enhanced in the villages for both children and caregivers (elders) and support systems in place. It is further anticipated to influence policymakers upon reviewing existing or formulating new policies in connection with elders caring for non-biological children on child protection, family preservation, and older person's needs.

1.7. SUMMARY OF RESEARCH METHODOLOGY

This section provides a summary of the research methodology, with a fuller account provided in Chapter 3. Research methodology refers to processes, tools, and procedures that the researcher will utilise to collect data to achieve the study's aim and objectives (Babbie & Mouton, 2008). Under research methodology, research paradigms, research approach, research design, data collection tools, data analyses approach, trustworthiness, and ethical considerations are discussed.

1.7.1. Research Paradigm

The researcher adopted the interpretivist paradigm for this study. According to Babbie and Mouton (2008, p. 53), interpretivism is a theoretical approach that seeks to understand and interpret human behaviours, actions, and experiences rather than focusing on explaining and predicting realities. The interest of this study was to understand the experiences of elderly African women caring for non-biological children without statutory intervention, to assess how they make meaning of the phenomenon, and to understand what is perceived to be a reality to them. Reality is a socially constructed phenomenon because human senses and perceptions are always involved.

1.7.2. Research Approach

This study aimed to explore the experiences of elderly African women caring for non-biological children without statutory intervention, to examine how they make sense of this phenomenon, and to understand their perceived realities. Reality is regarded as a socially constructed phenomenon shaped by human senses and perceptions. This exploration was conducted using a qualitative research approach.

1.7.3. Sampling Overview

Sampling refers to a process of selecting a subset of the subjects (sample) to represent the entire population in a study (Daniel, 2011, p. 132). A sample is a small number of people from a big group, which shares common values or experience about the same phenomenon (Babbie, 2011).

1.7.3.1. Sampling techniques

There are many different types of sampling strategies; however, for the purpose of the study, the researcher adopted two methods: purposive and snowball sampling. These are considered relevant for this study; below is a description of how these techniques were utilised.

1.7.3.2. Purposive Sampling

The researcher had intended to purposefully select a minimum of 10 participants, but ultimately got 8 participants, due to dynamics explained in Chapter 3, who possessed the most common and prominent characteristics that helped to respond to research objectives. This is informed by what De Vos et al. (2011) and Babbie and Mouton (2008, p. 166) who posit about the process of purposive sampling, which is choosing a sample purposely because it possesses features that are of interest for a particular study.

The selected participants were ranging between the age of 60 to 80 years. It was only Xhosa-speaking elderly African females/women who are caring or have cared for non-biological children for over 1 year. The above criteria gave rich data in terms of the Xhosa culture or '*Amasiko ne Zithethe zakwa Xhosa*' as far as raising children is concerned since the Eastern Cape is a Xhosa dominated area. It was for both girls and boys, from as young as 0 months until 17 years of age. For the purpose of this study, grandparents, children in foster care, kinship and adoption were excluded because they are covered in the statutory system.

1.7.3.3. Snowballing: A supplementary method

According to Babbie and Mouton, (2008) a snowball sampling technique can be described as a referring process, in that one participant will refer the researcher to other potential participants. To ensure that data saturation is reached, the researcher also employed the

snowballing technique to combat the limited access to other participants. After identifying relevant participants, the researcher asked them to refer her to other elderly people who are caring for children in this manner. For instance, after engaging with the first participant and established that the elderly person qualified according to the sampling criteria and were willing to participant in the study, the researcher then asked them if they had any friends or neighbours that they knew of or can refer the researcher to. The researcher repeated this process until no new participants were identified, however, this did not exclude own scouting at the same time, until there were no more participants available.

1.7.4. Summary of sampling techniques

The researcher collected data from elderly African women who are raising non-biological children without court orders or state involvement. While there are various sampling strategies, the researcher employed two methods for the purpose of this study: purposive and snowball sampling. These techniques were deemed particularly relevant to the study's objectives. Below is a description of how each of these techniques was utilized.

1.7.5. Summary of Data Collection

For this study, the researcher employed face-to-face semi-structured interviews with each participant. This enabled the researcher to obtain in-depth knowledge of their lived experiences. A data collection tool was set up for this process (see appendices C and D). Semi-structured interviews enabled the researcher to develop a set of probes based on each objective of this study and have interview themes (Bell & Waters, 2014). The researcher ensured that the questions asked were carefully constructed to avoid any sense of rudeness and disrespect and were all asked in their native language, which is isiXhosa.

1.7.6. Summary of Data Analysis

The researcher utilised the thematic analysis method to identify, analyse and report themes found in the data (Braun & Clarke, 2009, 79). According to Braun and Clarke (2009, p. 78), "thematic analysis is seen as a fundamental method for qualitative analysis". This tool was strategically selected as it was perceived relevant for the study in that it reports participants' experiences, meanings, and realities.

1.8. THEORETICAL FRAMEWORK

The researcher adopted two theories, *Ubuntu* Theory and Resilience Theory, to serve as the basis for the values and principles used to comprehend the experiences of elderly African women who are caring for non-biological children in rural villages, herein referred to as participants. Selecting both *Ubuntu* and resilience theories allows the research to paint a richer picture of the experiences of participants carrying out the informal kinship care models

within their communities. Using both theories fosters a nuanced understanding of the cultural context, community strengths, individual coping mechanisms, and potential vulnerabilities at play.

1.8.1. Ubuntu theory

Within the theoretical framework of this study, *Ubuntu* theory plays a pivotal role. Originating from Southern Africa, *Ubuntu* emphasises interconnectedness, compassion, and shared responsibility within a community (Makhanya & Mzinyane, 2023). "*Ubuntu* refers to a set of values and principles that black African people regard as an indication that reflects humanness/humanity" (Mugumbate & Chereni, 2020, p. 2; van Breda, 2019, p. 440). *Ubuntu* grants countenance to profound convictions of an African value that pronounces a person's sense of self is rooted in connection and in unity with others "*umntu ngumntu ngabantu*" which translates as 'a person is a person through other people', or I am because we are' (van Breda, 2019, P. 440; Bhana, 2010).

Although there are debates about whether *Ubuntu* is a theory, philosophy or value, the theorisation of this concept has, nonetheless, gained momentum in social work literature (Makhanya & Mzinyane, 2023; Mugumbate & Chereni, 2020; van Breda, 2019). In their discussions of mapping the necessity of *Ubuntu* in the social work practice, van Breda (2019) contends that there has been development in acknowledging *Ubuntu* as a theory in order for the social work practice and services to make sense to the practitioners and the recipients of social services. The following assertions made in these studies elucidate the use of *Ubuntu* as a theory: "In essence, to use *Ubuntu* is to decolonize social work" (Mugumbate and Chereni, 2020, p. 11) and Dziro and Rufurwokuda (2013) cited in Mugumbate and Chereni (2020, p. 8) "called for *Ubuntu* as a replacement of western values that are used in children's homes in Zimbabwe and many other African communities".

Ramose (2002) is in congruence with debates of *Ubuntu* being recognised as a theory, and he posits that *Ubuntu* significantly looks at social work practice through indigenous lenses. In support of this, scholars such as Leonard, Ananias, and Sharley (2022) contend that *Ubuntu* theory is a significant theory that comes up with an approach deepening into decolonizing the social work practices and indigenising it, particularly when one looks at ways to decolonise the social work practice and services within the African context. However, past these debates, in their study, Mugumbate and Chereni (2020) finally declare *Ubuntu* as a theory. In their discussion, Mugumbate and Chereni (2020, p. 6) argue that "*Ubuntu* has emerged as the overarching theory that describes African social work". Deducing from these arguments, it has then alluded that it is appropriate for schools of social work across the continent to integrate *Ubuntu* into their programs and for the social work service practitioners

to adopt this theory in their practice in order to make social work meaningful to the world it is directed into (the recipients of social services) (Makhanya & Mzinyane, 2024; Mugumbate & Chereni, 2020, p. 5; Ngubane & Makua, 2021). Lastly, Makhanya and Mzinyane (2023, p. 180) aver that “Some South African scholars emphasize the importance of popularizing *Ubuntu* in African social work education”.

The above assertions emanate from beliefs that colonially inspired social work practice divided and made some communities to live in fear of each other in the absence of harmony or unity as before (Ramose, 2002; van Breda, 2019). In trying to restore *Ubuntu*, South African government adopted it as a core principle in the democratic dispensation, and it is now highlighted in the White Paper for Social Welfare 1997 as one of the principles that should be utilized within the developmental welfare approach (Republic of South Africa, 1997). For example, the issues of respect, value and dignity for persons “courtesy” have become important values prescribed by the Batho Pele principles that guide public service workers, including social workers to administer public service delivery safeguarding exposing vulnerable groups to harm (Mugumbate, & Nyanguru, 2013). Currently, *Ubuntu* is recognised as a theory that significantly looks at social work through the indigenous lenses and an approach looking into decolonising the social work practices (Mugumbate & Chereni, 2020; Ramose, 2002; Mupedziswa, Rankopo, & Mwansa, 2019; Mugumbate, & Nyanguru, 2013).

In essence, it is crucial to note that lately scholars, do not only look at *Ubuntu* as a philosophy that describes and understand the ways of life within the African context, but also a theory (see Mugumbate & Nyanguru, 2013) that comes with a guide and framework for social workers to administer social work services in an indigenous manner that will encourage inclusion of communities in their development, which is equivalent to consultation in terms of the Batho Pele principles (Mupedziswa et al., 2019; Republic of South Africa, 1997). There seems to be a congruence of the above from other authors as well. For instance, van Breda (2019, p. 439) is of the opinion that “the African construct ‘*Ubuntu*’ has garnered increasing recognition in academic literature over the past years, arguably as part of a broader move towards foregrounding African constructions of the world and unravelling the legacy of colonialism”.

Ubuntu theory is founded on several principles, such as the importance of family or groups, respect for elders, and embracing higher or divine power. It dates back to old times when communities were characterised by humanness and selflessness (Mugumbate & Chereni, 2020; Sekudu, 2019).

The study adopted two principles: (a) "the importance of family", which entails that the elders in the villages emphasise family, which is why they tend to raise children that they are not

even related to (Sekudu, 2019); (b) "the embrace of the divine or higher power", the Africans in the villages are proven to strongly believe in divinity or higher power (Mathabane, 2017 cited in Sekudu, 2019; van Breda, 2019). This theory aligns seamlessly with core social work values like respect for human dignity and the importance of relationships (Makhanya & Mzinyane, 2023; Mzinyane & Makhanya, 2025). By adopting an *Ubuntu* lens, the research moved beyond individualistic approaches, it recognised the social and cultural context of clients' experiences (ibid). For example, deepening into the equitable and distribution of resources and promotion of social justice (Mugumbate & Chereni, 2020). Furthermore, *Ubuntu* encourages a strengths perspective, empowering individuals and communities to draw upon their inherent resources to overcome challenges.

1.8.1.1. The importance of family, and of groups: *Ubuntu* theory perspective

Scholars such as Ramose (2002); Sekudu (2019) and Mugumbate and Chereni (2020) posit that in communities where *Ubuntu* is highly regarded, there is a prevalence of what is considered an African proverb which says '*Umntu ngumntu ngabantu*', which translates as 'a person is a person through other people' or 'I am because we are' (Bhana, 2020). The aforesaid has been over the years influencing the mutual sense of responsibility for childcare among people in the African context because it translates to the proverb which states, "*kuthatha ilali ukukhulisa umntwana*" which means 'it takes a village to raise a child', i.e., the extended family and the community at large (Makiwane & Kaunda 2018). This can better align with the family preservation principle stipulated by the Children's Act 38 of 2005. It is evident therefore, that communities are able to live in harmony with the understanding that each community member belongs, is governed and intertwined by the value of *Ubuntu* and each need support and embrace even children (Leonard, et al., 2022). Community members play an active role to ensure adequate contributions to the well-being of each other through sharing, caring, and protecting those in need.

As much as *Ubuntu* is currently recognised as a theory that significantly looks at social work through the indigenous lenses, it is also an approach looking into decolonising social work practices (Ramose, 2002; Sekudu, (2019); van Breda,2019). As well as some Scholars mentioning that *Ubuntu* dates back to old times, where communities, especially in African villages were characterised by humanness, selflessness and caring for one another (ibid). *Ubuntu*, however, has been previously deconstructed and disrupted due to colonisation of communities in the African context (Sekudu, 2019). The colonially inspired divide and rule made some communities live in fear of each other in the absence of harmony or unity as opposed to how they used to before (Ramose, 2002). In trying to restore *Ubuntu*, the South African government adopted it as a core principle in the democratic dispensation, and it is

now highlighted in the White Paper for Social Welfare as one of the principles that should be utilised within the developmental welfare approach (Republic of South Africa, 1997).

Despite these efforts, there seem to be relenting gaps in the extent to which the welfare services are administered, particularly those that are directed to this specific group in terms of their inclusion in the support and systems in place to even acknowledge their existence and contribution to child protection. Weiss-Gal et al. (2014) refer to such missing links as heightened sensitivity to power imbalances between social workers and service users. They not only highlight the above but are also of the opinion that this can be challenged by challenging the social workers to acknowledge and restrict the power gap between them and service beneficiaries, who are the participants in this case (ibid).

This, however, does not mean that social workers do respect the elderly African women caring for children who are not biologically theirs in an informal manner as they should to all humankind, but it brings forward the gaps in the delivery of services (Moloto et al., 2020). Lastly, it means breaking the barriers between quality service delivery and the service beneficiaries, thus, the elderly women in rural villages, because this is a challenge faced by the elders in villages, particularly in the African context (Weiss-Gal et al., 2014).

1.8.1.2. Embrace higher or divine power

On the other hand, there is what's called an embrace of the divine or a higher power among African people (Mathabane, 2017). In the African rural villages, most people are proven to strongly believe in divinity, beliefs such as culture or ancestors and faith (ibid). These beliefs, regardless of their legitimacy, come with an understanding that people's lives are guided by a higher power (ibid). Mathabane (2017) further posits that people go as far as believing that, at times, they will be subjected to situations where they have to help those in need just to unlock their blessings if they do that with a diligent heart.

For instance, elderly women in rural villages care for non-biological children who are in need of care, doing this voluntarily and independently of the involvement of the state, as a consequence of the belief that a child is a blessing from God or higher power (ancestors), and therefore, providing care to a God's blessing means a blessing to the person who provides care in turn (Sekudu, 2019; Dziro & Rufurwokuda, 2013). *Ubuntu* theory epitomizes compassion and care for others, which is what elderly African women in Mngquma local Municipality are driven by in assuming this caring role for non-biological children without a statutory mandate.

Like any other theory, *Ubuntu* does, however, not come without gaps or critiques. One of the weaknesses of *Ubuntu* theory is that it seems to be focusing more on people's lived

experiences in terms of their ways of living and how they relate with each other (societal norms and standards) (Matolino, & Kwindigwi, 2013). There is a missing link in terms of extensively mapping out the capacity of people to come up with creative indigenous ways of overcoming life stressors and adversities independently. Particularly the population that the study was targeting. The aforesaid, then, justifies the necessity of incorporating Resilience as the second (2nd) theory that underpins this study. Below is a complete discussion of the Resilience theory.

The researcher believes that *Ubuntu* plays a significant role in informing the decision-making process (about caring for non-biological children), while Resilience theory looks at the process of dealing with and overcoming challenges and adversities encountered by the participants while raising non-biological children after making the decision.

1.8.2. Resilience Theory

In addition to *Ubuntu* theory, resilience theory offers another valuable lens for understanding informal kinship care arrangements. This study is also informed by resilience theory. Resilience theory focuses on the capacity of individuals, families, and communities to navigate adversity, adapt to challenges, and even emerge stronger from difficult experiences (van Breda, 2001). This perspective aligns with the exploration of informal kinship care models utilised by the participants. Resilience is a process of being able to adapt positively within the context of adversity/hardships (van Breda, 2001). It emerges when an individual survives difficult situations and triumphs over challenges (Nkosi, Mthembu, Ramphabana & Mlotshwa, 2025). In this study, the resilience perspective focused on understanding how elders cope with and recover from significant stressful events, challenges, and difficulties that come with the additional responsibility of caring for non-biological children in their old age. Thus, their "what" and "how".

van Breda (2001) avers that resilience theory has brought about a shift in the social workspace in that the approaches that are used are steadily gravitating away from deficit but more towards strength and triumph. He further alludes that it enforces skills and knowledge of overcoming daily challenges, it is an ongoing developing fund of energy and skills that can be used in current struggles" (van Breda, 2001, p. 5).

According to Van Breda (2019) resilience theory has two approaches: The pathogenic approach and the Salutogenic approach. The pathogenic approach focuses on the health and illnesses of people and their origins. The researcher based this study on the Salutogenic approach, focusing on people's psychosocial and holistic well-being (ibid). Thus, family resilience is important, as well as the social support system and individual resilience (ibid). The researcher utilised the Resilience theory to understand the experiences of the elders

who have been carrying out this responsibility. As well as to assess what influences their commitment to caring for non-biological children despite the challenges they encounter.

1.8.2.1. Salutogenic Approach within the Resilience Theory

van Breda, (2001) states that this approach (the origins of health) looks at the skills, abilities and Indigenous knowledge that people acquire over time as they face challenges from to time and use to bounce back from such adversities. It looks at resilience from different levels and with principles, such as children's resilience, family resilience, individual resilience and so forth (ibid). In order to understand the experiences of these participants better and avoid generalising, the focus was on individual resilience.

➤ Individual resilience manifests itself in a variety of ways, as detailed below:

- Dispositional pattern

This refers to a person's physical sense of self-worth that becomes a driving force for their resilience to stressors in life, as well as their ego and self-perception. Schleider and Schroder (2018, p. 2) state that "Instinctively and from an early age, humans rely on guiding beliefs to make sense of the social world". The participants' ability to produce positive sentiments and feelings in the midst of adversities is what demonstrates the above phenomenon.

- Relational patterns

A person's role in the community and their relationship with others around them. This then implies that, an individual who can cope well with adversities and life stressors is more likely to "enjoy both intimate bonds and a wider social circle, express empathy and compassion to others' misfortune" (Feldman, 2020, p. 132).

- Situational patterns

This refers to the ability to evaluate the problem and come up with creative ways to address, respond to and/or solve such problems (van Breda, 2001). In trying to understand and interpret the participants' indigenous ways of coping with and addressing their problems and stressors, the researcher observed this pattern. In support of the above, Kroshus, Hawrilenko, & Browning (2021, p. 2) posit that situational patterns look at the individual's ability of "accepting and psychologically flexible responses to suffering, setbacks and situation-related emotions".

- Philosophical pattern

One's outlook on life, including beliefs and culture, e.g., self-development, is important. The choice of this theory did not pre-empt all these participants from encountering challenges that require them to be resilient because that would not have appreciated the reality that

there are those who are experiencing pure joy and no challenges in the process of providing care to these non-biological children.

1.9. STRUCTURE OF THE DISSERTATION

This section contains the dissertation outline for each chapter that is covered. This is a crucial component to have in order to give the reader a clear blueprint of the dissertation, and it is shown as follows:

- **Chapter One:** This chapter provides a contextual background introduction, problem statement, summary of methodology, and a theoretical framework that underpins this study.
- **Chapter Two:** This is a literature review with a particular focus on the context of caregiving both in South Africa and in other parts of the world.
- **Chapter Three:** This chapter presents the research methodology. Thus, the study goal and approach, as well as the design and technique used, are well discussed in this chapter.
- **Chapter Four:** This chapter includes research findings and an analysis of participants' reasons for caring for children in the absence of a statutory mandate.
- **Chapter Five:** This is a continuation of the research findings and analysis, with an emphasis on findings related to the challenges, support systems, and expected aspirations.
- **Chapter Six:** This final chapter presents the conclusion and recommendations based on the findings that emerged from the study.

1.10. CHAPTER CONCLUSION

In conclusion, this chapter has provided a comprehensive introduction to the study, outlining the context, objectives, and theoretical framework that guide the research. The study focuses on the experiences of elderly African women who are raising non-biological children in rural villages, a practice rooted in the principles of *Ubuntu* and resilience. The adoption of *Ubuntu* theory allows for a nuanced understanding of the interconnectedness, compassion, and shared responsibility that characterise caregiving in African communities. Additionally, the incorporation of resilience theory highlights the capacity of these women to overcome challenges and adapt to adversity as they care for children without formal state involvement. Using purposive and snowball sampling techniques, the study aims to explore the informal kinship care models that these women employ and the factors influencing their commitment to caregiving despite the challenges they face. *Ubuntu* theory provides insight into the cultural context and communal values that underpin caregiving practices, while resilience

theory allows for an exploration of how the elderly women cope with and recover from the stresses associated with raising non-biological children. In the next chapter, the literature review will further explore the phenomenon of caregiving, focusing on relevant research in South Africa and globally, to provide a deeper understanding of the complexities surrounding informal kinship care.

CHAPTER TWO: LITERATURE REVIEW

2.1. INTRODUCTION

This chapter focuses on academic and statutory literature related to the subject of this study. To locate this study within the broader discourse, this chapter goes beyond the expanse of the Eastern Cape. Sources reviewed include peer-reviewed journals, book chapters, books, and other official documents. In doing this, the researcher attempted to show and synthesize different debates advanced by the leading scholars on the topic being explored.

The chapter attempts to review trends globally and within the South African context on the topic of alternative care of children. It also discusses factors that lead to alternative care being executed by grandmothers or elderly women. It goes further to explore the current dynamics that affect the lives of elderly African women and the non-biological children that they would care for. The chapter deliberates, as a final stroke, the strengths and limitations of the statutory options for alternative care in South Africa and beyond the globe. The statutory mandates considered include foster care, adoption, cluster foster care, and inter alia. The aim is to highlight the legally available options and the inherent arguments of authors about the dynamics of accessibility to these options to the elderly in rural villages and what seems to be the perception of the elderly about such options.

2.2. GLOBAL OVERVIEW OF ALTERNATIVE CARE: ELDERERS AT THE CENTRE OF CARING FOR CHILDREN

Alternative care and alternative parenting of children is a global phenomenon, and there has been a significant increase in the number of elders caring for children globally (Gerrand, 2017). Seepamore (2015, p. 571) argues that "the value and significance of the family are evident in communities throughout the world both as a building block of society and as a space for the provision of emotional, physical and collective social support for its members". In countries such as the United Kingdom (UK) and the United States of America (USA), research shows that elders or grandparents often provide care to biological children because of the biological parent's inability to do so, either because of substance abuse, child abuse, child neglect and parent's incarceration (Harman, Cappellini, & Webster, 2022, p. 39; Dolbin-Macnab, 2006).

The Western arrangement of alternative care is often driven by kinship, relations or statutory obligations if children are not related to alternative caregivers, which is not the case in an African context (ibid). In Africa, the major cause among many is HIV/AIDS, which leads to a need for alternative care (Simmonds et al., 2021, p. 2; Mohale, 2013). Notwithstanding the observed decrease in new HIV/AIDS infections, mortality rates attributed to AIDS-related illnesses persist, resulting in a significant increase in the number of orphaned children who require care from alternative caregivers (Simmonds, Parry, Abdullah, Burnhams, & Christofides, 2021, p. 3). For instance, in 2018 alone, about 71 000 South Africans between the ages of 15-49 died from HIV/AIDS, and that left many children orphaned because their biological parent(s) died from HIV/AIDS (UNAIDS, 2019). This sets an additional responsibility of care on South African elders to raise the next generation of children because elders are increasingly outliving their adult children (Kunst, 2021, p. 5; Mohale, 2013, p. 11).

There is a similarity that can be drawn between South Africa and the United States of America (U.S.A), for instance within African American communities, according to Brown (2016) children are noted to have been reliant more on kinship and other social networks for care when their biological mothers are busy with other commitments such as work. Additionally, a similar trend has been observed in the continent of Africa, where children were watched over by grandmothers, uncles, and aunties (Sooryamoorthy & Makhoba, 2016; Duff, 2011). This trend is a consequence of various occurrences and factors, including the neoliberalist values of society, which often force primary caregivers to substitute themselves due to work demands (Seepamore, 2016). "Families are thus involuntarily split when their dependents are left behind in the care of others" (Seepamore, 2016, p. 571).

This means the neoliberal conditions (concentration on work) of both the global North and the South are significantly impacting child-rearing processes and family structure (see Seepamore, 2016). The increase in the number of children in need of alternative care because of the above-mentioned contributing factors has caused policymakers to spread the protection interventions worldwide over the years to ensure that every vulnerable child is protected and cared for (Mohale, 2013). The protective layer was aimed to ensure that each child possessed a stable and nurturing environment, regardless of whether this was provided by biological parents or within a nuclear family (Fortune, 2016).

It is essential to also note that as a result of the aforementioned factors, globally, elderly women have become significant in providing care for both their own and other children, leveraging their extensive maternal experience and inherent nurturing instincts (Duff, 2011; Petchkovsky, 2020). In contrast, Saito (2017) argues that caregiving must be regarded as a

universal activity, irrespective of gender or age. Regardless of the above disagreement, it is without any controversy that women, particularly elderly African women, still form a significant population of caregivers as a result of various circumstances (Sooryamoorthy & Makhoba, 2016). For instance, in Uganda, elderly women play key roles in fostering decisions as potential foster parents, advisers, mediators, and gatekeepers in families and in the community as a whole (Kasedde, Doyle, Seeley & Ross, 2014). In support, Seepamore (2016, p. 577) avers that “caregiving remains a predominantly feminised function all over the world, even when the father is present in the household”. Even here in South Africa, “family law has never officially adopted the ‘*Tender Years Presumption*,’ which holds that very young children are better off with their mothers”. Women continue to be responsible for rearing. Lobaka (2024, p. 178) argued that even “through the principles of common law and statute, it is the mother who is almost always granted custody, and the father denied a relationship with his children”.

The above is, however, contrary to what is happening in some Asian countries because “in Chinese societies, fathers are more involved in child-rearing and warmer to their children than their predecessors” (Li, 2020, p.150). Globally, elderly women form a bigger primary caregiving population for many children as a result of various factors (Negrini do Nascimento, da Silva & Antunes, 2018).

In recent years, scholars have given a detailed outline of the correlation between elderly people and childcare in societies (Rabe, 2017). The childcare and protection service providers have been mainly placing children under the care of elderly people, for instance, foster care and kinship (ibid). This process has left a considerable gap in terms of recognizing, including and/or mentioning those elderly African women who are caring for children without being statutory mandated.

Owing to the prevalence of children in need of care in South Africa, the responsibility of childcare has fallen mostly on the elders (De Wet, 2019; Strydom, Schiller & Orme, 2020;). To confirm the commonality of this phenomenon, Botticini, Eckstein and Vaturi (2019) reveal that, even in Jewish countries such as Poland, Austria, and Germany, the responsibility of childcare has also broadened so much that it is not the responsibility of only professional caregivers but extends over to religious institutions and the communities at large (Botticini, Eckstein & Vaturi, 2019). This is similar to the South African context; some religions have a solidarity department that takes care of orphaned children and elderly people within their churches.

However, the phenomenon of caring for children is not only driven by religion but also by poor service delivery, especially in remote areas such as rural villages (Moloto, Mkhomazi, &

Worku, 2020). Yancura (2017) argues that there are myriads of reasons that lead elderly women to become primary caregivers, such as extreme poverty, substance abuse, child neglect, HIV/AIDS, and migration of biological parents.

Moreover, in South Africa, it is highly likely to find elders in various households caring for children who are not their own (non-biological) and/or not related to them (Mtshali, 2016). Considering the abovementioned, the Department of Social Development (2020) revealed that between 2019 and 2020, in the Eastern Cape province, about 2 890 children were found to be in need of care and were placed in foster care. The question would then be, *how many cases (of children in need of care) fall outside this statistical data and, as a result, solely depend on elders for care without statutory intervention?* While this current study does not answer this question in terms of numerical aspect, it reveals the experiences of those who care for non-relative children without legal obligation and statutory intervention.

Biologically or not, the caring responsibility has the potential to be overwhelming, burdening, and of being a stressor for elderly people because it may demand more than physical availability or abilities (Wang & Mutchler, 2020). In essence, childcare and/or child-rearing require emotional availability, physical presence, and financial provision. This responsibility can have different dynamics in instances where such responsibility is assumed beyond a legal obligation.

Furthermore, childcare and/or child-rearing has the potential to provide some sense of gratification and fulfilment to some people who care for children, even if it's not their biological children (Hoppe, Fritsche, & Koranyi, 2017). This has necessitated the need to explore this phenomenon within the rural villages in the Eastern Cape in South Africa.

2.3. THE GROWING RESPONSIBILITY OF ELDERS IN CHILDCARE: NON-STATUTORY, CULTURAL AND MORAL OBLIGATIONS

Many elders in the African continent and in South Africa in particular, are serving as primary caregivers to many children, and it is most likely to find elders caring for non-biological children in many households (Kang'ethe et al., 2022, p. 297; Dolbin-Macnab, et al., 2016). Kang'ethe et al., (2022) argue that some of these elderly people assume this additional responsibility, experiencing a sense of obligation, whether rooted in cultural norms or moral convictions. Yet, paradoxically, the state seems to have identified elders to be the first preference for the placement of children in the statutory system or child welfare system despite the obvious ageing challenges (Kang'ethe, et al., 2022, p. 298). The aforementioned emanates from the belief that their capacity to care for children, and sense of responsibility, especially for elderly women, is more significant (ibid). Compared to their younger

counterparts, they are more stable as primary caregivers for children in need of alternative care (Littrell et al., 2012).

In 2019 during the child protection week held in South Africa it was revealed that about three thousand five hundred (3 500) babies were found abandoned and three million five hundred thousand (3 500 000) orphaned in 2019 mostly in KwaZulu-Natal, Johannesburg and the Eastern Cape (Ebrahim & McCain, 2023). Furthermore, in 2019, at Mnquma Local Municipality in the Eastern Cape, one Child Welfare organisation reported about Forty-one (41) different cases of children in need of care and protection (Child Welfare Butterworth Database 2019/2020). It was children from the ages of 0 to 15 years of age, who were in need of care and protection (ibid). These figures signify a nationwide escalation in the number of children requiring care and protection within South Africa, consequently placing an increased burden on the elderly.

2.4. FACTORS THAT LEAD TO ELDERS CARING FOR CHILDREN (RELATED OR NOT)

In South Africa, alternative care is regulated in terms of Section 143, Section 150, and Section 155 of the Children's Act 38 of 2005 (2008), which promotes the principle of family preservation, alternative statutory placements, and procedures of handling such placements. The Children's Act 38 of 2005 which classifies this procedure as a statutory measure. Often, children are placed with elderly women.

Mohale (2013) argues that the increasing number of children in need of care and protection and the number of children in the statutory system in South Africa have shifted focus to these children's rights and justice. However, it neglects an equally significant phenomenon, which is given little attention, if any at all, such as children and caregivers who are not in the statutory system (ibid). Statutory intervention, a formalized approach implemented by child protection agencies and welfare service providers, aims to provide care for vulnerable children through various placement options, including foster care and kinship care. However, there are elderly who provide care to children in an informal arrangement (Larry, 2003). Thus, they care for the children without any involvement of the state authorities.

Scholars such as Dolbin-Macnab, (2006); Settles, Zhao, Mncimi, Rich, Pierre, and Odour (2009); Sooryamoothy; Mohale (2013) and Makhoba (2016) were all contented that there are elderly women who are caring for non-biological children, both with and without statutory intervention. These scholars further asserted that there is a large number of elders who are caring for children with no evident means of support, yet they play a pivotal role in these children's lives and communities. However, what does not appear to have been captured are the experiences and dynamics that come with this additional responsibility on elderly women

who are carrying out this role independently of the state. Having a full responsibility of being a parent to young children has the potential of being a burden and stressor to elders, especially because they are no longer as physically active and strong as they used to be (Wang & Mutchler, 2020, p. 2477; Kang'ethe et al., 2022).

Several factors contribute to elderly individuals in rural communities providing care for non-biological children without a statutory mandate. These factors include, but are not limited to, HIV/AIDS-related illnesses and mortality, substance abuse, child neglect and abandonment, limited access to social services, unemployment, poverty, and parental migration. The forthcoming discussion will explore how these factors necessitate elderly women to assume the role of caregiving to non-biological children.

2.4.1. HIV/AIDS-related illnesses and death of biological parents

HIV/AIDS constitutes a global pandemic, not merely an African epidemic, it claimed an estimated 68% of lives from the time it started to be harsh, which was 2004 until 2021 (World Health Organization, 2022). This amounts to 40.1 million people. In 2021, 650,000 people died from HIV-related diseases globally. As global as this pandemic is, Africa is still leading in both infections and deaths, with 420 000 people dying because of HIV/AIDS-related diseases in 2021 (World Health Organization, 2022).

HIV/AIDS is wreaking havoc in South Africa as it is leaving children vulnerable, orphaned, and in need of care (De Wet, 2019; UNAIDS, 2019). Thus, elderly people in some instances, are automatically pushed to step in and take up the caregiving responsibility (Mtshali, 2016). Tracy et al. (2021) argued that unavoidable life circumstances and the increasing human lifespan have resulted in elderly individuals outliving younger generations, leaving them as the primary caregivers. This is exacerbated by the heightened vulnerability of younger generations to HIV/AIDS due to factors such as promiscuity and alcohol-related risk-taking behaviours. This situation disproportionately impacts elderly African women in rural villages, particularly those who uphold beliefs and cultural values rooted in *Ubuntu*, which emphasize the importance of caring for and helping others in the community.

Furthermore, Kibachio and Mutie (2018) refer to matters such as patterns of caregiving within families and between generations to have been challenged and reconfigured by the HIV/AIDS epidemic. It is essential to point out that these elderly people are the key role players in contributing towards family preservation, as also stipulated in the Children's Act 38 of 2005 (2008) (Fluke, Corwin, Hollinshead, & Maher, 2016). Acknowledging the existence and contribution of elderly women in caregiving would influence their inclusion in the system and policies. This would have to be consistent with their cultural and indigenous ways of

living. It can be argued that these reconfigurations changed what used to be normal practices, especially on cultural aspects within Black/African communities, and seemingly rendered them irrelevant. Thus, the younger generation providing care for elders, particularly grandmothers, is increasingly becoming impossible due to them being ill because of HIV/AIDS (Capous-Desyllas, Perez, & Missari, 2020; Kogan, Brody, Chen, & DiClemente, 2011). It can be argued that “crime, substance abuse, and risky sexual behaviours seem to persist in South Africa partially due to the unemployment problem” (Zizzamia, 2020, p. 331).

2.4.2. Unemployment, Poverty, and Migration of Biological Parents

Extreme poverty encompasses a significant factor driving elderly individuals to assume caregiving responsibility for non-biological children (Alvira & Tangwe, 2019). Among Black communities, it is estimated that about 46,7% of households live in poverty (Statistics South Africa, 2019). In South Africa, unemployment is glaringly high, particularly among the youth (Molefe, 2020). The statistics reveal that there has been a 1.8% increase from 27.2% in the second quarter of 2018 to 29 % in the second quarter of 2019 (Statistics South Africa, 2020), and this has increased by 47.1% in the second quarter of 2021 (ECSESS, 2021). In 2024, the unemployment rate stands at 32.4% (Statistics South Africa, 2024). This “statistical evidence indicates that South African youth is the most vulnerable group in the labour market” (Mseleku, 2022, p. 331) and it simply narrates just how unemployment of South African youth contributes to poverty and, in some cases, forces parents to migrate from rural to urban areas or even migrate to other countries, leaving their children in need of care (Mosoetsa, 2011; De Lannoy, Graham, Patel, & Leibbrandt, (2020). One of the primary contributors to youth unemployment is a deficiency in relevant skills and professional experience (Zizzamia, 2020).

More so, Zizzamia (2020) and Mseleku (2022) pointed out that labour market inequalities are one of the contributing factors to unemployment in South Africa. Thus, “disparities in opportunities that characterize individual fortunes in the labour market, in turn, reflect deep-rooted structural inequalities in South Africa, and such inequalities necessitate the need for caring for children” (Zizzamia, 2020, p. 1). This “statistical evidence indicates that South African youth is the most vulnerable group in the labour market” (Mseleku, 2022, p. 331).

Subsequently, biological parents migrate to the cities for job opportunities, resulting in children being raised by grandparents and some even by elderly women outside of the biological lineage (Mlambo, 2018; Moesetsa, 2011). “Parenting children from a distance through a substitute caregiver has become normalised in South Africa mainly as a result of migrant labour, which has reconfigured the notions of family and parenting” (Seepamore, 2016. p. 572). Mtshali (2016) reported that post-apartheid South Africa has had a significant

increase in the number of young females who migrate from rural areas to small towns and big cities in search of employment. He further states that these women leave their children behind in the elders' care, who then assume the responsibility of child-rearing (ibid). This observation concurs with the assertion of Walker and Mathebula (2020), who noted that there are young women who leave rural villages to look for employment in cities, leaving their children with other children. In certain cases, biological parents abruptly depart from the villages without prior notification, necessitating elderly women to assume the responsibility of caring for their children (Willis, Clayton, & Gupta, 2023). In other instances, biological parents leave their children in the care of their elderly people, especially where there is an arrangement that they will be away for many years, and some never return home even after the death of the elderly people they had left their children with (Mtshali, 2016; Wang & Xu, 2021). It is then in situations such as these where friends of the deceased's grandparents would take over the children because they are left without care, and their biological mothers are out of reach. Thus, it is common for Black children in rural villages to have intensive daily contact with elderly people who are neither their parents nor relatives and solely dependent on them for care (Wang & Xu, 2021).

2.4.3. Substance Abuse as Contributing Factors to Elders Caring for Children

Several studies concurred that there is an irrefutable link between substance abuse and child maltreatment (Dunn, Tarter, Mezzich, Vanyukov, Kirisci, & Kirillova, 2002; Cammack, Gazmararian, & Suglia, 2020). It is clear that "alcoholic behaviours of parents considerably result in child abuse and neglect due to children's dependence for care and support" Jose & Cherayi, (2020, p. 6). Globally, substance abuse has been identified as another factor that contributes to the need for alternative care for children (ibid). Grim and Grim (2019) revealed that substance abuse is a global crisis. For instance, according to Grim and Grim (2019), the USA is in an acute state of crisis as far as drug and substance abuse is concerned. In the case of the USA, only in the year 2018, about 63.3% of people were abusing alcohol (ibid). In 2020, it was established that about 50.0% of these were young people from as young as 12 years up to 18, and they were classified as binge drinkers (National Survey of Drug Use & Health, 2020). The prevalence of substance abuse has a direct effect on the inability of biological parents to take care of their children (Grim & Grim, 2019).

Comparable to African countries, the prevalence of alcohol abuse increases at an average rate of 5.9% every year, which also contributes to occasional deaths resulting from recklessness and excessive drinking (World Health Organisation, 2022). South Africa precisely "has been identified as a hard-drinking country, about 40.6% of the population are current drinkers, with about 25% of the current drinkers engaging in heavy episodic drinking"

(Mafa, Makhubele, Ananias, Chilwalo, Matlakala, Rapholo, & Freeman, 2019, p. 93). The Eastern Cape province is not immune to the aforementioned crisis (Lentoor, 2017). This means the absence of biological relatives, especially biological parents, is linked to substance abuse and growing alcoholism.

More so, substance abuse, which includes alcoholism, has also been identified as a cause of reckless living among teenagers, unwanted pregnancies by both adults and teenagers and that are associated with child abandonment and neglect, leaving elders with the additional responsibility of caring for children (Lentoor, 2017; Manyawu, 2023). Furthermore, school dropouts are especially common in poor communities and in rural villages of the Eastern Cape (Oyelana, 2020). Hence, substance abuse is by far regarded as one of the leading risk factors that result in elders assuming the caring responsibility for children because their biological parents are alcoholics who cannot care for their own children (Schultz & Shirindi, 2019). Scholars such as Avdibegoviü & Brkiü (2020, p. 338), pointed out that there are “studies that have found that problems of parents' mental health, the abuse of alcohol and psychoactive substances, the antisocial and criminal behaviour of parents, the somatic problems of parents and the experience of abuse in childhood are associated with neglect of children.”

Moreover, those who engage in substance abuse often continue these behaviours even after childbirth, which results in child neglect and abandonment. This occurs when the demands of parenthood become incompatible with their ongoing substance use, hindering their ability to fulfil their parental responsibilities (Avdibegoviü & Brkiü, 2020). This would then trigger a motherly instinct in elderly African women to step in and provide care to such vulnerable children (Dolbin-MacNab & Yancura, 2017). The above means that the effects of substance abuse subject several children to severe neglect, abuse and abandonment, as elaborated in the section below.

2.4.4. Child Neglect and Abandonment

Children across the globe are neglected and abandoned by their parents who are involved in various things such migration, substance abuse, mental health, teenage pregnancy and so on, resulting in elders assuming the responsibility of caring for children who in some cases, are non-biological. “Child neglect is different from other forms of abuse because it refers to omissions or negligence in meeting the basic needs of a child” (Avdibegoviü & Brkiü, 2020, p. 337). Child neglect is currently common throughout the world, and it is regarded as child abuse (Kobulsky, Dubowitz & Xu, 2020). It can be argued that “child abuse and neglect are a well-established problem worldwide, but their extent is unknown” (Walsh, Eggins, Hine, Mathews, Kenny, Howard, & Vagenas, 2022, p.9). Meinck, Cluver, Boyes and Loening-

Voysey (2016) aver that South Africa has a high rate of child neglect and abandonment, resulting in 3 500 unwanted and deserted babies every year (Law For All Group, 2024), which equally contributes to elderly African women finding themselves in positions of being full-time mothers all over again.

Factors that may lead to a requirement for alternative care or placement of children are diverse. Even after all the aforementioned factors have been identified as causes for children left in need of care and end up being cared for by non-biological parents, there is, however, a missing link in the literature available around this area. Thus, whenever there is a mention of elderly women caring for children, this only refers to those that are known to the state as a result of statutory mandate and/or the placement of children to them. Not much is said about those elderly women who assume the caring responsibility without the involvement of the state. A question would then come to one's mind: *is it because their existence is not known, or is there a deliberate process of paying no heed to this particular population?*

Additionally, South Africa has reported an increase of neglected and abandoned children as a result of factors such as substance abuse (Schiller & Orme, 2020). In the Eastern Cape province between the years 2019-2020, about 2 890 children were found in need of care and protection because they were abandoned and neglected (Social Development, 2020).

A child whose biological parent is not available to provide care for him or her is in need of alternative care (Hoyniak, Quiñones-Camacho, Camacho, Chin, Williams, Wakschlag, & Perlman, 2021). Therefore, childcare welfare institutions are responsible for ensuring that these children are protected and cared for (Nnama-Okechukwu, Anazonwu & Okoye, 2018). This could be accomplished by placing a child in a place of safety, a child and youth care centre (CYCC), under kinship and/or foster care, which is regarded as a legal obligation or a statutory intervention method or measure (Strydom et al., 2020). Even though child protection is supposed to be assigned to registered practitioners, it is, however, difficult to pay no heed to the glaring reality that there are those children who are being cared for and raised by elders without any legal obligation, statutory mandate or formal arrangements and they raise them as their own biological children (Louw, 2017).

As opposed to the previous times when other family members were stepping in as a form of support and babysitting, it is even more prevalent nowadays because the majority of children are independently raised by elders (Dolbin-Macnab et al., 2015; Sooryamoorthy & Makhoba, 2016; Nadasen, 2017). Caring for children independently means that they carry out this responsibility without a statutory mandate or involvement of authorities (Sidloyi & Bomela, 2016; Muruthi, Dolbin-MacNab & Jarrott, 2021).

Although scholars such as Sooryamoorthy and Makhoba (2016) and Schultz and Shirindi (2019) state reasons that are critical and less desirable for the occurrence of the above, Gutura and Ntombela (2019) suggest that certain elderly women uphold humanity, which aligns with *Ubuntu*. In that, they mainly assume this additional responsibility as God's calling or purpose in their lives. This includes helping those who cannot help themselves, being used by God and being rewarded at the end of it (ibid). This includes children because they are believed to be a blessing from God (ibid).

Ubuntu, as a philosophy, is recognised as an African social ethic or philosophy that has elements such as human dignity, harmony among communities, justice, and mutual caring, and the embrace of the divine or higher power (Leonard, Ananias, & Sharley, 2022). Whereas Leonard et al. (2022) posit that it is believed to demonstrate the indigenous way of living among African communities.

Moreover, it is evident that in rural African villages, people are proven to strongly believe in divinity, beliefs such as culture or ancestors, and faith (Mathabane, 2017). These beliefs, regardless of their 'legitimacy', come with an understanding that people's lives are guided by a higher power in living their lives and making decisions. Mathabane (2017) further posits that people go as far as believing that, at times, they will be subjected to situations where they have to help those in need just to unlock their blessings if they do what they ought to do.

A significant number of elderly women provide care for children without formal statutory intervention/mandate, which encompasses involvement from authorities such as social workers, court magistrates, or other child protection officials. This phenomenon arises from various factors, with limited access to social services constituting a primary contributing factor. The following section deliberates on what seems to be the specific barriers that relevant authorities encounter in the delivery of social services.

2.4.5. Barriers to Social Service Delivery by Authorities

There are some barriers to what is supposed to be a service delivery by authorities that push elders to end up caring for children without their involvement. In South Africa, elderly women carry out this responsibility on their own because of inadequacy and poor service delivery (Schenck, 2019). In congruence with this statement, Moloto et al. (2020) and Gray, Kreitzer, and Mupedziswa (2014) refer to these barriers as a failure of the system, poor service delivery, shortage of resources and irrelevant codes of ethics that are not in line with African cultures and people's needs.

The irrelevance of ethics to cultures undermines the truth that many caregivers are elderly women who have indigenous ways of doing things and have no knowledge of what services

from the government are available for them as carers (Mogorosi & Thabede, 2018). Therefore, these elderly women end up falling into the category of inequality and social injustice (Lee & Blitz, 2016; Dolbin-MacNab & Yancura, 2018;). Scholars such as Dorling (2015), Mzimela (2019), and Body et al. (2021) contend that the services that are available to the public, especially this category of people, are not well marketed to the village communities and indigenous people (Moloto et al., 2020). This absence of awareness of services is in contrary to what Batho Pele principles stand for, which is what Moloto et al. (2020, p. 645) allude to be “the core about understanding that the needs and the expectations of citizens are met, respecting the dignity of South Africans as well as acknowledging their rights”.

Therefore, some of the challenges associated with caring for children without statutory intervention may be attributed to the lack of sufficient information or knowledge of the support systems and resources and poor marketing of these services, if there are any (Mendoza, Fruhauf, & MacPhee, 2020, p. 15). Particularly in rural villages, there is a struggle to obtain necessary documentation relating to biological parents (Schultz & Shirindi, 2019). Notwithstanding the above, there are other factors contributing to these shortcomings. For instance, the shortage of social workers has exacerbated the situation as the available social workers are facing extremely excessive workloads, backlogs, lack of resources, and so forth (Dlamini and Sewpaul, 2015; Truter and Fouche, 2019).

Therefore, in light of the aforementioned, to some extent, the responsibility of caring for vulnerable children is by default transferred to elderly African women, especially in the rural villages in the South African context, without any support from the government as well (Lee & Blitz, 2016; Mogorosi & Thabede, 2018; Turton & Schmid, 2020).

2.4.6. The Cycle of Care: When Elders Nurture the Future

Reciprocity, as embedded in *Ubuntu* philosophy, is a norm in African communities. Le Bihan and Sopadzhiyan (2019) contend that elders take care of children with the hope that one day they will take care of them in their old age. However, there is no guarantee that these elders will achieve this desired outcome because children might not be willing to provide care to them (ibid). This is an indication that care is a necessity for humans across age, gender, and race. On the other hand, Nadesen (2017) and Schultz and Shirindi (2019) are of the opinion that as a result of their feminine caring, loving, and nurturing instinct, elderly women are seen as responsible and reliable people for taking care of children, whether biological or non-biological. Hence, they often assume these responsibilities regardless of the outcome. This, therefore, is one of the things that motivate them to carry out the responsibility of caring for children, and the goal is to ensure children’s well-being (Rabe, 2017; Nadasen, 2017).

Caring for the next person is crucial to some communities, particularly in rural communities, where cultural values emphasizing collective responsibility and social interconnectedness, often embodied in the concept of *Ubuntu*, significantly influence lives. For instance, Magezi and Khlopa (2021) highlight the communal value of *Ubuntu* within communities. They argue that such values contribute to social organization and a shared way of life, structured around the principle that each individual has a responsibility to help others within their society (ibid). In these communities, everyone deserves care, especially children who have no parents available or are incapable. The above is equivalent to the African proverb that says, “*umntu ngumntu ngabantu*”, which translates as 'a person is a person through other people' (van Breda, 2019, p. 440). This is even deeper in rural villages, where it is believed that “*kuthatha ilali ukukhulisa umntwana*” which translates as ‘it takes a village to raise a child’ (Reupert, Straussner, Weimand, & Maybery, 2022, p. 2). This proverb emanates from the philosophy of *Ubuntu*, which the people of these communities still uphold (Kobese, 2016; Sekudu, 2019).

Fundamentally, care constitutes a significant aspect of human nature. It is a component that intertwines the hearts of people, fosters empathy and nurtures a sense of collective responsibility, particularly within rural communities (Sebrant & Jong, 2021).

2.5. SELF-TRANSCENDENCE CONCEPT AND CARING FOR CHILDREN

Hayslip, Fruhauf, and Fish (2021) argue that commonly explored rationales for elders raising children are predominantly attributed to external factors. They suggest that environmental influences, specifically the actions or inactions of others, are often emphasized over elders' internal motivations or choices. The above-mentioned reasons could be based on their outlook on life or their perception of what being a caregiver means, that is, the value they attach to child-rearing or caring for a child (ibid). Hoppe, Fritsche, and Koranyi (2017) suggest a label or a theory for a concept that answers ‘why’ there are children who are categorized as non-biological; they refer to it as self-transcendence. This statement states that the “effects on increased offspring striving can be generalized to non-biological offspring” (Hoppe et al., 2017, p.9). The theory suggests that as a way of leaving a name when one dies, some people may resort to raising children, regardless of biological ties (ibid). This is prompted by the awareness of the inevitability of one’s mortality, which in turn becomes a rationale for certain elderly people to resort to raising non-biological children (Hoppe et al., 2017).

Furthermore, Hoppe et al. (2017) are of the view that elderly women carry out the responsibility of child-rearing to ensure that their values transcend through to the next generation. Nonetheless, this theory makes no mention of those elderly people who take up

this responsibility motivated by a desire to help or to make a difference in a child's life, as well as those who feel culturally or morally obligated to do so (Ramose, 2014).

On the other hand, Breytenbach (2015), reveals that elders who are non-biological parents, often referred to as caregivers, normally step in and provide primary care to children whose biological parents have failed. Some of the elders who care for children internalise their parental roles such that they assimilate their relationships with these children as though they are biologically their own (Mabelane, Makofane, & Kgadima, 2019). This signifies the multifaceted dynamics associated with child-rearing as assumed by elderly women. Additionally, the reasons for the elders to assume the additional responsibility of caring for non-biological children vary from parent to parent, as well as circumstances, occurrences, and cultures and beliefs.

2.6. POSITIVE EXPERIENCES OF ELDERLY WOMEN CARING FOR NON-BIOLOGICAL CHILDREN

Although the available literature provides discussion mostly on negative reasons and factors, it provides a potentially incomplete image of the different experiences of elderly African women when assuming caregiving responsibility. For instance, the majority of findings address and highlight very little of the rewards that may accrue from assuming this caregiving responsibility, and yet "some grandparents experienced an improvement in psychological well-being related to their delight in caring for their new grandchildren and the meaningful role it gave them" (Fuller-Thomson, Serbinski, & McCormack, (2014, p. 9). In the section that follows, the researcher will explore the positive experiences of elderly African women caring for non-biological children.

Whilst the literature dwells more on the negative reasons why elderly women end up raising non-biological children (Dolbin-MacNab & Yancura, 2018; Hayslip et al., 2020), it needs not to be ignored that some children find parents based on the natural motherly instinct of some elderly women. For instance, for some elderly women, this responsibility could have, "affect the physical and emotional health of the grandparent" (Fauziningtyas, Indarwati, Alfriani, Haryanto, Ulfiana, Efendi, & Abdullah, 2019, p. 3). There is a positive effect on mood, social inclusion, and cognition in the grandparent women, who become more sensitive and compassionate to the present need of a child in need of care and protection (ibid). Consequently, some elderly African women make sacrifices for the safety and protection of the concerned child and ensure that their parenting style is effective and impactful even when it is not their biological children (Mtshali, 2016; Hayslip et al., 2020).

Furthermore, Duflos, Giraudeau and Ferrand (2020) argue that there is substantial evidence of positive well-being and successful ageing of elders who have a strong bond and emotional closeness with the children they are providing care for, particularly those whom they are not biologically related with. In disagreement with the former assertion, Wang and Mutchler (2020), contend that the caring responsibility is more of a burden and stressor than a source of gratification, especially for the elders who have finite means and reserves. While there are rewarding and challenging encounters for the elderly people when providing care to children. What continues to be missing is what the elderly say about caring for non-biological children, as the people who have first-hand experience in the afore-mentioned, particularly when raising non-biological children in their old age and independently of the statutory mandate and support.

However, studies do not explicitly recount the positive experiences of elders providing care for children to whom they are not biologically related. Therefore, this study is attempting to address that gap. Above all, it is crucial to observe and appreciate the fact that elderly women acquire some negative, positive, and rewarding experiences from assuming this responsibility. Drawing on Maslow's hierarchy of needs, these positive experiences of elderly women caring for non-biological children are explained below.

2.6.1. Emotional Satisfaction

Hopper (2020) puts forward that a human being's behaviour is never without motivation. The positive motivations for behaving in a particular way will, at some point, bring about positive or fulfilling rewards and experiences (Maslow, 1943). As it is common that elders have adult children who now live on their own, for an elderly person to then have a child or children in the house can mean having a good close relationship that contributes positively to their psychosocial life, their emotional satisfaction, sense of belonging and feeling useful as a person (Wang & Mutchler, 2020). In addition, for some elders, the caring responsibility is a source of a strong will to live longer, the ability to cope with difficulties, and resilience based on the value they attach to the caring responsibility (Fauziningtyas et al., 2019).

2.6.2. Love/belonging

The elders give love to non-biological children as they would give to their own biological children. This is based on the understanding that family should not be tied and bound by only blood but by love as well (Hopper, 2020). This can be regarded as value for the family as regulated in terms of Section 143, Section 150, and Section 155 of the Children's Act 38 of 2005 (2008). Hoyniak et al. (2021), on the other hand, posit that when elderly people love children, they love them with the hope that it might afford them a chance to experience some sense of belonging. The love given and love released between the parent and the child

creates friendship/social cohesion in a family, and therefore, the elders themselves feel the same bond of love and belonging together with those children they raise, related or not (Sá et al., 2021).

2.6.3. Self-Actualisation

In some instances, the elders obtain happiness from the relationship they have built with these children since they have already internalized them as their own even though they are not biologically theirs (Sá et al., 2021). Additionally, considering the fact that children keep these elderly people company, this has the potential to have a positive impact on the experiences of the elderly as a caregiver, whether it comes with challenges or not (Matovu, Rankin & Wallhagen, 2020). Wetzal and Hank (2020) argue that when an elder observes that a child is becoming exactly what they have been hoping for or becoming the kind of a person desired by them as a parent, that brings about positivity and fulfilment. That is when a child is reaching their full potential and excelling in most things they do. The latter has a tendency to make the parent feel proud and feeling having achieved a goal or accomplished something in life (Lindberg et al., 2019). However, there are some cases where children behave in a manner that is contrary to expectations, and this may end up causing personal dissatisfaction, personal unfulfillment, and self-alienation of the elderly who are taking care of them.

The caregivers interpret their children's achievements in a way that speaks positively to who they are as parents (ibid). This goes as far as even the community associating the child's achievements with the caregiver or the person raising the child in some way that led to such (Li, et al., 2022). Some elders attach so much value to how they are perceived and viewed in their communities. All these put them in a position to be recognized as good parents, which in turn will boost their self-esteem and enhance them to more confident in themselves just as a person and in their parenting style (Hayslip, Knight, Page, & Phillips, (2020). It is without a doubt that such occurrences can give them a sense of self-worth, and the opposite can happen if the child does not turn out the way that's pleasing to those who raised them. Be that as it may, Hayslip, et al. 2020 posit that the parenting of an elderly person is mainly infused with wisdom. In that, they focus more on bestowing wisdom on the children by means of ensuring the quality of life of the children they are caring for or raising. Failure to see this wisdom coming into fruition can speak negatively to elderly women, who perceive it as having a negative impact on their image.

2.6.4. Social Needs

The ageing process can cause feelings of insecurity and isolation from society because of different factors, such as physical challenges and responsibilities that elderly people have

(Bufell & Phillipson, 2018; Cotterell, Buffel, Nazroo, & Qualter, 2024). For that reason, some elders must build and maintain relationships between themselves and the children they are caring for (ibid). As a result of social exclusion from their peers who do not have the responsibility of caring for children, as well as the moving out or migration of their adult children, the elderly women find people to share life with from the children they are raising (Tangchonlatip, Ingersoll-Dayton, & Punpuing, 2021).

In essence, these relationships deepen even when they are physically assisting each other (ibid). They get to share their joys and sometimes even share their frustrations with their children; at times, they do it even when a child does not understand a single word they say (Sá, et al., 2021). For instance, it is common to find a child who is raised by an elderly person in rural villages, going to the garden with them, imitating everything they are doing and even having a full-blown conversation. This indicates just how deep the relationship can deepen into a friendship and how both the child and the parent find each other meaningful and special. However, it is essential to point out that all these positive experiences of raising non-biological children are also accompanied by some challenges, as elaborated below.

2.7. CHALLENGES FACED BY ELDERLY AFRICAN WOMEN

As the elderly women are caring for non-biological children, they face myriads of challenges such as physical, emotional, health, financial, communication, adolescents' development, traditional, religious and cultural practices, social exclusion, and lack of support systems (De Wet, 2019). All these challenges are explained below.

2.7.1. Physical, Emotional, and Health Challenges

Irrespective of their geographic location and socioeconomic circumstances, elders encounter several physical, emotional, and health difficulties, and some may result in stress (Phyo, Gonzalez-Chica, Stocks, Woods, Fisher, Tran, & ASPREE Study Group, 2022). Difficulties such as “reduced income after retirement, relocation and bereavement or loss of a spouse/partner” (Phyo, et al., 2022, p. 1322). These have a negative effect on the functioning of their immune system and eventually escalate to high blood pressure and other related health conditions (ibid). In that the high levels of stress in older caregivers may cause a risk factor of an earlier death (Hailey, 2011; Schultz & Shirindi, 2019; Phyo, et al., 2022). Froneman, et al. (2004) in Schultz & Shirindi (2019) highlight that the more an elder grows, the greater are the chances of them suffering from physical and cognitive impairment and becoming frail. Personal, physical, and mental health challenges may include physical handicaps, coronary heart disease, depression, and anxiety (Mohale, 2016).

However, there are different views about this additional responsibility to elderly women as some say it is a burden (Wang & Mutchler, 2020), while some say it is a stressor (De Wet (2019), and some say it is a joy and fulfilment (Duflos, Giraudeau & Ferrand, 2020), and others say it's a complex journey that encompasses a bit of both. For instance, Fauziningtyas, Indarwati, Alfriani, Haryanto, Ulfiana, Efendi and Abdullah (2019) are of the view that caring for and raising a non-biological child or children independently of the state's involvement affects elderly people physically, emotionally and their health altogether, in the sense that elderly women are at times forced to apply themselves emotionally, physically, and mentally, even when they are not in a good space to do so (ibid). The physical challenges could include the greater chances of suffering from things such as cognitive impairment, visual challenges, arthritis, and eventually becoming frail and immobile (Danielsbacka, Křenková, & Tanskanen, 2022).

A study conducted by Dunn and Wamsley (2018) revealed that in countries like the United States, elderly people who participated in the study reported having at least one chronic illness, such as arthritis, diabetes, and eyesight challenges. Stating that “the vulnerability of custodial grandparents to negative health outcomes, social isolation, and depression” (Dunn and Wamsley (2018, p. 4). South Africa is no exception to the aforementioned ailments, it has been brought forward that some of the most prevalent chronic health conditions are diabetes and arthritis (Werfalli, Kassanje, Kalula, Kowal, Phaswana-Mafuya, & Levitt, 2018). This makes it very clear that, ideally, for any fulfilling and healthy ageing, an elderly person should be freed from demanding responsibilities but instead be cared for and provided with more support. However, this ideal life seems to be distorted, especially in the African context, as most elderly people, especially women, find themselves faced with additional responsibilities instead of a break because of various reasons such as unclear and undefined protective measures specifically designed for elderly people (Peterson, 2018; Dolbin-MacNab & Yancura, 2018).

Additionally, Thomas et al. (2019, p. 2) pointed out that elderly women experience some physical challenges because of a “reduction in muscle strength and coordination of the lower extremities accompanied by decreased gait assurance and balance”, which is one of the leading factors in the risk of elders falling. However, as glaring and known as these challenges are amongst African communities, elders in rural villages continue to face challenges of having limited access to support systems that cater to their physical, emotional, and medical needs as opposed to those in urban areas (Schultz & Shirindi, 2019). There seems to be a continuation of lack or absence of appropriate systems in place for them, and yet they are burdened with responsibilities such as these (ibid).

The prevalence of these physical challenges in elderly people has the potential to cause more problems. For instance, people with painful bones experience more pain during cold seasons (Mori et al., 2019; Azzouzi & Ichchou, 2020). Because of the deterioration of their physical health, they are highly likely to suffer from diverse psychological disorders because of frustration and helplessness (de Oliveira et al., 2019). At times, they may experience extreme anxiety that is caused by worries that they are facing daily, which is triggered by activities and tasks related to caring responsibilities and the inability to step up to them (ibid). In congruence with the above, Dunn and Wamsley (2018, p. 4) posit that “grandparents face numerous challenges related to legal, financial, school-based, parenting, and family relationship issues”. This might mean that failing at a task to help the one person who is dependent on you can be disheartening (ibid). In most cases, the symptoms of disorders such as anxiety and depression will present themselves through sleep challenges (insomnia) in elders (Tatineny, Shafi, Gohar, & Bhat, 2020).

The aforementioned views draw a clear picture of how inequality in access to needed health and social care services becomes a more glaring and prevalent issue each day, particularly where elderly African Women in rural villages are concerned (Roddam, Rog & Dey, 2019). Elderly women in rural villages, in most cases, are frailer, and their mobility is impaired, with no access to services (Le Bihan & Sopadzhian, 2019). They, however, continue to find themselves in positions where they must provide care to non-biological children without any statutory mandate instead of the opposite (ibid). A typical example of these struggles could be when they cannot bath themselves because of immobility or painful joints (WHO, 2020; Adel Shaban, Mohamed, & Abo, 2022), it can never be easy to bath a child as well as get them ready for school.

2.7.2. The financial and lack of resources challenges

Elderly women in villages are less likely to be employed because of their age (Mohale, 2016; Body, et al. (2021). Those who get employment get lower wages, yet they have more financial responsibilities to keep the households running and make ends meet (Schatz, Madhavan, Gomez-Olive, Ralston, Menken, & Tollman, 2012). This makes it relatively difficult for them to afford a decent living (Dunn and Wamsley (2018). A “retiree may experience financial stress and may need to learn to live on a reduced budget, (Phyo, et al., 2022, p. 1322). The constant planning and calculating can cause anxiety and depression in the elders, whereas they should be getting support in terms of their own needs.

Furthermore, the above issue is more prevalent in developing countries and rural villages (ibid.). Within these contexts, inadequate resources the additional responsibility of caring for non-biological children can impose a significant financial burden on elderly women,

potentially exacerbating anxiety and leading to depression as a consequence of persistent financial planning and resource management (Soorymoorthy & Makhoba, 2016).

More so, Washington (1981) and Bohman (2021) concurred that childcare has numerous implications, such as emotional and financial, warmth, and nature. It, therefore, may, in turn, put significant pressure on elderly women who have finite resources (Dunn & Wamsley, 2018). Instead, elderly women should be equipped to cope well with this additional responsibility and eliminate stress and anxiety (Soorymoorthy & Makhoba, 2016).

2.7.3. Communication Patterns and Old Parenting Concerning Elderly People

Modern parenting emphasises communication of the parent's frustrations, disagreements, and disputes with the child instead of harsh punishment, such as corporal punishment (USAID 2018). Whereas in "old parenting", which is regarded as traditional parenting, parenting was based on the notion that a parent is a boss (ibid). The traditional parent-child relationship, characterized by parental authority and the child's dependence upon and deference to their parents, was emphasized. This may cause problems between children and elderly African Women because, in modern parenting, the child is his/her own person and the attention centres around them (Rosemond, 2019). For example, a child may expect verbal communication and discussion with an elder or parent rather than corporal punishment. However, some elderly caregivers may find verbal discipline challenging, as they may be more accustomed to utilizing corporal punishment (ibid.). While these potential conflicts are evident, there remains a gap in community-based parenting skills programs designed to equip older caregivers with the skills necessary to adapt to contemporary parenting approaches, thereby mitigating conflict, emotional abuse, and trauma.

Parenting is mostly influenced by attributes such as culture, beliefs, and class. Therefore, it is difficult for the elderly because of how modern life has become compared to what they are used to and know (Sooryamoorthy & Mkhoba, 2016). At times, this discrepancy in child-rearing approaches generates conflict between elderly women and the children in their care.

Furthermore, due to ageing, most elderly's health starts to deteriorate, they start to face challenges, such as loss of eyesight and hearing, which eventually affect their ability to assume daily life demands (Presacco, Simon & Anderson, 2019; Lu, et al., 2021). This means they start sharing information as separate islands, which requires one to constantly put these pieces together to make sense of what is communicated. This communication breakdown can result in conflict between the elderly caregiver and the child, as the caregiver may struggle to articulate their message effectively, and the child may simultaneously experience difficulty in comprehending the caregiver's communication (De Los Reyes, Ohannessian & Racz, 2019).

Furthermore, the communication breakdown emanates from severe conditions such as aphasia, a disorder that can impair an elderly individual's ability to formulate sentences or select appropriate vocabulary to construct coherent and logical statements. This impairment often stems from cognitive disruptions, such as loss of train of thought, resulting from brain lesions (Fabian, Bunker & Hillis, 2020). At times, elderly people may experience a thought triggered by a preceding conversation (ibid.). They may then digress, immediately addressing this new thought and abandoning the initial topic of conversation, regardless of its relative importance. Another source of conflict in terms of communication is the use of buzz words, slang, and deep vernacular words that children might struggle to comprehend; simultaneously, some children use slang that elderly women also struggle to comprehend; hence, conflict arises due to misunderstanding.

2.7.4. Adolescent Developmental Stages of Children

Meinck et al. (2016) posit that the adolescent phase is crucial in every child's development. They argue that this phase is a way of growth and transitioning from a toddler into an adolescent. Equally, it means a child is in the process of navigating, exploring life, and discovering his/her identity (Erikson, 1970). This developmental process can potentially be challenging for the old caregiver whose parenting skills seem not to be relevant to modern times, challenges, and needs (Sonia & Yadav, 2022). As a result of the aforementioned challenges, both the child and the caregiver could be frustrated because each feels misunderstood and unheard. While the caregiver strives to provide effective parenting, the child, on the other hand, seeks personal growth and development in ways they perceive as appropriate to themselves (Klein, 2022).

More so, children are more vulnerable at the adolescence stage because they are exploring, experimenting, and discovering life (ibid). Tatlıoğlu (2018, p. 6) describes adolescence as “a period of idleness versus personal identity creation”. This may mean getting involved in so many activities that may be perceived as improper by an elderly person who is raising them (Meinck et al., 2016). There are glaring traps that children fall into during this stage, activities such as peer pressure (McCoy, Dimler, Samuels, & Natsuaki, 2019). For instance, children may experiment with substances such as alcohol, smoking cigarettes, and engage in unsafe sexual activities (DuPont et al., 2018). As children become more curious, they explore and expose themselves to more danger, while carers will be desperate to ensure their safety and security (Ingersoll-Dayton, Tangchonlatip & Punpuing, 2020). As a result of the clash of interests, conflict between the child and the caregiver is highly likely to emerge and eventually cause stress to the elderly caregiver (Mastrotheodoros et al., 2020). Such

conflicts may bring about changes in a child's behaviour, which, in turn, causes frustration in the parent and leads to stress and anxiety (Ingersoll-Dayton et al., 2020).

Furthermore, the advent of technology and social media usage among adolescents may contribute to intergenerational conflict. Children engrossed in their mobile devices, for example, may engage in text messaging during conversations with caregivers, a behaviour that may be perceived as disrespectful by the elderly (Mastrotheodoros, Van Lissa, Van der Graaff, Deković, Meeus, & Branje, 2020). The use of technology and adolescents being so attached to social media is a global issue that was exacerbated by COVID-19, wherein children were forced to do more interactions, including learning online, playing games, and reaching more people using technology, yet elderly women might have none of that or limited usage of technology.

Klein (2022) avers that due to urban migration and changes in parenting dynamics, the elderly may feel insecure in carrying out caring and parenting responsibilities. This, in turn, adds pressure on them on top of what they are already going through in their parenting journey (ibid). As frustrating as the aforementioned may be, Wetzel and Hank (2020) contend that, on the other hand, during this transitioning stage (adolescence), children may gain a better understanding of their old caregivers and the ability to identify their needs so they can better support them. This can potentially make the relationship beneficial and rewarding to all of them and strengthen the relationship, superseding the challenges and adversities (Wetzel & Hank, 2020).

The available body of literature, however, focuses more on parenting interventions or programs that are promising to improve parenting in terms of reducing and preventing child maltreatment (Klein, 2022). That eventually presents gaps and failure to consider that elderly African women who are raising children need these programs for other important factors as well. Factors such as capacitation are used to align with modern parenting, which is relevant to the generation they are raising. It is also important to keep them up to speed with basic technology skills, which is one of the prevailing issues in the children they are raising (Sonia & Yadav, 2022).

2.7.5. Traditional Practices, Cultures, and Rituals Required by the Children

Culture and ethnicity are diverse globally, and it is essential to understand those diversities and practices when parents are responsible for raising and caring for children (Cox, 2018). Cultures are sets of values, beliefs, and traditions that different groups of people ascribe to and uphold, and they influence the elderly women's role in child-rearing (ibid). Due to cultural practices or traditions that inform the upbringing of a child in different contexts, countries like Asia have parts that strongly believe in elders being responsible for caring (Cox, 2018; Ng &

Wang, 2019). This is influenced by the notion that they are highly affluent and inclined to follow family traditions that need to be practised by children in their different stages of life (ibid).

In the African context, there are different practices and rituals that families ascribe to and perform for children from birth as they grow (Lila, 2022). These are either clan or community based, and they are transferred from generation to generation (Rosebthal & Marshall, 1988; Jacobs, 2011). Those that are clan-based need to be performed by a group of a clan to which the child belongs (Turner, 2018). For instance, in Southern Africa, AmaZulu has rituals such as *umhlonyane*, '*isiko*' performed to mark a young girl's transition into puberty performed by designated family members or leaders (ibid). Madlala (2021, p. 24) posits that *Umhloyane* is "umsebenzi wesiNtu owenzelwa ingane yentombazane ekhaya lapho ingena esigabeni sokuthomba" and that it is one of '*amasiko*' performed for "ukuxhumana namadlozi".

On the other hand, *amaXhosa* that is amongst *amaMpondo* has practices such as '*ingqithi*' (Diko, 2019), which is a process of amputating the last joint of the child's Pinky finger to fulfil a particular ritual, and this "is a common practice, generally with good outcomes" (Sethusa, 2021, p.1). *Ingqithi* is "typically done when a child is about two or three years old" (Bähre, 2020, p. 272). Equally, there is "*imbeleko*," which directly translates as 'carry on your back', which is a process of introducing a child to ancestors of that particular family or clan as the new member (Mtumane, 2016). Ideally, after a few days, a child is born, "the mother returns with the child to the people and a white goat is slaughtered" (Henda, 2021, p. 3). However, as a result of limited resources, these rituals end up being performed later in life (ibid). The aforementioned is best performed through the slaughtering of a goat, cutting off the child's hair, and speaking to the ancestors on their behalf (Mtumane, 2016). These cultural practices are performed at different stages of a child's development by senior family members who are aware of the indigenous ways of living, and they differ from clan to clan (Nielsen, Tomaselli & Kapitány, 2018).

The abovementioned practices are meant to serve various purposes, such as protecting children from evil spirits, keeping them from getting sick, and introducing them to their ancestors (Cox, 2018). The existence of these cultural and traditional practices has, therefore, the potential to be challenging and problematic to elderly African women who are caring for and raising non-biological children, particularly when they do not even know the child's/children's genealogy (Gerrand, 2018; Lang, 2020). Gerrand (2018) further brings forward that parents and carers who are not related to the children they are raising; chances

are they will not know what rituals to perform on a child when they demonstrate certain symptoms that indicate a need for a certain kind of *iSiko* 'ritual' to be performed on them.

These discussions illustrate some of the challenges encountered by the elderly who assume the caring responsibility independently of the child's biological family as far as culture and tradition are concerned (Nielsen et al., 2018). Within some African communities, for instance, instances occur where non-biological children under the care of their non-biological caregivers experience unexplained illnesses, persistent bed-wetting beyond developmentally appropriate ages, or recurrent nightmares (Sethusa, 2021). Some of these conditions, regardless of the legitimacy of the claims, are sometimes associated with ancestral demands. In communities where this belief system prevails, individuals with close blood ties to the child are considered the most appropriate to facilitate healing through spiritual interventions, often enacted through ritualistic practices. Consequently, when a child's biological parents or relatives are unknown, the performance of such rituals becomes problematic (Gerrand, 2018).

2.7.6. Social Exclusion/Isolation

One of the major concerns about this responsibility that elderly African women assume is the amount of time they spend providing care to children and applying themselves emotionally and physically to ensure the well-being of their children (Fauziningtyas et al., 2019). Due to the amount of time they spend, they end up being unable to keep in touch with their peers who do not have similar responsibilities (Cotterell et al., 2018). This, therefore, can potentially subject these elderly people to feelings of loneliness and worthlessness (Walsh, O'Shea & Scharf, 2020).

Scholars such as Hosegood, Floyd, Marston, Hill, McGrath, and Isingo (2007) and Sorymoorthy and Makhoba (2016) posit that as a result of loneliness, isolation, and feeling worthless, elderly people who assume caring responsibility are highly likely to be in grief. This grief can stem from a disruption of social connections, as their daily routines diverge from those of their peers who do not share similar caregiving responsibilities (ibid.). Consequently, they miss out on time to deepen their friendships, which in turn causes social exclusion, loneliness, and an inability to celebrate their lifetime and have a positive ageing experience (Sorymoorthy & Makhoba, 2016).

Larry (2003) and Tracy et al. (2021) suggest that it should be expected that elderly African women who are currently raising non-biological children are not enjoying freedom from family responsibility; instead, they feel isolated and overwhelmed in many ways. For example, some will not even be able to attend social gatherings because their children still

require full attention, and they have no one to stand up for them (Makhoba & Sorymoorthy, 2016).

2.7.7. Support Systems for Elderly Women Caring for Non-biological Children

Several factors contribute to the phenomenon of elderly women providing care to non-biological children without a statutory mandate. Schultz and Shirindi (2019) posit that elderly African women who assume caregiving responsibility require support in various ways. Scholars such as Leonard et al. (2022) brought forward that there are certain measures in place designed to support the elderly women who are caring for children, particularly those who are raising children that are not biologically their own. However, most of the elderly women who are caring for non-biological children do not know these support systems are available. Notwithstanding these pivotal highlights, there are, however, significant gaps. There seem to be hindrances and boundaries around the accessibility of these support systems, particularly in rural villages (Mendoza, Fruhauf & MacPhee, 2020).

2.7.8. Parenting and Family Capacitating Programs

Kang'ethe (2018) underscores the importance of ensuring that those who are caring for children are also protected and cared for, as it is believed across the globe that there should be well-defined and specified human rights that every one of them must be entitled to. There are measures and systems that are specifically designed for elderly people's needs, from economic, social, and cultural needs (Diego & Martin, 2003; Mbulayi & Kang'ethe, 2019). Some of these are stipulated in the White Paper for Social Welfare 1997 as one of the principles that should be utilised within the developmental welfare), such as coming up with strategies to ensure their social security and relief (Republic of South Africa, 1997) and so forth. Regardless of the multiple support systems that cater to the needs and support of elders caring for non-biological children, limited access to such systems continues to exacerbate poverty, inequality, and poor service delivery (Schultz & Shirindi, 2019).

What seems to be easier to assess are the efforts made to care for children by child protection organizations, government, policymakers, and communities (Strydom et al., 2020). For instance, there are arrangements such as kinships, foster care, and so forth, and these mostly focus on ensuring the safety of children. Thus, each caregiver is assessed and screened by a social worker in terms of compatibility and eligibility prior to the placement of each child under their care (ibid). This, in essence, seems to have a sole goal, which is to ensure that a child is safe and happy and enjoys life. As well as making sure that they make achievements in life, they make positive contributions within their communities and to achieve economic well-being and make sure that a child reaches their full potential in all

spheres of life to make sure that a child reaches their full potential in all spheres of life (Davey & Bigmore, 2009; Strydom et al., 2020).

This, however, is a shift of focus on the body of literature. Instead of extensively exploring factors such as at what cost this provision of care comes, particularly on elderly African women, as it happens in most African rural villages that the majority of children are found in need of care and protection and end up being elderly people's responsibilities. The subject rather dwells much on the protection and the needs of the children and not the needs of and the support required by the caregivers, which are elderly African women (Schatz et al., 2012; Van Niekerk & Matthias, 2019).

Buffalo and Hein (2012) and Taylor and Triegaardt (2018) are of the opinion that this shift follows after it has been established over the years that the number of children in need of care and protection is drastically growing. Therefore, the government, child protection organisations, welfare organisations, and policymakers have done a lot to ensure that adequate measures are in place for childcare (ibid). However, they have not done enough in terms of support to those who care for the children in need of care and protection. It may be argued that non-governmental organizations that specialize in child protection and are fully funded by the government serve an extended hand of the government (ibid).

However, there are limited measures available to ensure support for elderly African women who are caring for them to alleviate the stress and pressure that might come with this responsibility (Washington, 1981; Rabe, 2017). It is evident that elderly women are the ones who end up taking more responsibility in child-rearing, and they should, therefore, receive equal attention and assistance. The support systems in place are particularly designed for parents and children who are in the state system or the statutory intervention, and they exclude elderly caregivers who are assuming this responsibility independently of the state or through informal child adoption, as coined by Mondlana (2019).

More so, the elderly people, especially in rural villages, continue to be disadvantaged in terms of accessing the services and support systems they require to take proper care of vulnerable children who are under their care (Sidloyi & Bomela, 2016). The available literature seems to emphasize the importance of practitioners being knowledgeable in order to ensure the quality of service rendered to child protection whilst neglecting the importance of empowering elderly African women with the relevant knowledge and parenting skills they need in order to cope with this additional responsibility. This is especially concerning because elderly people are steadily becoming the larger population caring for vulnerable children as a result of the above-discussed factors (Gardner et al., 2020).

There is a lack of support in terms of relevant knowledge and the required skills for elderly people who are assuming caring roles for young children. Additionally, the imbalances in relationships between the state and senior citizens have the potential to cause pressure and anxiety on elderly African Women who are caring for non-biological children without statutory intervention (Dunn & Wamsley, 2018; Schultz & Shirindi, 2019). There seems to be still so much more that needs to be done in order to establish the specific measures to be put in place to ensure their protection from an overload of responsibilities.

2.7.9. Social or Community

Social connection among community members in communities is recognized as one of the factors that aid support and protection of each other (Leonard et al., 2022). Mendoza et al. (2020) posit that, in Western countries, the elders who have caring responsibility draw strength from their family members, friends, and neighbours. These coping mechanisms vary from person to person. This is also common in Africa, where social support is more prevalent in rural villages, with elders being assisted and supported by extended family members, friends, and the community with no assistance from the state (Ebimgbo, Chukwu, Onalu, & Okoye, 2019).

However, it is not clear whether the available support is sufficient or to what extent it goes, particularly for those who are carrying out the caring responsibility without a statutory mandate (Ebimgbo, et al., 2019). The aforementioned problem is predominant on the African continent, particularly in countries such as South Africa, Botswana and Angola. Makiwane and Kaunda (2018) concur with these scholars; they highlight that community members care for and support each other, and this is not only demonstrated in terms of the provision of material resources but also by companionship and emotional support. Traditionally, this way of living among Africans has always been practised and recognized as an indigenous way of maintaining harmony in the community through the *Ubuntu* principle that promotes the *'umntu ngumntu ngabantu'* African proverb, which is also a Theory that underpins this study. This is, however, not a certainty for every individual elderly African woman, especially those who are more burdened.

2.7.10. Religion/Faith and Cultural Beliefs

Human beings naturally have a set of beliefs that they uphold closely, and it is common to find people believing that there is a higher or supernatural power that regulates human behaviour across the globe (Mawlong, 2021). There are different beliefs, such as Christianity, Islam, Hinduism, and Buddhism. For instance, Christianity may be believed to help Christians when they are in need, protect them from evil, and give them strength to overcome challenges and to be more resilient (Rodríguez-Galán & Falcón, 2018). Some

elderly people solely depend on religion as their coping mechanism, support, and as a source of strength (ibid). Those who believe in Christianity will achieve this through prayer and other faith strategies (Rodríguez-Galán & Falcón, 2018). Those who believe in ancestors, for instance, will achieve this through going to '*emaxhantini/emsamo*' to '*Phahla*' which means appraising, pleading, and praying (Boaheng, 2023).

Mawlong (2021) posits that these beliefs differ from country to country, tribe to tribe, and so forth. Some of the people's behaviours are influenced by these beliefs (Ajzen & Schmidt, 2020). Some beliefs or religions say to do good, and you will be blessed or receive good in return. For example, Christians believe that "the generous soul shall be made rich, and he who waters will also be watered himself" (NKJV; Proverbs 11:25). Additionally, other beliefs, faiths or religions encourage people to do good as a way of demonstrating their love for the higher or divine power. An example is Islam, which has what is called the "golden rule" in the Quran that if one loves Allah, "do good to relatives, orphans, and the needy" (Guleryuz Erken, Francis & McKenna, 2021).

Furthermore, in countries like India, for example, Buddhism plays a significant role in empowering and strengthening the elders who are providing care to children and even enables them to be more resilient to adversities associated with caring for grandchildren (Tangchonlatip et al., 2016). Although the elderly women's religions and cultural beliefs contribute and provide positive outcomes, they, however, it can be argued that those beliefs do not always lessen the stress and the burden of caregiving responsibility (Tangchonlatip et al., 2016).

2.8. POLICY AND LEGAL FRAMEWORKS ON ALTERNATIVE CARE

In the South African context, there are several pieces of legislation and Standard Operational Procedures (SOPs) that guide the childcare and protection services, for instance, the Children's Act, No 38 of 2005, National Child Care and Protection Policy, 2019, and the Constitution of the Republic of South Africa Act 108 of 1996. These are mostly designed for vulnerable children or children in need of care and protection in the statutory care system. Statutory intervention means the specialized process/service carried out by the qualified social worker prescribed by the court of law, with the intention of improving the social functioning and well-being of an individual, family, and community (Terminology Committee for Social Work, 1995 cited by Kleijn, 2004). The processes or services include placing children in foster care, kinship, and adoption.

A legal provision for family preservation being in the best interest of the child has been made by section 28(2) of the Constitution of the Republic of South Africa in an attempt to protect

children (Children's Act 38 of 2005). However, it is not clear if elders caring for non-biological children have any provisions or support systems in place that cater to their needs and challenges while carrying out this additional responsibility.

There seems to be a lack of recognition and inclusion of informal community care, particularly elder care. The provisions made as alternative care exclude children who are in informal care and their carers thereof. When, in fact, they are such valuable resources who are contributing majorly to the family preservation principle and upholding the philosophy of *Ubuntu* within the African rural communities that says "*umntu ngu mntu ngabantu*" and "*kuthatha ilali ukukhulisa umntwana*". As much as these policies speak of the philosophy of *Ubuntu*, however, there is a missing link in that they omitted recognising and mention non-biological children and Community Social Support Systems in the context of alternative care.

Ordinarily, social workers, as designated child protection service providers, play a role in the statutory intervention and managing processes by facilitating the placement of children in alternative care, guided by policies, and acquiring court orders (Republic of South Africa, 2005). The social workers are, however, failing to market childcare and protection services to some parts of the rural villages. Hence, some elderly African women have no clue of where to go should they not be willing to carry out this additional responsibility and out of moral obligation, they take it up (ibid). This can be viewed as poor service delivery (Moloto, Mkhomazi, & Worku, 2020). In South Africa, during the Children's Amendment Bill, the Department of Social Development revealed that there is a serious staff shortage in the form of social workers, with only 17 500 social workers employed, which is 52 500 short of the 70 000 required social workers to deal with an extremely heavy workload of cases and lack of resources (Bothma, 2022; Dlamini and Sewpaul 2015; Truter and Fouche, 2019).

It is recognized that a substantial number of elders provide childcare through informal and private arrangements. Furthermore, an increasing number of elders are fostering children, as they have become the preferred placement option for state welfare agencies. The need for and importance of this study was to bring to the fore the issue of elderly women who are caring for non-biological children outside statutory within a rural context, as well as the recognition of Community Social Support Systems. The aforementioned should be considered an indigenous way of adopting, as there is limited recognition of this phenomenon in African rural villages.

2.8.1. The statutory options for alternative care in South Africa and beyond the globe

The statutory interventions are specialised services and arrangements carried out by the child protection organisation and welfare service providers. It looks at providing vulnerable

children with care and protection by placing them in different institutions and arrangements, such as foster care and kinship (Harman, Cappellini, & Webster, 2022).

Statutory mandate as alternative care has become a significant part of the childcare phenomenon because of the above-mentioned factors globally (Dhludhlu, 2024). Childcare has different definitions and interpretations of what it entails, and the difference between formal and informal options is disseminated. For example, in the United Nations, “formal (order by judicial authority) and informal (kinship care), family-based alternative care, which entails kinship care and foster care, and non-family based alternative care, which includes residential care” (Konstantopoulou & Mantziou, 2020, p. 100).

In South Africa, alternative care is regulated in terms of Section 143, Section 150, and Section 155 of the Children's Act 38 of 2005 (2008) and the White Paper for Social Welfare (Republic of South Africa, 1997), which promotes the principle of family preservation, alternative statutory placements, procedures of handing such placements. The Children's Act 38 of 2005 classifies this procedure as a statutory measure taken to ensure the care and safety of neglected, abandoned, and abused children.

“Child neglect can be manifested in various ways, such as failure to comply with health recommendations, lack of seeking health care, denial of food, child abandoning, poor hygiene, denial of education, inadequate supervision, child exposure to the drugs and dangerous environment” (Avdibegoviü & Brkiü, 2020, p. 337). In this sense, a child could be subjected to several types of neglect, abandonment, and abuse, such as physical, emotional, health, and so forth (ibid).

In as much as statutory interventions are safe options for children, “parents are the ones responsible to ensure the wellbeing of the child and secure, within their abilities and financial capabilities” primarily (Konstantopoulou & Mantziou, 2020, p.100). Seepamore (2015) concurred with the above assertion, particularly when looking into family preservation, and posits that the child’s parents, family members, and community should be the first nest in ensuring the wellbeing and safety of the child as well as making sure that their basic needs are met. The same is stipulated by the Children’s Act (Republic of South Africa 2005) and the White Paper for Social Welfare (Republic of South Africa 1997) as a family preservation principle.

However, because of different circumstances, such as poverty, lack of resources, and so forth, parents might be unable to assume childcare roles (Konstantopoulou & Mantziou, 2020). The above circumstances differ in cases where there is a lack or deficit or inability to meet the child’s basic needs, but there is willingness. Such children cannot be considered

eligible to be placed in alternative care but only when there is no willingness from the parents or availability of other family members or communities where alternative care should be considered (Milligan, Withington, Connelly, & Gale, 2017).

Moreover, certain circumstances may impede the implementation of these formal arrangements in some rural villages, such as poor service delivery (Moloto, Mkhomazi, & Worku, 2020). However, there are fair justifications for these factors, including the crisis faced by the professional social workers in South Africa, thus, as excessive workloads, staff shortages, and lack of resources” (Truter & Fouché, 2019, p. 451). These systems’ failures subsequently set an additional responsibility of care on South African elderly women to care for children in their old age because they end up providing care to children independently of the statutory interventions as a result of seeing the need informed by their naturing instinct and *Ubuntu*. Often, children are placed in the care of elderly women, even if it’s in foster care (Larry, 2003; Kunst, 2021). Kang’ethe et al. (2022, p. 298) argue that even in the implementation of these statutory options, “the state seems to have elderly people as the first preference for the placement of children in the statutory system or child welfare system despite the obvious ageing challenges known”.

2.8.1.1. Foster Care

Foster care is a process whereby children are placed by a designated authority for the purposes of alternative care other than their biological parents, and this could be with people related to or people not related to children (Ball, Hoefler, Ding, Sevillano & Faulkner, 2023). Milligan et al. (2017, p. 36) describe foster care as “a formal alternative care and it involves funding of the foster parents”. In South Africa, “there has been a huge increase in the numbers of children in foster care as a result of new government policies to prioritize foster care for OVCs, from 49,853 placements in 2000 to 418,000 by May 2007” (Milligan et al. 2017, p. 38).

Scholars such as Engler, Sarpong, Van Horne, Greeley, and Keefe (2022) and Martinez (2022) highlight the challenges children in foster care placements encounter, such as abuse and maltreatment. However, there seems to be a missing link in terms of mapping out the challenges faced by the elderly who care for these children, particularly this category of elderly.

2.8.1.2. Kinship Care

According to Milligan, Withington, Connelly, and Gale (2017, p. 6), kinship care “is both a form of permanent family-based care and a form of temporary alternative care”. Fortune (2016) posits that there is a glaring prevalence of kinship care manifesting informally, especially within indigenous communities. What then continues to be a mystery is what

support measures are put in place by the authorities who miss out on an opportunity to identify the vulnerable and eventually place them in alternative care options following the proper procedures and channels in making these placements legal (ibid).

More so, the statutory options carried out by professional child protection services present significant shortcomings in that they warrant no permanency because, in nature, they are “short-term solutions to neglected, abandoned, orphaned and abused children through the provision of temporary places to stay with the intention of reuniting them with their families later”, as opposed to informal arrangements facilitated by elderly people in their communities to safeguard vulnerable children, (Zimudzi & Dhludhlu, 2024, p. 6). Consequently, there is a greater potential of leaving youth who grew up vulnerable and with no visible means of care to becoming street adults for a long time because “youths leaving kinship foster care are left without any form of support from the state when they move out” (Zimudzi & Dhludhlu, 2024, p. 3).

In Western Countries such as Australia, kinship care “is a relatively new model of out-of-home care in Western child welfare systems” (McPherson, Gatwiri, Day, Parmenter, Mitchell, & Macnamara, 2022, p. 1). Additionally, it is considered to be far better foster care because children who are in this system “stay in placement longer, have greater educational continuity, and have better health and mental health outcomes” (McPherson, Gatwiri, Day, Parmenter, Mitchell, & Macnamara, 2022, p.1). The same applies in some African Countries as well, such as Namibia, because it is common for orphans to be cared for in extended families, and the “care is being provided by grandparents” (McPherson et al., 2022, p. 39). However, what does not appear are the outcomes and the impact this alternative care has on elderly people as the predominant caregivers in these Countries. However, the outcomes and impact of this alternative care arrangement on elderly women, who serve as primary caregivers in both these countries, remain under-explored.

2.9. CONCLUSION

In summation, there are various reasons why elderly African women assume caring responsibility for non-biological children in their communities. There is also an indication that some elders offer unconditional love and care without a statutory mandate, not considering this responsibility only as a burden and a stressor but also adding value to a child’s life and the community at large.

However, there are limited studies that examine the available support systems that are designed and accessing African elders who are caring for and raising non-biological children. The literature shows that elderly people form a majority populous population that provides

care and protection to children globally, some without any support from the state, especially in developing countries such as South Africa. The Mquma Local Municipality is not immune to these challenges.

The preceding discussion has given intuition about the fact that on top of all the policies put in place to protect and support elderly African women in South Africa, this additional responsibility continues to be a burden and a stressor that tampers with the potential of positive ageing. The lack of support towards them as carers has the potential to affect their emotional, physical, and social well-being. Therefore, one can argue that there seems to be a gap in what is captured about what exactly this additional responsibility means to the elderly African women in rural villages. The next chapter will be based on the methodology used in the research study conducted.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. INTRODUCTION

Building from the review of literature presented in the preceding chapter, herein is the presentation of the research methodology that the researcher observed and considered during the research journey. Research methodology refers to processes, tools, and procedures that the researcher chose to utilise when conceptualising the study, recruiting participants, collecting data, and interpreting the findings to achieve the study's aim and objectives (Babbie & Mouton, 2008). According to Mohajan (2018), the research methodology chapter is crucial for displaying a clear picture of the journey taken by the researcher.

In essence, this chapter provides the researcher with a platform to reflect on the processes they followed, thoughts and discoveries made in the process expressed, and experiences or challenges encountered, as well as the mechanisms utilised to address such. In order of sequence, this chapter discusses the adopted research paradigm, research approach, research design, sampling, data collection, data analysis, trustworthiness, ethical considerations, and limitations of the study.

3.2. UNPACKING THE RESEARCH PARADIGM

A paradigm is a lens through which a research study is conducted. The term paradigm originates from the Greek word *paradeigma*, which means a set of activities or concepts (Rehman & Alharthi, 2016). Thomas Kuhn was the first person to mention this in 1962 in his book, '*The Structure of Scientific Revolution*' (ibid). The application or choice of paradigm depends on the study's aim and objectives, the nature of the phenomenon being explored, and the question that the researcher is trying to answer (Rehman & Alharthi, 2016, p, 51).

In an attempt to justify the researcher's positioning and interpretation of the study, herein are the details of the research paradigm underpinning this study so that the data may be interpreted through a known scientific logic.

3.2.1. Adopting the Interpretivist Paradigm

The researcher applied an interpretivist paradigm to conduct this study. The decision to employ interpretivism was underpinned by its premise of understanding the experiences, realities, and interpretations of participants regarding raising non-biological children without a statutory mandate in the rural context of the Eastern Cape. Babbie and Mouton (2008, p. 53) describe interpretivism as an approach that attempts to assist researchers in understanding

and interpreting human behaviours, actions, and experiences instead of explaining and predicting realities.

The interpretivist paradigm was achieved through conducting one-on-one interviews with the participants, and the researcher afforded them an opportunity to share their experiences and allow them to make their own meanings to what is perceived to be their realities. Rehman and Alharthi (2016, p. 55) argue that the aforementioned is one of the best socially accepted ways of letting people construct their own meanings and realities.

This process ensured that participants felt that they could narrate their stories freely and make their voices heard as promised in the informed consent, which meant their right to beneficence was not infringed (Arifin, 2018). It also emphasised the proposition of self-determination and respect for research participants. There were, however, some lessons that this process came with. Some participants used that opportunity as a way of debriefing. The latter then slightly affected the nature of responses that the researcher acquired from such interviews, some of which did not really assist in maximising ways to unravel the research question. As a result of the above-mentioned, the researcher was faced with the dilemma of tweaking questions based on each participant's way of disposition. Making these adjustments came with significant disquiet because one had to be cautious not to deviate from the ethical goal of beneficence whilst keeping the study in proper alignment with the objectives of the interviews.

As mentioned earlier, the study was interested in understanding the experiences of elderly African women caring for non-biological children without statutory intervention in the Mquma municipal area. As a result, it assesses how they make meaning of the phenomenon, as well as to understand what is seen as reality to them. This meant that the researcher allowed the participants to tell their stories in the best way they knew how.

3.3. THE USE OF A QUALITATIVE RESEARCH APPROACH

In line with the interpretivist paradigm, this study employed the qualitative research approach (De Vos et al., 2016). Dowd (2018, p. 1) posits that the "... qualitative approach maximises the opportunities to provide subtle details that dissect the problem better". In affirmation, De Vos et al. (2016) also state that this approach is helpful when the researcher wants to pose questions that intend to provide an in-depth understanding of the research problem for the study.

The advantage of the qualitative approach is that it is open-ended. This approach was used for its benefits of permitting deep probes and allowing the researcher to obtain more

descriptive data. This allows a researcher to make unforeseen discoveries about the lives of the elderly African women interviewed (Dowd, 2018, p. 1; Moss, 2017, p. 1). Furthermore, this approach was chosen for its flexibility in constructing and reconstructing data, which enables thorough analysis and makes understanding complex issues easier (Maxwell 2012 & Flick 2011).

The qualitative approach also allowed the researcher to acquire deep insight into the emotions and desires, routines, and behaviour of participants (Madrigal & McClain 2012). The researcher was able to observe and understand the non-verbal communication of participants to understand their feelings about certain topics and even read when one was getting emotional or perturbed.

3.4. RESEARCH DESIGN

For this study, exploratory and contextual research designs were employed. A research design is a technical preparation implemented by the researcher to respond to problems logically, impartially, precisely, and cost-effectively (Babbie & Mouton, 2008, p. 72). In order of sequence, the researcher herein starts by presenting the application and justification of the exploratory design before discussing the contextual design.

Exploratory research design is conducted to gain insight into a situation, phenomenon, community, or individual (Blaike, as cited in De Vos et al., 2011, p. 95). This study was embedded in a desire to gain insight into the experiences of participants raising non-biological relative children without the statutory mandate. As a result, this research design afforded agility that enabled the researcher to acquire as much knowledge about the participant's realities, experiences, challenges, and interpretations as possible in accordance with the phenomenon.

An in-depth interpretation of participants' perceptions and experiences (both negative and positive) of caring for non-biological children was accomplished using this research design. The exploratory design was applied by using semi-structured questions, and the researcher posed questions that were in line with the aim of the study.

Employing an exploratory research design provided some revelations for the research, in that what the researcher had assumed to be a problem during the conceptualisation stage of this research (elderly women must not take responsibility) appeared to be not the primary problem for the participants but something they navigated around. This was achieved through the use of qualitative exploratory design. An example of a response to a question about always working hard in their old age, one participant stated,

“What makes people rot early in the cities there is laziness. A body that does not play with the soil and is exposed to hardships rots easily.”

This, therefore, indicated the advantage of exploration where the researcher got the subjective meaning of participants.

On the other hand, contextual research design is concerned with identifying how the presenting problem manifests itself (Alpaslan, 2022). The researcher, therefore, utilised it to give context to elderly African women's experiences caring for non-biological children in two villages of the selected municipal area in the Eastern Cape. Through employing the contextual design, the researcher was able to fully capture the true meaning of these elderly women about the responsibility of caring for non-biological children and how they perceived themselves in terms of providing care. As a qualified social worker who is skilled in reading and listening to non-verbal communication, some of the discoveries that the researcher made were enabled by utilising this design. The agility of this design made it easy for the researcher also to make her own analysis and interpretations of suggestive statements and body language used in certain moments.

It was discovered in this study that elderly African women thrive in storytelling, which made the researcher understand why it was only her grandmother and aunts who used to tell “*iintsomi*” (fables/stories in the Xhosa language) better when growing up. Instead of giving direct answers to the questions asked, these participants would first give a narrative background of the story before they got to answer to make sure they were clear and understood. This created some anxiety for the researcher because she was worried about the length of records during the actual interviews and that the interviews were going off-topic more than anticipated.

3.5. POPULATION RECRUITMENT AND SAMPLING

Research population refers to the targeted population or subjects involved in a study from whom a sample will be drawn, and the findings from that sample will be generalised to the entire population.

3.5.1. Dynamics of the selected population in the rural Eastern Cape

De Vos (2011) argues that the targeted research population must possess specific attributes that are relevant to the researcher's area of interest. This means the research population is crucial in the success or failure of the study. Bhandari (2020) explains that a research population refers to individuals or objects that the researcher targets.

In this study, the population were elderly African women (details are highlighted in the sampling process and criteria below) from Xhaxhashimba and Khobodi villages in Mnquma local municipality in the Eastern Cape who are caring for and/or have previously cared for children/grandchildren and non-biological children. The decision to focus on women instead of men was based on the common reality of gender inequality, especially in rural areas (Makhoba, 2016), where traditionally, the role of care and child rearing is commonly assigned to women and grandmothers because they are perceived as knowledgeable and wise. In contrast, males are often away from their families for employment purposes (Makhoba, 2016). In this research, the researcher discovered that in these two rural villages, most of these households have no fathers, and those that have fathers are not involved in caring for and raising children but instead focus on caring for their livestock. The other epiphany that the researcher had is that while grandmothers can easily step in and assume their husbands' responsibility of taking care of the livestock in their absence, the husbands do not do the same with children when their grandmothers are not around. The following section describes the recruitment process which preceded the sampling process.

3.5.1.1. Navigating Gatekeeper Permission

According to De Vos (2011), a gatekeeper is an individual entrusted with formal or informal authority or power to approve an outsider entering a specific community, research group, and/or site. Noting the rural protocol of the selected research sites, prior to the actual recruitment of participants, the researcher telephonically contacted one of the "OoSibonda" (Chief's headmen) stationed in these rural villages (Xhaxhashimba and Khobodi A/A) in order to be connected to the chief 'inkosi' to seek gatekeeper's permission. In essence, the researcher needed to adhere to the aforementioned in order to ensure that the study was conducted ethically and that the gatekeeper's 'buy-in' was maintained (Stahl & King, 2020). It is crucial to note that there is one chief "inkosi" for both these villages, but different "OoSibonda" according to the "ingingqi" (demarcation) of each area "ilali/isixeko" (section of the rural area). OoSibonda work as intermediaries between the people and "iinkosi"; no one goes straight to the "iinkosi" and has not met with the "usibonda" of that particular "ingingqi/sixeko" (area).

The researcher had to call 'uSibonda' (the headman) to seek permission to meet 'inkosi'. The researcher's phone call 'uSibonda' (the headman) proved to be one of the most arduous encounters for a novice researcher. However, the call reminded the researcher that, indeed, traditional leaders are the gatekeepers in rural areas, and their interests are towards the protection of the dwellers of rural villages. The headman's inquiries were particularly

demanding, and the conversation was fraught with mistrust, as evidenced by the following statement:

“No sisi we don’t know you. Now you want to come here and do things we don’t know about. We are tired of people coming here promising our people things that never happen. Also, my job is to protect the chief, and I must only link him with people I know and have screened because the world is evil. ”

In an attempt to negotiate entry, the researcher explained why she chose their villages for this study and answered all his questions thoroughly with all due respect. As a result, this traditional authority then agreed to link her with the chief after briefing him. Following the interaction with the headman ‘uSibonda,’ the researcher then wrote a letter that was sent to the Chief ‘linkosi’ before the researcher’s arrival to the area requesting permission to enter the two villages. A few weeks later, permission was granted.

After obtaining the gatekeeper’s letter, the researcher applied for ethical clearance at the University of KwaZulu-Natal’s ethics committee, called the Humanities and Social Sciences Research Ethics Committee (HSSREC). This committee awarded the researcher ethical clearance (protocol ref: HSSREC/00007526/24). After acquiring clearance, the researcher contacted ‘uSibonda’ again, arranging data collection, which was to be preceded by a physical meeting with the ‘iinkosi’.

Upon arrival at the chief’s palace ‘Komkhulu’, the researcher briefly introduced the study to ‘iinkosi’, although permission had been granted. This discussion was in the presence of both ‘ooSibonda’ of these two villages. However, as explained in the study in a physical meeting, the researcher did not disclose the names of the anticipated participants in order to combat a breach of confidentiality. After that warm welcome that was accompanied by freshly baked bread and rooibos tea, the ‘iinkosi’ left for another meeting and said,

‘I am leaving you in safe hands, and there is a safety measure we have put in place for you because you are such a young girl. We don’t want to create opportunities for people eaters to prey on you’.

In order for the researcher to meet the first elderly African woman, the researcher went house by house in these two villages, as described in the sampling strategy section below. However, in some instances, she was accompanied by participants who were referring her to the next potential participant.

3.5.1.2. Sampling Strategies

The researcher adopted two sampling strategies in this study: the purposive and snowball sampling techniques. Both these techniques were drawn from non-probability sampling as participants were selected based on specific criteria (Kyu-Seong, 2016). These were considered relevant to the nature of the study. Sampling refers to a process of selecting a subset of targeted participants (sample) to represent the entire population in a study (Daniel, 2011, p. 132). A sample is a small number of people from a bigger population who share common values or experiences about the same phenomenon (Babbie, 2011). Below is a description of how these techniques were utilised.

3.5.1.3. Sampling Process: Purposive and Snowballing Sampling Techniques

Purposive sampling and snowballing were employed. However, purposive sampling was the initial and primary method of sampling in this study. The use of snowballing only came in when finding the participants started to become difficult. However, herein, the researcher starts by describing the purposive sampling process.

- *Purposive Sampling Technique*

Purposive sampling and snowballing were employed. However, purposive sampling was the initial and primary method of sampling in this study. The researcher anticipated selecting participants whom she judged to possess the most relevant characteristics that helped to respond to the research aim and objectives. The decision to use purposive sampling was informed by assertions of Babbie and Mouton (2008, p. 166), who posit that the process of purposive sampling is all about choosing a sample that possesses features that are of interest for a particular study.

As per the inclusion criteria, the participants that the researcher sampled were as follows:

Participants in this study were elderly African women who were currently caring for non-biological children without a statutory mandate for over a year. Initially, the researcher intended to interview even those who had provided care before but were no longer doing it. However, they were not available in these two villages. This might mean caring for non-biological children without a statutory mandate becomes lifelong since no one had escaped the responsibility whilst still alive in the two selected locations.

The study also selected participants whose children were between 0 and 17 years old. Of note, the inclusion of caregivers of children of various ages helped to broaden the scope of caregiving experiences.

The age range of participants was anticipated to be between 60 and 80 years; the age was based on the description of The Older Persons Act 13 of 2006, on which the term was premised for this study. However, the youngest participant ended up being 66 years old, whereas the oldest was 76 years old. There was disappointment presented in this process, and the researcher was hoping to find older participants in order to elicit rich data on experiences and variations in challenges in terms of parenting skills and perceptions. However, it was apparent that some elderly people beyond the age of 76 had handed over the responsibility to designated child welfare organisations as described by the Children's Act 35 of 2005.

Additionally, the study also included participants who were Xhosa-speaking elderly African females. The focus on Xhosa-speaking elderly African women assisted in delving deep into the cultural context of caregiving within the rural Eastern Cape. Moreover, participants were residents of the specified Eastern Cape villages (Xhaxhashimba and Khobodi A/A) within the Mquma municipal area. This entire process was accomplished by approaching households in these two villages and having conversations with elderly women in order to identify those who qualified according to the eligibility criteria of the study. Both these villages are quite small, and so it was easy for the researcher to navigate her way through to each of them.

In terms of the exclusion criteria, the study excluded caregivers of children who are in foster care, kinship care, biological grandparents, and adoption arrangements.

The above criteria enabled the research to elicit rich data in terms of the Xhosa culture (or in Xhosa expression, '*Amasiko ne Zithethe zakwa Xhosa*') as far as raising children is concerned since Eastern Cape is a Xhosa-speaking tribe.

- *Snowballing*

During the conceptualisation of the study, the researcher anticipated the limitation that this technique would possibly present as she was not familiar with these two villages. The rationale for choosing this specific technique and as a supplement to purposive sampling was to combat the chances of not getting enough participants and eventually run the risk of not reaching data saturation.

Therefore, merging two sampling techniques made it feasible for the researcher even to reach the participants who live in the deepest and furthest parts of Khobodi A/A, which happened to be divided into two sections, "*eKhobod'endala*" (Older Khobodi) and '*eKhobod'entsha*' (Newer Khobodi). When the researcher got to the field and started engaging with a few participants, the initial participants had already started to refer her to

other potential participants. As a result, the snowballing sampling technique presented itself organically. Had the researcher not employed snowballing as a secondary sampling strategy, she would not have known about these dynamics in the area because the demarcations seem to be only known to the elderly people and community leaders. Choosing a snowball sampling technique assisted the researcher in having access to more participants than she could have had she not considered it. Babbie and Mouton (2008) describe the snowball sampling technique as a process where one participant will refer the researcher to other potential participants known to them.

For instance, after engaging with Participant A and establishing that she was eligible in terms of the purposive criteria and was willing to participate in the study, the researcher then asked her if she had any friends or neighbours to whom she could refer the researcher. With so much enthusiasm, Participant A referred the researcher to someone else, and the researcher later proceeded to that person and repeated this process. This process did not exclude own scouting at the same time until the researcher could not find any more prospective participants.

Another example of snowballing was when Participant F referred the researcher to Participant G. However, an issue of trust (referral ethics) was raised as a concern by Participant F, saying,

“Eish, I want you to go see Mrs... [calling out the name of her friend] however, I’m not sure how she will receive you since she does not know you. She might suspect you and not be comfortable to speak with you. Perhaps I will have to accompany you, she will relax if you come with me because at least she trusts me”

The above excerpt indicates the manifestation of snowballing during the study. Of note, the referring participant (Participant F) went as far as accompanying the researcher to Participant G’s home, introduced the researcher, and then left. The researcher was able to connect with many participants through the interactions she made with all participants and even enquiring if they knew any other elderly people who had the same responsibility. Some of the participants that she was referred to were not eligible to participate in the study as they are already being supported through the foster care arrangements of the Department of Social Development at the eGcuwa Service Office.

As the minimum number intended (10-15 participants), reach was not met, the researcher, therefore, realised after interviewing 8 participants and not being able to find any other participant that there were so many similarities in responses and data received and the data

that came out. This means that although the number of participants was 8, data saturation was judged to have been achieved as the researcher obtained the data, she found enough to respond to the research objective (Hennink & Kaiser, 2022). Thus, the data obtained by the researcher from these participants were sufficient and valid to address the research objectives and effectively answer the research questions (Mwita, 2022). The following section details the process of data collection.

3.6. DOING DATA COLLECTION

Data collection is one of the core elements of research in that it allows a researcher to gather information from the participants in order to obtain in-depth knowledge of their lived experiences (De Vos et al., 2011). In this study, the researcher employed face-to-face semi-structured interviews that were scheduled for each participant, using a set of questions as a guide. The choice of semi-structured interviews as a data collection tool worked out as an advantage because it enabled the researcher to probe deeper and seek clarity during the interviews.

Prior to the interviews, each participant signed an informed consent form voluntarily after the researcher had thoroughly explained it to them in their vernacular language. They were all informed of their freedom to withdraw whenever they wanted to do so without incurring any negative outcome, and none withdrew. All these interviews were conducted in their home language, isiXhosa, and this benefited them because they were able to express themselves freely. This choice of language benefited the study in that it allowed the researcher to acquire rich data as there was no language barrier or limitations.

The initial plan was that interviews would be conducted from the homes of each participant to ensure their maximum comfort and freedom while narrating their stories and even sharing their most profound experiences. This was to be implemented because the researcher considered privacy conditions during the interview as a way of ensuring that no child was able to hear what was being said in case the participant happened to share negative experiences.

However, during the actual interviews, the researcher realised that the issue of the living conditions of most of these participants [limiting the size of the houses, mostly rondovel] did not afford them the opportunity to have private space within the house. The researcher made this discovery during the introductions, where children from different households came inside the room or house as soon as they saw a stranger coming to their homes, even if they were playing outside. In one instance, the young child [around the age of 6] came and sat right next to his grandmother. In some cases, even if children were to be asked to play outside or

in another other room/s, they were still going to hear the interviews, and that would have tempered with privacy. Consequently, the researcher had to conduct most interviews from the car in the yards of participants.

Participant G was, however, an exception to this. She has a bedroom that is not easily accessible to children. As a result, her interview took place from her room, and the door was locked while the interview was underway.

3.6.1. Data Collection Process

The data collection process started from 25 September 2024 to 20 October 2024. The researcher met the person who was assigned by the chief to accompany her a day before, 24 September 2024, after which she was led to a few homes on a day before the commencement of data collection. On this specific day of preparation, the researcher has already secured some appointments with the prospective participants.

The researcher collected data from eight (8) elderly African women who are raising non-biological children without a court order or statutory mandate. Initially, the researcher had planned to have at least a minimum number of 10 participants. However, this could not happen because of the scarcity of participants who met the criteria and also because the researcher felt that she had reached data saturation. After listening to the audio recordings, the researcher realised that the responses were becoming a repetition, and similar themes were presented. This meant that the researcher had achieved data saturation, which, according to Fusch and Ness (2015), can be reached when sufficient data is gathered. Semi-structured interviews enabled the researcher to develop a set of probes based on each objective of this study and had interview themes (Bell & Waters, 2014).

Some lessons that were learned during the actual data collection process were that the elderly people seemed to thrive more in storytelling in that they gave historical background instead of detailed but direct responses to the question asked. This was a typical style of responding to questions from the majority of the participants. When the researcher asked one question, they would narrate and give background information before getting to the answer. As much as this should not be a problem, it did, however, cause a bit of panic for the researcher (as a novice) because the interviews went off-topic quite often, and the researcher had to realign the interviews constantly.

Noteworthy, some discussions would sometimes drift off-topic and be more of a ventilation session than a research session. However, Zibane (2017) argues that social research can sometimes serve as an intervention for those who are participating. As a result, while the researcher allowed the ventilation, she also had to perpetually redirect, recentre, and probe

towards the intended questions while simultaneously being cautious of not coming across as interjecting and rude to the elderly. One participant even perceived the refocusing of the interview as being dismissed. This happened after the researcher had to pause the recording after several attempts to come back to the topic, and she said,

“Yoh, I talk too much neh... (chuckling with discomfort) ...

The dynamic of the latter is that culturally, it is rude and disrespectful to speak while an elder is speaking, as amaXhosa says in *“isintu”* (tradition) *“akangenwa umnt’omdal’emlonyeni”* (meaning: it is rude to disturb an elder whilst speaking). Considering the ethical element of cultural consideration, this created some uncertainty for the researcher while she continued to steer the interviews in line with the questions (cf. Arifin, 2018). In the words of Bailey (1997), respect is not communicated but demonstrated.

Furthermore, some participants seemed uncomfortable answering certain questions honestly because they were not all convinced of the researcher’s position to be there as a researcher and not in a social work capacity. Not only was that an issue, but their ability to understand questions was also unique to each participant. Consequently, the researcher was faced with the dilemma of having to tweak questions and align them with each participant’s comprehension abilities and way of communicating to ensure she got the data that answered the research question and addressed all the objectives.

Given the dynamic of storytelling by the participants, the time planned or allocated to each interview was exceeded in some interviews, and appointments that were made could not happen on those set dates as a result of more extended interviews with some participants.

In trying to reach some prospective participants who were referred to the researcher, the researcher got her car in an accident following an attempt to drive through a very narrow passage that she was told to drive through.

3.7. DATA ANALYSIS

Data analysis is a process of preparing, organising, and interpreting information gathered through interviews so that it makes sense to someone else when reported through the coding system. Eventually, the data is represented in a brief discussion (Creswell, 2009). For this study, the researcher employed the thematic analysis method to identify, analyse and report themes found in the collected data (Braun & Clarke, 2009, p. 79). According to Braun and Clarke (2009, p. 78), “thematic analysis is seen as a fundamental method for qualitative analysis”. Bryman (2012, p. 565-566) posits that analysis is the most crucial phase because data gets narrowed down by means of peeling off all the information that do not answer the

research question and objectives in order for it to make sense. This tool was strategically selected as it was perceived relevant for the study in that it reports participants' experiences, meanings, and realities (Braun & Clarke, 2009). This process was accomplished by employing the six steps of Braun and Clarke (2009, p. 87).

The researcher started the analysis process by listening to each interview and aiming to familiarize herself with the data, as recommended by Braun and Clarke (2009). In the same process of listening, she also transcribed the data from those audio recordings into verbatim texts and translated all of them into isiXhosa. According to Cibils (2019, p. 1133), "verbatim refers to "the rendering of recorded talk into a standard written form". This process afforded the researcher time to read all the original transcripts prudently with understanding and strip down personal ideas in accordance with the supplied data. As a way of preparing for the next step, the researcher took notes or ideas of what seemed to be important from the data. Braun and Clarke (2009) argue that after the researchers familiarise themselves with the data, they must start generating initial codes in order to organize data into meaningful groups. To accomplish this phase, the researcher used the ideas noted from the first phase to clean the data by eliminating those that do not answer the research question. In the same place, all the interesting features of the data were coded in a systematic fashion across the entire data set, collating data relevant to each code. Adu (2021, p. 3) concurs with the above, stating that "data coding is the process of systematically transforming qualitative data into meaningful outcomes that represent the data and answer the research question".

Continuing with the search for themes, the researcher, after reading and making notes, formulated similar topics that seemed to fall under similar categories and classified them as suggested by Braun and Clarke (2009). These codes were reshuffled into main and sub-themes, using a table to map them down or having a clear layout and scoring them. Lastly, the themes that were not relevant were set aside and separated from crucial ones. Generating the thematic 'map' was crucial in that it enabled the researcher to better review the identified themes. Essentially, the researcher wrote the codes next to the appropriate pieces of each to see if any new categories and codes came up as per the codes jotted down next to each segment. This theme review process enabled the researcher to ensure coherence in the data extracted from and to observe the possibility of identifying new themes.

The refining process facilitated what Braun and Clarke (2009) refer to as "defining and naming themes". In this process, the researcher was able to "clearly state what is unique and specific about each theme" (Braun and Clarke, 2012, p. 66). Thus jotting down these themes and defining and providing the overall interpretation of what story each theme is telling. The researcher generated topics with common ideas together and sorted them under

the pertinent themes, for instance, having sub-themes under certain common themes. In this way, the researcher ensured that there was no overlapping of themes.

Thereafter, the researcher summarised the findings and produced the report as the final opportunity for analysis 'write-ups'. Selection of vivid, compelling extract examples to make an argument that answers the research question (Braun and Clarke, 2012). This process included relevant examples that are in line with the themes of participants' experiences or findings.

3.8. TRUSTWORTHINESS

Lincoln and Guba (1985) and Gumba and Lincoln (1994), as cited in (Bryman, 2012, p. 390-392), state that to ensure the accuracy and authenticity of the research data, the researcher must consider employing the trustworthiness classic model as a quality assurance measure. Trustworthiness refers to the researchers' ability to uphold all ethics and regulations that govern qualitative research (Babbie & Mouton, 2008). Essentially, the researcher was cognisant of the quality and trustworthiness of the study. In this study, the researcher focused on four concepts of this model: credibility, transferability, dependability, and confirmability.

3.8.1. Credibility

It refers to how much of the research is believable and appropriate to a specific phenomenon, as well as the level of agreement between the participants and the researcher (Babbie & Mouton, 2008). The researcher was transparent and truthful in this study, starting from the engagement with the participants to the documentation of the research findings. Throughout the study process, the researcher was closely monitored by the supervisor to ensure the study's quality, truthfulness, and credibility. The researcher ensured the credibility of this study by using two different theories to understand and interpret findings and drafting the report logically for the reader Stahl and King, (2020).

3.8.2. Transferability

This is a process where the researcher evaluates whether the findings of the research can be conveyed from a specific locale to another (Babbie & Mouton, 2008). The researcher clearly recorded the research methodology of this study in a manner that allows another researcher to conduct the same study in a different setting if they follow the same methods. The researcher made sure to record the lessons learned and epiphanies made from the research site, as this is considered to be one of the most important factors of research transferability by Stahl and King (2020). The researcher further tested the feasibility of the study by conducting a pilot study as soon as she acquired the clearance certificate.

3.8.3. Dependability

Dependability emphasises the importance of evaluating whether the research process is logical and well-documented (Babbie & Mouton, 2008). The researcher recorded the findings in a very detailed and consistent manner, which provided sufficient information. The researcher further ensured separation in her presentation between facts and observation by making records of the data.

3.8.4. Confirmability

This is to ensure that the presented findings convey the experiences and ideas of the participants, not those of the researcher (Babbie & Mouton, 2008). The researcher made use of verbatim quotes and transcribed the ideas of participants word for word to ensure neutrality.

3.9. ETHICAL CONSIDERATIONS

Throughout this study, the researcher was guided by ethical principles to ensure that the research was conducted without subjecting the research participants to any harm and abuse (Ife, Soldatić & Briskman, 2022). The primary ethic that the researcher adhered to, was the acquisition of ethical clearance before approaching the participants. Below are some of the principles that the researcher adhered to (ibid):

3.9.1. Privacy/anonymity and Confidentiality

To ensure anonymity, the researcher uses pseudonyms instead of the participants' real names so that their information cannot be linked with them (Arifin, 2018). However, there are instances where participants self-identified and disclosed the identity of the people they spoke about during interviews. This brought about uncertainty to the researcher when she was transcribing the interview.

The researcher safeguarded the privacy, and the information that they shared was not shared with anyone else during the data collection phase except with the researcher's supervisor for proper guidance; this ensured confidentiality. Data collected is kept in password-encrypted electronic files so it cannot be accessed by anyone.

3.9.2. Informed Consent

The researcher provided a comprehensive explanation of what the study was about to all the participants prior to the interviews. This explanation afforded them an opportunity to make an informed decision on whether to participate or not. The informed consent was translated into isiXhosa to ensure inclusion and clear understanding. Thompson (2024) emphasizes this principle, especially where the targeted participants are from a vulnerable population, for instance, children, people living with disability, and elderly people.

39.3. Voluntary participation and right to withdraw

The researcher informed the participants that their participation was entirely voluntary. Thus, they were not forced to take part. The participants were also informed that if they felt any kind of discomfort with certain questions posed to them, they had a right to say so or opt not to answer such questions, and they had a right to withdraw or stop participating in the study at any stage of the research process. The researcher also informed the participants that they were not going to incur any loss or negative outcome by withdrawing from participation. However, none of the participants withdrew their participation. This was crucial because it ensured the ethical conduct of the researcher, which was protecting the participants' well-being (Cao, & Cheung, 2025).

3.9.4. Beneficence

The researcher secured the well-being of research participants and maximised the possibilities of benefits while minimising the possibilities of harm (Marlow, 2023). The benefits include having their voices heard through telling their stories being heard by social service providers, policy developers, and all the relevant stakeholders. These benefits were shared with the participants beforehand. Equally, they were told that they would inform relevant interventions or support systems in line with the phenomenon as they experience it. Lastly, the inclusion and recognition of their indigenous way of providing care and preserving families should be considered. The above-mentioned benefits are foreseen to be accomplished through the publishing of these findings.

Furthermore, a provision was made for participants who might have experienced any psychological discomfort during the process. The researcher had made arrangements for counselling and psychosocial support services by a professional social worker at no charge to the participant. The researcher noticed that one participant was perturbed, and she tried to establish the participant's openness to the counselling, but it was clear that she was not really open to the idea. The researcher did not only pay attention to the nonverbal communication to capture the discomfort but also probed to the participant, and the participant verbalised their view of counselling or therapy.

3.9.5. Cultural Consideration

Mwapaura (2024) asserts that researchers must observe the participants' cultures and beliefs and respect them to make sure that the study does not undermine these, which will be offensive to the participants. To be on the safe side, the researcher went to the villages dressed in a very modest manner from the first day until the last day. When she got there, she addressed the participants by '*mama*' (madam/mother) and '*makhulu*' (grandmother), and paid attention to the issue of eye contact, thus observing how comfortable each

participant was with the eye contact during conversations. This is informed by the way people in these villages are cultured, which says a girl must be presentable, as well as not to maintain eye contact because it may be considered disrespectful to some. The above emanates from a Xhosa belief that '*awumjongi umnt'omdala emehlweni*' (Swaab, & Swaab, 2009). Finally, the kind of probes that were used were carefully constructed to avoid any sense of rudeness and disrespect. However, a dilemma has presented itself as far as cultural consideration is concerned. The researcher had a difficult time recentre the conversations when the participants were going off-topic because she did not want to be perceived as though she was interjecting and being rude, which is expressed in '*Amaqhalo*' saying '*akangenw'umntomdala emlomeni*'.

3.9.6. Fairness and Justice

The researcher made sure that the participants were all treated fairly and that their wishes were taken into consideration when scheduling and conducting the interviews. All participants were asked the same questions except for probes (Akinrinola, Okoye, Ofodile, & Ugochukwu, 2024).

3.9.7. Respect for Persons

In adhering to this principle, the researcher regarded each research participant as a self-governed individual and respected their opinions, decisions, and judgments. This process also included considering that participants who were less aware of their self-governed capabilities were entitled to protection from harm and abuse (Marlow, 2023). For example, the client expressed their willingness to go for counselling despite the researcher's observation that she needed it. The researcher let her decide what she wanted to do with her situation.

3.9.8. Non-maleficence/do no harm and debriefing

As one of the fundamental principles in the research, non-maleficence guided the researcher to ensure that she did not subject participants to any form of harm in the process of conducting research. An arrangement was made for participants who could have shared distressing or triggering experiences to be referred for trauma debriefing, containment, and or counselling to a professional social worker free of cost. Furthermore, as much as the researcher is a qualified social worker who is skilled at trauma debriefing/counselling, she could not have provided these herself because of a conflict of interest. Therefore, in order to ensure ethical conduct, the researcher made arrangements with a professional social worker to offer trauma debriefing/counselling should have been needed. The appointed social worker was not part of the research but was reachable to offer these services; in this way,

social justice was demonstrated, and conflict of interest issues were highlighted (Sobočan, Bertotti, & Strom-Gottfried, 2019).

Upholding the aforementioned was not an easy task, as there were several moments where the researcher was faced with uncertainty about whether to say “I’m sorry this happened to you” when participants displayed some emotional pain, even in brief moments. Contrary to her assumption that if she notices that a participant is triggered or perturbed, she will easily refer them for counselling or debriefing because such an arrangement was made. The issue of voluntarism and self-determination (self-governed), presented some challenges; the researcher could not easily navigate her way around having them go to therapy, even where she felt there was a need, because they said things like:

“No, I’m used to feeling like this, but I need to stop thinking about it, and I will be fine. Those are white things.”

This also created another dynamic in terms of positioning. The questions in the researcher’s head were, *“is it even ethical for me to teach research participants about the importance of therapy? Will that not be interpreted as forcing them into doing what they don’t believe in and not culturally in line with their way of living?”*. As mentioned before, one of the most important things that the researcher had to ensure in the process of this study was to always demonstrate respect, thus, their culture, beliefs and wishes”. As much as these remarks of therapy being a “thing of white people” can easily be perceived as ignorance, they, however, clarified something very important to the researcher, which is the question of their coping and dealing with stress and emotional pain in an indigenous and spiritual way.

A typical example of highlighting the truth that they do not just ignore their painful experiences and emotions is what one participant said when she was expressing her unwillingness to consider therapy/counselling:

“No, we were not raised like that. If it refuses to go away, just go to “eMaxhantini” (a sacred pole used in rituals and to communicate with ancestors), and speak with ancestors to cleanse your heart and soul.”

3.10. LIMITATIONS OF THE STUDY

The findings of the study cannot be generalised as the focus was on sampled villages to explore the experiences and views of elderly women. Given that the researcher was transparent with the participants about her profession, this did not benefit the study to the maximum. Since they heard the word ‘social worker,’ the researcher did pick up that some participants were a bit reluctant to share their unpleasant experiences or problematic

behaviour with their children. The assumption is that this was going to make them appear unfit or incapable of providing care to their children and eventually result in them eventually mean they are running a risk of losing their child/ren. This is a result of their firm belief that Social workers take children away from their parents. For instance, after making a vague statement such as “*kona akukho mnandi ncam*” meaning, ‘it’s not really nice’ (Participant D finally communicated her true feelings after the researcher probed further, saying,

“I’m not complaining because I don’t love her, but I am just saying that there are moments when she becomes problematic, and I end up crying because I don’t know what to do with her, and she does not listen. But I still love her because she has no one else to go to”.

This displays an element of moral obligation based on how she wants to be viewed and her perception of self. Furthermore, this indicated that faced with challenges or not, the thought of losing the child might not be ideal for this parent, maybe because she has already bonded with the said child. As much as the researcher did crack this participant open, she could not help but wonder how much she was still holding back and went as far as thinking about the other participants as well. This led to a very uncomfortable reflection.

3.11. CONCLUSION

In summation, this chapter deliberated on the qualitative research approach and the way it explored and investigated different claims to address specific types of research aims and objectives. In this study, the qualitative research approach allowed the researcher to acquire a better understanding of the complexity of the realities and experiences of the participants with a

CHAPTER FOUR: PART 1 OF DATA PRESENTATION: PARTICIPANTS' REASONS FOR CARING FOR CHILDREN WITHOUT A STATUTORY MANDATE

4.1. INTRODUCTION

In December 2024, the IFSW introduced the 2025 World Social Workday theme, which reads: '*strengthening intergenerational solidarity for enduring wellbeing*' (IFSW, 2024). This timely social workday theme resonates with the spirit of this study, which, from a dual lens of geriatric social work and child protection, prioritised the lived experiences linked to the well-being of older African women while acknowledging their crucial role in supporting vulnerable children, especially without a legal mandate. While acknowledging resilience and *Ubuntu* theories, it was also crucial to note that elderly African women, often marginalized and facing multiple vulnerabilities, deserve to be heard for their invaluable contributions to society, particularly their selfless care for children, especially in rural Eastern Cape (see Dolbin-Macnab, 2006; Mohale, 2013).

Research results are presented in two chapters (Chapters 4 & 5). This chapter presents, as a first segment of the research findings, a detailed presentation, analysis, and discussion of the findings attained from the study, specifically findings (two themes) that relate to the objective one, which reads: *to explore the reasons for elderly African women in Mnquma*

Local Municipality to care for non-biological children without statutory mandate. The two analysis chapters (Chapters 4 and 5) precede the methodological approach that was outlined in the previous chapter. This chapter provides an in-depth and inductive interpretation of the research findings arranged in a thematic analysis process. In order of sequence, this chapter begins by presenting the participants' demography and its meaning for this study. Subsequently, the chapter presents findings related to the first research objective and its inherent interpretation.

4.2. BIOGRAPHICAL AND DEMOGRAPHIC DATA OF PARTICIPANTS

Table 1, below, depicts the demographic profile of participants. Aligned with the ethical commitments described in the previous chapter, the table below attempts to conceal the identifying particulars of participants.

Table 1: Presentation of the demographic profile of participants

Name of Participants	Municipality	Gender	Language	Marital status	Age	Race	The duration of the child's stay with the caregiver
Participant A	Mnquma, EC	Female	IsiXhosa	Widowed	70	African	<i>11 and 9-year-old-3 years</i>
Participant B	Mnquma, EC	Female	IsiXhosa	Widowed	66	African	<i>10-year-old- from 2 months old</i>
Participant C	Mnquma, EC	Female	IsiXhosa	Unmarried	76	African	<i>12-year-old from birth</i>
Participant D	Mnquma, EC	Female	IsiXhosa	Married	68	African	<i>12-year-old-for 2 years</i>
Participant E	Mnquma,	Female	IsiXhosa	Married	74	African	<i>3-year-</i>

	EC						<i>old-for 2 years</i>
Participant F	Mnquma, EC	Female	IsiXhosa	Married	66	African	<i>16- and 8-year-olds- for 12 years</i>
Participant G	Mnquma, EC	Female	IsiXhosa	Widowed	69	African	<i>15-year-old- for 13 years</i>
Participant H	Mnquma, EC	Female	IsiXhosa	Widowed	84	African	<i>13-year-old- from 3 months</i>

As shown in the above table, the researcher concluded that this study recruited participants who met the inclusion criteria as described in the sampling protocol of this study (see Chapter 3). The project included eight elderly African women residing in two rural villages within the Mnquma Local Municipality of the Eastern Cape (see Table 1). All participants were indigenous Xhosa speakers. The participants were all elderly African women caring for non-biological children without a statutory mandate from the two rural villages of Mnquma Local Municipality in the Eastern Cape. The participants were between 66 and 84 years old. In terms of marital status, the table indicates that three participants were married, four were widowed, and one had never married. This signifies that the study captured the nuanced lived experiences and perceptions of elderly African women who had an interestingly heterogeneous profile, which was aligned with the context and unique demographic dynamics. Thus, this should be noted as the reader notes the assertions of each participant.

4.3. PRESENTATION OF THEMES IN CHAPTER 4

The following table displays the outline of themes and sub-themes that scaffold the data presented in this chapter.

Table 2: Depiction of themes and sub-themes for Chapter 4

THEMES	SUB-THEMES
Chapter 4	
Theme 1: Embedded Ubuntu principle	Sub-theme 1.1. Care and compassion among the

<p>amongst African elders and in their communities</p>	<p>elderly African Women of the Mnquma area Sub-theme 1.2. Participants' sense of parental instinct and socialisation Sub-theme 1.3. Participants' desire to empower children Sub-theme 1.4. Emotional fulfilment and empathy Sub-theme 1.5. Social Recognition Sub-theme 1.6. Moral obligation Sub-theme 1.7. Elders compensating for their own children</p>
<p>Theme 2: Structural Issues and caring for non-biological children</p>	<p>Sub-theme 2.1. Substance abuse and abuse of social grants by biological parents Sub-theme 2.2. Child neglect by biological parents Sub-theme 2.3. Employment opportunities resulting in the migration of biological parents</p>

4.4. THE STUDY'S RESULTS

Aligned with the thematic protocol presented in the previous chapter, herein is the presentation of the results.

Theme 1: Embedded *Ubuntu* principle amongst African elders and in their communities

This theme accounts for the empirical data that relates to the **research objective one**, which reads: *to explore the reasons for elderly African women in Mnquma Local Municipality to care for non-biological children without a statutory mandate*. As the researcher engaged the research transcripts, a theme that emerged to capture the reasons elderly African women care for non-biological children without statutory mandate was associated with the *Ubuntu* principle, which was embedded in their community lifestyle and personal values. While *Ubuntu* theory underpins this study, the participants' responses also aligned their actions outline their reasons for assuming care of children who are not their blood relatives with the principle of *Ubuntu*, which is aligned with concepts such as humanity, kindness, caring for the next person, helping those who cannot help themselves and being compassionate.

Sub-themes that emerged under this theme are care and compassion among the elderly African women of the Mnguma area; parental instincts and socialisation; the desire to empower children; emotional fulfilment and empathy; perception of self and others; moral obligation and elders outliving their children and childlessness.

Sub-theme 1.1: Care and compassion among the elderly African women of the Mnguma area

When asked about their reasons for providing care for non-biological children, participants articulated the following responses:

“What led me to take this decision was seeing this... these rape cases outside. I thought about this girl... and I thought that there were also boys there who were roaming around... Now, I thought, these boys leave and return at night. The children might be vulnerable, especially this girl.” (Participant A)

“Things like that, and yet all I care about is the wellbeing of the child...yes.” (Participant D)

“It is because I have so much compassion for this child, most importantly. (Participant H)

As per the above, the participants' narratives reveal a profound sense of care and compassion as the primary motivators for their caregiving roles. Participant A explicitly links her decision to the prevalence of "rape cases" and the vulnerability of children, particularly a young girl, "roaming around" unsupervised. This highlights a deep-seated concern for the safety and well-being of children in the community. Participant D echoes this sentiment, emphasizing that their primary concern is the "well-being of the child." This underscores the altruistic nature of their caregiving, prioritizing the needs and interests of the child above their own. Participant H directly attributes their decision to "compassion" for the child, emphasizing the emotional and moral underpinnings of their caregiving roles. These responses collectively demonstrate a strong sense of social responsibility and a commitment to protecting and nurturing vulnerable children within the community.

Other participants said:

“That’s exactly what I mean when I say I am driven by the passion I have ... I am an emphatic person. If I can tell you my stories ... for instance, here in this village, in this village particularly my area, most people who get sick here I take care of all of them even if I’m not related to them. I can’t ... I don’t go in house by house, but maybe I

get to hear that so and so is not well they are suffering from whatever. I get there observe the situation, this person is not well, this person needs this ... needs food ...this person needs to be bathed ...this person needs this and that ...they... I put water into a boil in the fire outside, and bath the person. If there is no maize meal I scoop it with a mug from my house; the first thing this person must get a warm porridge. (Participant E)

"I had learned that S was leaving her home and had planned to leave the child with her disabled sister twin sister. That was clear neglect considering sister's situation. It was very clear that she could not take care of this child because she also had her own child. I then said to her, and you can't take care of two children in your condition", I took him. I did not care that he had no child support grant because all I wanted was for the child to be safe." (Participant F)

The participant responses collectively demonstrate that, despite facing significant physical, emotional, and financial challenges associated with ageing, the act of caring for the next generation remains a deeply ingrained cultural value within African societies. For example, Participant H stated that: *"because I have so much compassion for this child"*. Participant H's assertion, along with the responses of other participants, suggests a profound sense of compassion for vulnerable members of society, particularly children. Participant E also stated that, *"That's exactly what I mean when I say I am driven by the passion,"* which concurs with the Participant's perspective.

The concept of *Ubuntu*, deeply ingrained in African culture, also emphasizes interconnectedness and collective responsibility. This is reflected in the proverb *'umntu ngumntu ngabantu'* (I am because we are), and the other that says *'ukukhulisa umntwana kuthatha ilali'* (It takes a village to raise a child), highlighting the communal nature of child-rearing within African societies (see Emmerentia, Janetta & Victoria, 2022, p. 240). During research interviews, the researcher also observed a palpable warmth and compassion towards the children, often conveyed through non-verbal cues, as participants shared stories of the hardships these children had endured. This compassionate care extended not only to the children themselves but also to their biological parents, even in cases of parental neglect. For example, someone said:

"Because what I want is that ... I want if God permits ... that he enables me to make sure that this child becomes what she is meant to become in life. She will be working for you (referring to the biological mother)." (Participant G)

Participants' motivations included ensuring the children's well-being and fostering their development into productive members of society capable of contributing to the care of others, reflecting a desire for intergenerational continuity and social responsibility.

“So that he can also take care of other people. According to my hopes for this child. I hope he can be an educated someone. Just so he can have regard for the next person, not for him to disregard people when he grows older. I don't want him in the end to say, because when the time comes for me to tell him that 1 and 2 because I don't want to wait until... until... (using hands to gesture to point towards a village) ...”

(Participant B)

Participant B's statement exemplifies her commitment to providing the child with high-quality care, with the explicit goal of nurturing the child's growth into a responsible and compassionate individual capable of contributing to the well-being of others. A salient characteristic of the participants, collectively, is their strong sense of collective responsibility and shared support, exemplified by the adage, "It takes a village to raise a child". This is evident in the profound compassion displayed by these elderly African women towards the children despite the absence of biological ties. This altruistic behaviour aligns with the findings of Kahana, Bhatta, Kahana, and Lekhak (2021), who posit that acts of compassion contribute significantly to the well-being of individuals in later life.

Sub-theme 1.2: Participants' sense of parental instinct and socialisation

When elaborating on their motivations for undertaking the responsibility of caring for non-relative children, elders highlighted another crucial factor that compelled them to prioritize the well-being of non-biological children, viewing them with the same love and affection as their own:

“Yes, I thought about that. I said a girl child cannot stay with boys [makes who are young relatives of the girl child concerned]; it's better I take these younger ones.”

(Participant A)

“I don't have a dirty child, they should be clean and likeable, and you also must be likeable. If a child looks at you... no matter how much they were crying If I hold the child, the child will definitely smile and keep quiet” **(Participant B).**

The above participants' narratives reveal a strong sense of parental instinct and a deep-seated desire to provide a nurturing and supportive environment for the children in their care. Participant B emphasises the importance of providing a loving and nurturing environment for

the children. The focus on cleanliness, likeability, and the ability to comfort a crying child underscores the emotional and psychological needs of the children and the caregiver's desire to provide a secure and loving home.

On the same note, Participant B highlights the importance of proper child-rearing, emphasising the need for cleanliness and social acceptability. Phrases like "clean and likeable" and "you also must be likeable" suggest a conscious effort to instil social values and prepare children for successful integration into society. Furthermore, Participant B describes a strong connection with the children, noting that their presence can soothe even the most distressed child. This highlights a deep-seated nurturing instinct and an innate ability to provide emotional support and comfort to the children in their care. Additionally, Participant A emphasizes the need to protect the girl child from potential harm, stating, "a girl child cannot stay with boys". This statement reflects a strong awareness of gender-based vulnerabilities and a desire to ensure the safety and well-being of young girls. In this regard, Participant A saw herself as an apt person to assume care even without blood relation.

These responses collectively demonstrate the participants' profound sense of parental responsibility and their commitment to providing a loving, safe, and nurturing environment for the children entrusted to their care. Other participants added that:

"Yes... I must limit myself on certain things, and now that even if I go to that glass, I go just a little bit. Knowing that I have a responsibility to the child here and that the child depends on me, I wouldn't want, for example, someone knocking on my door asking about whatever, maybe it's a male, and the child gets raped." **(Participant C).**

"I consider her as mine... even them ... the challenges are that even without money, I pray that God keeps me to continue raising my children. That's how it is ... here is a child in the neighbourhood; they cannot go to bed hungry while I, N, am around. I can't watch a child suffer from hunger." **(Participant E)**

These assertions suggest that the motivations for elderly African women in Mnquma Local Municipality to care for non-biological children are complex and multifaceted, rooted in deeply held cultural values, a strong sense of community responsibility, and a profound commitment to the well-being of children. Participant A's response highlights the strong emphasis on child protection and safety within the community. This recognizes the potential risks associated with a young girl living in close proximity to boys and prioritizes her safety by taking her into her care. This reflects a deep-seated concern for the well-being and vulnerability of children.

The participants' statements suggest that elderly African women exhibit an inherent maternal instinct, prompting them to provide care and protection to vulnerable children irrespective of biological kinship. This inherent inclination is evident in their responses, as exemplified by Participant C's statement, *"Yes... you must limit yourself on certain things, and now that even if you go to that glass, you go just a little bit. Knowing that you have a responsibility to the child here and that the child depends on you."* These demonstrate a significant level of selflessness among these elderly women, who willingly make substantial sacrifices and compromises to prioritize the well-being of the children in their care. Their unwavering dedication to fulfilling the parental role highlights the broader concept of motherhood within African cultures, which transcends biological boundaries. This aligns with the African proverb 'it takes a village to raise a child,' emphasizing the collective responsibility of the community in nurturing and raising children. A particularly noteworthy observation was made by Participant G, who stated, *"I recommend that elders take care of children even if it is not their biological children, not even related to them."*

The following responses additionally allude to the same effect ...,

"I always tell people not to copy me because they won't be able to keep up. They might do it and later find out that they don't have love for those children. You must give children that motherly love, feed them, bathe them even if they are not your biological children" (Participant F)

"The pity I feel is that he is not going to receive love anywhere else, unless I give him love more than I give my own children. Because it was not my first time staying with a child with this child. From time to time, I would stay with children who are struggling, and they enjoyed coming to me. I would look after children, and when they grow up, they miss their homes, even though they have their parents. The pain is when a human is called an orphan and homeless, where am I going to throw this child. who am I going give him to" (Participant H).

These excerpts reveal the multifaceted nature of the caregiving experience, highlighting both the challenges and rewards encountered by elderly African women. Participant F emphasizes the demanding nature of caregiving, cautioning others against taking on such responsibilities lightly. She highlights the importance of "motherly love" and consistent care, emphasizing that providing for children requires genuine affection and unwavering commitment. This underscores the emotional and physical toll that caregiving can take on the caregivers. Participant H poignantly describes the emotional weight of providing care for

a vulnerable child. Her statement, "The pity I feel is that he is not going to receive love anywhere else," highlights the profound sense of responsibility and the emotional investment involved in their caregiving roles. The fear of the child becoming "homeless" and "orphan" further emphasizes the deep emotional impact of their caregiving experiences. However, despite these challenges, Participant H also acknowledges the rewards of providing care, noting that the children "enjoyed coming to me." This suggests that the caregivers derive a sense of fulfilment and purpose from their roles, finding joy in nurturing and supporting the children in their care.

The elderly women in this study have shown remarkable selflessness by prioritizing the well-being of children who are not their own. This clearly demonstrates their deep commitment to nurturing and caring for any child in need, regardless of their biological relationship. They explicitly state that every child deserves love and care, regardless of their parental origin. They explicitly emphasize that every child deserves love and care. This is particularly evident in Participant H's strong aversion to seeing children suffer. Several elderly African women expressed deep distress at the thought of children being labelled as 'orphans' and 'homeless.'

Sub-theme 1.3: The desire to empower children

Motivated by a combination of compassionate care and inherent maternal instincts, these elderly African women demonstrated a profound dedication to their caregiving roles. Their actions were characterized by an unwavering commitment and a willingness to go above and beyond, all without expectation of reciprocal gain.

“Um... this child, I want him to be educated. So that he can also take care of other people. According to my hopes for this child.... I hope he can be an educated someone. Just so he can have regard for the next person, not for him to disregard people when he grows older. I don't want him in the end to say, because when the time comes for me to tell him that 1 and 2 because I don't want to wait until... until... (using hands to gesture towards a village) ... (Participant B).

“My wish is for her to study and succeed. I'd love for her to become a teacher or a nurse, whatever she wants to be, but to succeed in her studies and do well at school.” (Participant C).

The participants' narratives reveal a strong desire to empower the children in their care through education. Participant B articulates this aspiration clearly, stating, "I want him to be educated. So that he can also take care of other people." This statement emphasizes the

participants' belief in the transformative power of education, not only for individual success but also for contributing positively to society. Participant B further expresses a desire to instill values of empathy and respect in the child, stating, "Just so he can have regard for the next person, not for him to disregard people when he grows older." This highlights the participants' broader social and ethical goals for the children, aiming to cultivate responsible and compassionate individuals. Participant C echoes these sentiments, expressing a strong wish for the child's academic success and envisioning future professions such as teaching or nursing. These responses collectively demonstrate the participants' deep-seated belief in the transformative power of education and their commitment to providing the children in their care with the opportunities to reach their full potential.

Other participants also added that:

"Okay. It's difficult, my child, because you find that on the other side you are teaching this child to...she was...she could not even bathe herself, I taught her and she...even washing her shirt and the...it's hard my child, I am even teaching her to sweep the floor because this child is a girl she must learn these basic skills. So, she has that thing...I try to take her through step by step because she knows nothing...I...I don't know... (gesturing with hands demonstrating confusion) ... she has this habit of saying "I forgot". My wishes are for her to get education. I tell her and say, "my child, I wish you can be educated (Participant D).

"For D, I want her to grow up; I want her to study, that's what I always say. I want D to grow. In my old age, I ask that God keeps me here a little longer. I don't want to pass on while D is still young and vulnerable. I want her to grow, learn, and eventually improve her mother's life". (Participant E)

"My wish for him is ... even when I talk to him, I normally say, "I see a lot in you. I want to see you educated, have a big house, and be a husband with children. I don't want to see you getting wasted and being a nobody in this village. I want people to look at him and say, "grandmother did a proper job in raising him." (Participant F)

A fundamental desire among all these participants is to witness their children achieve success. The fact that these participants, despite not being the biological parents of the children in their care, exhibit this same aspiration provides compelling evidence of a profound assimilation of parental roles and responsibilities. As exemplified by Participant G, who stated ..., *"She is going to do what I wish for her to do; indeed, she does exactly what I tell her, and she does not give me trouble ... because what I want is (if God enables me) to make sure that this child becomes what she is going become in life, she will be working for*

you... Again, I said to her mother, *“don’t disturb me, I want to give this child all the good things. She must come back to you knowing the difference between wrong and right.”* This demonstrates a deliberate effort to empower these children, ensuring that they develop into well-rounded individuals who do not suffer from the potential negative consequences of childhood neglect or deprivation.

Their commitment to these children extends beyond merely providing educational opportunities. They actively strive to instill essential values and life skills, recognizing the crucial role these factors play in the children's overall development and future success. In support of this, Mayasari, Ervida, and Susanti (2024, p. 211) are of the view that if values and principles are “... instilled from an early age, it will be better for the child’s future life”. These authors add that “Instilling good morals from an early age is very important for the formation of better individuals and becoming a generation with good morals” (*op cit*).

Sub-theme 1.4: Emotional fulfilment and empathy

The following responses elucidate the additional motivations that drive elderly African women of Mnquma to persist in their caregiving roles despite the challenges they encounter.

“I took them as though they were replacing my children who had passed away.

“What motivates me is seeing that my own grandchild also found a sister in her”.

(Participant A)

“I cannot lie; when I sit with that child... (silence)... when I sit with him, I feel like I have everything. Also, he took away the anguish void of not having my own children and what not ... I get happy. He is everything to me. (Participant B)

“Uhm...in any way I...(silence).... I would say that I am okay, because I can see that I’m a parent now. Because I...I am a mother now... I... she even says, “you are my mother, because I don’t know where my mother lives”. So, I am a parent, so that of...t doesn’t... I mean it no longer bother much that I don’t have a child...because I don’t know what the end of her mother will be, because maybe she will end up being my own child legally and things like that.” (Participant D)

The participants' narratives reveal a profound sense of emotional fulfilment and a deep connection with the children in their care. Participant A poignantly describes how caring for the child has helped her cope with the loss of her own children, stating, "I took them as though they were replacing my children who had passed away." This highlights the therapeutic role that caregiving plays in addressing personal grief and finding meaning in later life. Participant B emphasizes the profound sense of joy and fulfilment that the child brings, stating, "when I sit with him, I feel like I have everything." This underscores the

emotional rewards of nurturing and connecting with a child, particularly for those who may have experienced personal loss or infertility. Participant D expresses a newfound sense of purpose and identity, stating, "I am a parent now." The child's recognition of her as "mother" further reinforces this sense of maternal identity and provides a profound sense of fulfilment. These responses collectively demonstrate the significant emotional and psychological benefits that caregiving can provide for elderly women, offering a sense of purpose, meaning, and emotional connection in their later years. Another participant added: *"It is very nice when you see a child turning out to be very good, especially if they don't have any traumatic experiences or abuse stories to tell."* **(Participant F)**

Beyond the emotional fulfilment experienced by the elderly caregivers, the profound bond formed with the children and the joy they bring into their households constitute significant motivations. Participant E eloquently described this experience, recounting with genuine warmth the happiness she derives from her 3-year-old non-biological child. She recounted a touching anecdote, *"When they're sitting together, they sing songs they've learned at school or crèche, XXX will sing ... (imitating the child) ... "I have a mother, and I am happy when I look at her face, she smiles and holds me lovingly. My Lord, help me not to disappoint my H. I have to endear and cheer that then ... (smiling warmly, her face glowing with love) ... I hold, embrace and put her on my chest ... it's a beautiful feeling."* This narrative vividly illustrates the deep emotional connection and the profound sense of joy experienced by the parent.

Furthermore, the interviews revealed that for some elderly African women, these non-biological children fulfilled emotional needs and addressed past personal losses. These children helped to alleviate feelings of loneliness and provided a sense of purpose and fulfilment, effectively mitigating the impact of past emotional wounds. The following excerpt exemplifies this sentiment...

"I said I would not want this child to be taken to the orphanage, because he grew up staying with me. I have...he even knows that I am his grandmother. Even his mother was calling me "mama", I do not know where that girl came from. When I see a police Van driving by, I always think what if they are fetching this child, and I always think that I would cry and scream very loud for this child. In the morning when he wakes up, he does something strange that I have never ...even with my own children that I have raised he wakes up and say, "good morning, Grandma, how are you doing? how is your arm?". He would rub me as if it's someone older... "how is your arm Grandma?". And say, "Hey I have never loved someone like this, come, let me give you a kiss", he is a very loving child (smiling)." **(Participant H).**

The above participant articulated that her experience of profound love and care originated with her relationship with this specific non-biological child. She emphasized the unique and unparalleled nature of this bond, surpassing even the emotional connections she had with her own biological children. Recognizing the fundamental role of emotional fulfillment in human well-being, she asserted that experiencing such profound emotional connections contributes significantly to a sense of overall completeness and well-being.

The statement, "I said I would not want this child to be taken to the orphanage because he grew up staying with me," underscores the profound attachment and sense of responsibility she feels towards the child. This highlights the emotional investment and the significant role she plays in the child's life.

The description of the child's affectionate gestures, such as "*good morning, Grandma, how are you doing? how is your arm?*" and "*Hey I have never loved someone like this, come, let me give you a kiss,*" reveals the deep emotional connection and reciprocal love shared between them. These intimate interactions signify a strong parent-child bond, highlighting the profound impact of the caregiving relationship on both the child and the caregiver.

The participant's fear of losing the child to authorities, "*I always think what if they are fetching this child, and I always think that I would cry and scream very loud for this child,*" further emphasizes the depth of her emotional investment and the potential trauma associated with the separation. This highlights the vulnerability and emotional fragility inherent in these caregiving relationships.

Another participant said: "*What I am trying to say is that now she cannot be detached from me because of my treatment, she feels it. I mean she is the one person I live with, and she is my last born*" **(Participant F)**

The above findings suggest that for some participants, the experience of childlessness had resulted in feelings of emptiness and emotional void. However, by assuming the role of caring for these non-biological children, they have experienced a profound sense of fulfillment and joy, including the significant emotional gratification associated with being called '*Mama*'. In her assertion, Participant H further emphasizes this point. She expressed that without this child, she would likely be living in isolation, devoid of companionship and the loving care she now receives. This highlights the profound importance of love and companionship in her life, emphasizing the significance of both giving and receiving love as crucial aspects of human well-being. In essence, the elderly women's selfless care aligns with Bowlby's (1969) attachment theory, which emphasizes the innate human need for secure bonds and the profound impact of nurturing care on child development.

In addition to experiencing personal fulfilment, these elderly caregivers exhibit strong empathic tendencies. The following examples illustrate their embodiment of *Ubuntu*, characterized by principles and values that emphasize compassion, humaneness, and the interconnectedness of all beings (Makhanya & Mzinyane, 2024). Another participant said:

“As I have this sister-in-law, she.... she...she wanted to give me a child. There are so many of them to their grandmother. Their grandmother passed away, so I realized that my sister in-law is burdened by this heavy load” She wanted to help her sister-in-law.” (Participant G)

“I can actually take someone’s problem and bring it to me, and I can...and that certain things I cannot just let it out to someone else. I must first think about it and consider if that thing was to be directed to me, how I would feel.” (Participant B)

The responses from the participants provide valuable insights into the multifaceted motivations underlying the caregiving decisions of elderly African women. Altruism and a strong sense of familial responsibility emerge as key drivers. Participant G's statement, emphasizing the desire to alleviate her sister-in-law's burden while simultaneously providing a safe haven for the child, exemplifies the profound influence of African cultural values, which prioritize kinship ties and collective responsibility within the family unit. This resonates with the core principles of *Ubuntu*, emphasizing empathy and interconnectedness within the community.

Furthermore, Participant B's quote underscores the significance of empathy, compassion, and a strong sense of social responsibility in motivating these women. Their capacity to understand and share the experiences of others, as evidenced by Participant B's statement, aligns profoundly with the core tenets of *Ubuntu*, which emphasize the interconnectedness of all human beings and the importance of treating others with dignity and respect.

Sub-theme 1.5: Social Recognition

Another recognised theme from participants’ responses was the significant influence of both self-perception and social recognition on their continued engagement in caregiving responsibilities.

“No, I didn’t face any problems, instead they... they love me, people love me... because I have a good heart. I can care for someone... to the extent that they say, “wow, I can’t do this, I... a small baby, I’m unable to sleep day and night, I’m... I’m...”

I'm... taking care of a child that is not even mine." however, I just tell them that this child is here... (pointing to her heart) ... to me, and what I am will never change."
(Participant B)

"Be someone with a compassionate heart, be a good person who cares ... who ...on this side ...do this and do that on the other. I ...you don't ... they even me and say, "how do you do it, Participant E [concealed name of participant]?" I then tell them that we are different as people ... maybe you are lazy or dismissive. I am a hardworking person; you need to and do that. That's what I do, I am hardworking, you need very hardworking in order to succeed. You can ask them here in this village about XXX, thus, what kind of a person she is." **(Participant E)**

A significant proportion of participants define themselves as inherently compassionate individuals. This intrinsic motivation underscores the significance of their caregiving roles, fostering remarkable resilience in the face of challenges. This positive self-perception is further reinforced by the social recognition they receive from their community for undertaking these responsibilities, particularly given the absence of state support. In her statement, Participant B emphasizes the positive social feedback she receives: *"People love me... because I have a good heart."* This external validation reinforces her sense of self-worth and provides a strong motivation for continued caregiving. As well as Participant E emphasizes the positive social perception of her character when she avers that *"be someone with a compassionate heart... they even me and say, 'how do you do it, Participant E [concealed name of participant]?"* This recognition from the community strengthens her sense of self-worth and reinforces the value placed on her caregiving role. She further explicitly mentions the positive social status she has earned within the community: *"You can ask them here in this village about XXX, thus, what kind of a person she is."* This social recognition provides a strong sense of belonging and contributes to her overall well-being.

As a final thought, the provided data suggests that social recognition, self-identity, and personal fulfilment are significant motivators for elderly African women to care for non-biological children in Mnquma Local Municipality. These findings highlight the importance of social support, community recognition, and the cultivation of positive social identities in fostering and sustaining caregiving practices within these communities.

"No, this thing my child goes with your heart, it depends on what kind of heart you have. I'm a person who's got a great deal of compassion the... the... a very unique one." **(Participant G)**

“... but I am sure of one thing, I’m very good with children, everyone in this village knows me. No matter what happens at school ... whatever case that there is, if it’s about a child they simply call me. Even at church all children will come to me and report everything, they say, “Grandmother, this and that” **(Participant F)**

Despite their strong internal motivation and positive self-perception, these elderly African women often encounter negative societal perceptions that challenge their efforts. These negative views, which may include accusations of exploiting children for personal gain, can create significant emotional distress and pressure on the caregivers. However, their commitment to their caregiving roles and their positive self-image as compassionate individuals provides the resilience necessary to overcome these societal challenges. The following quotes display such:

*“Because most people used to have this thing of ... they are calling me names saying I’m a Burren, or I am... that I’m unable to give birth... I’m not woman enough, so, it used to hurt me so bad. Uhm... (appearing sad) ... it is painful, I mean it’s very painful but then I...I take her as my own child. However, to someone... someone she does not...when they know “that cis not her child, she can pretend to be her parent all she likes...I won’t change. Even she adopts this child, she will remain not hers” ... (stating what people say) ...” **(Participant D)***

*“It is ... it is ... It has been hard, but I had told myself that with D’s situation ... saying I will raise D in any case. I’ll raise her; I won’t give up on D, I won’t be defeated. There’s nothing they lack because I’m trying.” **(Participant E)***

The participant emphasizes her unwavering commitment to raising the child "*I had told myself that with D’s situation ... saying I will raise D in any case. I’ll raise her; I won’t give up on D, I won’t be defeated.*". This highlights a deep sense of responsibility and determination to fulfil her role as a caregiver. In making the statement that says, "*there’s nothing they lack because I’m trying*", this elder was reflecting a deep sense of care and concern for the child's welfare. Furthermore, these elderly African women’s priority and focus is ensuring the children’s well-being and that all their needs are met, and this is highlighted in their determination to overcome the challenges they face. These all highlight the resilience and perseverance of these elderly caregivers in the face of adversity.

Sub-theme 1.6: Moral obligation

While participants consistently emphasized care, compassion, and love as primary motivations for caring for non-biological children, their responses also revealed a strong sense of internal moral obligation. This inherent sense of duty compelled them to provide care and protection to vulnerable children within their community.

“Because I see that no one else will take care of her. I must endure and take her in”
(Participant A)

This quote explicitly highlights a strong sense of personal responsibility. The participant acknowledges that she is the only one who can provide care for the child and, therefore, feels a moral obligation to do so. This reflects a deeply ingrained sense of duty towards the vulnerable child.

“That’s the only thing that made me to ... I got guilty because S is the child of my brother’s wife. I have that guilt.” **(Participant E)**

The above quote reveals a strong emotional component, specifically guilt, driving these elders’ actions. The participant feels a moral obligation to care for the child due to their family connection, highlighting the importance of caring and helping responsibility within this context.

In summary, these feelings stem from the participants' perception of a critical social need. They recognize that, in the absence of their care, these children may face significant vulnerabilities due to factors such as lack of parental support, neglect, or a lack of available family support systems. This sentiment is clearly articulated by Participant H's statement below:

“He has no one, I am the only one he has. I am motivated by pain of ... (stuttering)...of not knowing who I am going to give him to.” **(Participant H)**

Finally, a deeply held religious belief that children are a divine gift motivates these elderly African Women. They perceive it as their spiritual duty to nurture and protect these blessings, diligently fulfilling their caregiving roles despite the inherent challenges and difficulties. For example, Participant D stated, *“I don’t know what I am going to do, but then I will try and endure because the child did not do anything wrong to anyone and she asked to come live with me because of seeing the situation. “Because I know, I fear God. I said, “how could I not take her? My relative, I have no children, right? ... And I end up regretting it, that’s how I took her. “So, I...I...I do accept that this child has become mine.”*

Sub-theme 1.7: Elders compensating for their own children

A significant number of participants shared a deeply personal and emotionally challenging motivation: the loss of their own children through death and/or infertility as their reason for not having children. This experience often fuelled their commitment to caring for non-biological children, providing them with the love and nurturing they were unable to experience with their own offspring.

“Loving children as I do; but I didn’t give birth to children of my own.” (Participant B)

“So, I am a parent, so that of...it doesn’t... I mean it no longer bothers me much that I don’t have a child...because I don’t know what the end of her mother will be, because maybe she will end up being my own child legally and things like that. Because most people used to have this thing of ... they are calling me names saying I’m a Burren, or I am... that I’m unable to give birth... I’m not woman enough, so, it used to hurt me so bad.” (Participant D)

For some participants, the loss of their own children due to various circumstances, such as death or infertility, created a profound sense of emptiness and a yearning for the joys of motherhood. Caring for non-biological children provided a meaningful purpose, offering an opportunity to experience the fulfilment of nurturing and being nurtured by a child, and to reclaim a sense of maternal identity. Below are the responses made by the participants highlighting the above assertions.

“Tragedy struck, and all my children passed away. As you can see these graves...(pointing)? None of them are still here... (Stuttering) My son passed away in 2018, no, the daughter in 2018, and the son in 2019, you understand?” (Participant A)

“I have only one child, I had 7 children. They all died; I was left with only one ... (becoming emotional) ...” (Participant E)

“My children are old. I took her because I wanted to ease the burden from my sister-in-law. I had decided that I will treat this child my own way” (Participant G)

In their assertions, Participants A and E describe the profound grief and loss experienced due to the death of their children. This loss significantly impacts their lives and shapes their motivations to care for these non-biological children. Their descriptions are emotionally charged, highlighting the deep pain and trauma associated with these experiences. However, despite the immense grief, the elderly African women demonstrate remarkable resilience because by caring for these non-biological children, they find a renewed sense of purpose

and meaning in life. This suggests that caregiving provides a way to cope with grief and find meaning in the face of personal loss. Participant G, on the other hand, reflects strong intergenerational support and familial solidarity. These responses highlight the importance of family bonds and the desire to assist family members in need within these communities.

In summary, the provided data highlights the profound impact of child loss on the motivations and experiences of elderly African women caring for non-biological children without a statutory mandate. These women demonstrate remarkable resilience in the face of personal tragedy, finding meaning and purpose in their caregiving responsibilities.

Theme 2: Structural Issues and caring for non-biological children

This theme focuses on the structural challenges that compel elderly African women in Mquma Local Municipality to care for children without a statutory mandate. This theme also accounts for findings related to research objective 1. Notwithstanding the myriads of positive reasons and circumstances leading to these elderly women being responsible for child-rearing, as shown above, this sub-theme presents some of the negative factors that participants regarding the other broader reasons highlighted. Some of these included the involvement of biological parents in substance abuse, the neglect of children by their child's biological parents and the employment opportunities resulting in the migration of biological parents.

Sub-theme 2.1. Substance abuse and abuse of social grants by biological parents

When further probed about reasons that forced participants to care for children whom they are not related to by blood, they then raised the issue of substance abuse as the main issue. Some participants said:

“Let me just say most people are... maybe you find that the biological mother of the child drinks a lot... what is important to her is... is... the... what I see as the major contributing factor is the substance abuse by parents. It is these R350 they buy drink (buying alcohol with) ... you find out that the child now even their child support grants the child, it is not even easy for them be bought school uniform and all other school needs. However, the... the child's needs.... because most of the time the money is used to buy alcohol” (Participant D)

This statement highlights the significant impact of socio-economic factors and parental substance abuse on the prevalence of kinship care in the Mquma Local Municipality.

Participant D explicitly identifies substance abuse by parents, particularly alcohol abuse fuelled by the South African Social Relief of Distress (SRD) grant, as a major contributing factor to children requiring alternative care arrangements. The phrase "It is these R350 they buy a drink (buying alcohol with)" underscores the detrimental impact of alcohol abuse on parental responsibilities, with the SRD grant intended to alleviate poverty inadvertently contributing to the problem.

This excerpt also highlights the financial strain experienced by caregivers due to the parents' irresponsible use of resources. The statement, "you find out that the child now even their child support grants the child, it is not even easy for them to be bought school uniform and all other school needs," emphasizes the financial burden placed on caregivers, who often have to supplement the children's basic needs, including education. Another participant said

It's because children are having children all over the place... (gesturing everywhere) ... It's alcohol firstly, followed by drugs. There are many! Alcohol, taverns ... for example here is another one now ... (pointing towards the drinking spot) ... A person ... a child gets their child support grant, but the child is left hungry..." (Participant E)

Participant E, in her response, indicates that the excessive use substance of these biological parents exacerbates these issues, contributing to reckless behaviours such as multiple sexual partners and unplanned pregnancies. It is crucial to note that unemployment among these parents often results in the misuse of child support grants to fund substance abuse habits. Another participant said:

"Until she...when she started receiving social grant for the child, you would not tell that she had received the social grant. I did not know whether she was drinking alcohol with the money because what I noticed was that she was drinking alcohol."
(Participant H)

This statement further reinforces the findings regarding the detrimental impact of the South African Social Relief of Distress (SRD) grant on some families and its contribution to the need for alternative care arrangements. Participant H observes that the mother's alcohol consumption increased significantly after she began receiving the child support grant. The phrase "you would not tell that she had received the social grant" highlights the lack of transparency and accountability in how the grant funds were utilized.

This observation underscores the potential for misuse of social safety nets and the need for more effective mechanisms to ensure that these funds are used for the intended purpose – the well-being of the child.

“Uhm... this child, her mother is not right mentally. She is...she...she.... she okay...she is not right because she is one of those people who are ... (pointing to her head and making a gesture of a mentally disturbed person). Yes, she’s mentally ill because she receives a disability grant.” (Participant D)

“His mother is mentally challenged; you just wouldn’t tell when you look at her ... like she is disturbed or something, but she is beautiful. However, she drinks alcohol heavily, she smokes a lot, she sniffs these drugs of their and ... and ... she ...she loves men... she galivants with them.” (Participant F)

“What is happening is that her mother has so many children who come after her, and she drinks a lot and sleeps with different men” (Participant G)

Participants D, F, and G all highlight the significant role of parental mental health issues in creating the need for them to assume caring responsibility for the non-biological children in these villages. This includes conditions such as mental illness, substance abuse, and risky sexual behaviours, which negatively impact the parent's ability to care for their children. As a result of the above factors, elders identify that these children face neglect, abuse, and potential exposure to harmful environments due to their biological parents' struggles.

The responses provided by the participants highlight the devastating impact of substance abuse on family structures and the well-being of children in these two villages. The misuse of child support grants for alcohol further exacerbates the situation, leaving children's basic needs unmet. The participants' accounts vividly illustrate the negative impact of parental substance abuse on children. These children face neglect, poverty, and a lack of basic necessities due to their parents' struggles with addiction. These findings also underscore the significant role of parental mental health challenges in creating the need for elderly African women to care for non-biological children. Addressing these challenges requires a multi-faceted approach that includes improving access to mental health services, strengthening social support systems, and addressing the underlying social and economic factors that contribute to mental health issues within the community.

Sub-theme 2.2: Child neglect by biological parents

Child neglect was another issue that was raised as an impetus for caring for children in the village. Consequently, these older women felt compelled to assume the role of caregivers, effectively intervening to ensure the safety and well-being of these children.

"Girl, what's the situation with the child? Because now I'm burdened with the child. You don't want anything, there only thing you want is boys. Those boys won't help you with anything, and at that time I came back from Cape Town. Anyway, the child I took with me." **(Participant B)**

"But A just wanders around, she's that kind of person who never stays. She'll disappear for a month or two and maybe return in the third month." **(Participant C)**

"Wherever she lays her head, it's home." **(Participant G)**

"A person ... a child gets their child support grant, but the child is left hungry... The child's money. That is what led me to taking her. I heard people saying that "the child is there, she is wandering around unsupervised, the child is hungry, the child is naked, the child is lacking a lot" ..." **(Participant E)**

The above assertions all highlight the significant role of parental neglect and irresponsibility in creating the need for elderly African women to carry out caring responsibility. This includes situations where parents prioritize their own needs and desires (such as socializing and substance abuse) over the needs of their children, leading to neglect, abandonment, and a lack of basic care. The descriptions emphasize the irresponsibility of these parents, who often prioritize their own needs and desires over the well-being of their children. Participant E highlights the alarming situation where children are left hungry despite receiving child support grants. The phrase "The child's money. That is what led me to take her" emphasizes the direct link between the misuse of child support grants and the need for alternative care arrangements. This observation underscores the failure of existing systems to adequately protect children from the consequences of parental neglect and irresponsible use of resources.

Participant B's statement, "Girl, what's the situation with the child? Because now I'm burdened with the child," reflects the frustration and resentment experienced by some caregivers who feel burdened with the responsibility of caring for children whose parents are unable or unwilling to fulfil their parental duties. The phrase "Those boys won't help you with anything" suggests that the mother may be prioritizing romantic relationships over her parental responsibilities, further exacerbating the child's vulnerability.

Additionally, Participants C and G describe parents who are absent from their children's lives for extended periods, leaving them without adequate care and supervision. This highlights the significant impact of parental neglect and the vulnerability of children in these situations, ultimately shifting the burden of care onto elderly African women.

A remarkable aspect of these elderly women's behaviour is their acute awareness of children in need within their community and their inherent understanding of their role in addressing these needs. Community concerns regarding a child's well-being and the lack of adequate parental care often serve as catalysts for their intervention. This underscores the critical importance of community awareness and support in addressing child neglect, a principle deeply rooted in the African concept of *Ubuntu*, emphasizing interconnectedness and collective responsibility.

"I said I want to take the children because I hear this little one is walking around and sleeping outside. What led me to take this decision was seeing this... these rape cases outside. I thought about this girl... and I thought that there were also boys there, who were roaming around. Now, I thought, these boys leave and return at night. The children might be vulnerable, especially this girl. (Participant A)

"There was something ... she was once raped. ...(nods)...because of being left alone behind. She wasn't leaving her with anyone, she would leave her in...where she normally left her people were drinking, even the girl she left her with. I thought I should take her in because perhaps something bad would happen, like she might be raped again or even killed. (Participant D)

The response provided by Participant D highlights the prevalence of instances where a young biological parent neglects her parental duties, leaving her children unattended or in unsafe environments. This parental neglect, often characterized by irresponsible behaviours such as frequent absences and a lack of supervision, exposes the child to significant risks, including sexual exploitation. Recognizing these vulnerabilities, the elderly woman felt compelled to intervene, assuming the role of providing care for the child and protecting her from harm.

"This baby was no longer an infant now. The baby is six months. (Clapping hands) ...she did not return on a particular weekend she had disappeared on...I would be busy touching here and there looking after the baby.... (demonstrating with her hands on how busy she would be taking care of the baby)." (Participant H)

Another form of neglect observed involves instances where parents intentionally fail to fulfil their parental responsibilities, subjecting the child to harsh and traumatic conditions. This form of neglect, characterized by active disregard for the child's well-being, is exemplified by Participant F's account, *"what hurts me the most it's the situation he was put in by his mother. One day, his biological mother dressed him in wet clothes and sent him to school, where he roamed around."*

Lastly, the provided data highlights the significant role of parental neglect and irresponsibility in creating the need for elderly African women to care for non-biological children. These caregivers often step in to fill the void left by absent or neglectful parents, ensuring the safety and well-being of vulnerable children within their communities.

Sub-theme 2.3: Employment opportunities resulting in migration of biological parents

Economic hardship, often exacerbated by unemployment, leads to parental migration to urban areas in search of employment opportunities. This results in the displacement of children and subsequently increases the burden of care on elderly women within rural communities.

"I found out when XXX [concealed name of the biological parent] said she found work, but she didn't leave the children's note or care instructions with me. After she left, I heard that this girl was sleeping over there... (pointing to the neighbouring houses) ... at the house below. Apparently, she would play there and eventually sleep there because the boys came back late at night. When XXX came back at the end of the month, I said I want to take the children because I hear this one is walking around and sleeping outside". (Participant A)

"As a result of her mother always being in Cape Town I then...when the child was given to me...she was here but she went back to Cape Town immediately after that". (Participant G)

"His mother went to Cape Town and left all of them there ..." (Participant F)

The provided excerpts highlight the significant impact of parental migration on children's well-being. When parents migrate to urban areas in search of employment opportunities, they often leave their children behind, leading to their displacement and creating a gap in their care. This displacement leaves children vulnerable to neglect, abuse, and exploitation. Participant A describes a situation where the biological mother, despite

securing employment, failed to provide adequate care arrangements for her children, leading to the child sleeping at a neighbour's house due to the mother's late return. This scenario underscores the challenges faced by children when parents migrate for work, particularly when they fail to make adequate arrangements for their care.

Participants G and F explicitly mention the migration of mothers to Cape Town as a significant factor leading to children being placed in the care of relatives. The phrase "As a result of her mother always being in Cape Town" in Participant G's statement directly links the mother's migration to the child's placement in kinship care.

4.5. CHAPTER CONCLUSION

Aligned with research objective number one of this study, the findings presented in this chapter contribute to knowledge by providing valuable insights into the diverse motivations that drive elderly African women in Mnquma Local Municipality to undertake the significant responsibility of caring for non-biological children without a formal legal mandate. Altruism emerged as a central theme, with many participants emphasizing a strong sense of social responsibility and a desire to protect vulnerable children from harm. Concerns about child neglect, abuse, and the lack of adequate parental care within the community were frequently cited as primary motivators. Furthermore, a profound sense of empathy and compassion for children in need was evident throughout the narratives, highlighting the participants' deep-seated desire to provide love, care, and support to those who lack adequate family support.

However, it is crucial to acknowledge the complexities underlying these motivations. While altruism and compassion are undoubtedly significant factors, the findings also suggest that socio-economic pressures and cultural expectations may play a crucial role. The absence of adequate social safety nets and the limited availability of formal childcare options may compel some elderly women to assume caregiving responsibilities. Additionally, cultural norms that emphasize the importance of family and community support, along with the expectation that older women will contribute to the well-being of the next generation, may significantly influence their decisions to provide care.

This chapter has laid the groundwork for a deeper understanding of the multifaceted motivations that underpin kinship care in this context. It is crucial to acknowledge that these motivations are often intertwined and influenced by a complex interplay of personal, social, cultural, and economic factors. Further research is needed to fully understand the interplay of these factors and their implications for the well-being of both the children and the caregivers.

CHAPTER FIVE: PART 2 OF DATA PRESENTATION: *CHALLENGES, SUPPORT SYSTEMS AND ANTICIPATED ASPIRATIONS*

5.1. INTRODUCTION

This chapter continues the presentation of the study's findings, focusing on the challenges faced by elderly African women in Mquma Local Municipality while caring for non-biological children without a statutory mandate (Objective 2). It also explores the diverse support systems that these caregivers utilize to navigate these challenges (Objective 3). Finally, the chapter presents key recommendations directly from the participants themselves on how to address their needs and improve the overall well-being of both the caregivers and the children in their care (Objective 4).

By examining the challenges, support systems, and recommendations articulated by the participants, this chapter aims to provide valuable insights into the lived experiences of these caregivers and inform the development of more effective and culturally sensitive support programs and policies.

5.2. PRESENTATION OF THEMES FOR CHAPTER 5

The table below presents themes and sub-themes that are covered in this chapter

Table 3: *Depiction of Themes and Sub-themes Presented in Chapter 5*

THEMES	SUB-THEMES
Chapter 5	
Theme 3: Elevated Poverty, Stress and anxiety of the elderly as a result of the additional responsibility	Sub-theme 3.1. Inability to make ends meet Sub-theme 3.2. Stress-related deceases [Arthritis and Mental illness] Sub-theme 3.3. Anxiety about dying and leaving children without support and care Sub-theme 3.4. Limited access and awareness of care services and support
Theme 4: ‘Amasiko akwaXhosa’ [rituals] performed for children	Sub-theme 4.1. Ritual practices [imbeleko, ibhay/ingubo, and ulwaluko] Sub-theme 4.2. Children, ill-health Sub-theme 4.3. Abnormal normality; physical and emotional abuse as an ordinary phenomenon (GBV) Sub-theme 4.4. Widowed elders and lack of support
Theme 5: Higher power and social support	Sub-theme 5.1. Beliefs and religion [God and ancestors] Sub-theme 5.2. Values adopted from significant others Sub-theme 5.3. Significant others' support system
Theme 6: Government support needed to address financial constraints	Sub-theme 6.1. Gentle and positive parenting skills Sub-theme 6.2. Exemption from school, fees, uniforms and transportation Sub-theme 6.3. A special grant for this category of children

5.3. PRESENTATION OF FINDINGS IN CHAPTER 5

Theme 3: Elevated Poverty on elders as a result of the additional responsibility

This theme aligns with research objective two, which aimed to explore the challenges faced by elderly African women in Mnquma Local Municipality while caring for non-biological children without a statutory mandate. As the researcher engaged in the findings, three key challenges were revealed: sub-theme 3.1, 3.2, and 3.3. and 3.4. Under this theme emerged the following sub-themes: inability to make ends meet; stress-related diseases [Arthritis and Mental illness]; anxiety about dying and leaving children without support and care; and limited access and awareness to care services and support.

Sub-theme 3.1: Inability to make ends meet

There were numerous challenges faced by elderly African women while caring for non-biological children. These include poverty because as people are ageing, in some cases, their sources of income dwindle as well, and this has a direct effect of exacerbating poverty, especially for elderly women who are caring for non-biological children without any statutory mandate. It was argued that:

“Yhuuu... the thing I struggle with is... (coughs)... I run out of food before time; that’s the main thing I see. I end up struggling like that and borrowing money. (appears worried) What I end up having are debts because I can’t go ask for maize meal from a neighbour. I must borrow money and buy enough food, item by item.” (Participant A)

“I must tighten my belt, knowing that I only buy that cement, I can’t afford both the cement and food.” (Participant C)

“Uhm...the load is too heavy, my dear. Because even at home, they depend on me. I mean my maternal home, so at home, they depend on me even with groceries; my late brother’s child stays at home if they finish groceries, they ask for it from me. Everything is my responsibility, including burial schemes. Do you see such things?... so, it really...it weighs me down a lot, but I always say that God is with me.” (Participant D)

“Food gets finished, and we have to stay like that because even my husband is unemployed.” (Participant F)

“It’s not easy; it is difficult. When I have to buy her things, I am forced to give up all social grants” (Participant G)

The above assertions reveal a significant challenge faced by these elderly women: the pervasive impact of poverty within their communities. This poverty is exacerbated by the precarious economic circumstances of many families, particularly those where parents migrate to urban areas in search of employment, leaving their children behind with no alternative care. This situation often necessitates the intervention of elderly women, who assume the responsibility of caring for these vulnerable children. Another significant challenge arises from the limited access to and misuse of social welfare programs. Many of these children do not receive the Child Support Grant, while others, despite being eligible, are denied access to these funds due to parental mismanagement, such as the misuse of funds by their biological parents.

Furthermore, limited financial resources exacerbate the challenges faced by these elderly caregivers. The inadequate income, often the sole source of support for the entire household, is insufficient to meet the basic needs of both the elderly African women and the children under their care. This financial strain leads to constant anxiety and stress regarding the children's well-being and compromises the caregivers' own nutritional intake. It was added that:

"I live by old age grant. Even if I don't want to, I must wake up and go to ... I see something in that house, I must go and ask to ... ask to clean in that house, because I know that to be right and have money, I need to do that. It's what forces me, even when I feel my body doesn't want to. Every month, I go to Monti for recycling, I have to. It's necessary. Sometimes I see that food is running out at home. The money we receive from the government for our personal needs is used for our other needs, like burial societies and other things. That's why I go around collecting cans and scrap from garbage bins, asking people for old cardboard and fridges, dismantling them, and then hiring a van to take them to East London for recycling. I pay R1,500 to rent a van and fill it up with scrap. I sell it to make money. (Participant E)

"If the government could give me something small so that I can assist these children because this grant money is not much. It finishes without covering all the needs. Cooking oil costs R200, holsum...fish oil... R200 for 5litres, now tell me if it's R200 for 5litres, R80, R89 ... a ...a (stuttering) 2ltr. Now how much is the grant. How are you going buy him things? I am struggling a lot with that child, a lot." (Participant H)

Participants E and H describe the severe financial strain they experience while caring for non-biological children. Limited income sources, coupled with rising living costs, make it extremely difficult for these elders to meet the basic needs of both them and the children

they are caring for. The elders' narratives highlight the precarious financial situation of many elderly caregivers, who often rely on finite pensions and limited social grants.

In an attempt to eradicate poverty in her household, Participant E describes the various strategies she employs to supplement her income, such as domestic work, recycling, and collecting scrap metal, *"That's why I go around collecting cans and scrap from garbage bins, asking people for old cardboard and fridges, dismantling them, and then hiring a van to take them to East London for recycling."* The above demonstrates the resilience and resourcefulness of these elderly African women in their efforts to provide for themselves and the children under their care. However, these strategies often involve physically demanding labour and may not always be sufficient to meet their basic needs. Participant E acknowledges the physical and emotional toll of these financial struggles. The constant worry about making ends meet and the physical demands of their income-generating activities significantly impact their physical and mental health.

"That's what is stressing me the most, because she is ... in the long run she will be going to Grade 12. There will be money needed every month, for the rental at high school. I don't even know where I am going to get that money from." **(Participant E)**

"And you do it happy, because if you know that you need to her a blazer this time around, the blazer is R1000 plus. That blazer then, I said to her, "I don't want us to get January having not bought it". Well, the... the... the... (Stuttering)... the child is... it's not easy it is difficult.... because you will be doing this one thing side and something else happens on the other side. When I have to buy her things, I am forced to give up all my social grant. She is in high school as am talking to you now, there at Vulihlanga. She will continue with high school, which means her education needs are increasing." **(Participant G)**

The preceding observations underscore the limited financial resources available to these households, necessitating the prioritization of essential needs, namely food, at the expense of other crucial expenditures. This financial constraint is further exacerbated by the educational challenges faced by the children within these families. The account provided by Participant A vividly illustrates this complex predicament, *"the issue I am currently facing is that I was called to Cunningham, and I was asked when I would pay the child's school fees. I said I didn't have money; they asked when I would buy a blazer. (silent moment) ... I then told them that I would see about that in November. But I don't know if I will have more money than I usually get in November. The main issue I'm facing is that the children are schooling*

without anything." Participant H echoed this sentiment, expressing frustration regarding the financial burden of her son's school transportation. This anecdote underscores the significant challenge that ensuring children's education poses for elderly African women within these communities, *"that is one thing I currently feel that... and that is killing me. To the extent that I even say that if I had money, I would let him take transport. Because the car will ring the horn/hooter, transports that other children are using have usually ring car horns."*

The observed challenges extend beyond food insecurity and educational barriers, significantly impacting the living conditions of these elderly African Women. Some of their residences often present a distressing picture of poverty and neglect. This awareness is evident in their recommendations, which frequently highlight the need for housing improvements. These substandard living conditions are primarily attributed to the severe financial constraints faced by these households. Participant C's that reads, response to a query regarding their challenges serves as a poignant illustration of this awareness, *"there's a lot, my child, because the house is falling apart, and I'm here, while I'm inside."*

Sub-theme 3.2: Stress related deceases and aging (Arthritis, high blood pressure and Mental illness)

The persistent demands of caregiving, characterized by constant financial planning, resource allocation, and the associated emotional stress, have a detrimental impact on the physical and mental health of elderly African women in this community. The following responses account to illustrate this phenomenon.

"Maybe high blood pressure will ... if high blood pressure goes up, and my heart will just stop, even now I can feel I am no longer the same person ... my body sometimes is ... arthritis. I get extreme splitting headaches here in the middle of the night. When I go to the clinic, they say my blood pressure has gone up, but I have not started with treatment." **(Participant E)**

"There are even these diabetes and pressures now. I have been stressed by this pre...he looks after me. He knows when I should take my pills." **(Participant H)**

Participant E's statement reveals the profound impact of caregiving stress on the physical and mental well-being of these women. "Maybe high blood pressure will ... if high blood pressure goes up, and my heart will just stop". This stark statement reflects a deep-seated fear of imminent mortality. The constant stress of caregiving has taken a significant toll on her physical health, manifesting in high blood pressure and the fear of a potential heart

attack. Participant H's statement further emphasizes the interconnectedness of caregiving stress and health deterioration, "there are even these diabetes and pressures now". These confirm the presence of multiple chronic illnesses, likely exacerbated by the chronic stress that come with this additional responsibility.

"Whenever I carried something, I would feel that my arm would give way. They told me I had arthritis. So, I ended up getting the disability grant early, and when I found out I had arthritis" (Participant A)

"Even now I do not have an arm, my arm is not very strong. I have an arm problem (pain), he rubs, this child rubs me." (Participant H)

Participants consistently described noticeable physical changes attributed to the ageing process. Notably, Participants A and H expressed frustration regarding the increasing physical limitations they experience, particularly in their arms and knees (joints and bones). These limitations hinder their ability to perform daily tasks and chores with the same ease as before. While not all participants have received formal diagnoses of arthritis or related conditions, many reported experiencing similar symptoms and functional limitations to those diagnosed and undergoing treatment. Supporting this perspective, Wang and Mutchler (2020) contend that regardless of biological relation, caregiving responsibilities can pose significant psychological and physical burdens on elderly individuals. These burdens extend beyond the demands of physical care, encompassing emotional, social, and financial stressors.

"It's difficult to raise my hand and do things." And yet she cannot afford to buy cement; "It's difficult because when I think about spending my money, I can't afford cement, for example, to fix things. - My arms are painful lately; I don't know if it's from aging. I sometimes feel weak, like I can't walk properly. I don't know why, maybe it's old age." (Participant C)

"There are many challenges, my child. There are many. However, you endure as a human being. I'm no longer as energetic as I used to be I have arthritis because of working hard. But I must do these things and to raise these children." (Participant E)

Furthermore, Participant E acknowledges the significant impact of these physical changes on her self-perception. The physical limitations imposed by ageing have altered her body image and diminished her sense of self-efficacy. She poignantly expresses this sentiment, stating, "Even now I can feel I am no longer the same person ... my body sometimes is ...

arthritis." This statement reflects a profound sense of loss associated with the decline in physical capabilities.

"There is no diagnosis, but you can feel that your body is of old age. Sometimes I feel weak randomly, however I'm not on any medication." (Participant F)

Cognitive decline, specifically memory loss, is a common age-related health challenge encountered by the participants. This cognitive decline manifested in difficulties assisting their children with tasks requiring memory, such as remembering important dates and schedules for school and other extracurricular activities. The preceding analysis is supported by the testimony of Participant H, who asserts, *"the other thing ... (clapping)... I forget a lot lately. It has been happening for some time now, he also takes a bath, dress up and go...and say he...he wakes up very early as he wants to arrive early at school, leaving others behind. Only to find out that there is no school. That is the pain I am constantly experiencing and that is one...one... thing that tortures me the most. The one-off forgetting, another thing is that I am old now."*

Sub-theme 3.3: Anxiety about dying and leaving children without care and support

When queried about their future anxieties, many elderly participants expressed deep concern about leaving their children, who remained dependent and had not yet reached significant life milestones, without their support.

"I realized that God would carry me through, allowing me to raise the children. When they've succeeded, then I wouldn't mind if God decided to take me. But for now, let me live to raise them until they've achieved something, like having a birth certificate for this one." (Participant A)

"My concern is that...I want maybe God might happen to take me... for example. But she does not know where she will go. I hope she finds a place where she'll be cared for." (Participant C)

Participants expressed concern regarding the lack of proper guidance for children whose biological parents are unavailable, including extended family support. This was highlighted by Participant G, who stated, *"What I want from God is for him to give me strength, for God to give me more years. Yhu!! ... (looking worried) ... may the government help me by taking her further with her studies. If God can take me even tomorrow, may the government help me and take this child to school. It's of one of the reasons why I don't want to leave her in*

coals. I don't want to leave her not knowing where she is. Secondly, I have something that says God will not make me skip the developmental stages. She will go through all the stages when the time comes, I want her to go through all of them while I am still alive so can be able to guide her."

Participants expressed significant anxiety regarding their children's sense of belonging within their biological families. This anxiety stemmed from the fear of exclusion or abandonment by their families following the participants' passing. Furthermore, a critical concern emerged regarding the lack of reliable support systems for these children, encompassing safety, protection, and care in their absence.

"To me, I usually say that eish I don't know when ... (gasping) ... if God can take me, what would this child do? Because there was no ... there was no one available from her family but I ... I availed myself that I will take this child. It was not because she did not have relatives to take her in, so I thought will someone else ... this child maybe ... whether treat them the way I am treating her. Because I don't know God's ways." (Participant D)

"But I am still praying to God that I do not die before he knows how to do these things by himself. God must keep me. Even though I am struggling because my son abandoned me, he does not give me even 10 cents. Because when I die, I do not know what that child will... (silences with emotions) ... but I trust ...his aunt. She is the one I trust because she...even at home, they would never abandon him." (Participant H)

Participants expressed profound anxieties surrounding their mortality, particularly concerning the lack of identified caregivers for their children in the event of their passing. The following quotes illustrate the depth of these concerns:

"Eish!! ... (looking worried) ... I don't trust the kids we have. Our children love only their own children. I can't trust them at all; I don't even want to... I'm burdening them. As a result, I once got sick, and I thought to myself eish... (her face changing) ... It causes me worry and I am very anxious." (Participant G)

"I will never be able to give him to someone else, that child, that child will end up with me and I have come to realize that he is going to end up with me. Such that now, that there thing.... that...where he was registered, I tried ways to consult with social

workers. There is a social worker that I had spoken to, asking what I can do to make this child to be my own. So that he can be under my name? They said I should find the child's biological mother.” (Participant H)

The assertions from Participants G and H reveal significant anxieties stemming from the elderly African women's responsibility of caring for non-biological children. These anxieties are deeply rooted in fear of abandonment. Participant G, in her statement, explicitly states her distrust in her biological children, fearing they will not care for the child she is currently raising. Participant H, in her response, reveals a complex interplay of anxieties she experiences. Her core anxiety stems from the profound realization that she may not live long enough to ensure the child's long-term care. The statement, "*that child will end up with me and I have come to realize that he is going to end up with me,*" reflects a deep sense of responsibility and the weight of potential future uncertainty.

In essence, elderly African women highlight the interconnectedness of social, emotional, and legal issues in their statements. The data points to the complex interplay of social anxieties, emotional burdens, and legal limitations faced by these elderly African women and the barriers they are faced with in their efforts to provide long-term care and security for the children they are raising.

Sub-theme 3.4. Limited Access to and awareness about services delivery, health services, and support.

Poor service delivery, including insufficient public outreach, was a prevalent issue in both villages. Beyond limited access due to various factors, participants demonstrated a significant lack of awareness regarding the availability of existing support services. This lack of knowledge was evident in the frustrations expressed by participants below.

“No, I don't know any services. No, I don't know of any services at all.” (Participant A)

“No, I don't know any except this foster, it's received by children whose parents have died.” (Participant G)

These statements from Participant A and Participant G offer crucial insights into the significant gap in awareness and access to support services for elderly caregivers in the Mquma Local Municipality above. Participant G, on the other hand, reveals a limited understanding of the available services. While acknowledging the existence of foster care,

Participant G demonstrates a lack of awareness of other relevant services that could potentially assist her in her caregiving role and all other elderly African women. In essence, these findings highlight a critical information gap between service providers and the target population. This lack of awareness has been attributed to several factors, including inadequate community outreach, insufficient information dissemination, and limited access to information due to factors such as low literacy rates and limited access to technology. Consistent with these assertions, Moloto et al. (2020) and Gray, Kreitzer, and Mupedziswa (2014) attribute these barriers to systemic failures, including poor service delivery, inadequate resource allocation, and ethical codes that are incompatible with the cultural values and needs of African communities.

Furthermore, this category of caregivers is often excluded from accessing support services that are available to other alternative caregivers, such as foster parents, kinship caregivers, and emergency caregivers. This observation is supported by the statement made by Participant G on the above assertion.

“It is the birth certificate that I was pestering for, she went to ... XXX had left them in East London. The second time, there were social workers here at Cunningham. There was all the ... SASSA was here, this and that were all here, D did not have a birth certificate then. Before I got it, I explained D’s situation.” (Participant E)

“Even if I were to say I’m to get her an ID, I was told that I should be getting her an ID at 16. However, I must transport her biological mother” (Participant G)

“Yes, things cannot be done for him because the...they say that they need his mother for anything to be done for him. Now he is going to grow up, and will need an ID. Who is going to do it for him?” (Participant H)

Even with limited knowledge of available services, access to these services remains severely constrained. This disparity arises from the stringent documentation requirements necessary to access support programs. This barrier aligns with the exclusionary practices observed earlier. For example, these elderly caregivers face significant challenges in obtaining essential documents such as birth certificates and IDs for the non-biological children under their care. This obstacle effectively prevents them from applying for crucial support programs like the Child Support Grant.

"I even went to social workers in Cape Town, so much so that the last social worker I went to, was a male named YYY. He tried to call here at Gcuwa and asked, "How is it that the child doesn't have documents, especially since here's her birth card says it's born there. Why aren't there files for this child? Could you please connect me with hospital manager". (Participant C)

"XX will say ... XX is online, XX. And I say tell XX that I am going to East London they say she had applied for the ID in East London; she must wait for me at Freyidarha at the shop, I will pick her up with car I will be travelling with to sell tins. I will take her to home affairs so she can go fetch her ID. I then took XX and went to East London with her, when she got there at the junction as she was going to take the other route, I gave her R50 and I said, "hop into a taxi and go to town to look for your ID". (Participant E)

In certain instances, elders felt compelled to expend limited financial resources on locating and transporting the biological parents of the children to the relevant government agencies. This burdensome requirement, imposed within the application processes for support programs, serves as a significant barrier to accessing assistance. Streamlining these application procedures is crucial to mitigating these challenges.

"I returned with nothing ... I returned empty-handed, even for the child's situation of not having anything, I felt stupid... (tearing up) ... When I returned empty-handed, I wondered where I would go, when I'm spending money travelling to Gcuwa. They said go to SASSA, go here and there. I decided to stay. Luckily, I found her things. Now, I'm stuck trying to get them a grant because her mother has no ID. It used to be possible to take children's things and say, "Let me get them an ID." (Participant E)

Participant E added:

"Hmm...in this ... in this ... in this clinic here...do you see those mobile clinics that sometimes come into the village? Uhm...I went to the nurse here ... She just said, "What will you do now when she doesn't have a clinic card?" I responded, saying, "But I need help, you are government employees." She said, "No, H, I'll report this." I'm telling you! There's now D... the last time D went to the clinic was in that other year, it's only now that ... she didn't even complete her vaccinations. My grandchild is also growing, I will now take her in for 5 years vaccination. I'm telling you, in recent months ... It was SASSA, DSD ... this and that ... the nurses... everything else. I

have had carried her on my back and went there with her, and they turned me away.”
(Participant E)

Participant E's first response vividly portrays the frustration and helplessness she experienced at a certain time. The administrative hurdles encountered in accessing social grants (SASSA) due to the child's mother lacking an ID exemplify the systemic barriers faced by these elderly African women. The above accentuates the disconnect between the needs of vulnerable children and the rigidity of government systems; this, consequently, results in significant hardship for elderly African women. Furthermore, her second response underscores the lack of empathy and support from healthcare (and all other services) providers. The nurse's dismissive attitude because the elder brought a child without a clinic card reveals a system that prioritizes adherence to regulations over the well-being of the child and the stress that it is causing to their caregivers. This points to a fundamental failure in understanding the realities of elderly African women who are often navigating complex situations beyond their control.

“Oh! I struggled a lot with the little one because he did not have a clinic card. He used to get sick a lot, and I could not take him to the clinic. I always had to resort to taking him to a pharmacy, because children don't get help from the clinic if they don't have clinic card. They turn you away if you bring a sick child who has no clinic card, they will say, “bring a clinic card”. Where am I supposed to get such documents from when their gives birth behind the door and never sets her foot to hospital? So, children suffer because of such. It gets better at times if you go there through social workers.” **(Participant F)**

“Oh, you have relieved me so much my child, I thought it is not possible because social workers don't care about people. They will yell at you, and you will leave their offices having heard nothing.” **(Participant H)**

Furthermore, elderly African women often feel unsupported by agencies intended to assist them, encountering difficulties due to their inability to fulfil stringent documentation requirements. Service providers are perceived as failing to adequately consider the unique circumstances of these children. This lack of support extends to healthcare access, with caregivers frequently denied essential services for the children due to the absence of clinic cards. The cumulative impact of these circumstances has resulted in a concerning perception among elderly African women from rural villages regarding public service. Based

on their personal experiences, these women frequently report encountering indifference, disrespect, and a lack of compassionate treatment within government departments. This negative experience often leads to discouragement and abandonment of service-seeking efforts due to the perceived unacceptability of such treatment.

Theme 4: Amasiko akwaXhosa' [rituals] performed for children

This theme also aligns with research objective 2, which aimed to explore the challenges faced by these caregivers. Exploration of elderly participants' experiences revealed significant challenges related to the performance of 'amasiko' (traditional Xhosa rituals) while raising non-biological children. These challenges included the observation of rites of passage such as 'imbeleko' (naming or introduction ceremony), 'ibhayi/ingubo' (initiation ceremonies), and 'ulwaluko' (male circumcision). The following section delves into a detailed discussion of the specific challenges associated with these cultural practices, which emerged as sub-themes.

Sub-theme 4.1: Ritual practices (imbeleko, ibhay/ingubo, and ulwaluko)

African cultures encompass a diverse array of 'amasiko' (rituals) that are intricately intertwined into the fabric of child-rearing practices. These rituals, often rooted in a clan and community traditions, are transmitted intergenerationally, ensuring the continuity of cultural heritage (Rosebthal & Marshall, 1988; Jacobs, 2011).

"No, there are not many customs and rituals that we follow, except that when a child comes of age, they should be made a 'ingubo' as 'isiko' of their own. When the time comes for the initiation, we don't have many rituals." **(Participant A)**

"For instance, now, I need to gather money for the goat. It's for a 'ingubo'. Where a chunk of meat taken from the right-side arm of the goat. The child being fed 'umshwamo', then be poured with the goat's bile, things of people here" **(Participant B)**

"Yes, it's...it's...it's 'imbeleko'. It's that process where we say we perform a 'imbeleko' for the child, or...some are said to be marked in other terms as we are different as 'amaXhosa'." **(Participant D)**

"Yes, the 'ingubo. But what happened is that they said... and it was also discussed that, even with his father. Over there at the gravesite. He then recovered." **(Participant C)**

“We do ‘*imbeleko*’ and ‘*umgidi*’ for the child when they become of age” **(Participant F)**

These ‘*Amasiko*’ are observed at key milestones in a child's development, typically conducted by elder family members possessing deep knowledge of indigenous traditions. The specific practices and rituals associated with these rites of passage exhibit significant variation across different clans (Nielsen, Tomaselli & Kapitány, 2018). Within Xhosa communities, ‘*Amasiko*’ such as ‘*imbeleko*,’ which translates as ‘carry on your back,’ constitute a significant ritual. This ceremony serves as a formal introduction of the newborn child into the ancestral lineage of the specific family or clan (Mtumane, 2016). Some have ‘*ibhayi/ingubo*’ [blanket/vest], which is similar to ‘*imbeleko*’.

A significant obstacle arises when elderly African Women provide care for these children, particularly those without familial blood ties. Traditional rituals, typically performed seamlessly with biological offspring, become more complex in these situations. This challenge is further compounded when a parent lacks knowledge of the child's clan affiliation, as ‘*amasiko*’ (rituals) often vary significantly between clans “*When she gets to a phase, I will go to the Manqulo village. Yes ... but Rhadebes are not performing their ‘isiko’ (ritual) the same way, some use a sheep and some a goat. However, I know those ones because I grew up in that village.*” (Participant E). Crucial to the successful execution of any ritual is a comprehensive understanding of its specific protocols. In this context, the concept of ancestral appeasement becomes paramount. The following excerpts eloquently illustrate this practice.

“If the child is from an unwedded woman, it’s their maternal family’s right to accept and perform the rituals for the child. If it’s a child like that, I would find a matching clan name. Yes, we explain that we request the people from this family to be present because we want to do something for the child. We also request that someone from their own clan be present. No, it’s probably... it’s borrowed, it’s borrowed.”

(Participant A)

The preceding observations solidify the challenges encountered by elderly African women who care for non-biological children. These challenges frequently arise from uncertainty regarding the appropriate rituals for the child, particularly when the elder lacks knowledge of the child's clan affiliation.

To address this challenge, elderly Xhosa women often employ a practice known as ‘*ukuboleka isiko*’ which translates to borrowing a ritual or ‘*ukungxengxeza kwizinyanya*,’ (appeasing the ancestors on behalf of another). This practice involves performing their own ancestral rituals for the child, even if the child does not belong to their immediate family or

clan. This approach is exemplified by the following statement from Participant H, *“I went straight home, and I told them at home that something must be done a small ritual. We need to ‘ngxengeza’ [appease] to the ancestors; I bought a chicken, and ‘Isiko’ was performed. After that, he became better, because what you convince your heart... and I believe it was because of that.”* This practice aims to ensure the child's physical and mental well-being, facilitate their proper development, and secure their acknowledgement and acceptance by their ancestral lineage.

Community-based rituals, such as *'ulwaluko'* (circumcision) for adolescent boys, often require the involvement of blood relatives, even if their role is primarily to provide guidance on clan-specific practices and beliefs related to the ritual. Participant F provided a detailed account of her planned approach to the *'ulwaluko'* (circumcision) ritual for one of her sons as he nears the appropriate age:

“For instance, I have to facilitate his ‘lwaluko’ soon. I have already spoken to his family where he comes from ... where he was born ... as a result he got back yesterday from there. So, talking to them about this ritual won’t be a problem. I know them, I discovered them last year. I had to search for them because I knew I would not have been able to perform our own ritual for him when he does not belong to our clan.” (Participant F)

The following statements illustrate the impact of limited resources on the performance of all relevant rituals within this tribe.

“In the olden days, when a child reached a certain age, they would slaughter a goat and buy a special shawl. But now, we can’t do this while they’re still young because things are not easy anymore. It’s only done for older children, and they are given something to wear, to make them feel better when they feel unwell.” (Participant A)

“I should have had done something a long time ago, where we slaughter a goat for him.” (Participant B)

Traditionally, these rituals are ideally conducted during the early stages of a child's life. However, due to recent economic constraints, their performance is often delayed. Participants reported that these rituals typically involve the slaughter of a goat, a symbolic hair-cutting ceremony, and invocations to the ancestors. In some cases, a sheep may be substituted for the goat.

Sub-theme 4.2: Children and ill-health

While non-biological children experience illnesses like any other child, elderly African women within this group face a unique set of challenges. Illnesses in these children are sometimes interpreted as a sign that a specific 'isiko' (ritual) needs to be performed.

“Eish, you see that thing...its bothering me a lot because she...(whispering)...she bed wets at times. Yes. I ask her sometimes and say, “what is the matter, S, my child, what is it” I asked her one day and she said “no, my mother said...” and I thought some things are not meant to be said and not be performed...”my mother said she was going to perform a ‘ibhokhwe’ for me’...” **(Participant D)**

“Because with this child, whichever pain I feel, he once got very sick, I asked myself if this child has a toothache and crying non-stop at night what then. Earache, toothache, where am I going to take him because there are ‘Amasiko’... (rituals) and some people say it’s ‘Amasiko’. I went straight home, and I told them at home that something must be done, a small ritual. We need to ‘ngxengeza’ (appease) to the ancestors; I bought a chicken, and ‘Isiko’ was performed. After that, he became better, because what you convince your heart... and I believe it was because of that.” **(Participant H)**

The participants' narratives strongly emphasize the role of cultural beliefs (*Amasiko*) and practices (*ibhokhwe*, *ngxengeza*) in understanding and addressing children's health issues. These beliefs are deeply rooted and influence how the elders perceive and respond to the children's illnesses. Moreover, these beliefs solidify the significance of ancestral spirits within the cultural framework of childcare. They suggest that appeasing these spirits through ritualistic practices is crucial for the child's well-being, thus emphasizing the spiritual dimension inherent in this cultural context.

Participant D's experience with the child's bedwetting reveals the emotional toll that unexplained health issues can take on the elder. The child's mention of "*ibhokhwe*" suggests a possible link between bedwetting and cultural beliefs, adding to the parent's uncertainty and distress.

“I can't lie, I struggled a lot...he...he...the issue with this child is that he gets sick like nobody's business. We suspected that he...he...his father, his mother in the long run was discovered that she is HIV Positive. Even now, immediately when he's not feeling well, I quickly... (gesturing with hands) ...because the moment he says... I hurry him to get checked. Ever since we took him for a test then, and it was said that he is not affected” **(Participant B)**

Despite receiving negative test results, Participant B continues to experience significant psychological distress. The initial fear surrounding the child's potential HIV exposure has left a lasting impact, manifesting as persistent anxiety regarding the child's health. The constant fear of Participant B for the child's health, the emotional toll of this anxiety, and the potential for stigma related to HIV/AIDS significantly complicate her experience. Her proactive approach to the child's healthcare, despite the potential for stigma and the emotional burden, highlights her resilience and dedication to ensuring the child's health.

“If I tell her something today, I see that there is an element of mental illness even to her as it with her mother...because if you tell her something ...because if you ask her about it again S, why did you not sweep the floor today?” maybe I am not around. Her ... at least she...but there is that of her mother as I am living with her, I am old enough to see that no there is something wrong mentally.” (Participant D)

Other common childhood illnesses can significantly stress and overwhelm elderly women. The inability to pinpoint the root causes of these ailments often leads to feelings of frustration and helplessness among these caregivers.

Collectively, the data suggests that the challenges faced by elderly African women caring for non-biological children in Mnquma Local Municipality extend beyond the physical and logistical aspects of care. Cultural beliefs and practices play a significant role in shaping their understanding of child health and illness, influencing their decision-making processes, and impacting their emotional well-being.

Sub-theme 4.3: Abnormal normality; physical emotional abuse as ordinary phenomenon (GBV).

A significant proportion of these participants reported experiencing severe physical abuse at the hands of their husbands. This included injuries such as tooth loss, jaw fractures, and bone fractures. Such violence was unfortunately considered acceptable within this community, with the belief that *'ukuba indoda yakho ayikubethi ayikuthandi'* – meaning a man's love is demonstrated through physical assault.

“My husband and I had a fight, and he hit me with a stick, breaking my teeth. I went six weeks with tightened teeth, unable to eat solid food, only drinking liquids. I ended up in a hospital in East London. While I was in East London, the doctor said, ‘No, because in this condition, I don’t think you will be able to do anything anymore.”

(Participant A)

“No, I can’t lie, it’s just that I have broken teeth... (mischievous facial expression) ... (laughing too) ... I was kicked by my husband. Yes. Yoh, he used to hit me so hard that man...(Chuckles)... He was extremely jealous because we had a shop. So, we were selling alcohol...including everything... he was not... if I ever bath and be clean he would ask me “What did you bathe?” (Participant B)

Both participants' narratives reveal a disturbing normalization of domestic violence. Participant A describes the incident as a "fight", and Participant B recounts the abuse with a mix of laughter and nonchalance ("mischievous facial expression," "laughing too"). This suggests that such violence was not perceived as an extraordinary event but rather as an accepted or even expected part of their marital relationships. Her nonchalant demeanour and the attempt to downplay the severity of the abuse, "*It's just that I have broken teeth,*" highlight the minimization and justification of violence that often occurs within abusive relationships.

Participant A's statement about the doctor's concerns regarding her ability to function after the assault highlights the severe and long-lasting consequences of domestic violence. These consequences extend beyond physical injuries and can significantly impact victims' health, well-being, and overall quality of life. As a consequence of this assault, Participant A sustained permanent injuries, including the loss of most of her teeth.

This data provides a chilling glimpse into the "abnormal normality" of domestic violence within the context of this community. The participants' narratives demonstrate how deeply ingrained and normalized such violence can be, making it difficult for victims to recognize it as abuse. The normalization of violence is further compounded by cultural beliefs and gender roles that reinforce male dominance and justify the use of violence against women. This "abnormal normality" has severe and long-lasting consequences for the victims, impacting their physical and mental health, their ability to function independently, and their overall well-being.

Sub-theme 4.4: Widowed elders and lack of support

Participants described navigating life as widows, often citing this experience as a contributing factor to their decision to assume caregiving responsibilities.

“My husband passed away a long time ago.” (Participant A)

“Now the father is no longer around” (Participant B)

“My husband died” (Participant G)

While many participants found fulfilment in caring for these children, those who had lost their spouses often expressed a sense of longing for the support they might have received from their husbands. Conversely, even those who remained married reported a significant lack of spousal support in their caregiving roles, often solely carrying the entire burden of childcare responsibilities.

“I was working at Westbank; I was the one who was providing for the family” (Participant G)

“All I’m saying is that raising D doesn’t bother me because I have been raising orphans here at home. My husband even said, “Stop taking other people’s children; they’ll hurt you, and you’ll die young.” But when it came to D, he said, “XXX why did you take that child?” I said, “But she has my blood.” (Participant E)

Even among participants who remained married, a significant number reported a lack of spousal support in their childcare responsibilities. In some cases, these women effectively assumed the role of sole providers for their households despite the presence of their husbands.

Theme 5: Higher power and social support

This theme aligns with the research objective that seeks to comprehend the support systems utilized by elderly African women in their caregiving roles for non-biological children without a statutory mandate. Through the analysis of the findings, a central theme emerged that explored the effective support systems utilized by elderly African women and the factors that contribute to their resilience in overcoming the adversities encountered while caring for non-biological children without a statutory mandate. Sub-themes that are discussed as part of this theme are: beliefs and religion [God and ancestors]; values adopted from significant others, and significant others as support systems.

Sub-theme 5.1: Beliefs and religion (God and ancestors)

A number of participants indicated that religion and ancestral beliefs served as fundamental pillars in their lives. These influences were cited as significant contributors to their personal development and provided them with the resilience necessary to navigate adversity.

“Yes, prayer... (shaking head) I choose prayer, and even now it works for me. Even at these graves, I prayed and said I wanted these graves to be built. I did this so that even when I have passed, people will know where their mother's grave is, and they

will know where their father's grave is, and so on. Because graves can become forgotten, you understand?" (Participant A)

"Uhm...the load is too heavy, my dear. Because even at home they depend on me. I mean my maternal home, so at home they depend on me even with groceries, my late brother's child who stays at home if they finish groceries, they ask for it from me. Everything is my responsibility including burial schemes. Do you see such things?... so, it really...it weighs me down a lot, but I always say that God is with me." (Participant D)

"I get strength from God and my ancestors. When I speak to them, I ask them to give me money because ... It's as though I'm praying or on the day where I feel my heart is heavy and I can't break through, I am able to leave my house and take my weed mat and go sleep at my maternal home. In the early hours of the morning or at night I go to them in the graveyard to my late father and brothers ... who have passed away ... to speak. Then I come back to the 'emaxhantini' and speak." (Participant E)

"Nothing is helping or giving me any strength, my dear, but I think this is a gift that was given gift I was given by God. That's what is keeping me standing." (Participant F)

"It's just something God created me for. Our mother the church that Mamtolo showed her, coming from the Mbuli family after her parents had passed away, it also affected us. The witness is my robe, that one... (pointing to the wall where her church robe was hanging) ... I am a preacher at methodist" (Participant G)

Participants repeatedly emphasized God as a crucial source of their strength and resilience in their journeys of caring for non-biological children. Phrases like "*God is with me*" and "*God created me for this*" highlight their deep faith and reliance on divine support to navigate the challenges of caring for non-biological children. This suggests that religious beliefs provide a crucial coping mechanism, offering emotional and spiritual sustenance to these elderly African women. Elders like Participant E explicitly mentioned seeking guidance and support from their ancestors. The act of visiting graves and communicating with deceased relatives suggests a strong belief in the continued presence and influence of ancestors in their lives. This highlights the interconnectedness between the living and the deceased within the African context and the role of ancestral spirits in providing guidance and support in times of need.

These beliefs also serve as the primary motivators for elderly African women to carry out this additional responsibility of caring for non-biological children as well as providing them with the strength, endurance, and resilience necessary to navigate the inherent challenges. To understand the factors that sustain these women in their voluntary caregiving roles, the researcher analysed the data, revealing a recurring theme: participants derived strength and resilience from a higher power.

“It’s just a tradition where you speak to people who are not...who are... for example, it’s said you talk at ‘emaXhantini’, and the ‘amaXhosa speak at emaXhantini, ‘ebuhlanti’ (the Krall) ... and what not, or visit the grave and speak there. That practice doesn’t have a specific name that I can say refers to it.” (Participant B)

“When there is a... a... big services (convention), people get called, and one person will be asked to speak and teach the congregation. They teach us at church, we are taught of ways to treat children and that a child is not only your biological child” (Participant G)

Another key element is the participants' belief in the efficacy of ancestral intervention. They believe that by communicating their challenges and problems to their ancestors, they will receive guidance, support, or direct intervention to resolve their difficulties.

Finally, the participants' belief systems demonstrate a syncretic blend of Christianity and ancestral veneration. While acknowledging the significance of Christianity, they maintain a strong belief in the power and influence of 'izinyanya' (ancestors). Furthermore, they perceive these belief systems as complementary, with God and ancestors working in conjunction to guide and support them.

Sub-theme 5.2: Values adopted from significant others

The participants' actions and decision-making processes are significantly shaped by the values instilled in them by their parents.

“My biological mother would say... she would...she used to say, “my child, value people because... you don’t know where you’re going. You don’t even know where you’re coming from, as you don’t even know your given years. There are things you don’t know, where you are going with years, where you are going, and what will you find.” (Participant B)

“My mother would say when she speaks, saying when children come to you running while carrying plastics, you must not give your child something to eat. You must first give the one who is not your biological child before you give your own. That is how you can learn to care for a child who is not your own.” (Participant H)

Beyond the influence of these values, participants utilize their personal experiences as evidence to underscore the inherent value of child caregiving. They emphasize the feasibility of this role and the capacity to overcome associated challenges. This perspective is vividly illustrated in the following statement by Participant F, *“I grew up from a very big family ... it was a full house; my home was full of children. Some children were not even related to us, we did not even know why they were there. We just had to accept all of them. I then learnt from that experience that raising and caring for non-biological children is not a hard thing.”* Both assertions highlight the intergenerational transmission of values and the participants' conscious efforts to replicate their parents' social and interpersonal behaviours. By caring for non-biological children, these elderly women actively engage in the socialization process, aiming to instil in these children the same social values and interpersonal skills that they themselves received from their parents. For instance, Participant G stated that, *“Because our biological mother lost her parents while she very young, she was raised by different people. But in all of that, I'm not going to put it all to church exactly. I want to stick more to my mother's teachings. Because I East London I once rescued a child who used to go to the boats”.*

The hope of witnessing these children's positive development serves as a significant source of strength and resilience for these caregivers, enabling them to persevere through challenging circumstances. Aligned with the study's objective of identifying support systems utilized by elderly African women, the findings unequivocally demonstrate that these women perceive the teachings, values, principles, and wisdom they received from their parents as a primary source of support and motivation in their caregiving roles.

Sub-theme 5.3: Significant others as a support system

In response to inquiries regarding additional support systems, participants identified their families, other significant individuals in their lives, and members of their communities as key sources of assistance in their caregiving responsibilities.

“No, the only kind person here is... aunty the one... (pointing to a house) ... I refer to as aunty. No, she has Ubuntu that one, so much that I said... when...even when I have nothing, I can come here (gesturing)... and say, ‘the child won't not eat, while you eat’, same with her. So... I know her pain, and she takes my pain and make it

her own. What she has, she breaks it and shares with me, I also do the same as well. I know her pain, and she takes my pain and make it her own. What she has, she breaks it and shares with me, I also do the same as well.” (Participant A)

“They sympathize with me, but even though there’s no material support, they feel sorry for me. But also, my son, when he has a chance, he gives me some cents. We’re able to sleep having eaten something. – “In the community, I don’t receive any support. Masiwakhe, sends me about R500 sometimes if I ask... like now, if I ask...” (Participant C)

“... (sighs deeply) ... the support I get is ... is ... is when people say, “wow, you’re resilient, Ntombi. You have a gift that you have been gifted with” It’s only emotional support, as well as motivation when people encourage me.” (Participant E)

“My children and husband ... my children will always squeeze themselves to make sure that they help me with these children.” (Participant F)

A notable absence in the participants' accounts is any mention of government support, not only for the elderly African women caring for vulnerable children but also for the vulnerable children within the community. Several participants reported encountering difficulties in accessing government assistance programs despite their attempts to seek support from relevant agencies. Furthermore, some participants expressed feelings of insufficient support from their families, highlighting a perceived gap in familial support. Finally, the participants' understanding of support appears to be narrowly defined, with a strong emphasis on financial contributions. Emotional or non-material forms of support were often perceived as inadequate or insufficient.

Analysis of participant responses revealed a strong preference for tangible forms of support, particularly financial assistance. Participants indicated that they perceive monetary support as the most valuable form of assistance and a crucial factor in their perception of being supported. When queried about the types of support they currently receive, participants provided the following responses.

“It is... no... the support is not available; I mean it’s just them motivating me. They support me emotionally. Yes ... (nodding)... because if I don’t live with this child nothing good will ever be about this child, instead she will be... because the times we will in are evil out there...” (Participant A)

“There’s nothing I’ve ever received, I’m just trying by myself, there’s nothing. Well then, uhm... they are very kind, those people. I can’t lie. However, the one thing you will never... as kind as they are but they will never give out money.” (Participant B)

“No, since family I don’t ... I don’t see it... I don’t want to lie. It’s only people in the community that I... the ones who are my neighbours.” (Participant D)

“Since the child was dumped to me, he hasn’t sent even a cent or checked how we are doing. This child has a grandfather.” (Participant E)

In her assertion, Participant A highlights the significance of emotional support from significant others. While acknowledging the lack of tangible assistance, she emphasizes the crucial role of encouragement and emotional validation in her journey of caring for a non-biological child. The above suggests that emotional support can be a powerful motivator and coping mechanism for these elderly women. Conversely, Participant B, on the other side, suggests a shift in expectations regarding the nature of support, *“as kind as they are but they will never give out money.”* While acknowledging the kindness of others, she recognizes the limitations of emotional support and the crucial role of financial assistance in meeting the practical needs of this responsibility.

Overall, the data suggests significant disparities in the level of support received by these elderly African women. Some participants benefit from emotional support networks, while others face a complete lack of support from the relevant people.

Theme 6: Government support needed to address financial constraints

This last theme accounts for the empirical data that relates to research objective four, which reads: To offer/establish recommendations by elderly African women that can help *address challenges when caring for non-biological children without a statutory mandate in Mnquma Local Municipality*. As the researcher interacted with the findings, a theme emerged to establish and discourse recommendations by elderly African women that can help to address challenges when caring for non-biological children without a statutory mandate in Mnquma Local Municipality. Sub-themes that emerged under this theme are gentle and positive parenting capacitation skills, exemption from school, fees, uniform, and transportation and a special grant for this category of these parents.

Sub-theme 6.1: Gentle and positive parenting capacitation skills

Elderly African women point out the importance of acquiring specific parenting skills, recognizing that these skills are not inherently possessed and require deliberate learning.

They recommended that professional training programs be made available to equip a wider range of elderly caregivers with the necessary knowledge and skills for effective child-rearing.

“I call her and talk to her, because I realized that a stick that doesn’t help anything (giving a hiding). I will never do it, because we were beaten up much growing up, but it didn’t help. The rod makes a child hyper and paranoid, I learnt that it really doesn’t help with anything. The best thing is to sit down with the child and talk to her, and once you talk to her there is no one...they won’t be distant from you in order to talk to you.” (Participant G)

“One needs to be able to sit down with the child and have deep conversations with them. Transparency and honesty are very important when dealing with and disciplining children.” (Participant F)

Participant G explicitly rejects corporal punishment, emphasizing its negative impact on child development. They highlight that physical punishment, such as beatings, can lead to negative emotional and behavioural outcomes, including hyperactivity and paranoia. This reflects a growing understanding of the detrimental effects of physical punishment on children's well-being.

Both participants stress the importance of communication and dialogue in child-rearing. Participant G stresses the value of open and honest communication, highlighting that it fosters a stronger and more trusting relationship between the parent and the child. Participant F emphasizes the importance of transparency and honesty in both communication and discipline. These insights underscore the need for parents to develop effective communication and listening skills to understand their child's perspective and address their needs effectively.

While not explicitly stated, the emphasis on open communication and dialogue implicitly suggests a preference for positive reinforcement and guidance over punitive measures. By fostering open communication and building a strong, trusting relationship, elderly African women can encourage positive behaviour and guide children towards responsible and respectful behaviour.

Sub-theme 6.2: Exemption from school, fees, uniform and transportation

Participants identified key areas where government intervention could significantly alleviate their caregiving burdens. A primary focus was on securing support for the educational needs of their non-biological children. They emphasized the critical importance of government

intervention in all school-related matters, citing the high cost of educational expenses as a major obstacle for many elderly African women who are caring for non-biological children.

“The main issue I’m facing is that the children are schooling without anything.”
(Participant A)

“The child support grant money is very little for this child. It’s very little. The school shoe...just imagine it’s about R350 for a school shoe. It’s R500, that’s... that’s... it does not even last for 6 months. Otherwise, it is tough, clothes no... there aren’t any... In this month you need to buy the ...the...the... that you buy these shoes then you are shot of cereals” **(Participant B)**

“If the Government could assist us with clothes for the children. Perhaps sometimes help us with food parcels, school uniform. High school uniforms are expensive as it is, they also need blazers. I am so worried about the old one ... he is in Grade 10 this year; I have to pay about R1200 for his rent.” **(Participant F)**

“Now I was thinking if I could get assistance with just her school affairs I wouldn’t... I wouldn’t... I would not complain about anything else. I would say the government must at least look at... in these... into topping up the money. For instance, even these social grants now... you see she is 15 years now and the child support grant ending, it is closer to ending. And yet she is still here, and this was her first year in high school. She will continue with high school, which means her education needs are increasing” **(Participant G)**

Participant C accentuated the multifaceted challenges faced by caregivers, highlighting the significant financial burden of not only educational expenses but also daily nutritional needs for the children. This was underscored by her specific mention of the need for food parcels *“The first thing is a garden, because my home garden has collapsed. I can’t plant anything now, so I must buy even vegetables, yes.”* The participants' recommendations for government intervention are informed by their firsthand experiences of the challenges they face as caregivers. Recognizing the complexities of their situations, they propose specific areas where government support is crucial to alleviate their burdens.

Sub-theme 6.3: A special grant for this category of these parents

Recognizing the significant burden of caring for non-biological children, the elderly participants offered recommendations informed by their experiences of caregiver overload.

“I would say the government must at least look at... in these... into topping up the money. For instance, even these social grants now... you see she is 15 years now and the child support grant ending, it is closer to ending.” (Participant G)

“I raised this child, and I suffered a lot with this child ... (closing her eyes becoming emotional).” (Participant H)

“It’s heavy on me, girl, a lot...a lot, dear...a lot.” (Participant D)

Given their limited income due to age and reliance on social grants, many elderly African women face significant financial strain in providing for the children in their care. The combined income from their own social grants and the child support grant often proves insufficient to meet the basic needs of the household, particularly as these women prioritize the well-being of the children by allocating a substantial portion of their limited resources towards their food and care. While existing social grants, such as foster care grants and child support grants, address specific needs, the proposed initiative differs significantly. Foster care, for example, serves as a remedial measure for orphaned children and is typically disbursed to vetted foster parents, regardless of their familial relationship with the child (Smith & Jones, 2023). Consequently, the proposed initiative presents a distinct model with a unique application process.

Lastly, the provided data highlights the significant role of parental substance abuse in creating the need for elderly women to care for non-biological children. This issue is deeply intertwined with social and economic factors within the community and has a profound impact on the well-being of children. Addressing this issue requires a multi-faceted approach that includes interventions to combat substance abuse, strengthen social support systems, and improve economic opportunities for families.

5.5. CONCLUSION

In conclusion, this chapter has provided an in-depth exploration of the challenges faced by elderly African women in Mnquma Local Municipality as they care for non-biological children without a statutory mandate. Through the lens of the study’s objectives, the chapter has highlighted the complexities these caregivers encounter and the resilience they demonstrate in the absence of formal support structures. Additionally, it has examined the diverse, often community-based support systems that these caregivers rely on to navigate their caregiving roles. The chapter has also presented key recommendations from the participants

themselves, offering practical insights into how their needs can be better addressed, and their well-being, along with that of the children, can be improved. By amplifying the voices of the caregivers, this chapter contributes valuable knowledge that can guide the development of more culturally appropriate and effective policies and programs tailored to the specific needs of these caregivers. Ultimately, the findings underscore the importance of fostering an environment where elderly women, as pivotal caregivers, receive adequate support and recognition for their vital role in the community.

CHAPTER 6: CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

This concluding chapter synthesizes the key findings of this study, which explored the lived experiences of elderly African women in Mquma Local Municipality, Eastern Cape, who provide care for non-biological children without a statutory mandate. The research journey commenced with an acknowledgment of the profound significance of caregiving within African societies, particularly the time-honoured tradition of what one may conclusively refer to as “indigenous adoption” and the inherent responsibility to nurture and protect vulnerable children. This study sought to understand the motivations, challenges, and coping mechanisms of these unsung heroines, recognizing their invaluable contributions to the well-being of children amidst systemic limitations and societal shifts. By centring the voices and experiences of these elderly women, this chapter aims to illuminate their resilience, agency,

and the innovative African solutions they have devised to address the complex needs of vulnerable children within their communities.

6.2. SUMMARY OF THE STUDY METHODOLOGY AND THEORY

This study investigated, through a qualitative protocol, the experiences of elderly African women in Mnquma Local Municipality, Eastern Cape. The interpretivist paradigm was employed, utilizing semi-structured interviews (see Appendix C) to address the following main research question: What are the experiences of elderly African women caring for non-biological children without a statutory mandate within Mnquma Local Municipality in the Eastern Cape?

To ensure comprehensive data collection, the interview guide (see Appendices C and D) was developed to address the research objectives, which were further refined into sub-questions. This approach aimed to conversationally extract detailed information from participants on the following aspects:

- To explore the reasons for elderly African women in Mnquma Local Municipality to care for non-biological children without statutory mandate.
- To explore the challenges faced by elderly African women in Mnquma Local Municipality when they are caring for non-biological children without a statutory mandate.
- To understand the support systems that elderly African women utilise when caring for non-biological children without a statutory mandate.
- To offer/establish recommendations by elderly African women that can help to address challenges when caring for non-biological children without a statutory mandate in Mnquma Local Municipality.

The appreciated the existence of elderly individuals caring for blood-unrelated children outside the purview of formal child welfare systems, especially from their rural African context. The existence of this phenomenon necessitated a deeper understanding of their diverse experiences in the area of child protection. This comes after a research gap existing regarding the specific challenges faced by these caregivers, in general, but particularly those residing in rural villages, in an African setting.

After the interviews were conducted, the researcher interpreted the data by following a thematic analysis method which prescribes the six steps of data interpretation (*cf.* Braun & Clarke, 2009). The following section is a summary of the main findings that emerged from the data answering the research question.

By employing both *Ubuntu* and Resilience theories, the researcher gained a deeper understanding and a more comprehensive perspective on the experiences of participants who undertake the responsibility of caring for non-biological children without statutory intervention. *Ubuntu* proved invaluable in elucidating the informal care models prevalent within these two communities and the motivations that drive the elderly African women who are caring for non-biological children.

Furthermore, resilience theory facilitated the understanding and interpretation of the indigenous ways in which these elderly women overcome the numerous challenges they face while caring for non-biological children without statutory mandate. The synergistic application of both theories fostered a nuanced comprehension of the cultural context, community strengths, individual coping mechanisms, and potential vulnerabilities at play, particularly given the shared challenges faced by these caregivers.

6.3. CONCLUSIONS MAIN FINDINGS AND THE ATTAINMENT OF RESEARCH OBJECTIVES

Following an in-depth analysis of the data aligned with the study's objectives, key themes emerged as significant findings. This section concludes with a presentation of these key findings.

Embedded *Ubuntu* Principle Amongst African Elders and in Their Communities

Achievement of Objective 1:

This study revealed that the caregiving experiences of elderly African women in Mnquma Local Municipality are deeply rooted in the *Ubuntu* philosophy, emphasizing community interconnectedness and collective responsibility. Driven by altruistic motivations such as compassion, empathy, and a moral obligation to protect vulnerable children, these women embody the core principle of "*Umntu ngumntu ngabantu*" (I am because we are), fostering intergenerational solidarity (Dolbin-Macnab, 2006; Makhanya & Mzinyane, 2024). Their actions align with the emphasis on family and the well-being of the next generation, as highlighted by Sekudu (2019), and resonate with the African proverb "*kuthatha ilali ukukhulisa umntwana*" (it takes a village to raise a child), emphasizing shared responsibility for child welfare (cf. Makiwane & Kaunda, 2018).

A key finding was that the fundamental values of *Ubuntu* shape the caregiving experiences of these elderly African women, aligning with the research objective of exploring the reasons for their care for non-biological children without a statutory mandate. The motivations of these elders are multifaceted and deeply rooted in their cultural and personal values and

those adopted from significant others. A strong sense of care and compassion, deeply ingrained within the community, drove most participants to view caring responsibility as a natural extension of their social responsibility. Furthermore, their inherent parenting instincts, shaped by cultural norms and socialization, provided a framework for nurturing and guiding these children. A desire to empower children, both educationally and morally, further fuelled their commitment and endurance. Notably, these participants found emotional fulfilment and a renewed sense of purpose through caregiving while also experiencing social recognition and respect within their communities.

Instances of parental neglect, encompassing abandonment and the provision of unsafe living conditions, further necessitated the involvement of these elderly women. This finding project that familial instability and substance abuse are significant drivers of informal caregiving within disadvantaged communities (cf. Kahana et al., 2021). Participants highlighted the misuse of child support grants and the absence of responsible parenting as factors compelling them to intervene. These findings echo Kahana et al.'s (2021) conclusions on how familial instability drives informal caregiving roles within communities. Furthermore, certain biological parents may be unable to fulfil their parental responsibilities due to mental or physical health challenges. This necessitates the intervention of elderly women in these communities.

In essence, the study underscores the profound impact of *Ubuntu* amongst African communities on the childcare and rearing experiences of elderly African women. Their selfless dedication to the well-being of children reflects the core values of community, interconnectedness, and collective responsibility. However, it is crucial to acknowledge the challenges faced by these caregivers and to implement supportive measures that address their needs and promote sustainable child welfare within the community.

Structural Issues and Caring for Non-Biological Children

Achievement of objectives 1 and 2:

While these roles provide emotional fulfilment and a renewed sense of purpose, they also present significant challenges, including increased health burdens and exposure to the negative consequences of parental neglect, such as substance abuse and familial instability (Kahana et al., 2021).

The findings revealed that several factors contribute to elderly women assuming the role of caregivers for non-biological children in the Mquma Local Municipality. These include the significant impact of parental substance abuse, which often leads to resource misallocation

and child neglect, leaving children vulnerable and dependent on elderly relatives for care and support. The implications of parental substance abuse are far-reaching, contributing to the growing burden on elderly caregivers within the community.

Furthermore, widespread child neglect, stemming from poverty, unemployment, and personal irresponsibility, creates a void that elderly women are compelled to fill. The implications of child neglect are significant, as it often results in children experiencing emotional, social, and developmental challenges. The migration of biological parents for economic opportunities further exacerbates this issue, leaving children in the care of non-related elderly people, often without adequate support systems. The implications of parental migration are particularly pronounced in rural areas where social support networks may be limited.

Elevated Poverty, Stress, and anxiety of the elderly as a result of the additional responsibility

Achievement of objective 2:

In line with research objective two, which explored the challenges faced by elderly African women in Mnquma Local Municipality when they are caring for non-biological children without a statutory mandate, the findings revealed that, despite their compassion and dedication, these elderly women face significant economic challenges, compounded by limited income and insufficient government support. The responsibility of providing for non-biological children without formal assistance often results in financial strain, food insecurity, and deteriorating physical health. The misuse of social grants by some biological parents to fund alcohol or drug consumption leaves children without adequate care or basic necessities, forcing elderly women to assume full responsibility for their well-being. This phenomenon underscores systemic failures in monitoring and ensuring proper utilization of welfare programs meant to protect vulnerable children, particularly in remote areas (cf. Moloto, Mkhomazi, & Worku, 2020).

The stressors experienced by these participants extend beyond concerns regarding the affordability of basic needs. A recurring and unique challenge emerged from their shared experiences: their fear of mortality and the uncertain future of the children. Many feared that the children would be left vulnerable without their protection, highlighting the absence of reliable safety nets or extended family support. The pervasive fear and anxiety associated with financial insecurity can have detrimental effects on both the emotional and physical well-being of these elders. These negative impacts are exacerbated by the constant mental strain of financial planning and budgeting within a context of limited resources. Chronic

illnesses such as arthritis, hypertension, and diabetes are often associated with the caregiving responsibility in their old age, which equates to the emphasis on their existing health vulnerabilities (Wang & Mutchler, 2020). Furthermore, this child-rearing responsibility brings stress that has been linked to an increased risk of mental health issues, including anxiety and depression, particularly when compounded by the natural challenges of ageing (Kahana et al., 2021). The Participants also expressed concerns about their cognitive decline, particularly memory loss, which hinders their ability to manage child-rearing effectively. These findings align with Wang and Mutchler's (2020) observation that caregiving can lead to significant physical and psychological strain, especially among older populations.

Finally, the implications of limited access and awareness of care services and support emphasized the critical lack of adequate support systems for this category of caregivers, leaving them to navigate the challenges of caregiving with limited resources and guidance.

AmasikoakwaXhosa' [rituals] performed for children

Achievement of objective 2:

It was a key finding that there is an existing complex interplay between traditional Xhosa rituals and the realities of elderly African Women caring for non-biological children. This finding was aligned with research objective two, which is *to explore the challenges faced by elderly African women in Mnquma Local Municipality when they are caring for non-biological children without a statutory mandate*. While acknowledging the cultural significance and identity-forming aspects of rituals such as "imbeleko," "ibhay/ingubo," and "ulwaluko," the findings highlighted several critical concerns.

The findings emphasized the challenges faced by elderly African women in fulfilling their child-rearing responsibilities, particularly due to limited resources and support. This vulnerability compromises the integrity of the rituals and their intended benefits for the children. For instance, inadequate financial resources hinder the procurement of necessary items for rituals, leading to their misappropriation or inadequate performance.

Furthermore, the findings highlighted the heightened vulnerability of children within this framework. Inadequate access to healthcare and the complexities of navigating the issue of required documentation as a prerequisite for access to healthcare services increases the risk of ill-health of children, which causes frustration and stress on elders caring for these children and neglect.

The other disturbing revelation emerged: the normalization of harmful practices, such as physical and emotional abuse, under the guise of cultural tradition. This creates a dangerous "abnormal normality" where gender-based violence may be overlooked or even justified. Certain aspects of traditional practices involve harsh discipline or restrictive measures that can be misconstrued as abuse, especially in the absence of clear boundaries and support systems.

Finally, the findings emphasized the specific vulnerabilities of widowed elderly African women, who often lack adequate support networks and resources to effectively care for non-biological children. Widowed women face additional challenges in navigating cultural expectations and accessing support systems, leaving them more vulnerable to exploitation and abuse.

Higher power and social support

Achievement of objective 3:

In accordance with this research objective three, which sought to understand the support systems utilized by elderly African women in Mquma Local Municipality when caring for non-biological children without a statutory mandate, findings revealed that elderly women in the Mquma draw upon a diverse range of support systems to navigate the challenges and adversities of caring for non-biological children informally. There is a demonstration of the interplay synergy between spiritual beliefs, familial values, and social networks as support mechanisms.

These beliefs underscore and accentuate the profound impact of faith in God and ancestral spirits on the lives of these elders. These elderly African women's testimonies reveal that faith serves as a significant source of their strength, providing spiritual guidance and resilience in the face of the emotional and physical demands of caregiving. This finding resonates with numerous studies that emphasize the role of spirituality in fostering emotional well-being and coping with adversity (*cf.* Bryant-Davis & Wong, 2013).

Furthermore, elders are able to endure and be resilient in this journey as a result of the influence of familial values and life experiences on caring for and raising non-related children. These elderly women integrate intergenerational knowledge and values into their own child-rearing responsibility. This intergenerational transmission of knowledge and values is crucial to them as they strive to continue this legacy with the children they are currently caring for. Additionally, the support provided by family members, friends, and community members, encompassing emotional, practical, and financial assistance, plays a vital role in alleviating

the burdens associated with this additional responsibility. This finding underscores the importance of strong social support systems in fostering resilience and well-being within communities.

Government support needed to address financial constraints

Achievement of objective 4:

The urgent need for government support to address the significant financial constraints faced by these caregivers emerged as a main finding. This finding addressed research objective four, which sought to establish recommendations from elderly African women in Mquma Local Municipality to address the challenges they face while caring for non-biological children without a statutory mandate. Participants consistently emphasized the necessity of systemic reforms, including the introduction of specialized grants tailored to elderly women caring for non-biological children, educational subsidies (exemptions from school fees, provision of uniforms, and access to transportation), and housing assistance. These recommendations are supported by existing research (Kahana et al., 2021; Wang & Mutchler, 2020) that highlights the crucial role of tailored financial assistance, education access, and health support in mitigating caregiving burdens and fostering resilience within caregiving ecosystems.

Furthermore, findings emphasized the critical need for accessible healthcare services tailored to the unique challenges faced by elderly women, particularly mental health and chronic disease management support. This aligns with the broader argument that addressing the well-being of these caregivers is paramount for the sustainability of informal caregiving practices in rural villages. Lastly, fostering community-based programs rooted in the principles of *Ubuntu* would enhance collective responsibility and community cohesion, providing caregivers with a stronger social safety net.

A salient observation during the interview process was the pronounced prioritization of the children's well-being by the elderly women, often seemingly at the expense of their own needs. This finding underscores the profound impact of caregiving responsibilities on the lives of these individuals, highlighting their dedication and selflessness. This resulted in a pronounced difficulty in eliciting information about their own needs and experiences. Consequently, the researcher found their own focus inadvertently shifting towards the children, mirroring the participants' primary concerns. To address this challenge, the researcher had to consistently remind herself to return to the original research questions focused on the elderly women's experiences.

6.4. CONTRIBUTION OF THE STUDY TO KNOWLEDGE

This study significantly contributes to the existing literature on caregiving and child protection in South Africa by offering a nuanced understanding of the lived experiences of elderly African women who provide care for non-biological children without a statutory mandate. It moves beyond simplistic narratives of burden to reveal the multifaceted motivations of these women, rooted in deeply ingrained cultural values of childcare and a profound sense of community responsibility. By centering the voices and experiences of these women and employing an approach that acknowledges and values African epistemologies, the study challenges dominant Western perspectives on caregiving and highlights the resilience and agency of these women in navigating the challenges of caregiving amidst limited state support and shifting societal norms. The study uniquely highlights the innovative coping mechanisms employed by these women, demonstrating their ability to draw upon traditional knowledge systems and community support networks to address the complex needs of the children in their care.

This study also provided a platform for the voices of elderly African women residing in rural villages to be heard concerning the phenomenon under investigation. Moreover, this research contributes to the existing body of knowledge by elucidating the missing links or knowledge gaps related to informal care, specifically focusing on the concept of "indigenous adoption". Furthermore, the study recommends, in the next section, strategies for South African social welfare services to effectively support elderly caregivers of non-biological children, thereby mitigating their stress and anxiety. Elderly caregivers often encounter administrative obstacles, such as difficulties in obtaining necessary documentation for their children. These eventually hinder their ability to access crucial social welfare programs, such as the Child Support Grant, due to the inability to provide the required information. These recommendations will be informed by the specific challenges articulated by the elderly African women participating in the study.

Regarding policy contributions, a significant gap lies in the Children's Act's failure to adequately recognize informal care arrangements, particularly the concept of "indigenous adoption" prevalent in African rural villages. Furthermore, the Act neglects to include private or informal caregivers within the existing support systems for vulnerable children and it prioritises 'controlled' or overseen arrangements of childcare. This omission poses a significant challenge for elderly African women who shoulder the burden of informal caregiving. Operating in isolation without adequate support, these women face increased vulnerability to stress and potential mental health issues such as depression.

The researcher intends to leverage the study findings to advocate for increased awareness among policymakers and social service providers regarding the unique support needs of elderly caregivers who provide care for children outside the formal child welfare system. Furthermore, this research aims to contribute to the enhancement of child protection services within rural villages, ensuring the well-being of both the children and their elderly caregivers. It is anticipated that these findings will inform and influence policymakers in the review of existing child protection, family preservation, and elderly care policies, as well as the formulation of new policies that adequately address the specific needs of elderly caregivers of non-biological children.

6.5. RECOMMENDATIONS OF THE STUDY

- Recommendations for social work practice

Based on the findings of this study exploring the lived experiences of elderly African women in Mngquma Local Municipality, Eastern Cape, who provide care for non-biological children without a statutory mandate, several key recommendations for social work practice emerge. Firstly, social work practice must explicitly acknowledge and value the crucial role of caregiving within African communities, integrating it into mainstream child welfare services. Secondly, this study also recommends that social workers working at the grassroots level must engage with broader service beneficiaries, including those potential service users in deep rural areas such as the research sites of this study, to identify the specific concerns regarding the care of children which includes caregivers who might require support but are not within the population of foster care or formal adoption. Thirdly, it is imperative to address the unique needs of these elderly caregivers by providing comprehensive support services, including financial assistance, respite care, healthcare access, and social support.

Furthermore, this research can serve as a catalyst for social service providers and child protection organizations to collaborate with informal caregivers. This collaboration can facilitate the development and implementation of targeted interventions, such as parenting skills capacitation programs and psychosocial support services specifically tailored to the unique needs of elderly African women caring for non-biological children in the modern context. Additionally, the findings can inform the development and dissemination of public awareness campaigns that emphasize the importance of child protection and the principles of family preservation. This approach will be instrumental in mitigating service access barriers and ensuring equitable service delivery, a strategy often referred to as 'service marketing' within the field of social work.

This approach would facilitate the implementation of targeted programs and services designed to address the multifaceted challenges experienced by elderly African women who

assume the role of child-rearing. The successful implementation of these programs would empower these women to become valuable learning networks for other parents, including biological parents experiencing challenges in raising their children. Given their lived experiences spanning multiple generations, these elderly women possess invaluable knowledge and wisdom. By effectively utilizing their expertise, communities can significantly strengthen family preservation principles. Service providers can effectively intervene by implementing early detection mechanisms to identify young biological parents exhibiting behaviours that may lead to child abandonment or neglect. This proactive approach aims to prevent situations where elderly African women are compelled to assume the additional responsibility of raising children in their later years.

Moreover, strengthening community-based support systems, such as mobilizing community resources and promoting intergenerational support, is crucial. Finally, social work practitioners should advocate for policy reforms that address the systemic barriers faced by caregivers, such as improving access to social security benefits and strengthening legal frameworks, is essential. By fostering intersectoral collaboration and engaging in participatory research and action, social work practitioners can effectively support these remarkable women and ensure the well-being of the children in their care.

- **Recommendations for policy development**

In light of these findings, this study recommends and advocates for significant policy reforms to enhance support for informal caregivers. Key policy reforms are necessary to effectively support informal caregivers. These include the legal recognition of informal care arrangements providing crucial legal and social safeguards for both caregivers and the children under their care. Furthermore, the inclusion of informal caregivers in social welfare programs is essential to ensure equitable access to essential services, resources, and support mechanisms for elderly African women caring for non-biological children. Strengthening community-based support systems, investing in community-based organizations, and empowering traditional institutions are equally important. Finally, the development and implementation of support services must be deeply informed by the unique cultural contexts and needs of these elderly caregivers. These would address the irrelevance of ethics to African cultures that undermines the truth that many caregivers are elderly women who have indigenous ways of doing things and have no knowledge of what services from the government are available for them as carers (*cf.* Mgorosi & Thabede, 2018).

- **Recommendations for government**

Aligned with the research objective of establishing recommendations based on the experiences of elderly African women caregivers in Mquma Local Municipality, this study reinforces the critical need for government support to address the significant financial constraints faced by these elderly African women. To effectively alleviate their burdens, the implementation of targeted programs is crucial. For instance, exempting the children in their care from school uniforms and transportation costs, especially for rural communities, would significantly improve their access to education and reduce the financial strain on elderly caregivers. Prioritizing the educational needs of these children should be a primary focus of government support.

Acknowledging the multifaceted challenges faced by these elderly women, a dedicated grant program for this category of parents to avoid the inherent red tape of foster care would offer crucial support. These elderly African women, often reliant on social grants due to age and limited income, experience significant financial strain while providing care for non-biological children. This situation is exacerbated by the 'caregiving overload' they endure. Specifically, those children whose biological parents have unknown or uncertain whereabouts. The combined income from their own social grants and the Child Support Grant frequently falls short of meeting the basic needs of the household. This is particularly acute as these women prioritize the well-being of the children, dedicating a considerable portion of their insufficient resources to ensure their food and care.

A distinct approach is necessary for implementing systems or programs that facilitate the documentation process for this specific category of caregivers. This approach must avoid requiring them to provide information they lack access to, which ultimately leads to children suffering due to the inaccessibility of essential services.

A pivotal governmental intervention would involve a substantial increase in the number of social workers. This measure directly addresses the critical issue of service delivery compromised by excessive workloads, extensive backlogs, and insufficient resources currently plaguing the social work profession in South Africa (Dlamini and Sewpaul, 2015; Truter and Fouche, 2019). In congruence with this, Dhludhlu and Lombard (2017) emphasize that the high caseloads experienced by social workers necessitate a shift in focus. This results in a prioritization of immediate, remedial services, leaving little time for addressing broader socio-economic development needs and psychosocial needs of vulnerable populations, including the elderly. This approach, however, is inherently unsustainable and fails to promote a holistic model of community empowerment and support.

- **Recommendations for future research**

To further illuminate the multidimensional nature of this phenomenon, this study recommends the implementation of comparative and longitudinal research designs, including

ethnographic research and studies that would enable researchers to observe the evolving experiences of these elderly caregivers over time. These types of research would allow for a deeper understanding of the long-term consequences of informal caregiving on the elderly African women's physical and mental well-being, their financial security, and their social networks. Furthermore, these studies would offer valuable insights into the developmental trajectories of children raised within this context, particularly examining their outcomes following the potential loss of their caregivers and identify any potential developmental challenges faced by these children.

It is also recommended that there should be rigorous research activities which shall design and evaluate targeted interventions aimed at enhancing the well-being of both elderly caregivers and the children under their care, especially in rural African communities. Such intervention research programs could encompass a range of support measures, including financial assistance programs, psychosocial support services, and improved access to essential services.

6.6. CHAPTER CONCLUSION

The study highlights the critical role of elderly African women in Mngquma Local Municipality as caregivers for non-biological children, deeply rooted in the *Ubuntu* philosophy. In South Africa, most elders serve as primary caregivers to many children, and it is highly likely to find elders caring for non-biological children in many households (Dolbin-Macnab *et al.*, 2016). This is the result of a myriad of occurrences that leave several children in need of care and protection, such as incarceration or death of biological parents, child neglect, child abandonment, teenage pregnancy and substance abuse (Sooryamoorthy & Makhoba, 2016). While this phenomenon may seem peculiar, historically, Africans have always been driven by humanity, "*Ubuntu*", which has a proverb that has numerous connotations; for instance, it may mean "I am because we are" or it could also mean "it takes a village to raise a child", meaning raising a child is a community's responsibility within an African context (Emmerentia, Janetta & Victoria, 2022). This practice is equivalent to a statutory process called adoption; however, it is commonly carried out through an auspice of indigenous values, especially in African communities and in rural villages. From generations to generations, it has been a cultural practice to entrust elderly people with children's development and growth with the belief that they will imbue wisdom and culture to them (Tsamaase, Harkness & Super, 2020).

This study concludes that despite the numerous rewards and positive experiences associated with their caregiving roles, elderly African women face significant challenges.

These challenges are compounded by a strong sense of internal moral obligation, often driving them to persevere and to be more resilient beyond their personal limitations. A critical factor exacerbating these difficulties is their exclusion from existing statutory systems. This exclusion leaves them unaware of available support services and frequently results in denied access when they do seek assistance, as current regulations and policies often fail to adequately address their specific needs as informal caregivers. These conclusions are derived from the findings aligned with the study's objectives, which were designed to fulfil its overarching aim: to investigate the experiences of elderly African women. Despite deriving emotional fulfilment and purpose, these elders face significant challenges, including financial strain, health issues, and limited access to formal support systems. Their resilience indicates the necessity of tailored interventions, including financial assistance, accessible healthcare, and policy reforms to recognize and support informal caregiving. This research contributes valuable insights into the experiences of these women, emphasizing the need for systemic changes to enhance their well-being and ensure sustainable caregiving practices.

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APPENDIX A: INFORMED CONSENT FORM (ISIXHOSA VERSION)

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

ISICELO SOKUVUNYWA Kophando kubathathi-nxaxheba abangabantu

ISIKHOKELO KUMGAQO SISEKO WOKWENZA IFOMU YEMVUME

Isilumkiso kubaphandi: Nangona kukho imfuneko yokuchaneka kwesayensi kunye nomthetho, yonke imizamo kufuneka yenziwe ukuvelisa uxwebhu lwemvume olucacileyo ngolwimi kwaye lulula kangangoko kunokwenzeka, ngaphandle kokushiya iinkcukacha ezibalulekileyo njengoko kuchaziwe ngezantsi. Iinguqulelo eziqinisekisiweyo eziguqulelweyo ziya kufuneka xa inguqulelo yokuqala ivunyiwe.

Kukho iimeko ezithile apho imvume yomlomo inokwamkeleka, kunye neemeko apho imvume yomntu ngamnye enolwazi inokukhutshwa yi-HSSREC.

Iphepha loLwazi kunye neMvume yokuThatha inxaxheba kuPhando

Umhla:

Mholo Mama.

Igama lam ndingu Mandisa Thundzi. Ndingu Nontlalantle, okwa nguye nomfundi owenza I master's degree e University of KwaZulu-Natal, kwi candelo le School of Applied Human Sc. Incukacha ezithe vetshe; inombolo yomnxeba: 031 260 2277, mzinyaneb@ukzn.ac.za.

Ukuze ndifumane isidanga sam kufuneka ndenze oluphando (research). Ngoko ke, uyamenywa ukuba uqwalasele ukuthabatha inxaxheba kwisifundo esibandakanya uphando "Ukuhlola amava amabhinqa akhulileyo ase-Afrika anakekela abantwana abangengobesileko sabo, ngaphandle komyalelo nongenelelo lwaseburhulumenteni: umasipala wengingqi waseMnquma, eMpuma Koloni". Injongo yolu phando kukuba luphonononge amava amabhinqa asele ekhulile ase-Afrika anakekekela abantwana abangengabo abesibeleko sabo, beynza lonto ngaphandle komyalelo kunye nongenelelo lwase burhulumentni weNgingqi waseMnquma, eMpuma Koloni. ukuchaza ngamagama aqhelekileyo. Uphononongo kulindeleke ukuba lubhalise omama abalishumi eline sihlanu,

bonke izakuba ngabezingingqi zimbini, iKhubodi kunye neXhaxhashimba. Kuya kubandakanya ezi nkqubo zilandelayo, umphandi uzakuba nodliwano ndlebe kunye nomthathi nxaxheba ngamnye, aze ababuze uluhlu lwemibuzo echongiweyo. Ixesha lokuthatha inxaxheba kwakho ukuba ukhetha ukubhalisa kwaye uhlale kwisifundo kulindeleke ukuba lingabingaphezu kwe yure ezimbini, oku kungenzeka ngemini nje enye kuohle. Ngaphandle kokuba umphandi ubone Isidingo sokuphinda aqhakamshelane nawe emva koko malunga nempendulo zakho, okanye imibuzo ashiyeke enayo emva kodliwano ndlebe olo. Ngenxa yobunzulu nobubanzi bengxoxo yethu, ndizakucela imvume yokuba ndisebenzise I *tape recorder* okanye umnxeba wam ukushicilela. Ndizakusenza isiqinisekiso sokuba akukho apho igama lakho livelele khona, kwaye, ndizakuqinisekisa ukuba ushicilelo lubekwa endaweni ekhuselekileyo apho kungekho mntu wumbi ozakufikelela kulo.

Oluphononongo lungabandakanya le mingcipheko ilandelayo kunye/okanye ukungakhululeki noku xhokoxeka emoyeni kumthathi-nxaxheba, ngenxa yezinto ezithile ozakube ethetha ngazo. Ukuba kuthe kwenzeka oku, umphandi, ngemvume yakho uya kulungiselela iinkonzo zengcebiso kwikliniki yasekuhlaleni ngaphandle kwentlawulo. Sinethemba lokuba isifundo siya kudala ezi nzuzo zilandelayo, ukuba ilizwi lomthathi nxaxheba liviwe ngokubalisa amabali akhe kwakunye nezimvo zakhe, kunye neengcebiso malunga nale nyewe, kunye nokubekwa kwindawo apho amazwi abo abalulekile; kungenjalo akukho sibonelelo okanye mvuzo ozawuthi ufunyanwe ngumthathi-nxaxheba koluphando. Chaza izibonelelo zenzululwazi / ezinye ithemba ukusuka kwisifundo).

Esi sifundo siye saphononongwa kwaye savavanywa ngokusemthethweni kwaye savunywa yi komiti ye Humanities and Social Sciences Research Ethics Committee yase UKZN (approval number; HSSREC/00007526/2024).

Kwimeko naziphi na apho kukhona iingxaki okanye iinkxalabo/imibuzo unokuqhagamshelana nomphandi kuyo kule nombolo; [REDACTED], okanye i-UKZN Humanities & Social Sciences Research Ethics Committee, iinkcukacha zoqhagamshelwano ngolu hlobo lulandelayo.

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus

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KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Yazi ke ukuba ukuthabatha inxaxheba koluphando kungokuthanda nokuvuma kwakho. Oko kukuthi, awunyanzelekanga, kwaye unokurhoxa nangaliphi na ithuba okanye ixesha apho uva khona ingathi awusathandi. Kubalulekile ukuba wazi, akukho nxa ezakuwela ngakuwe, okanye into eyakukuchaphazela kakubi xa ugqibe kwelokuba urhoxe ekuthatheni inxaxheba kolu phando. Kananjalo, akukho nxa eyakuwela nagkuwe xa ugqibe kwelokuba ngomnye wabathathi nxaxheba. Xa ingxoxo yethu ithe yavuselela iimbilini ezithile, ngemvume yakho ndiyakucebisa ukuba ubonane neengcaphephe ezingakwazi ukuncedisana nawe malunga nesixhaso mphefumlo.

IMVUME EYIYO

Mna....., ndichazelwe ngokuthe Gabalala ngesi fufundo esinetayitile ethi; An exploration of experiences of elderly African women caring for non-biological children without a statutory mandate: Mquma Local municipality, Eastern Cape, ngu mphandi ogama lingu Mandisa Thundzi.

Ndiyayiqonda injongo neenkqubo zophononongo.

Ndililikwe ithuba lokuphendula imibuzo ngesi sifundo esi, kwaye ndifumene iimpendulo ezindanelisayo.

Ndivakalisa ukuba ukuthatha kwam inxaxheba kolu phononongo kukuzithandela ngokupheleleyo kwaye ndingarhoxa nangaliphi na ixesha ngaphandle kokuchaphazela kakubi nayiphi na inzuzo endidla ngokuba nelungelo layo.

Ndiye ndaxelelwa malunga neenkonzelo ezikhoyo okanye inkxaso yeemvakalelo ukuba kuye kwakho ukungakhululeki kwengqondo nasemphefumlweni kwenzeka kum ngenxa yophononongo olu.

Ukuba ndinayo nayiphi na eminye imibuzo/iinkxalabo enxulumene nesifundo ndiyaqonda ukuba ndingaqhagamshelana nomphandi kwi nombolo yakhe yomnxeba; [REDACTED].

Ukuba ndinayo nayiphi na imibuzo okanye inkxalabo malunga namalungelo am njengomthathi-nxaxheba wophononongo, okanye ukuba ndixhalabile malunga nenkalo yesifundo okanye umphandi ngoko ndingaqhagamshelana ne:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

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Email: HSSREC@ukzn.ac.za

Emvume eyongezelelweyo,

Apha ndinika imvume yokuba:

Ushicilelwa nge Audio udliwanondlebe lwam

EWE/ HAYI

Ukushicilelwa nge Video udliwano ndlebe lwam

EWE / HAYI

Ukusetyenziswa kweefoto zam ngeenjongo zophando

EWE / HAYI

Utyikityo lomthathi-nxaxheba

Umhla

**Utyikityo lwengqina
(Ukuba likhona)**

Umhla

**Utyikityo lomguquleli
(Where applicable)**

Umhla

APPENDIX B: INFORMED CONSENT FORM (ENGLISH VERSION)

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

Note to researchers: Notwithstanding the need for scientific and legal accuracy, every effort should be made to produce a consent document that is as linguistically clear and simple as possible, without omitting important details as outlined below. Certified translated versions will be required once the original version is approved.

There are specific circumstances where witnessed verbal consent might be acceptable, and circumstances where individual informed consent may be waived by HSSREC.

Information Sheet and Consent to Participate in Research

Date:

Dear Mama

My name is Mandisa Thundzi. I'm a qualified social worker, who is also a student doing a master's degree at the University of Kwazulu-Natal master's degree, from the School of Applied Human Sc. Contact details; 031 260 2277, mzinyaneb@ukzn.ac.za.

You are being invited to consider participating in a study that involves research on the experiences of Elderly African women caring for non-biological children without statutory intervention at Mnquma local municipality in the Eastern Cape. The aim and purpose of this research is to explore and understand their experiences of caring for non-biological children and the challenges thereof. The study is expected to enroll about ten (10) participants in total, from these two villages, Xhaxhashimba A/A and Khobodi A/A, and have five (5) from each village. It will involve the following procedures: the researcher will have interviews with each participant privately and ask them a set of questions prepared for this study. The duration of your participation if you choose to enroll and remain in the study is expected to be not more than two (2) hours and all this will happen in one day. In order for the researcher to

remember everything that will be shared by the participants she will use a recorder to record all the interviews. This gadget will be locked and kept safe.

The study may involve the following risks and/or discomforts in terms of emotional distress or trigger as a result of the experiences you will be sharing. Should any of this happen, with your permission, the researcher will refer you for trauma debriefing, containment and/or counselling to a professional social worker free of cost. We hope that the study will create the following benefits, having the participants' voices heard through telling their stories, to be heard by social service providers, policy developers and all the relevant stakeholders. Otherwise, there is no compensation or instant reward for participating on this study. Other scientific foreseen benefits will be having relevant interventions or support systems in place that will be in line with the participants' experiential world later on, which will include the inclusion and recognition of their indigenous way of providing care and preserving families.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number; HSSREC/00007526/2024).

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

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

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KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Please note that your participation in this research is voluntary, and that you may withdraw participation at any point without incurring any penalty as a result of withdrawing. The withdrawal process will be simply, you inform the researcher that you are no longer keen to participate in the study, the researcher will then immediately terminate your participant from the study and your information/data (if any) will not be part of the study. There are no incentives to be received for participating in this study, as well as for withdrawing from it.

Furthermore, the researcher will not use the participants' details or personal information at any point in the study, instead they will use pseudonym, only the researcher will know their names. The information shared, will not be shared with anyone else during the data collection phase except with the researcher's supervisor for proper guidance. Data collected will be kept in password encrypted electronic files so it cannot be accessed by anyone.

CONSENT

I..... have been informed about the study entitled; An exploration of experiences of elderly African women caring for non-biological children without a statutory mandate: Mnquma Local municipality, Eastern Cape by the researcher named Mandisa Thundzi.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

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

I have been informed about any available compensation or medical treatment if an injury occurs to me as a result of study-related procedures.

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

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

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

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

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date

APPENDIX C: SEMI-STRUCTURED INTERVIEW GUIDE (ENGLISH VERSION)



Name of researcher :	Mandisa Thundzi, email 224106013@stu.ukzn.ac.za
Student Number :	224106013
Institution :	University of KwaZulu-Natal
Supervisor :	Mr Bongane Mzinyane, email MzinyaneB@ukzn.ac.za

SEMI-STRUCTURED INTERVIEW GUIDE

Title of the research: **An exploration of experiences of elderly African women caring for non-biological children without a statutory mandate: Mquma Local municipality, Eastern Cape.**

1. Demographic information

Participant Code or Pseudonym :

Age of the participant :

Number of non-biological children caring for :

Age of the child/children :

Gender of the child/children :

Name of the rural village of dwelling :

Language Proficiency :

Years of experience :

Objective 1: To explore the reasons of elderly African women, in Mnquma Local Municipality, to care for non-biological children without statutory mandate.

- Can you describe a specific situation that led you to care for a child who is not biologically yours?
- What motivates you to continue carrying out this additional responsibility without any statutory intervention?
- In your community, what cultural values or traditions do you believe contribute to your decision to raise a non-biological child?
- As an elderly person what impacts does this additional responsibility have on your social and physical life?
- Thinking about your own experiences as a child, how has your upbringing shaped your approach to caring for non-biological children in this day and age?

Objective 2: To explore the challenges of elderly African women in Mnquma Local Municipality for caring for non-biological children without a statutory mandate.

- Can you tell me about some of the challenges you encountered the first time you began caring for a non-biological child, if there are any. How do you deal with these challenges on your own?
- In your community, how common is it for elderly women to care for children who are not their biological grandchildren? What factors do you think contribute to this happening?
- When caring for a child who is not your biological child, how do you navigate issues of discipline and authority within the family structure?
- What are some of the cultural beliefs or practices that you draw on when caring for non-biological children in your family, as opposed to the children that you are biologically related to?
- Looking back, what has surprised you most about caring for this child/these children?

Objective 3: To understand the support systems that elderly African women utilize when caring for non-biological children without a statutory mandate.

- What do you understand about statutory interventions/mandate?
- And what is your perception about it? How much access do you think you have to these services if there are any?

- Have you interacted with any government or social service providers related to this situation? If so, how was your experience?
- What kind of support, if any, do you receive from your family or the broader community in caring for these children? Are there any gaps in support that you would like to see addressed?
- In your experience, have there been situations where you felt unsupported or alone in caring for these children? If so, how did you manage those situations?
- How does your family and community view your role in caring for these children?

Objective 4: To establish recommendations by elderly African women that can help to address challenges when caring for non-biological children without a statutory mandate in Mquma Local Municipality.

- What advice would you give to another elderly Africa woman who is about to assume this additional responsibility?
- Do you know anything about adoption, what's your perception of it?
- In your opinion, what are the most important qualities needed to care for a non-biological child?
- In your ideal world, what kind of support would elderly woman caring for non-biological child/children in the private arrangement expect from the social Workers of Mquma Local Municipality for this situation?
- What do you think social workers can do to help families of your calibre including the children involved?
- Looking to the future, what are your biggest concerns about caring for this child/ these children?

APPENDIX D SEMI-STRUCTURED INTERVIEW GUIDE (XHOSA VERSION)



Igama lomphandi	: Mandisa Thundzi, email 224106013@stu.ukzn.ac.za
Inombolo yomfundi	: 224106013
Isebe	: University of KwaZulu-Natal
Umgqugquzeli	: Mnu. Bongane Mzinyane, email MzinyaneB@ukzn.ac.za

ULUHLU LWEMIBUZO YOPHANDO

Isihloko sophando: An exploration of experiences of elderly African women caring for non-biological children without a statutory mandate: Mquma Local municipality, Eastern Cape.

2. Incukacha zomthathi nxaxheba

Ikhawudi yomthathi nxaxheba :
Iminyaka yomthathi nxaxheba :
Inani Labantwana :
Iminyaka yomntwana/yabantwana :
Isini somntwana/abantwana :
Igama lengingqi yomthathi nxaxheba :
Ulwimi :
Inani leminyaka yamava :

Injongo 1: **To explore the reasons of elderly African women, in Mquma Local Municipality, to care for non-biological children without statutory mandate.**

- Ingaba unokuchaza imeko ethile eyakhokelela ekubeni unakekele kwaye ukhulise umntwana ongenguye owesibekele sakho?
- Yintoni ekukhuthaza ukuba uqhubeke nokuthatha olu xanduva olongezelelweyo ngaphandle kongenelelo lwase burhulumenteni?
- Kwindawo ohlala kuyo, ngawaphi amasiko, inkcubeko kunye ne zithethe okholelwa kuzo nokhekelwa zizo ukuba zinegalelo kwisigqibo sakho sokukhulisa umntwana ongenguye umntwana wesibekele sakho?
- Njengomntu omdala onoloxanduva, ungathi lunagelelo lini kwimpilo yakho ngokwa sekuhlaleni nasemzimbeni?
- Ukucinga ngamava akho njengomntwana, ukukhuliswa kwakho ungathi kuye kwayibumba njani indlela yakho yokukhathalela abantwana abangengabo besibekele sakho kule mihla siphila kuyo?

Injongo 2: To explore the challenges of elderly African women in Mquma Local Municipality for caring for non-biological children without a statutory mandate.

- Ndicela undixelele nge mimiceli mngeni ekhethekileyo okanye owathi wahlangabezana nayo wakuqala ukunakekela umntwana umntwana ongenguye wesibekele sakho, ukuba ikhona? Umelana njani nale miceli mngeni ngokwakho?
- Apha ekuhlaleni, kuxhaphake kangakanani ukuba omama abadala bakhathalele abantwana abangengabo abazukulwana babo bokuzalwa? Ingab zeziphi izinto ocinga ukuba zinegalelo koku kwenzekayo?
- Xa ukhathalela umntwana ongenguye wesibekele sakho, uqhuba njani kwimiba yokuqeqesha kunye negunya ngaphakathi kosapho?
- Ziziphi ezinye zeenkolelo zenkcubeko okanye I zithethe osukela kuzo- xa ukathalela umntwana/abantwana abangengabo abesibekele sakho, ezingafaniyo nezo zabantwana ozalanayo nabo?
- Xa ujonga ngasemva, yintoni eye yakumangalisa kakhulu ngokunakekela lo mntwana/abantwana?

Injongo 3: To understand the support systems that elderly African women utilize when caring for non-biological children without a statutory mandate.

- Luthini ulwazi lwakho malunga neenkonziso ezigunyazisiweyo zongenelelo kwizimo zentlalo yoluntu?
- Ingaba luthini uluvo lwakho ngalo ukuba lukhona? Ucinga ukuba unokufikelela kangakanani kwezi nkonziso ukuba zikhona?

- Ingaba ukhe waqhagamshelana naye nawuphi na umntu osuka eburhulumenteni okanye abanikezeli beenkonzo zentlalo malunga nale nyewe? Ukuba kunjalo, amava akho ayenjani?
- Luhlobo luni lwenkxaso, ukuba lukhona, olufumana kusapho lwakho okanye kuluntu apha ekuhlaleni ngokubanzi, ukunakekela lo mntwana/abantwana? Ngaba zikhona izikhewu kwinkxaso oyifumanayo ongathanda ukuzibona zilungisiwe?
- Kumava akho, ngaba kuye kwakho iimeko apho waziva ungaxhaswanga okanye ulilolo ekunyamekeleni aba bantwana? Ukuba kunjalo, wazisingatha njani ezo meko?
- Usapho lwakho kunye noluntu luyijonga njani indima yakho ekunakekela umntwana/abantwana?

Injongo 4: To establish recommendations by elderly African women that can help to address challenges when caring for non-biological children without a statutory mandate in Mquma Local Municipality.

- Ziziphi iingcebiso onokuzinika omnye umntu omdala oza kuthatha olu xanduva olongezelelweyo?
- Ingaba kukho into oyaziyo malunga ne “adoption”, ithini imbono yakho ngayo?
- Ngokoluvo lwakho, zeziphi ezona mpawu zibalulekileyo ezifunekayo ekunakekeleni umntwana ongenguyye wesibeleko sakho?
- Kubomi bumbi obukwiminqweno yakho, luhlobo luni lwenkxaso ocinga ukuba umama omdala onakekela umntwana/abantwana ongengowesibeleko, ngaphandle kongenelelo lwaseburhulumenteni obenokulufumana lusuka kubaSebenzi bezentlalo bakaMasipala woMasipalathi wase Mquma malunga nale nyewe?
- Zeziphi izibonelelo ocinga ukuba zinokuba luncedo kakhulu komama abadala base-Afrika abanakekela abantwana abangengo besibeleko sabo? Yintoni enokwenziwa ngonontlalontle ukunceda iintsapho ezikimeko yakho kuquka nabantwana abachazelekayo?
- Xa ukhangele kwi ngomso, yeyiphi inkxalabo yakho enkulu malunga nokukhathalela lo mntwana/ abantwana?

APPENDIX E: LETTER TO GATEKEEPER (ENGLISH VERSION)

*29 Newman Crescent
Cambridge West
East
London
01/07/2024*

*Chief Luzipho
The Amamfengu Tribe
Ndabakazi A/A
Butterworth
4960*

RE: Requesting permission to enter the research site/community

Dear Sir

My name is Mandisa Thundzi, a qualified social worker and a student at the University of KwaZulu-Natal pursuing a Master of Social Sciences in Social Work degree. My research focuses on the social welfare of elderly African women, specifically understanding their experiences when caring for biological children without government support or statutory mandates within rural communities. Specifically, Khobodi and Xhaxhashimba rural villages.

I am writing to respectfully request your permission, given your authority standing in this community, to conduct research interviews with qualified participants from your two esteemed communities, Xhaxhashimba and Khobodi. This research aims to shed light on the challenges and triumphs faced by these women, ultimately contributing to a better understanding of their needs. The research is likely to inform policy changes and tailored interventions by the social work sector.

The interviews will be conducted in a comfortable and respectful manner, at a location convenient for the participants (preferably at their homes and the entire project is expected to be completed within one month. My research is scheduled to begin on 12/08/2024, but I am flexible based on your guidance. For your reference, I have attached the university's contact details (supervisor).

Thank you for your time and consideration. Your permission to conduct this research in Xhaxhashimba and Khobodi would be greatly appreciated.

Sincerely,

Ms Mandisa Thundzi

APPENDIX F: LETTER TO GATEKEEPER (XHOSA VERSION)

*29 Newman Crescent
Cambridge West
East
London
01/07/2024*

Chief Luzipho

The Amamfengu Tribe

Ndabakazi A/A

Butterworth

4960

RE: Isicelo semvume yokungena kwindawo yophando/kuluntu

Mnumzana obekekileyo

Igama lam ndinguMandisa Thundzi. Ndingumfundi wesidanga seMasters kwiYunivesithi yaseNelson Mandela. Njengenxalenye yezifundo zam kufuneka ndenze uphando. Ndibone imfuneko yophando lokuphonononga amava abantu abadala abakhathalela abantwana abangabazaliyo, kungekho nenelelo lwabasemagunyeni kunye ne ntlelo lweze ntlalontle - kwiilali zaseGcuwa. Ndibhalela ukucela ukugaya abathathi-nxaxheba kolu phononongo kuluntu lwakho, kwaye ndingavuya ngakumbi ukuba unokucebisa abo banokuba ngabathathi-nxaxheba obaziyo. Ndiijonge udliwano-ndlebe nabantu basetyhini abadala ahlala kwilali yakho - abagcina abantwana abangazalwanga ngabo. Bafanele babe phakathi kweminyaka engama-60 nama-80 ubudala.

Ndigqibe kwelokuba ndicele ukulwenza kule yakho ingingqi oluphando, ngokuba ngexesha lam lokusebenza njengonontlalontle wakwaChild Welfare, ndiye ndadibana namaxhegokazi athatha olu xanduva abe ejongene neenzima ezininzi zobuzali. Isigqibo sokucela ukuba uthathe inxaxheba epheleleyo kule nkqubo yokugaya abasebenzi sisekelwe kwingcinga yokuba, ezilalini, iinkokheli zabahlali zazi phantse yonke into malunga noluntu lwazo. Bazi

phantse ilungu ngalinye lekhaya ngalinye, ngenxa yendlela uluntu olusebenza ngayo okanye olusebenzisana ngayo. Ke ngoko, ndiyakholelwa ukuba uya kubachonga ngokulula abo banokuba ngabathathi-nxaxheba.

Ndingayivuyela kakhulu into yokuba ungaqhakamshelana nam malunga nokuba uchonge abantu abanokuthi bathathe inxaxheba, ukuze ndibafumane kwaye ndibafumane ngemvume yakho. Ndilindele ukuba esi sifundo siqhube bekhululekile kumakhaya abo okanye nayiphi na enye indawo ebalungeleyo. Le projekthi ayizukuthatha ngaphezulu kwenyanga, umthathi-nxaxheba ngamnye uzothatha inxaxheba kwiintsuku ezimbini nangaphantsi. Oko kuthetha ukuba ndiza kuba kwindawo yakho inyanga enye - ubuninzi.

Ndilungise imibuzo yokubuza abo banokuba ngabathabathi nxaxheba ngokuhambelana nophononongo. Fumana nantso ikopi yemibuzo ihamba nale mbalelwano ukuba uyifunde. Ngokufanelekileyo, ndingathanda ukuqalisa ukuqokelela iinkcukacha zophando lwam / ukuqhuba udliwano-ndlebe ngomhla we-16/03/2022. Nangona kunjalo, ndingavuya kakhulu ukukhokelwa nguwe kule nto.


Ndiyathemba ukuba uza kuyifumana le projekthi inomdla kwaye uya kuba nomdla wokundinceda. Nceda uzive ukhululekile ukunditsalela umnxeba xa unombuzo apha; [REDACTED]. Okanye, unganqwenela ukuqhagamshelana nomphathi wam, uGqr Perumal; 041 [REDACTED] ukuba ungathanda ireferensi okanye olunye ulwazi.

Ndiyakubulela kakhulu ngokuthatha ixesha lakho lokufunda le mbalelwano.

Owenu othembekileyo


Mandisa Thundzi

APPENDIX G: LETTER OF APPROVAL FROM GATEKEEPERS



**TOLENIA/A
AMAHLUBI**
ZAMALUNGUZO
Headman

Toleni Admin Area
P.O. Box 35
Ndabakazi
4962
Tel: 083 421 5609



**TOLENIA/A
AMAHLUBI**
ZAMALUNGUZO
Headman

Enq: Honourable. M.M. Luzipo
(Traditional Leader)

Date: 24/07/2024

TO WHOM IT MAY CONCERN

Sir/Madam

As per your request I hereby grant you permission to conduct your Master's research (through individual interviews) with the African elderly women in Xhaxhasimba/Khobosi AA, Ward 11 (Murrumbidgee Municipality). In my capacity as the Chief/Inkosi of Amahlubi, I hereby urge you to ensure that your research proceedings are aligned to the research proposal and ethical considerations that you share with me.

We wish you the best of luck in your studies.

[Redacted Signature]

(Traditional Leader)

421 5609)

Stamp



NKOSI M.M. LUZIPO

Telen: [Redacted] Butterworth

Sign: [Redacted]

Date: [Redacted]

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EASTERN

APPENDIX H: ETHIC APPROVAL LETTER



19 September 2024

Mandisa Thundzi (224106013)
School of Applied Human Sc
Howard College Campus

Dear M Thundzi,

Protocol reference number: HSSREC/00007526/2024

Project title: An exploration of experiences of elderly African women caring for non-biological children without a statutory mandate: Mquma Local municipality, Eastern Cape

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 19 August 2024 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

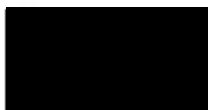
Incidents of adverse events and serious adverse events (AEs and SAEs) should be reported in writing to HSSREC, the study sponsors, and any regulatory authority (where appropriate), within 7 working days of the occurrence for local sites and 14 days for all other South African sites.

This approval is valid until 19 September 2025.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)
/nng

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

APPENDIX I: AGREEMENT TO PROVIDE COUNSELLING TO THE RESEARCH PARTICIPANTS

Date: 20 July 2024

Master's Candidate: Social Work
University of KwaZulu-Natal
Howard College Campus,
School of Applied Human Sciences
Social Work Department
Durban
4002

Dear Ms Mandisa Thundzi

**Re: Agreement to provide counselling to the research participants of Ward 11
Xhaxhasimba and Khobodi area**

As per your request, in my capacity as a qualified Social worker, with practice number 1034972 hereby agree to provide psychosocial support at no cost to any of your research participants that might be triggered during your data collection process in areas Xhaxhasimba/Khobodi AA, under Ward 11 (Mnquma Municipality).

I wish you the best of luck in your studies.

Yours sincerely,



Miss T. Sotshangane

The social worker

MANDISA THUNDZI FINAL DISSERTATION 30 JANUARY 2025.docx

ORIGINALITY REPORT

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