



## Psychosocial effects experienced by grandmothers as primary caregivers in rural Botswana

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### Psychosocial effects experienced by grandmothers as primary caregivers in rural Botswana

Studies on the psychosocial effects of grandmothers as primary caregivers in Botswana are non-existent. The purpose of this study was to close that knowledge gap. Twenty-five ( $n = 25$ ) grandmothers who were primary caregivers to their grandchildren in one rural village of Botswana were interviewed twice a week between January and May 2006. A central theme that emerged from the interviews under psychological effects was 'disenfranchised grief' with sub themes that included depression, loneliness, blaming and stress. The themes that emerged on social effects included isolation, loss of control, unavailability of mental health services, financial hardships and a sense of failure for some participants. Implications for mental health practitioners and policy makers are given.

*Keywords:* Botswana, grandmothers, primary caregivers, psychosocial effects

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### Introduction

Grandmothers all over the world are increasingly becoming primary caregivers for their grandchildren (Park 2005). The presence of grandmothers in their grandchildren's lives is more common than it was in the last decades. According to Ruiz (1999), grandmothers' assumption of the role of a parent contributes to family disruptions and leaves dependent children without adequate support and adult supervision. Reasons for this new phenomenon are varied and include deaths because of HIV/AIDS, incarceration of the parents, divorce, drug use and crime (Mitchell 1999, Ruiz 1999, Park 2005).

### Parenting challenges faced by grandparents

Kleiner *et al.* (1999) noted that there are varied reasons for grandparents to raise their grandchildren, which results in a great deal of responsibility for the grandparents. The study also reported on the difficulties that grandparents

may encounter, such as economic difficulties and emotional problems. Mitchell (1999) reported that stress, feelings of grief, guilt and resentment are some of the psychological effects grandparents do encounter in their parenting role. She, however, attributed this to the rapid transition from a grandparent to a parent. Furthermore, caregiving problems are made worse by lack of support from both informal and formal structures.

### Shifting role of grandparents

The shifting roles of grandparents have been eminent in most countries including Botswana. In Botswana, this shift in roles is mostly due to the HIV/AIDS pandemic (Seloilwe 1998). HIV/AIDS has claimed the lives of many parents leaving orphaned children. This has caused grandparents to assume child care as primary caregivers. There exists no formal income to assist grandparents in their caregiving activities; hence, they rely on social welfare benefits which include basic amenities, such as food and school uniform.

Thus, the shifting roles of grandparents have been eminent in most countries including Botswana. In some other instances, the 'biological parents' will have left home or be unwilling to care for their children because of other societal pressures such as urbanization, unemployment, and/or engaging in substance abuse and/or prostitution.

Current statistics in Botswana show that 10% of all orphans are cared for by their grandmothers, with the majority of them living in rural areas (Central Statistics Unit 2001). The caring of children by their grandmothers originates from the cultural belief in most African communities including that of Botswana that a grandmother is the relative most frequently accepting of the role of caregiver to her grandchildren (Dubowitz 1999). African women have been renowned for their strengths in caring for children in face of unfavourable circumstances (Karp 1996). The culture of Botswana assumes that grandmothers enjoy their role as caregivers, and as such any challenge that they may face is ignored. This phenomenon is more apparent in rural areas and among the poor, where social support systems are inadequate (Stevens 2005). According to Kleiner *et al.* (1998), grandparents who are primary caregivers are more likely to become isolated from other members of the family who may resent the role that they have taken on.

The fact that mental health is an ignored area in rural areas is well documented in research (Seloilwe 1998, Rosenthal & Fox 2000). Research noted that prevalence of mental illnesses varies little between rural and urban settings. The major difference between urban and rural mental health care is that rural areas generally lack healthcare services and specialists. This shortage exacerbates the impact of mental health problems on rural residents. Culture and the absence of mental health care in rural areas prompted this study. Studies (Kleiner *et al.* 1999, Rescheke 2002) on the mental health risk of grandmothers as primary caregivers have been carried out since the last decade in other countries, but none has been performed in Botswana or Southern Africa where similarities and difference could be drawn from.

## Method

Critical ethnographic design was used to collect data from grandmothers serving as primary caregivers to their grandchildren. Critical ethnography was used because it is premised upon the assumption that culture can produce a false consciousness in which power and oppression become taken for granted realities. A phenomenological approach was used as a paradigm in ethnography because it purports to understand the world from the participant's perspectives. The phenomenological approach was used to capture the world of lived experiences from 25 grandmothers who

were looking after their grandchildren as primary caregivers. Semi-structured questions were made to assist grandmothers' explaining their lived experiences as primary caregivers for their grandchildren. Questions included the following:

1. Tell me your experiences as a mother to your grandchildren.
2. Did you envision yourself as a primary caregiver at your age?
3. Is caring for your grandchildren any different from caring for your children?
4. Is there any form of assistance you receive from relatives?

## Sampling

Twenty-five participants living in rural Botswana were conveniently sampled for the study. The participants were recruited from a traditional setting through the researcher's involvement in community mental health nursing with traditional and community structures. Criteria for inclusion in the study were that participants should be grandmothers who are primary caregivers to their grandchildren and had been primary caregivers for at least 6 months. Participants who should not be cognitively compromised and who spoke the local language or English were then recruited in the study. Participants were informed of the study and those willing to participate were recruited into the study. They were to give information on their caregiving responsibilities and issues that they encountered. All participants were women aged between 65 and 89 years looking after their grandchildren as primary caregivers. Twenty-two of the participants were looking after their grandchildren following the deaths of their parents; two of the participants became primary caregivers after the grandchildren's parents got divorced and none of the parents could be traced; while the other participant became a primary caregiver after the parent (mother) had been incarcerated. Participants looked after an average of six grandchildren (minimum 4, maximum 13). Grandchildren's ages ranged from 8 to 30 years.

Participants were unemployed, 15 of them had never been employed, five of them had been employed as teachers in a primary school and were now on pension, while the other five were employed as domestic servants and left work with no pension. Ten participants who worked were earning a pension of between BWP 150.00 and 300.00, an equivalent of \$30.00–60.00. Five participants supplemented their pension with the government old age pension (\$35.00). The remaining 20 participants relied on social welfare and old age pension of BWP 220.00, an equivalent of \$40.00 as their only livelihood.

### Interviewing

The interviews were conducted twice a week for 1–2 h at the participant's homes. Interviews were conducted in Setswana, the local language of Botswana, and then translated into English. Interviews were audio-taped at the consent of the participants. The interviews were transcribed word for word from the audio tapes by a typist who was experienced in transcribing interviews conducted for qualitative research, and then sent the floppy disk of each interview to the researcher with its accompanying audio-taped recording. The researcher then read each transcription to the participants to ensure that an accurate account of their experiences has been captured.

### Participatory observation

Participatory observation lasted for 3 months. This involved being immersed in the participant's culture by the researcher as she observed the encounters between grandmothers and their grandchildren and wrote detailed descriptions of their actions.

### Data analysis

Analysis of interview data and field note data involved listening and reading transcripts combined with manual categorization of information into themes and subthemes. The researcher read and reread the transcripts and immersed herself in the data. Immersion allowed the researcher to identify themes (Marshall & Rossma 1999). The transcripts were then checked by two scholars in nursing academia who are fluent in both Setswana (Botswana national language) and English. Iteration formed part of the research process. Interpretations based on this level of analysis were done. All participants were assigned codes to maintain confidentiality.

### Findings

Participant's interview data were generated in response to the first question posed to participants: 'tell me your experience as a mother to your grandchildren'. Almost all the participants started with a common Setswana expression of 'heyi' which literally means 'it is a tough situation'. They said this at the start of the conversation and it relays pain or sorrow. The participants would then lift up their faces as if hiding tears and would end up saying 'I should have died instead of my daughter'. This statement will also end up with 'heyi'. From the participant's narrations, disenfranchised grief emerged as a central theme. Fontaine & Fletcher (2003) define disenfranchised grief as grief that is

socially unacceptable and an inappropriate grief. In Botswana, culture for an old woman of more than 60 years to be seen crying is culturally unacceptable.

### Disenfranchised grief

A central process was disenfranchised grief, where grandmothers had to hide their own pain of losing their beloved children. Practised rituals were not made available to them because attention was given to the children who had lost a mother and the grandmothers had to restrict themselves from grieving in order to be a source of strengths for their grandchildren. The lack of mourning was seen as a cultural expectation as 'an older person cannot cry in the presence of children as she will make them cry', as a result, the grandmothers had to control their emotions while they suffer inside. Doka (1997) reported that the effects of disenfranchised grief include poor grief resolution, depression, loneliness, withdrawal from society and low self-esteem. All these were evident among grandmothers who were primary caregivers to their children.

### Loneliness

Participants felt isolated and lonely because of the stigma associated with HIV/AIDS, incarceration and the dysfunction that characterized their families. Compounding this, loneliness was the fact that the grandmothers were alone in this journey of caregiving to their grandchildren because their partners also had long been dead or were never married. The grandmother's siblings who could have assisted in the care of the grandchildren were married, or had moved and were living in another village, or were also primary caregivers to their own grandchildren. One participant had other children, who could have assisted but refused to even consider it unless the participant leaves her grandchildren to join her family in the city about 500 km from their residence. One participant summed the feeling of loneliness when she said:

I feel like I was buried with my daughter. The only thing that makes me feel alive and sad is the noise made by my grandchildren. It is a miserable life.

### Blaming

Some of the participants blamed their situation on witchcraft, while one participant blamed the neighbours for their bad influence on her children and that, the same neighbour's grandchildren are a bad influence on her own grandchildren. One participant who blamed her neighbour's children said:

My grandchildren will be okay if it was not for the neighbour's children.

#### Parenting stress

Participants reported that they were subjected to stress that originates from financial, relational and physical burden. They felt their grandchildren are more demanding than their own children and they find keeping up to their expectations very stressful. One participant who really felt under stress said:

I have to be picking after them all the time. My own children were better organized and I had the physical stamina for it.

The parenting stress was more evident during participatory observation where participants were observed to be always shouting at their grandchildren. Participants were heard saying:

Why are you not at school; what are you carrying in your pocket?

#### Depression

Participants were very depressed over what they termed 'bad luck'. They reported poor sleeping habits because they worry too much about what is happening to them, and what will happen to their grandchildren in the event of their death. One participant who was depressed had this to say:

I feel hopeless and useless. What happened to me is nothing less than witchcraft.

#### Isolation

Grandmothers said they were isolated from their peers, including social support systems, such as church mates and club members where they used to belong. The feeling of being isolated was summed up by one participant when she said:

I never visit any of my friends, because once I go they [grandchildren] will sell all the food we have in the house for beer.

#### Loss of control

Grandmothers bemoaned the fact that they have lost control of their grandchildren. They felt that their grandchildren had turned out to be mischievous and dabbling in crime and early sex, and ended up dropping from school.

I am as good as dead. They misbehave in my presence anyway.

#### Lack of mental health facilities

Participants also verbalized the fact that there are no mental health services where they could send their children in the village where they live. This was summed by one participant when she said:

I always hear of counselling, but there are no services in this village I would take my younger grandchildren to them so they can be assisted before they turn to crime and teen pregnancy.

#### Sense of failure

Most participants felt they have failed their children because their grandchildren had turned out to be delinquents and school dropouts. One participant opened her dress and showed the interviewer her abdomen and said:

How come this has produced such a group of bad persons?

Culturally, such a behaviour demonstrates a strong sense of despair and a feeling of failure.

#### Financial hardships

Most of the participants were on social welfare, and could not provide adequately for their grandchildren.

#### Discussion

The findings of this research demonstrate that being a grandmother and a primary caregiver to your grandchildren is very tedious and stressful. Grandmothers verbalized that looking after their grandchildren on part time basis with their parents around is enjoyable and fulfilling, but it is painful and sad if they are the sole providers. Their experience is well supported in literature. Ruiz (1999) noted that surrogate parenting by grandmothers has presented a lot of problems that included economic, physical and emotional problems. Whereas, Burton & Devries (1993) reported that even though the grandmothers may be committed to looking after their children, their parenting roles are not always gratifying. Kelly (1993) also made similar observations that child care demands placed on grandmothers have left many of them socially isolated and lacking in social support. The studies (Burton & Devries 1993, Kelly 1993, Ruiz 1999) were focused on African American grandmothers and White American grandmothers. Grandmothers who participated in the study were involved in the care of multiple grandchildren and this added a lot of strain and stress to the grandmothers. Parenting the children became a burden that grandmothers had to live with. Grandmothers whose children and grand-

children turned out to be bad considered themselves as failures. This feeling of guilt also is not unique to Botswana, as Mitchell (1999) reported the same findings in the USA where a similar study was conducted.

Social isolation as mentioned by most of the participants differed with what exists in literature, because they found themselves isolated because of the stigma associated with HIV/AIDS, incarceration and disappearance of their children as this usually has a negative impact on the grandmothers. However, available literature blames the grandmother's isolation on their involvement in the care of their grandchildren (Mitchell 1999, Ruiz 1999).

It was also interesting that some grandmothers named counselling as a necessary tool that they would have used in order to cope with raising grandchildren, but bemoaned its absence in rural Botswana. Grandmothers also attributed their role to cultural expectations that a grandmother is the most reliable surrogate mother in the absence of a biological mother.

Most of the findings in this study are consistent with the findings of the research performed in developed countries about the psychosocial effects experienced by grandmothers as primary caregivers (Rescheke 2002, Park 2005). However, the study also has unique implications for health-care policy makers in the country. The fact that mental health services are always the last to be thought of, and are not readily available in rural areas, is well researched both in Botswana and in other countries (Seloilwe 1998, Mitchell 1999, Wallace *et al.* 2006, Seloilwe & Thupayagale-Tshweneagae 2007). It is therefore not surprising that grandmothers had nowhere to send their children even after identifying the need. Rates of depression are also reported to be higher in rural areas. Research has also shown that grandmothers who get to be primary caregivers are likely to come from rural areas and to be poor (Mitchell 1999, Ruiz 1999, Rescheke 2002). In Botswana, the stigma associated with HIV/AIDS is also likely to put more pressure on grandparents, and hence exacerbating the depression (Seloilwe 1998). The other factor, which is closely related to isolation of grandmothers as primary caregivers to their grandchildren, is that of witchcraft. Witchcraft in traditional Botswana is associated with misfortune or bad luck as some participants alluded to. HIV/AIDS are still thought of as being caused by witchcraft in most societies in Botswana.

#### Implications for mental health practitioners

Continuous counselling is necessary for grandmothers and their grandchildren if they have to cope with intergenerational parenting. There exists a gap in parenting between generations and therefore helping grandmothers under-

stand this change is imperative and could be carried out through preparatory counselling to grandmothers who have not yet experienced caregiving by getting them through traditional structures. As evidenced by this research, grand mothering comes as a result of family crisis and the caregivers had to cope with the crises in the family and the adjustments that they have to do in their lives. Child fostering is not always an option in Botswana and as thus mental health counselling for both the grandmothers and grandchildren remains essential.

#### Implications for policy makers

Policy makers should accept the fact that rural dwellers in Botswana are confronted with stresses of looking after their grandchildren with little support as facilities are not available in rural Botswana as they are in urban and peri-urban areas of Botswana. The rural Botswana is under-served in the area of mental health care as mental health practitioners make irregular monthly visits. It has also been identified that mental health is the most often identified rural priority (Gamma *et al.* 2002).

#### Limitations of the study

Several limitations of this study must be acknowledged. Grandmothers who participated in the study were only those who were poor, and therefore a comparative analysis of grandmothers who are either employed or have other means of livelihood should be studied. All grandmothers studied were single grandmothers; it will be interesting to find out whether they will be any variations between single and those that still have their spouses. The psychosocial effects on grandchildren need to be studied, to assess how they cope with the loss of their parents.

#### Conclusion

The purpose of the study was to examine the experiences of psychosocial effects on grandmothers as primary caregivers to their grandchildren. The findings showed that disenfranchised grief, loneliness, stress, blaming, financial constraints and isolation are some of the psychosocial effects that they encounter. It was also clear that even though grandmothers may be willing to parent their children, they are subjected to a considerable amount of stress when caring for their grandchildren because of financial, relational and physical burden. That the mental health services need to be made accessible to the grandmothers cannot be overemphasized.

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