Title: "The elderly, parent-child relationships and AIDS in rural South Africa"

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ABSTRACT

Using qualitative interviews, we explore the impact of the AIDS epidemic on parent-child reciprocity relationships, from the perspective of young and old rural South Africans. Typically, adult children provide monetary support and care to aging parents reciprocating for care given while growing up; however, this relationship may be changing due to a 21.5% national HIV-prevalence among 15-49 year-olds, leading to elderly parents frequently outliving their children. Reciprocity relationships are particularly important in developing countries where institutionalized social programs for elderly are weak or nonexistent. South Africa is unique among developing countries in that the government provides assistance through non-contributory pensions; however, these pensions may not fully meet the needs of the elderly, with AIDS straining already scarce resources and creating demands to pool household incomes. Understanding current expectations of the parent-child relationship will assist in developing policies that respond to the needs of young adults, the elderly and their households.

INTRODUCTION

In most sub-Saharan African countries, the responsibility of caring for aging parents falls to the children (Masamba, 1984; Oshomuvne, 1990). This relationship of caring and providing support between parent and child is a pattern of life-long reciprocity and is also referred to as the intergenerational contract. Parents care for children with the expectation that they in turn will be cared for by their children in old age (Caldwell, 1976; 2005). The extended family system in sub-Saharan Africa has been well documented, with the more children one had, the more chances there were of receiving better care when one was no longer able to provide for himself/herself (Caldwell, 2005). However, the HIV/AIDS epidemic has shifted the weight and pattern of responsibility of caring in African families in an irreversible way, altering the traditional fostering of orphans, care for the sick and the elderly (Nhongo, 2004).

Families live with HIV/AIDS, not just individuals, thus the impact of HIV is not isolated to those who die, but affects entire families—the results of which are intergenerational, ranging from grandparents to grandchildren (Rotheram-Borus, Flannery, Rice, & Lester, 2005). Due to the disappearing middle generation (May, 2003), the elderly in South Africa and in other high prevalence countries often end up caring for their orphan grandchildren (Booysen & Arntz, 2002). Moreover, grandparents are often ill prepared to care for their orphaned grandchildren given their few resources and declining state of health (Nhongo, 2004). Some have suggested that the safety net of extended family to care for HIV orphans in South Africa is fast becoming overwhelmed and reaching a saturation point (Townsend and Dawes, 2004), with a growing proportion of orphans being cared for by grandparents, rather than by aunts and uncles, who were traditionally the ones taking care of orphans (Foster, 2000). This transition has been termed 'crisis fostering,' where marginalized widows, grandmothers, or single women are caring for orphans with limited or no social support from their husbands' kin or from male breadwinners (Oleke, Blystad, & Rekdal, 2005). South Africa is unique in the developing world because the government does provide a small means-tested non-contributory pension to the elderly (men 65+ and women 60+), which provides a consistent source of income for the elderly, and helps maintain their multigenerational household (Schatz & Ogunmefun, 2007).

In addition to the burdens that AIDS places on families, households in South Africa also must contend with very high rates of labor migration and unemployment. The social and political legacies of apartheid brought about families that were dispersed between rural and urban

contexts (Murray, 1981; Ross, 1996). Under apartheid, the labor migration system forced black men to seek jobs in the mines and in urban areas, resulting in lengthy spousal separation, child fosterage, and other family configurations that negatively affected family members' welfare (Houghton 1960). While the demise of apartheid lifted all restrictions on movement and residence, the challenge of finding employment remains today and migration continues to be a very important means of connecting to people, places and resources (Posel, 2006).

Much has been written about the impact of the epidemic on AIDS orphans; however less research has been conducted on elderly caregivers and who will care for the elderly when they are frail and ill (Knodel & VanLandingham, 2002). The aim of this paper is to focus in particular on how AIDS is affecting the caregiving relationship between parent and child, and the care of the aged. It is hypothesized that this relationship is now being altered in South Africa, given an HIV prevalence rate of 21.5% among 15-49 year olds (UNAIDS &WHO, 2006), and with elderly parents frequently outliving their adult children.

BACKGROUND

The reciprocity relationship between child and parent in old age is particularly important in developing countries where institutionalized social programs for the elderly are weak or nonexistent. South Africa is unique among developing countries in that the government provides some social assistance through a non-contributory pension to the elderly; however, this pension may not meet the needs of the elderly in terms of physical, social and emotional care, especially in light of the AIDS epidemic, which often further strains households' scarce resources. Furthermore, because the vast majority affected by AIDS are adults in their prime working years, a generation of young children and a generation of elderly ages 50 and older are left behind (UNAIDS & WHO, 2006). The elderly not only lose the support of their adult children, but they must increasingly take on additional familial responsibilities related to caring for orphaned children. Although it might be argued that the next generation could and will take over the emotional, physical, and social care of the elderly when they come of age, research finds that, "the ties that connect orphan children to caregivers are not as strong as those that connect them to their birth parents, and may not support as much reciprocal obligation throughout later life" (Cross, 2001, p 145).

Many older people spend their time caring for their adult children who are ailing from HIV/AIDS, instead of spending time cultivating crops or working (Chipfupa, 2005). A study carried out in Uganda found that parents were most commonly named as the principal caregivers of AIDS patients (Ntozi & Nakayama, 2001). In many cases older people shoulder the responsibility of caring for their children when they become ill providing physical, economic, and social support to them and their grandchildren. The greater the care needs, the less the time available for older people to participate in income generating opportunities (Nhongo, 2004). Furthermore, households affected by AIDS are more likely than unaffected households to have more family members, lower monthly incomes and expenditures, and lower proportions of members in employment (Bachmann & Booysen, 2004). Households affected by AIDS were also more severely affected by illnesses, which imposed greater financial burdens, and the AIDS affected households were less likely to recover from an illness than households not affected by AIDS (Bachmann & Booysen, 2004). Understanding the ways in which AIDS is affecting the parent-child relationship will assist in developing policies that respond to the needs of the elderly.

The debate surrounding the care for the elderly in developing countries is sometimes directed toward alternatives such as pensions and old people's homes, but most often it focuses on family support (Cattell, 1997). This research study will focus on what type of care and support the elderly might expect to get from their children as they age, but aren't getting, and whether they believe they will receive this support as they age. Most poor elderly South Africans receive a small means-tested non-contributory government pension, which was expanded to the black population in 1994 (Schatz, 2007). Women become eligible for this pension at age 60 and men at age 65. Due to poverty and extremely high rates of unemployment, the elderly household

member's pension may be the most stable and reliable income for many households (Schatz, 2007; May, 2003; Barrientos et al., 2003). According to research by Booysen and Arntz (2002), the elderly often use their old age pensions to cope with the additional financial burden of supporting orphaned grandchildren. The pension gives the elderly more power financially, but also simultaneously creates expectations of support and reliance from other family members (Schatz, 2007). Income pooling is common and the elderly pension becomes an effective mechanism for alleviating poverty (Møller & Devey, 2003). In 2007, when our study took place, the monthly pension was SAR840 (approximately USD125); however, older persons do not necessarily benefits from this sizeable cash transfer alone, because of the income pooling in households (Schatz, 2007). Money is pooled to use at the household level so that other family members reap benefits as well, but the elderly often lose some of their personal access to resources because of this income pooling in households.

According to Fry (2000), aging happens within a cultural context and given the cultural expectation in sub-Saharan Africa that children are to care for their elderly parents as they age and when they are ill (Masamba, 1984; Oshomuvne, 1990), it is hypothesized that this parent-child reciprocity relationship is being altered in the HIV/AIDS era. Instead of receiving care and support from their adult children, many elderly are caring for their adult children who are living with HIV/AIDS. According to Chipfupa (2005), the savings of older people are often wiped out by the costs of caring for sons and daughters and the elderly are frequently outliving their children because AIDS has hit the prime age adults hardest. It is the elderly, who are providing more financial, physical, and emotional care for their adult children, altering the parent-child reciprocity relationship, and increasing the elderly parent's responsibilities and decreasing the adult child's reciprocal responsibilities to their parent(s). According to research by Aboderin, "older people's lives in sub-Saharan Africa are characterized by a growing inadequacy of customary, especially material, family support, poverty, and material deprivation," while at the same time the elderly make critical contributions to the welfare of their families as carers for grandchildren or children orphaned or dying of AIDS (2005, p 5).

Aging and care of the elderly are important topics to examine given that Southern Africa is expected to experience almost a two-fold increase in the percent of total population aged 60 years and older. In 2005, 6.7% of the total population was aged 60+, it is projected that in the year 2025, the elderly population will be 11.0% (United Nations, 2005). In the Agincourt Health and Population Unit, where the study takes place, approximately 5-6% of the population is elderly, yet the elderly already live in nearly a quarter of the 11,665 households in the fieldsite (Schatz, 2007). The aging population coupled with the AIDS epidemic could have a large impact on the parent-child reciprocity relationship, given that the middle generation and most productive members of society are the ones most often infected with HIV/AIDS, leaving the elderly and their grandchildren to cope after their illness and death.

DATA & METHODS

In the summer of 2007, qualitative interviews were conducted in the Medical Research Center/ University of the Witwatersrand Rural Public Health and Health Transitions Research Unit at the Agincourt fieldsite. The Agincourt fieldsite is located in Mpumalanga Province, in South Africa's rural northeast, approximately 500 kilometers from Johannesburg on the Mozambican border. It is an area with high circular migration, unemployment and HIV/AIDS rates. The Agincourt Health and Demographic Surveillance System (AHDSS) has been collecting data since 1992, with a census conducted yearly to track births, deaths, and out migration. In addition, the Agincourt team collects verbal autopsy data, which identifies a primary cause for each death occurring in the fieldsite. As of the annual census in 2003, the site was home to 70,272 people, from 11,665 households in 21 villages. HIV/AIDS has been increasing in the site, with the percent of deaths attributable to HIV/AIDS increasing from 1 percent in 1992 to 22 percent in 2003 (Madhavan & Schatz, 2007).

For this paper, we used the Agincourt Health and Demographic Surveillance System (AHDSS) as a sampling frame and verbal autopsy data from 2001 to 2003 were used to define three strata of households by mortality experience: (1) an HIV/AIDS adult death had occurred, (2) a non-HIV/AIDS-related adult death had occurred, and (3) no adult death had occurred. This paper examines the responses of 18 older persons (ages 50 to 87) and does not restrict or compare similarities or differences across the three strata of households by mortality experience. It is very difficult to differentiate elderly affected by AIDS as being only from households where an AIDS death occurred, since they could have children in other households who are sick or have died of AIDS. In addition, a number of different social issues can contribute to what is considered affected by AIDS. Even in sampled households with no recorded AIDS death of a household member, elderly in that household were impacted by AIDS in some way. It was observed in prior Agincourt research that the elderly individuals were either caring for someone who was sick, related to someone who had died elsewhere, or taking care of orphaned, infected or fostered children from deceased kin (Schatz, 2007).

Interviews were conducted with at least two household members, varying by age and gender, in 30 households. Two households had only one member, so only one individual was interviewed. In total, the research team conducted semi-structured interviews with 58 men and women between the ages of 17 and 87 years. Eighteen of these 30 households had family members over age 50, whose interviews are included for this paper. The research focuses on gendered and generational roles, responsibilities, and relationships in households. The semi-structured interviews included similar discussions, regardless of the age of the respondent, which focused on division of labor, patterns of decision-making, intra-household tensions and cooperation, generational contributions to local knowledge, and caregiving strategies for the sick and surviving household members, especially orphans. The interviews lasted about 1-2 hours each. The research team trained local staff at the site in qualitative interviewing techniques, as well as the aims of the project. The interviews were conducted in the local language of the area by the local staff, recorded and fully translated and transcribed into English.

The analysis method for this paper is loosely based on grounded theory (Corbin & Strauss, 1990). The authors read the interview transcripts for themes and then inductively developed open codes using words, phrases, and ideas that came from the transcripts. The open-codes were used to build a coding tree; the codes were then applied to the remaining transcripts, a process known as closed-coding. Using Nvivo, a qualitative software package, as a tool, sections of text ranging from phrases to paragraphs were coded with one or multiple codes. If new topics arose during closed-coding, they were added to the coding tree as appropriate. Once coding was completed, the coded text was sorted by themes and grouped by categories. The authors read the code reports for common threads and output. Analysis across themes and categories (e.g. age/gender differences) followed.

EXPECTED FINDINGS

The data analyses are currently in progress and a more complete draft will be available at the conference. The coding and qualitative analyses for this paper are specifically focused on the interviews with the elderly study participants, but are informed by interviews with participants of all ages. The authors expect that the findings from the analyses will provide insight into the following issues: 1) The roles and responsibilities of the elderly in their households; 2) The kinds of care/assistance, if any, the elderly expect to receive as they age and from whom; 3) The ways the elderly respond to illnesses in their household; 4) The impact of illness and death on an elderly person's household and the households' coping mechanisms; and 5) The kinds of information the elderly think are important for the older generations to teach the younger generations.

The goal of this paper is to understand the current expectations of the parent-child relationship to assist in developing policies that respond to the needs of young adults, the elderly, and their households. Analyses regarding the roles and responsibilities of the elderly, as advisors, caretakers, and providers, relative to other household members are key to understanding the

ways in which the elderly contribute and the ways the government pension are utilized. The authors anticipate that knowledge of the expectations the elderly have, if any, in regards to economic, physical and emotional support as they age, and from which family members, will provide information on unmet needs and then how they might be addressed. We also hope to learn more about the current mechanisms of caregiving and support within households and communities to assess if the relationship of caring and support between parent and child is now changing in light of the AIDS epidemic. Likewise, it is important to understand how the elderly respond to illnesses within their households, in order to understand traditional coping mechanisms and identify where gaps exist. The strains that illness and death place on a household are crucial to understanding the full impact of AIDS on the elderly and their household. Lastly, appreciation of the teaching that exists between generations is significant in sharing cultural values and traditions between the old and young generations. We hope to learn how this teaching between generations correlates to the reciprocity relationship between parent and child, and the expectations that the elderly have for care and support.

The value of this research is important in understanding more about the changing family relationships in South Africa and other high prevalence countries that have been devastated by HIV/AIDS. The research also contributes to the growing body of literature on the role of the elderly in Africa. The study enables us to assess the additional impact of HIV mortality, aside from other stressors such as poverty, unemployment, and migration and allows us to begin to unpack the unique challenges that HIV/AIDS brings up for families in rural South Africa. The research provides understanding regarding the expectations of the elderly regarding care giving and family coping mechanisms with illness and death. Lastly, it moves us forward in differentiating various levels of vulnerability for the elderly and their households, which can contribute to an understanding of how to best assist families, and the elderly in particular, in meeting their financial, emotional, and physical needs.

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