

Experiences of Grandmothers Raising Their Orphaned Adolescent Grandsons

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Abstract

Worldwide, grandparent-headed households have emerged as one of the fastest-growing family constellations responsible for caring for grandchildren as a result of various crises, including increased death of middle-aged people. Little is known about mental health factors influencing grandmothers' daily well-being when raising orphaned adolescent grandsons (OAGs). The main objective of this study was to explore and describe the lived experiences of grandmothers raising their OAGs in uMkhanyakude District, KwaZulu-Natal. In this study, a qualitative research design, which is exploratory, descriptive and contextual in nature, was used. The study was based on the application of a philosophy of constructivism by conducting individual in-depth phenomenological interviews to understand the experience of grandmothers as they narrate it and the meaning they attach to raising their OAGs. Purposive sampling was used in the selection of grandmothers raising OAGs. Data saturation was reached after 10 interviews, and was supplemented by documented observations and field notes. The data was analysed using Tesch's method of open coding. The themes that emerged were the following: the burden of meeting the basic needs of their OAGs, concern about the future and their health as well as their grandsons' health, and living everything in God. The results are discussed in the context of existing literature. Many mental health conditions are undiagnosed; the study highlights the need to promote mental health strategies that will be sensitive to the challenges experienced by grandmothers raising OAGs and empower them with skills and the mobilisation of resources.

Keywords: grandmothers; raise; adolescent; grandsons; mental health; orphan

Introduction and Background

According to the statistics provided by the United Nations International Children's Emergency Fund (UNICEF 2015), the global number of registered orphans is 140 million; the majority of orphans are living with a surviving parent, grandparent, or other family member. UNICEF (2015) further defines an orphan as a child who has lost one or both parents (double or dual orphans). A study conducted by Sampson and Hertlein (2015, 75) revealed that an estimated 7.5 million children in the United States live in a household maintained by a grandparent and documented the physical and mental implications of this family unit.

In 2015, there were 3.1 million orphans in South Africa, which is equivalent to 17% of all children in South Africa (Hall and Sambu 2018, 102). KwaZulu-Natal has the largest child population and the highest percentage of orphans at 22% (Hall and Sambu 2018, 103). According to Mtshali (2015, 76), caregiving patterns and the underlying causes of grandparent-headed households differ between black families in African countries and those in Western societies. Furthermore, Mtshali states that in Western countries, grandparents often step in to assume responsibility for their grandchildren when their children are dysfunctional as a result of alcohol and drug abuse, mental or emotional problems or if they are deceased.

A study conducted by Tamasane and Head (2010, 82) at Kopanong Municipality in the Free State found that orphans were more likely to be cared for by grandmothers than other relatives or non-relatives. Caring for orphans shifted to the elderly, creating a need to reorganise their roles and parental responsibilities. Yet they are mostly impoverished, which increases vulnerability to mental health problems (Mogotlane et al. 2015, 1039; Shaibu 2013, 364). Sampson and Hertlein (2015, 77) and Doley et al. (2015, 107) state that being a grandmother takes a huge toll on a woman's life and she might experience burdens related to physical, mental, emotional, and social challenges and stigmatisation when caring for grandchildren. The *Umkhanyakude District Health Plan* (KwaZulu-Natal Department of Health 2018) reported that a high percentage of households were headed by elderly females who are aged between 66 to 85 years. Moreover, some grandchildren may have special needs as well as medical, financial and emotional needs; they may also be stigmatised thus further impacting on the grandmother's coping strategies (Kidman and Thurman 2014, 235; Temane et al. 2016, 2). Some international studies that examined the role of grandmothers in raising their grandchildren showed that there are positive and negative elements to raising grandchildren. The results of a study conducted in Australia showed that grandparents who cared for their grandchildren with emotional disorders had higher levels of stress and anxiety, more chronic illness, a lack of resources, a lack of support, feelings of inadequacy, and depression and reported lower levels of satisfaction with life (Oliveira et al. 2017, 701). Conversely, grandchildren also experience tension characterised by outbursts of anger, aggression, substance and drug abuse with peers, and family members experience

tension characterised by poor interpersonal relationships (Nteere and Smith 2016, 166). Despite the numerous physical and socioeconomic difficulties experienced by grandmothers, there is dearth of studies that explore the mental health challenges encountered by these grandmothers in KwaZulu-Natal. It was therefore the aim of this study to focus on the mental health aspect, an integral and essential component of health, by exploring and describing the lived experiences of grandmothers, particularly as they raise grandchildren of a critical age (the adolescent stage) while ageing themselves and the possible influence this might have on their mental health. The present study's findings contribute to developing mental health promotion strategies for grandmothers.

Problem Statement

According to the World Health Organization (WHO 2017), approximately 15% of adults aged 60 and over suffer from mental disorders that impact on their thinking, feelings or mood, and susceptibility increases for those exposed to prolonged stress, care-taking responsibilities, and emotional, physical or sexual trauma. Elders in China experience grandparenting as a positive phenomenon, whereas in African countries it may be accompanied with a variety of challenges impacting on their health (Dong, Chang, and Bergren 2014, 126). Raising grandchildren at different ages, of different genders and with varied parental backgrounds has implications for the psychosocial health of the grandmother. The researcher is a citizen of uMkhanyakude district municipality and a psychiatric nurse and thus has personal experience and knowledge of the conditions under which the majority of grandmothers live, which include poverty, grieving for their lost children, rebellious grandchildren, substance abuse, stigma associated with HIV and AIDS, and suffering from chronic conditions that pose a challenge to their mental well-being. This indicates that there is more to what the grandmothers go through that is unspoken when undertaking this parental role. The researcher decided to undertake this study to explore and describe the lived experiences of grandmothers raising their orphaned adolescent grandsons (OAGs) in uMkhanyakude district municipality. There is no similar research that has examined the experiences of grandmothers while raising their OAGs in uMkhanyakude, despite the area having been ravaged by HIV and AIDS, which has resulted in increased orphans. In order to gain a clearer understanding of the experiences of grandmothers and develop mental health promotion strategies, the research question was:

- What are the grandmothers' lived experiences when raising their orphaned adolescent grandsons?

Research Methodology

Research Design

The study was based on the application of the philosophy of constructivism. Constructivists believe that a narrative provides the truth based on an individual's lived experience and the meaning they develop from those experiences (Creswell and Poth 2018, 8; Polit and Beck 2017, 12). A qualitative research design was used, which is

exploratory, descriptive, and contextual in nature, to explore and describe the lived experiences of grandmothers who are raising OAGs (Gray, Grove, and Sutherland 2017, 3).

Research Setting

The study was conducted in the grandmothers' natural setting at their homes, in uMkhanyakude district, KwaZulu-Natal, as this was their choice; their homes were convenient compared to the health centre. UMkhanyakude district municipality is in the far northern region of KwaZulu-Natal province in South Africa. At 12 818 km² it is the largest rural district and the second largest district in KwaZulu-Natal. It is also rated as part of the poorest quintile of South African districts. Most households, about 53.9%, are headed by females, with a high percentage headed by the elderly of 66 years and above (KwaZulu-Natal Department of Health 2018).

Population and Sampling

The study population included all grandmothers who were raising their OAGs in uMkhanyakude district municipality. The target population included grandmothers who met the inclusion criteria of the study. Permission to conduct the study and its purpose was formally negotiated with gatekeepers (Botma et al. 2016, 203) of uMkhanyakude district municipality and uMkhanyakude health district. Participants were recruited with the help of community care givers and ward counsellors of the study area as they knew the homes of the target population. Non-probability purposive sampling was used in that participants are selected based on their first-hand experience with the phenomenon of interest (Creswell and Poth 2018, 224).

The inclusion criteria was as follows: the grandmother's age needed to be 50 years and above; she needed to be without cognitive or hearing impairment and willing to participate; she had to be a biological and primary carer for the OAG aged 12 to 17 years; she needed to have stayed with the grandson for about a year after the death of his parent/s, and be able to communicate in IsiZulu or in English. The researcher was fluent in both languages, which are the participants' home languages.

Increased death among middle-aged adults and its consequences for their offspring led the researcher to consider undertaking the study in order to answer questions such as: What is the experience of those who take over responsibility for raising children? The literature revealed that several studies have been done on grandparenting of orphans, child-headed families, institutional care, etcetera. However, the researcher was convinced that research specifically focusing on OAGs and the influence lived experiences of raising adolescent grandsons in uMkhanyakude has on the mental health of grandmothers has never been done. It has been reported that an excessive number of young persons in South Africa who commit crime are orphans and mostly male and do so because of peer pressure (van Raemdonck and Khan 2017, 3). Written and informed consent was voluntarily given before the commencement of each interview and for audio recording the right thumb print was used for those who could not write as evidence

that the research and their participation in it were explained to them and they agreed to participate.

Data Collection

Data were collected through individual in-depth phenomenological interviews, observation, and field notes (Creswell and Poth 2018, 14; Polit and Beck 2017, 532). This method allowed the researcher to set aside her own interests and to focus on capturing the lived experiences of the grandmothers.

An audiotape was used to capture grandmothers' voices. One central, open-ended question was posed to each participant: "How is it for you to raise your orphaned adolescent grandson?" As the participants reflected on their experiences, the researcher began to identify the challenges that they were experiencing and the manner in which these influenced their lives. Communication skills enabled the researcher to explore the subject in-depth with the grandmothers. All participants were interviewed in November 2016 in their home language, nine in IsiZulu and one in English; each interview took 60 to 90 minutes.

Sample Size

The sample size was determined by data saturation; the researcher stopped conducting interviews after 10 interviews as no new information surfaced.

Data Analysis

Tesch's open-coding method was used to analyse the data. Themes and sub-themes were generated from the interpretation and exploration of various statements and field notes from the collected data (Creswell and Poth 2018, 197–201; Polit and Beck 2017, 12). The nine recorded interviews in IsiZulu were transcribed verbatim from the audiotapes on the same day following an interview by the researcher to allow for better recall of the interview and later translated into English. The one interview that was conducted in English was transcribed verbatim in preparation for analysis. Data was analysed by using colour coding schemes and similar colour codes were grouped together into themes and sub-themes. An independent coder, an expert in qualitative research, was sent transcripts and field notes to analyse independently. A consensus discussion was held between the researcher and the independent coder about the themes and sub-themes of the study. Thereafter, a literature control was presented to compare and contrast the research findings of the study.

Trustworthiness

The researcher applied the model of trustworthiness strategies described by Lincoln and Guba (1985, 289–311). Polit and Beck (2017, 559) state that trustworthiness is an approach to clarify the notion of objectivity and to ensure rigour in qualitative research. The following techniques ensured the credibility of the study: prolonged engagement, reflexivity, triangulation, member checking, peer review and structural coherence.

Transferability was ensured through purposive selection of participants, the description of the participants' demographics and the description of the results of the interviews with the participants. Dependability was ensured through the description of the research methodology and the data analysis and the discussion held with the independent coder after the data analysis. Confirmability was established through compiling verbatim transcripts, field notes, and audiotapes, which were kept for auditing purposes, and by reaching consensus with the independent coder on themes and sub-themes that emerged from the findings.

Ethical Considerations

The ethical approval for this study was granted by the Faculty of Health Sciences Academic Ethics Committee of a university (clearance number: AEC 01-58-2014). Permission to conduct the study was obtained from the KwaZulu-Natal Department of Health Research Committee (NHRD: KZ_2015RP19_728), the uMkhanyakude health district, and uMkhanyakude district municipality.

The purpose of the study was explained to participants in a language that they understood, and written, voluntary, and informed consent was obtained and a copy was given to the participants. The researcher observed and applied Dhai and McQuoid-Mason's ethical principles, which include autonomy, non-maleficence, beneficence, and justice (Botma et al. 2016, 17–21). The grandmothers opted that interviews be conducted at their homes. This ensured privacy and confidentiality. The participants were assured that all data obtained during an interview session and audiotapes would be kept safely in a researcher's office and only the researcher, independent coder and research supervisors would have access to it should the need arise. The audiotapes would be destroyed two years after the publication of the research results.

Results and Discussion

To begin the data collection, a few demographic and background questions were asked. A total of 10 grandmothers who were raising their OAGs were interviewed. The age of the grandmothers ranged from 50 years to 83 years and the grandsons' ages ranged from 12 to 17 years. The number of grandchildren they were raising ranged from one to 11 grandchildren. Seven were widowed, two were separated, and one was married. Only three had basic education. Seven grandmothers relied on the government's old age pension (social security grant), including one retired teacher; one was self-employed, and two did not qualify for the government pension and survived by growing and selling produce, even though it was on a small scale. Only two grandsons were not receiving a child support grant. They did not have the relevant documents and one chose not to apply for the grant. Nine grandsons had lost both parents and life was very hard for them. Seven grandmothers were Christians and three were non-Christians. Three main themes and sub-themes were generated from analysing the data of the study and are discussed hereunder (see to Table 1).

Table 1: Themes and sub-themes

Themes	Sub-themes
1. Basic needs of grandsons	Expressed the following experiences: <ul style="list-style-type: none"> • Being overwhelmed and worried • Frustration • Depression • Financial constraints • Lack of shelter
2. Concern about the future	The concern was caused by: <ul style="list-style-type: none"> • Academic performance • Lack of support from extended families • Health-related issues
3. Living everything in God	Aspects of spirituality experienced as: <ul style="list-style-type: none"> • A source of strength • Strength from cultural practices

Theme One: Grandmothers Experienced a Burden Meeting the Basic Needs of Their OAGs

Grandmothers expressed their experience of raising OAGs as a burden impacting on their mental health and revealed that they felt trapped in life. Moreover, they were still grieving for the loss of their own sons and daughters. The experiences of a burden were expressed as overwhelming and their daily interactions with their OAGs were worrying. Financial constraints and a lack of shelter increased frustration and tension in the family. A grandmother who had recently lost her second daughter in the space of two weeks said:

It is too heavy to be a parent again ... fetching water, firewood and cooking ..., no energy anymore. I need rest ... the boy is a burden for me. (Participant 5)

According to Singo et al. (2015, 7), the loss of parents has detrimental effects on the remaining family members. In this study, grandmothers experienced a change in their lifestyle with implications for their physical, psychological, social, and spiritual dimensions. Consistent with the findings of this study, Sampson and Hertlein (2015, 77) confirm that grandmothers were overwhelmed by taking over the custodial role of raising grandchildren while coping with their own grief. However, the results on the physical and mental health of Taiwanese grandparent caregivers showed that grandparents' caregiving was positively associated with self-rated health and mobility improvements and had benefits for their mental health (Ku et al. 2013, 1018).

In this study, grandmothers described feeling overwhelmed, frustrated, inadequate, guilty, stressed, and depressed to the extent of having suicidal ideation as a result of the untoward behaviour of their OAGs. Grandmothers were of the opinion that they require

external assistance—someone to mentor their grandsons and to maintain discipline. The following are direct quotations from participants:

When I reprimand him ... he simply puts his earphones, does not show remorse. ... This hurts me a lot. ... He is disrespectful. ... He needs a male to discipline him. (Participant 3)

I ... cannot sleep anymore ... sometimes wish to join my late son so that I am stress free. (Participant 8)

A study on grandparenting in America showed that the home is the first institution where grandparents are regarded as transmitters of culture and acceptable values for their grandchildren and are respected (Vakalahi 2010, 592).

The grandmothers experienced feelings in accordance with those discussed by Nteere and Smith (2016, 166), who present the following symptoms as suggestive of depression: feeling sad and unhappy, changes in sleep patterns, low self-esteem, social withdrawal, possibly expressing the wish to be dead, and suicidal ideation. Robila (2016) reported that in terms of age, suicide is the highest in those who are 70 years old and above compared to other age groups, with especially high rates in poor rural communities. Family hardships and bereavement are among the risk factors impacting on the mental health of grandmothers (Robila 2016). Buswell et al. (2012, 184) confirm that in families where fathers had died, the remaining family members reported a lack of cohesion, withdrawal, no respect and increased stress, all of which influence their mental health.

Grandmothers felt frustrated because the needs of their OAGs, such as the provision of nutrition, clothing and shelter, were unmet due to financial constraints. Those sustained by the government's old age pension said it was inadequate and used to borrow money from loan sharks to sustain their demanding OAGs. However, they felt devastated when their grandsons spent their social grant money on their own needs. This is what the participants shared:

The pension is insufficient to cover food, uniform, transport ... When he has money from his social grant ... does not eat the food that I prepare ... says it is not nice, ... he buys himself clothes with a brand ... this hurts me ... I am in bad books because of him. (Participant 10)

He does not have a birth certificate, have failed to get identity ... he cannot get social grant. ... He is now a father. ... It is heavy for me, cannot cope. (Participant 7)

I am not stressed about school fees; his father left enough savings and will take him through tertiary level. (Participant 9)

The feeling of helplessness due to financial constraints is in line with the research findings of a study conducted in Botswana, which found that most grandmothers

experienced worse financial hardships with older grandchildren (Shaibu 2013, 367). Bonetti (2014, 34–35) concurs with the findings of this study and indicates that financial difficulties exacerbate symptoms of anxiety and stress, especially for elderly individuals compared to those without financial challenges. In this study one participant sold liquor at home against her religious principles to supplement her old age pension which is used to support her OAG. She experienced anger due to the inability to access social grant funds because her orphaned grandson was born in Mozambique and did not meet the South African social grant criteria. Lekoadi et al. (2019, 8) state that the financial challenges experienced by most individuals make it difficult to meet the demands of other family members. In some instances, family members will be unable to accompany relatives for check-ups at health institutions because of financial challenges, resulting in frustration. In contrast, financially stable grandmothers in Japan, Singapore, and Taiwan experienced good health without stress (Ku et al. 2013, 1018).

The state of the grandmothers' houses was embarrassing to some; they were dilapidated, small, and poorly built from reeds that are locally obtained from swamps. They had waited for a long period for houses from the Reconstruction and Development Programme. Devastated grandmothers said the following:

He now sleeps at my neighbour's home ... the two-roomed house is small for nine people ... He is grown up, needs privacy. (Participant 6)

How will I live now? I have used all my retirement funds building this house ... for them ... though not yet finished. ... I have mixed feelings. (Participant 3)

Booker's report (2015, 2) about the lessons learned and observed regarding ageing and gerontological nursing in South Africa stated that living conditions for the elderly were unsafe as many homes were constructed from a combination of discarded and highly flammable materials. This is despite the fact that housing is a basic need with a direct impact on the lives of households. Sampson and Hertlein (2015, 77) concur that the majority of custodial grandmothers experienced a higher level of distress, anxiety, clinical depression and insomnia as a result of circumstances such as overcrowding due to inadequate housing. The World Health Organization (WHO 2017) is of the opinion that promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as adequate housing through supportive housing policy.

Theme Two: Grandmothers Experienced Concern About Their Future and the Futures of Their OAGs

Grandmothers raising OAGs were concerned about the futures of their grandsons. Three sub-themes emerged from this theme: grandmothers were worried about the academic performance of their grandsons; they experienced a lack of support from extended family; and they were concerned about their health and their grandsons' health.

The grandmothers supported education even though they had no basic education. As a result, they were unable to help their grandsons and felt concerned. They expressed that it was even stressful to attend school meetings, as they merely sat like “parcels.” The grandmothers explained that their grandsons’ academic performance was influenced by many factors. Participants shared the following:

His father used to assist him to do school work and was doing well ... now with me he stays for few minutes on books ..., told me to keep quiet because I am illiterate ..., I felt so disappointed. ... It would be better if the government can hire teachers to assist with homework. ... I’m ... worried about his future. (Participant 10)

I was shocked that he was drunk ... during school hours. (Participant 1)

I feel bad ... does not want to go to school ... says bigger boys took his pens ... and his shoes are torn. (Participant 5)

According to Schrijner and Smits (2018, 82), living with a grandmother in the household had positive results for young children attending school, even though they had little education. The inability to assist with schoolwork was expressed as a concern impacting on family communication (Kasiram and Hölscher 2015, 383). The study conducted by Mosman, Poggenpoel, and Myburgh (2015, 3) revealed that the absence of a parent in a child’s life might contribute to academic failure, sexual misconduct, depression, and suicidal ideation. Strom and Strom (2011, 916) confirmed that poor academic performance of orphans caused emotional stress to caregivers. Mutiso and Mutie (2018, 26) claim that schoolgoing orphans were vulnerable to stigma and discrimination from peers at school where social acceptance is very important to them. The study also found they often dropped out of school because they could not afford to buy the school uniform and grandmothers blamed themselves for these failures.

The grandmothers experienced poor relationships with extended family, impacting on their mental health. Participants experienced withdrawal from social activities because they were sometimes labelled due to the bad behaviour of their OAGs. The participants revealed the following:

His aunts told him not to visit them again ... his parents died of bad disease ... he will make their children to get sick as well. ... Instead he visits his friends ... and they drink alcohol ... and he states staying at home is like in a “kraal,” ... it’s a problem. (Participant 4)

... no help from his uncles ... I am the only one taking care of him ... I am struggling. (Participant 5)

... he denies whereabouts of things ..., my neighbour has complained that he stole takkies from his house ... I now keep quiet. ... He is always full of anger ... he threatens to hang himself. ... He insists that he wants his paternal surname ... and many more ... that he does ... I’m afraid of people now. (Participant 7)

Formal or informal social support is an important buffer and is emotionally satisfying, whereas a lack of support from family members was reported to cause greater odds of depression, suicidal ideation, suicide plans, and suicide among Asians, Caucasians, and African Americans (Arat 2014, 88).

The behaviours of their grandsons were a cause of concern. It further tarnished family cohesiveness. One participant said:

When he is drunk he talks bad language wanting sexual advancements ..., I am afraid to report him to Induna, he can be jailed ... will hate me ... I am not safe anymore, he smokes weed ... I feel frightened. Some other days he demands money collected for condolences on the day of his mother's funeral. It's been three years since my daughter passed on ... I cannot report this ... but ... he is my blood. (Participant 5)

Rawatlal, Kliwer, and Pillay (2015, 80–85) assert that the death of parents devastates adolescents, who become characterised by anger, isolation, and delinquency, causing poor interpersonal relationships and psychological distress to family members. UNICEF (2015) reported that orphaned children react to stress in different ways; some may find it difficult to talk about their worries and may internalise their feelings and stress, believing that they are abnormal in some way; they may suffer from low self-esteem, depression, and anxiety or they can become aggressive, abuse drugs and alcohol, or engage in anti-social behaviours that impact on their grandmothers' mental health.

Grandmothers with sick OAGs focused on monitoring and supervising them to ensure they take their medication, especially antiretrovirals (ARVs). Grandmothers experienced blame, regret, anxiety, panic attacks, and sleepless nights because their grandsons' conditions required compliance and changes in lifestyle. They lived in isolation and found it difficult to discuss their own illnesses with their OAGs. This is what participant 6 and 2 had to say:

I cannot tell him that I have breast cancer ... Sometimes I go to the hospital to burn it ... now it is bad ... I have ... sugar diabetes ... I am afraid I am following my late daughter ... Who will look after him ... They will kill him. ... I cannot sleep now ... sometimes I feel as if my heart will stop. (Participant 6)

I feel pity when he refuses to take the medications, ... states it is not his mistake that he is HIV positive ... I am scared the disease will get worse ... he is my only hope and only boy in this family ... I have no use. (Participant 2)

According to Shaibu (2013, 364), grandmothers felt challenged to cope with their role transition while also suffering from their own illnesses. Grandmothers find it difficult to disclose parents' HIV status to their OAGs. Havenga (2011, 3) found that parents remain hesitant to discuss the diagnosis with their children and family members, and the stigma of HIV and AIDS continues to prevent open discussion in most families. UNICEF (2015) maintains that with modernisation extended family relationships have been weakened, and thus more people live in nuclear units. With HIV and AIDS there

has been a negative impact on the extended family system due to stigma and discrimination related to the disease, resulting in the isolation of family members.

Theme Three: Grandmothers Experienced Trust in God

The findings revealed that the grandmothers left everything to God when dealing with challenging situations. Two sub-themes emerged under this theme: God as a source of strength and the practice of cultural rituals. Visits from church members strengthened their faith and they felt supported when they shared their problems and prayed, and felt they are not alone. This is what participants had to say:

...where I could be ... if it was not of praying ... When things are tough ... I sing my song it lifts my inward spirit ... I have asked him to go to church. He has lost interest. (Participant 6)

I always pray for him when going to Zion Church. After praying and worshiping God, I feel better ... I will hold on ... to God. (Participant 5)

I feel pain for losing my five children ... but God ... has given me the grandson, he comforts me. (Participant 3)

Grandmothers used their spirituality and resilience in dealing with hardships. This concurs with Molehabangwe, Sehularo, and Pienaar (2018, 11) who found that as human beings, sometimes people rely on prayers and God's grace to cope with the prevailing challenges in their lives. Shaibu (2013, 368) confirms that most grandmothers relied on their faith to cope with the caregiving of orphans despite multiple challenges. Temane et al. (2016, 9) reported that spirituality is important and guidance by a spiritual director is necessary when experiencing challenges in life. Church members were identified as the best form of support when holding prayers (Mhaka-Mutepfa, Cumming, and Mpofo 2014, 1025). Surveys in Zambia showed that households with orphans were receiving a higher percentage of emotional support and counselling from church compared to emotional support from relatives (UNICEF 2015).

Some of the grandmothers, although they trusted in God, interpreted the tension at home as resulting from cruel ancestors' punishment for illegitimate grandchildren and believed they must prepare Zulu beer to ask for an ancestral apology. One participant explained:

My ancestors hate me ... raising him. He belongs to another family. ... His father did not clean this home until he died ... I feel guilty. (Participant 2)

The non-payment of compensation for damages following the pregnancy of an unmarried daughter in a family is linked to misfortune. It is believed to be a source of the multitude of problems facing the younger generation in the communities and is viewed as causing a lack of ancestral protection (Nduna 2014, 35). This is congruent with some of the participants' views in this study.

However, this study found that grandmothers remained positive and hoped that if good support is sustained, the relationship with their OAGs can result in optimal health. Lopez, Pedrotti, and Snyder (2015, 204) define “hope” as goal-directed thinking in which the person utilises pathways of thinking in order to find routes to desired goals.

Limitations

The study was contextual, focusing on grandmothers’ experiences of raising their OAGs in a rural district and how it impacted on their mental health. The inclusion of grandparents with granddaughters might have provided a wider spectrum of experiences regarding the topic investigated.

Recommendations

It is recommended that measures to support grandmothers be developed by a sensitive, skilled and knowledgeable mental health professional in order to promote the mental health of grandmothers as they raise their OAGs. The suggested strategies include facilitating therapeutic communication to improve family relationships, providing support groups, adult males mentoring grandsons, and empowering grandmothers in mobilising resources. The study further recommends that adolescent grandsons and granddaughters be included when a similar study is conducted, that a larger sample is used, and quantitative or mixed-method approaches are incorporated.

Conclusion

This study investigated the experiences of grandmothers who were raising their OAGs in uMkhanyakude district in KwaZulu-Natal province. This study revealed that even though the grandmothers loved their grandsons unconditionally, there are challenges encountered in this role. The love they have for their OAGs was expressed in the positive statement *Umuntu akalahlwa* (You cannot disown a human being); furthermore, they said “our hands and hearts are open.” The findings from this study revealed three main themes in terms of the experiences of grandmothers: first, providing for the basic needs of their grandsons caused them to feel overwhelmed, anxious, angry, worried, frustrated and depressed to the extent of having suicidal ideation. Second, the grandmothers were concerned about the future and their health as well as the health of their OAGs. This concern led to grandmothers having sleepless nights. The deterioration of the grandmothers’ health from hypertension, diabetes mellitus, and cancers caused concern as they thought about the custody of their OAGs, especially those who were sick or on ARVs as they needed constant supervision and extended families were gradually drifting away; as a result, grandmothers felt helpless and unable to cope. The third theme was living everything in God.

Given these findings and the wide implications that the lived experiences have for grandmothers’ mental health and their functioning, investment in the promotion of the mental health of grandmother-headed families raising orphans is of importance. The researcher is of the opinion that more research should be undertaken focusing on both

adolescent granddaughters and grandfathers with the aim of exploring and describing their experiences to develop the means of promoting mental health.

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