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# The quality of material care provided by grandparents for their orphaned grandchildren in the context of HIV/AIDS and poverty: a study of Kopanong municipality, Free State

*Tsiliso Tamasane and Judith Head*

## Abstract

A pervasive argument in the literature on AIDS orphans in South Africa is that grandparents, who often care for their orphaned grandchildren, lack the material means to provide adequate care. This study investigated that claim in an area of ubiquitous poverty and very high unemployment. It is based on the analysis of data obtained from two surveys carried out by the HSRC in the semi-rural municipality of Kopanong in the Free State. The first study was a census which targeted the whole population. The second, smaller survey sampled households which accommodated orphaned and vulnerable children. Based on four proxy indicators for material care: possession of birth certificates, uptake of welfare grants, levels of school attendance, and the number of meals consumed daily, the study revealed that there was very little difference in the quality of care provided by grandparents and other carers, including biological parents. Indeed, since the old age pension is much higher than the child support grant and the foster care grant it may be that grandparents who are pensioners generally have higher incomes than most other adults. In line with the findings of other research, the study found that poverty is a major problem confronting all carers in the area. It concludes that interventions that primarily target orphans overlook the material needs of all poor children. It therefore joins the calls of other researchers for greater state support for all poor children, irrespective of whether they are orphans and who their carers are.

***Keywords:*** *HIV, AIDS, orphans, orphaned and vulnerable children, family, extended family, care for OVC.*

## Résumé

Un argument convainquant dans les documents consacrés aux 'orphelins du SIDA' en Afrique du Sud est que les grands-parents, qui ont souvent la charge de leurs petits-enfants devenus orphelins, ne disposent pas des moyens matériels nécessaires pour s'en occuper de manière adéquate. Cette étude enquête sur cette affirmation dans un lieu marqué par une pauvreté omniprésente et un très fort taux de chômage. Elle se fonde sur l'analyse de données obtenues lors de deux études réalisées par le HSRC dans la municipalité semi-rurale de Kopanong, Free State. La première étude consistait en un recensement portant sur la totalité de la population. La seconde en une étude plus restreinte des ménages accueillant des enfants devenus orphelins et vulnérables. Basée sur quatre indicateurs par procuration de la prise en charge matérielle: la possession d'actes de naissance, le recours aux prestations sociales, les niveaux de scolarisation et le nombre de repas consommés par jour, l'étude a révélé que la différence entre la qualité de la prise en charge par les grands-parents et d'autres proches s'occupant de ces enfants, parents biologiques inclus, était très minime. En effet, étant donné que la retraite est nettement plus élevée que les pensions versées pour soutenir la prise en charge des enfants et les familles d'accueil, il se pourrait que les grands-parents touchant une retraite aient généralement des revenus supérieurs à la plupart des autres adultes. Conformément aux résultats d'autres recherches, cette étude a révélé que la pauvreté était un problème majeur concernant toutes les professions dans la région. Elle conclut sur le fait que les interventions ciblant essentiellement les enfants orphelins négligent les besoins matériels de tous les enfants pauvres. Elle se joint donc aux appels lancés par d'autre chercheurs en faveur d'un accroissement du soutien de l'Etat à tous les enfants pauvres, qu'ils soient ou non orphelins et quelles que soient les personnes les prenant en charge.

***Mots clés:*** *VIH, SIDA, orphelins, enfants orphelins et vulnérables, famille, famille étendue, prise en charge des OEV.*

## Introduction

Between five and seven million people are thought to be living with HIV/AIDS in South Africa (Shisana *et al.*, 2005; Department of Health, 2008). As a result there are a very large number of orphaned children. In 2002, the Human Sciences Research Council (HSRC) survey found that 8% of children aged 0 - 15 years had lost both biological parents (Shisana & Simbayi, 2002). This figure had risen to 11% in the HSRC's survey of 2005 (Shisana *et al.*, 2005). With institutional care arrangements lacking or non-existent, orphans are often cared for by relatives, particularly

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grandparents (Bicego, Rustein & Johnson, 2003; Foster *et al.*, 1996; Joint Learning Initiative on Children and HIV/AIDS, 2009; Kuo & Operario, 2007; Meintjies & Giese, 2006; Parker & Short, 2009). The latter invariably implies care by grandmothers.

Concerns have been raised about the quality of care provided by grandmothers. It has been argued that grandmothers might be less knowledgeable than other carers about modern health care and child care (Foster *et al.*, 1996); that they may be too old and weak to care effectively for orphans (Booysen & Arntz, 2002; Croke, 2003; Whiteside, 2007), and that they may have lower incomes than younger carers and thus be less able to provide materially for orphaned grandchildren.

This paper reports on research that investigated the last of these claims. Based on a study of Kopanong municipality in the Free State, it investigated whether grandmothers are called on to care for their orphaned grandchildren, and whether the quality of care provided by them was markedly different from that provided by other carers or parents. Material care was measured through the proxies of procurement of birth certificates, access to welfare grants, levels of school attendance, and number of meals consumed daily.

## Extended family care for orphans

A careful analysis of South African history will attest to the central role played by grandparents in looking after their children's children, orphaned or not. While the HIV/AIDS epidemic may have exacerbated the situation, it is important to note that care for relatives' children by grandparents and other members of the extended family long predates the HIV/AIDS epidemic. As elsewhere, deaths of natural parents due to disease or war have, at various points in history, brought sudden large increases in the orphan population (Bray, 2003; Illife, 2006). Extended families have absorbed and cared for those orphaned in the past (Lund, 2006).

Broodryk (2002) points out that in African family life a child has many fathers and mothers. For example, the brothers of his/her natural father are also regarded and respected as his/her fathers, while the sisters of his/her mother are regarded as the child's mothers. Broodryk (2002) contends that there are therefore no orphans in 'traditional' Africa. If the natural parents of a child die the other fathers and mothers in the extended family automatically take custody of the child. This also applies to other children whose parents, for one reason or another, cannot take care of them (Martin & Martin, 1978). Studies confirm these arguments. They show that children, orphaned or not, have often been cared for by their immediate extended family (Hellman, 1956; Mbiti, 1969; Meintjies, Budlunder, Giese & Johnson, 2003; Mberengwa & Johnson, 2003; Foster, Shakespeare, *et al.*, 1995; Moser, 1996, 1999; Project for Statistics on Living Standards and Development survey (cited in Moser, 1999); Schapera, 1971; Van der Waal, 1996).

Crucially, in the context of many African traditions, the very concept of orphanhood is related not to the death of biological parents, as in Europe, but directly to poverty (see Wilson, Giese, Meintjies, Croke & Chamberlain, 2002; Meintjies *et al.*, 2003). Indeed, in their important survey of the literature on definitions of orphanhood, Meintjies and Giese (2006) found that in many African languages in South Africa, the term orphan was strongly associated with poverty regardless of the age of the orphan or the fact that his/her biological parents may have still been alive.

The South African government's definition of an orphan embraces these concerns. An orphan is a child under 18 years of age who has lost a father, mother or both parents due to death or permanent desertion (who is therefore potentially in need of care and support from people other than his/her biological parents). The official South African definition of orphan is used in this paper.

## Measuring the quality of material care provided by grandparents

What did the study find in relation to orphans and their quality of care in Kopanong? Before turning to this question it is necessary to briefly discuss how 'care' is being used here. The study focused on the material aspects of care, and used four proxy measures of care. It looked at whether orphans had birth certificates. Uptake of social grants was another proxy used to measure the quality of material care provided by grandparents. School attendance and the number of meals consumed daily were the other two proxy measures used.

Several studies suggest that one of the factors that hamper access to social grants in South Africa is the lack of a birth certificate (Giese *et al.*, 2003; Meintjies *et al.*, 2003; Mfecane & Skinner, 2005; Skinner & Davids, 2006a, 2006b; Wilson *et al.*, 2002). Carers of orphans are unable to access any form of welfare grants if the orphan does not have a birth certificate. It is therefore important to check whether orphans who are cared for by grandparents are less likely to have birth certificates than other orphaned children and those cared for by their biological parents.

In South Africa, carers of all vulnerable children below the age of 15 (Cape Gateway, 2010) are eligible for the Child Support Grant (CSG). A child does not have to be an orphan. Vulnerability is determined by a means test. The CSG was R240 per month as of 1 April 2009. Carers who provide for orphans, including grandparents, are also eligible to receive the CSG on their behalf. Unrelated carers of orphaned children (foster parents in the western sense) qualify for the Foster Child Grant (FCG), which at R680 per month (from 1 April 2009) is nearly three times the CSG.

The reach of child poverty-related grants is very wide. Of the 13 million recipients of social grants in South Africa in 2008, eight million were estimated to be carers of children below the age of 18 years (Department of Social Development, 2008). With an unemployment rate of nearly 30% (Stats SA, 2009), social grants play a pivotal role in alleviating childhood poverty and vulnerability.

Case & Ardington (2004), Case, Hosegood & Lund (2005) and Lund (2006) have found that grants have a positive outcome on school enrolment. That is, children whose carers receive grants are more likely to be enrolled in school than the children of carers who do not have grants. School attendance has been widely used

as the measure of vulnerability among orphans (see Bicego *et al.*, 2003; Case & Ardington, 2004). As De Lannoy & Lake (2009) and Pendlebury (2009) point out, education is a critical socio-economic right that provides the foundation for lifelong learning and economic opportunities.

The literature argues that school enrolment and attendance is lower among orphans than non-orphans. It is argued that orphans' educational opportunities are reduced as they are withdrawn from school in order to reduce the household's expenditure, care for the sick or to do odd jobs to earn extra income (Booysen & Arntz, 2002; Grant & Palmiere, 2003; Hosegood, Preston-White, Busza, Moitse & Timaeus, 2007; Verner & Alda, 2004; Case, Paxson & Ableidinger 2004).

It is estimated that between 79% and 89% of all children live in poverty in South Africa (Meintjies & Giese, 2006). However, according to Booysen & Arntz (2002) and Barnett (2004), orphans are particularly vulnerable to poverty which, for many, means under-nourishment. This state of affairs has important implications for their wellbeing. Meals intake was used by Jooste, Managa & Simbayi (2006) as a proxy to measure children's vulnerability to malnourishment in Kopanong. They argued that a child who did not eat twice or more a day, was vulnerable, but if he/she could afford to eat twice or more times a day, then he/she was not considered vulnerable to malnourishment.

## Background to study and methodology

Kopanong is a local municipality servicing rural communities residing on white-owned commercial farms. It comprises nine small towns. Its combined population was estimated at 55 945 in 2001 (Stats SA, 2002). Nearly one-third (31%) of the population are under 15 years, and hence dependent on others for emotional and physical care and financial support. The average age in Kopanong is 27 years. There are few elderly people and most of them are women. The migration of men means that the sex ratio is skewed towards women, as in most other former labour reserve areas. As in the rest of South Africa, grandmothers often care for their children's children while the parent(s) are working or seeking work elsewhere.

The National Census of 2001 indicates that Kopanong's population is predominantly African (72.5%), followed by Coloured people (17.8%), Whites (9.6%) and Indians at less than one per cent (Stats SA, 2002). The population consists of a large number of economically inactive people. More than a third of the population was unemployed in 2001 in Kopanong (Stats SA, 2002). Levels of income poverty are therefore very high in the municipal area of Kopanong. According to Stats SA (2002) approximately 65% of the adult population recorded no income in 2001. Fourteen per cent of the population were earning less than R500 per month, while only 12% earned between R400 and R800 per month. As a result, there is now widespread economic dependence on state welfare grants in Kopanong (Lochner & Atkinson, 2006; Marais, 2004; Nel, 2005).

The exact HIV/AIDS prevalence in Kopanong is not known, because no local-level data on HIV/AIDS are available. What is known is that the Free State province had the third highest HIV/AIDS prevalence in the country in 2004. According to the *National Antenatal Sentinel HIV & Syphilis Prevalence Survey* (Department of Health, 2005) 29.5% of pregnant women tested HIV-positive in that year.

To determine the quality of care provided by grandparents, the study analysed the data collected through a census of orphans and vulnerable children taken in Kopanong in 2003, and a subsequent smaller psychosocial survey in 2004. Both surveys were carried out under the auspices of the HSRC.

### The census

The aim of the HSRC census study was to count all the orphaned and vulnerable children in Kopanong. The HSRC census covered all 5 254 African households in the nine towns of Kopanong municipality. The heads of the households were approached and treated as the main respondents. The census sought to obtain information about the caretakers of orphaned children, the number of other children being cared for, the nature of their accommodation, and the household's economic situation (HSRC, 2003). A two-page census record sheet was used to obtain information about all occupants in the household. Among the information collected was access to social grants, birth certificates, number of meals consumed daily, school attendance, and orphan status. The response rate was 98%. Thus of the 5 254 African households in Kopanong, 5 188 households participated in the study.

### The psychosocial survey

The main aim of the HSRC's smaller psychosocial survey was to investigate the situation of orphans and vulnerable children and to gather the views of their carers about their needs and living circumstances. A systematic probability sample of 791 households was drawn from a sampling frame developed from the census of orphans and vulnerable children, described above (see Simbayi *et al.*, 2006). The sampling frame consisted of a list of all the houses in the census which either had a child orphaned by HIV/AIDS or classified as vulnerable or both. Ninety-one per cent (718) of guardians of such children agreed to participate in the study. Six hundred and one children aged less than 18 years were sampled from these households. The survey obtained information about carers' personal characteristics. The survey also collected data on food intake, psychosocial issues, household relationships, risk taking and decision-making behaviour, and emotional wellbeing. The data set was used specifically to look at the number of dependants cared for by grandmothers compared with other carers. It was also used to look at the employment status of grandparents in Kopanong, as this information was not available in the census.

Approval for the study was sought and obtained from the HSRC's Ethics Committee. This committee follows the normal procedures for research with human subjects. It requires informed consent from voluntary participants and a clear explanation of the study's purpose and objectives. The anonymity of the participants was guaranteed. No financial incentives were offered to the participants.

This paper has drawn on data from both surveys relating to aspects of material care. Where appropriate, Chi-square tests were

conducted to determine the significance of relationships between variables. Chi-square is a suitable test of significance with non-parametric data such as that used in the study. In some cases the analysis relied simply on noting differences and similarities in frequency distributions and percentages in the data. This was the case where some cells had zero (0) values which could have distorted the tests results.

# Findings

## Orphan prevalence and care arrangements

Using the South African government's definition of orphanhood discussed above, a third (33%) of children in Kopanong were orphans (Table 1). Of the 8 163 children under the age of 18 years whose carers were reached by the HSRC census, 19% had lost a father while nearly 7% had lost a mother. Double orphans, that is, children who had lost both parents, accounted for 8%.

**Table 1. Number of children <18 years and their status in Kopanong (*N*= 8 991)**

| Child status | Frequency | Per cent |
|---|---|---|
| Non-orphans | 5 440 | 66.6 |
| Lost mother only | 528 | 6.5 |
| Lost father only | 1 546 | 18.9 |
| Lost both parents | 649 | 8.0 |
| Total | 8 163 | 100.0 |

Source: HSRC Census (2003).

No significant relationship between sex and orphan status was found (Pearson's Chi-square = 1.015 df 2, p>0.602). The sex ratio was 52% for females and 48% for males. This is comparable with the sex ratio of South Africa as a whole (Stats SA, 2002).

Table 2 shows that 67% of double orphans lived in a household that was headed by a grandparent. Fourteen per cent lived in households that were headed by other relatives. Six per cent of double orphans lived in households headed by a sister or a brother. Thus, 87% of double orphans were cared for by members of the immediate or extended family. The majority of maternal orphans (57%) were cared for by grandparents. Interestingly, 49% of non-orphans were also cared for by their immediate or extended family. Of these, almost 40% of non-orphans were cared for by grandparents. Less than 1% of children lived in a household that was headed by a sibling who was under the age of 18 years. In all cases these were children from neighbouring farms who needed to be closer to high schools. They were staying with older brothers or sisters during the school term.

A challenge faced by orphan carers was the burden of having to look after several children. Table 3 shows that grandparents were looking after a higher number of orphans or other children than biological parents and other relatives or non-relatives. Unfortunately, the HSRC surveys did not investigate this finding. However, its implications for the grandparent(s) and the children in their care urgently need to be investigated.

Fig. 1 shows that almost 77% of grandparents were pensioners. Six per cent reported that they had a form of disability that made it impossible for them to work any longer. They were, therefore, receiving Disability Grants. The Disability Grant was R1010 per month as of 1st April 2009. Roughly, five per cent of grandparents were housewives or unemployed. The old age pension was the main source of income in Kopanong. Women become eligible for the pension of R1010 per month when they are 60 and men when they are 61 (Cape Gateway, 2010). Eighty-three per cent of grandparents' main source of income was the government pension or a social grant for a child who was in his/her care. Pensioners who provide care for orphaned children are eligible for either the CSG or the FCG. Most carers received the former grant. They do not lose their pensions if they also receive these grants.

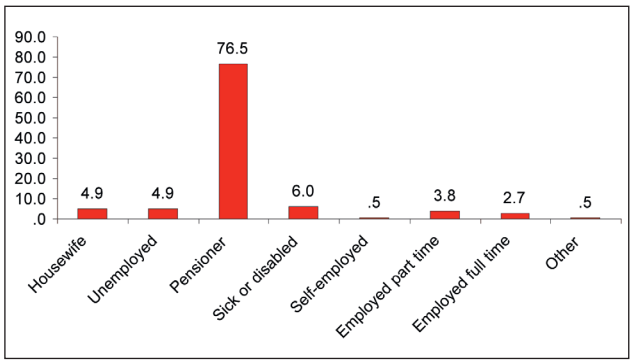


*Fig. 1. Employment status of grandparents in Kopanong. Source: HSRC Psychosocial Survey (2004.)*

**Table 2. Relationship between children <18 years and the carer Kopanong (*N*=7 934)**

| Relationship to the carer | Type of child | | | |
|---|---|---|---|---|
| | Non-orphan *N* (%) | Lost mother only *N* (%) | Lost father only *N* (%) | Lost both parents *N* (%) |
| Biological child | 2 632 (49.7) | 108 (20.8) | 534 (35.3) | 0 (0.0) |
| Sister/brother | 79 (1.5) | 14 (2.7) | 29 (1.9) | 34 (5.6) |
| Grandchild | 2 069 (39.1) | 296 (57.0) | 760 (50.3) | 404 (66.7) |
| Other relative | 448 (8.5) | 77 (14.8) | 170 (11.2) | 87 (14.4) |
| Not Related | 49 (0.9) | 22 (4.2) | 15 (1.0) | 79 (13.0) |
| Head | 20 (0.4) | 2 (0.4) | 4 (0.3) | 2 (0.3) |
| Total | 5 297 (100) | 519 (100) | 1512 (100) | 606 (100) |

Source: HSRC Census (2003).

Pearson's Chi-square = 1.015 df 2, p>0.602.

**Table 3. Number of dependants being looked after by carers according to the relationship to the child in Kopanong (*N*=208)***

| No. of dependent children | Relationship to child | | | |
|---|---|---|---|---|
| | Biological parent *N* (%) | Grandparent *N* (%) | Other relative *N* (%) | Non-relative *N* (%) |
| 1 - 2 | 45 (64.3) | 48 (52.7) | 23 (56.1) | 0 (0.0) |
| 3 - 4 | 24 (34.3) | 34 (37.4) | 16 (39.0) | 4 (66.7) |
| 5 and more | 1 (1.4) | 9 (9.9) | 2 (4.9) | 2 (33.3) |
| Total | 70 (100.0) | 91 (100.0) | 41 (100.0) | 6 (100.0) |

Source: HSRC Psychosocial Survey (2004).

*These data are taken from the Psychosocial Survey of 2004, HSRC.

**Table 4. Possession of birth certificates by orphans <18 years according to relation to head of households in Kopanong (*N*= 7 474)**

| Has birth certificate *N* (%) | Relation to head of household | | | |
|---|---|---|---|---|
| | Biological child *N* (%) | Grandchild *N* (%) | Other relative *N* (%) | Not related |
| Yes | 486 (83.2) | 1 060 (79.5) | 234 (77.5) | 83 (79) |
| No | 98 (16.8) | 274 (20.5) | 68 (22.5) | 22 (21) |
| Total | 584 (100) | 1 334 (100) | 302 (100) | 105 (100) |

Source: HSRC Census (2003). Pearson's Chi-square = 32.432 df 2, p<0.612.

## The quality of material care provide by grandparents

### *Procurement of birth certificates*

As explained above, carers of orphans or vulnerable children are unable to access any welfare grant if the orphan does not have a birth certificate. This study found that more than 85% of children under the age of 18 years had birth certificates in Kopanong. Eighty-seven per cent and 80% of non-orphans and orphans, respectively, had birth certificates. Roughly the same number of boys and girls had birth certificates (85.6% and 84.6%, respectively).

The difference between the uptake of birth certificates held by children who were cared for by grandparents and other carers was not statistically significant (Pearson's Chi-square = 32.432 df 2, p<0.612). As Table 4 illustrates, about 83% of orphans who lived in households headed by biological parents had birth certificates. Eighty per cent of orphans who lived in households headed by grandparents also had birth certificates, and 79% of those who lived in households headed by non-relatives were in possession of birth certificates.

### *Access to social grants*

Given the high number of children with birth certificates in Kopanong it is reasonable to expect that there would be a high uptake of social grants. However, this was not the case. Access to the CSG and FCG was very low in Kopanong. As Fig. 2 illustrates, a mere 20% of eligible carers of orphans and 21% of parents of non-orphans, accessed social grants.

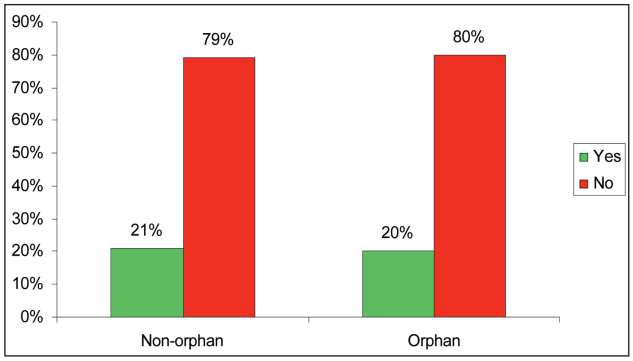


*Fig. 2. Uptake of social grants by carers of children <18 years in Kopanong. Source: HSRC Census (2003.)*

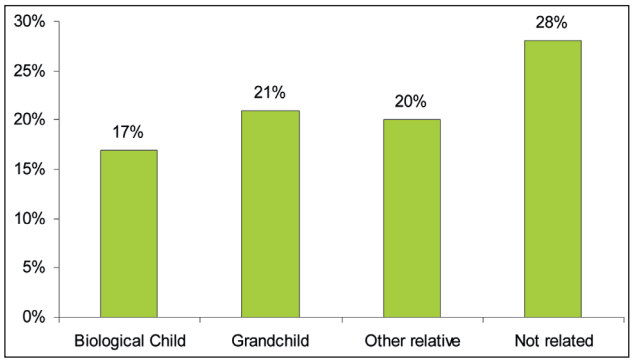


*Fig. 2. Uptake of social grants by carers of children <18 years in Kopanong. Source: HSRC Census (2003.)*

The CSG was the most commonly accessed social grant. Yet Table 5 shows that only 23%, 19% and 10% of carers of maternal, paternal and double orphans, respectively, were receiving the Child Support Grant. Still fewer carers received the FCG. Overall the uptake rate of the two grants was lower among carers of maternal orphans than carers of paternal and double orphans. What is clear from these observations is that, firstly, these social grants are not reaching most of the intended beneficiaries. Secondly, the carers of orphans who had lost both parents, 'real' orphans in the Western sense, were also not accessing the state support which was theoretically available to them.

**Table 5. Uptake of child support and foster child grants by orphans <18 years in Kopanong (*N*=2 701)**

| Type of grant received | Type of orphan | | |
|---|---|---|---|
| | Lost mother *N* (%) | Lost father *N* (%) | Lost both parents *N* (%) |
| Child Support | 63 (12.2) | 293 (19) | 65 (10.1) |
| Foster Child | 27 (5.2) | 24 (1.6) | 76 (11.8) |
| No Grant | 427 (82.6) | 1 222 (79.4) | 503 (78.1) |
| Total | 517 (100) | 1 539 (100) | 644 (100) |

Source: HSRC Census (2003).

**Table 6. School attendance by children aged 7 - 17 in Kopanong (*N*=4 545)**

| Attend school or ever been to school | Type of child | | | |
|---|---|---|---|---|
| | Non-orphan *N* (%) | Lost mother *N* (%) | Lost father *N* (%) | Lost both parents *N* (%) |
| Yes | 3 287 (95.4) | 374 (93.7) | 1 084 (96.8) | 519 (96.1) |
| Dropped out | 122 (3.5) | 20 (5.0) | 32 (2.9) | 16 (3.0) |
| Never been to school | 37 (1.1) | 5 (1.3) | 4 (0.4) | 5 (0.9) |
| Total | 3 446 (100.0) | 399 (100.0) | 1 120 (100.0) | 540 (100.0) |

Source: HSRC Census (2003). Pearson's Chi-square = 32.432 df 2, p<0 .103.

**Table 7. Food intake by children in Kopanong (*N*=7 947)**

| Meals per day | Type of child | | | |
|---|---|---|---|---|
| | Non-orphans *N* (%) | Lost mother *N* (%) | Lost father *N* (%) | Lost both parents *N* (%) |
| One | 164 (3.1) | 5 (1.0) | 35 (2.3) | 16 (2.6) |
| Two or more | 5 120 (96.9) | 512 (99.0) | 1 488 (97.7) | 607 (97.4) |
| Total | 5 284 (100) | 517 (100) | 1 523 (100) | 623 (100) |

Source: HSRC Census (2003).

The HSRC census data (2004) indicates that only a small percentage of carers of both orphans and non-orphans had a CSG. As Fig. 3 illustrates, 21% of grandparent carers had a grant compared with 17% of biological parents and 20% of carers who were other relatives. A larger proportion of carers who were unrelated to the children they were caring for (28%) accessed a grant than related carers. The reasons for the low uptake seem to relate to the attitude of social workers towards claimants and their suspicion that some people are claiming illegally; hence the extensive and time-consuming checks that they make. The critical shortage of staff in the local Department of Social Development is another factor that slows down the awarding of grants (Tamasane, 2009).

### *School attendance*

School attendance was used as another proxy for care. Overall, school attendance by children aged 7 - 17 years was very good. Table 6 shows that 96% of all children attended school. The observed difference in school attendance between orphans and non-orphans was statistically insignificant (Pearson's Chi-square = 32.432 df 2, p<0.103). Ninety-six per cent of school-going children who had lost both parents were attending school compared with 95% of non-orphans. Attendance by maternal orphans was slightly lower than other children, orphans as well as non-orphans. Ninety-four per cent of maternal orphans were attending school. Only a tiny percentage – one per cent – of children of school going age had not attended school. The percentage was the same for both orphans and non-orphans. Three per cent of orphans had dropped out of school compared with 3.5% of non-orphans.

Most interestingly, there was no clear difference in school attendance by orphans who were cared for by a surviving biological parent, grandparents, other relatives or non-relatives. In fact, a slightly higher percentage of orphans who were cared for by grandparents were attending school, compared to those who were cared for by a surviving biological parent, 98% and 95% respectively. A high attendance rate of 97% was recorded amongst orphans who were cared for by non-relatives as well.

### *Food intake*

Using the daily number of meals eaten as a measure of poverty-related vulnerability to malnutrition, the study found little evidence of different levels of vulnerability among orphans and non-orphans less than 18 years old. As Table 7 illustrates, 2% of children in Kopanong had only one meal a day compared with 97% who consumed two or more meals per day. There was no difference between orphans and non-orphans.

The literature on orphans reviewed earlier suggested that grandmothers may not be suitable carers for their grandchildren. This study found no compelling evidence of a lack of competence

**Table 8. Meals per day according to the head of the household in Kopanong (*N*=8 451)**

| Meals per day | Relation to head of household | | | |
|---|---|---|---|---|
| | Biological child *N* (%) | Grandchild *N* (%) | Other relative *N* (%) | Not related *N* (%) |
| One | 108 (3) | 68 (1.8) | 61 (6.1) | 6 (3.7) |
| Two or more | 3 465 (97) | 3 648 (97.7) | 939 (93.9) | 156 (96.3) |
| Total | 3 573 (100) | 1 424 (100) | 1 000 (100) | 162 (100) |

Source: HSRC Census (2003).

by these caregivers as measured by the number of meals their charges received daily. Table 8 shows that the overwhelming majority of all children were eating two or more meals a day.

## Discussion

The study found that orphans are more likely to be cared for by grandmothers than other relatives or non-relatives. This confirms findings of other studies about care for children orphaned by HIV/AIDS (JLICA, 2009; Kuo & Operario, 2007; Meintjies & Giese, 2006; Parker & Short, 2009). However, there is no evidence from this study to suggest that the quality of material care provided by grandmothers is inferior to that of other carers. Using access to birth certificates, access to social grants, school attendance and number of meals eaten daily as proxies for quality of care, orphans cared for by their grandmothers were cared for as well as any other children in Kopanong.

We hypothesise that this may be because grandparents, by virtue of the old age pension, are receiving a higher income than most parents and other carers. However, data on which this study was based does not allow for a more nuanced analysis that would confirm or disprove this hypothesis. If our hypothesis is confirmed by future studies it is important that the wrong conclusion is not drawn. The people of Kopanong live in survivalist mode. Deep and abject poverty is ubiquitous. Indeed it is questionable whether any of the welfare grants, including the old age pension, which are the main source of income in the area, are enough to meet people's basic needs. As other studies have observed, even though community members are willing to help each other, grinding, life-limiting poverty constrains them (Foster *et al.*, 1996; Freeman, Nkomo & Meintjies, 2005; Tlabela, van Zyl & Nkau, 2005).

Based on the findings above it is clear that concerns about the assumed poor quality of material care provided by grandparents cannot be substantiated with the evidence from this study. Indeed, it may well be the case that, on average, grandmothers over 60 years old are able to provide better material care than all other carers except those with paid employment. The monthly state pension of R1010 per month is significantly higher than the FCG (R680 per child) and the CSG (R240 per child).

The effect of the non-contributory and means-tested old age pensions is pervasive in a poverty stricken area like Kopanong. In addition, carers of orphaned children qualify for either a FCG or CSG. Therefore households which have grandparents receiving an old age pension and a CSG or FCG will record a higher income relative to others where there is no old age pension recipient. Moreover, grandparents may not be as old as suggested in the literature. Further analysis reveals that the majority of grandparents were 50 -70 years old. The mean age for grandparents was 62. This suggests that grandmothers are not mainly octogenarians who are incapable of looking after their grandchildren. It may also imply that grandmothers still have the health and energy to care for their grandchildren. The fact that the majority of them are not working provides them with time for caring for their charges.

Nevertheless, in the current conditions of widespread poverty and escalating unemployment, the cost of caring for a child affects all carers, especially if they are poor, like most carers in Kopanong and indeed the rest of South Africa. It therefore makes no sense to discriminate against carers on the basis of their relationship with the child for whom they care. A uniform and universal grant for carers of orphans and other vulnerable children is justified in terms of an egalitarian approach to alleviating poverty among all poor children, whether orphaned or not. Indeed, it might well be that children, orphans or not, living with a grandmother receive better material care than all others except those with two wage-earning parents.

A worrying finding of the HSRC surveys, which merits a much more detailed study, was that large numbers of people who were eligible for the CSG and the FCG were not accessing these grants. Perhaps rectifying this situation is a more attainable goal in the short term than pushing for the introduction of a universal grant for all poor children. Indeed, there is little point in introducing new grants when the uptake rate of existing grants is so low. It may simply mean that even more people fail to access the support to which they are entitled.

While useful and informative, this study suffers from a number of limitations that were hard to avoid. The analysis is based on primary data from the two HSRC surveys. The authors had no control over the quality of the data. There were questions that we would have wished to have asked that were not asked. For example, the surveys did not distinguish between children orphaned by AIDS and those orphaned for other reasons. We cannot therefore distinguish between them. Moreover, the studies did not look at the psychological impact of losing a parent, especially a mother, after a debilitating and distressing illness, even if this loss may have been cushioned somewhat by living in a household with loved and loving relatives.

We would have liked to collect data on the rate of absence from school, repetition of grades, supervision of school homework, and whether children had school uniforms. Similarly, we were unable to analyse the type of food the children consumed because this information was not collected. This is a great shame because there is a big difference between drinking a cup of tea with sugar and

eating a slice of dry bread for breakfast, and eating a breakfast that contains protein as well as carbohydrates.

A third limitation is that the questions asked about the number of meals consumed and school attendance may have suffered from the ceiling effect. For example, only a tiny number of children had never been to school or had dropped out of school. Over 90% of children in Kopanong had attended school. The questionnaire did not ask when the children had left school and whether there was a difference in leaving age between orphans and non-orphans.

There is a similar problem with the question on the number of meals consumed. A very small number of children ate only one meal a day. The vast majority had two or more meals. By setting the ceiling at two meals rather than three, for example, the distinction between the number who had two meals and the number who had three was lost. Raising the ceiling may have revealed a difference between orphans and non-orphans. However, the value of this research is that it provides a basis for future research. The study also calls into question some of the negative ideas that have been published regarding the ability of grandmothers to care for orphans, and the quality of the material care they provide.

## Conclusion

Using the data generated by two HSRC surveys in Kopanong municipality, this study investigated whether the quality of material care provided by grandparents was inferior to that of parents, other relatives or non-relatives. Four proxies: possession of birth certificates, the uptake of social grants, school attendance, and the number of meals consumed daily were used to measure the quality of care provided by grandparents.

Like many other studies, this study found that the extended family constitutes the bedrock of care for orphans. It similarly found that the bulk of care for orphans within the extended family rested with grandparents – with grandmothers in particular. Using the measures of the quality of material care outlined above, the study found no evidence to suggest that grandparents provided inferior levels of material care than biological parents, other relatives and non-relative carers. Roughly the same percentage of orphans who were cared for by grandparents and other carers attended school and consumed two or more meals a day. Again, a similar percentage of grandparents, parents and other relatives received social grants on behalf of the children for whom they cared. The surveys did reveal that a higher number of non-relative carers were receiving social grants than relatives. On the other hand, the majority of grandparents were receiving the old age pension, which is larger than the CSG and FCG combined, which supports our finding that grandparents were not materially worse carers than others, including parents. However, this conclusion needs further study because of the limitations discussed above. Nevertheless, what did emerge, and is indisputable, is the very widespread material deprivation that affected all the children of the municipality. The study also revealed that large numbers of people in Kopanong were not accessing the government grants to which they were entitled. Making sure that people received them would go some way to alleviating the dire poverty that all Kopanong's children experience, orphans or not.

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