

Dumela Mma: an examination of resilience among South African grandmothers raising grandchildren

MEGAN L. DOLBIN-MACNAB*, SHANNON E. JARROTT†, LYN E. MOORE*, KENDRA A. O’HORA*, MARIETTE DE CHAVONNES VRUGT‡ and MYRTLE ERASMUS§

ABSTRACT

Grandmothers serve as primary care-givers for a significant number of South African children. Previous research has documented that South African grandmothers experience physical, financial, emotional and social adversity. However, less attention has been given to South African grandmothers’ resilience, or their capacity to respond to the challenges associated with raising their grandchildren. Utilising Walsh’s (2003; 2012) family resilience model, this qualitative study examined resilience and resilient processes among 75 Black South African grandmothers raising grandchildren. Grandmothers participated in structured interviews during a weekly visit to a local luncheon (social) club. Results indicated that the grandmothers perceived themselves as engaging in a number of resilient processes, including relying on their spirituality, accessing sources of instrumental support, and seeking emotional support and companionship from their grandchildren and larger communities. Grandmothers also believed that focusing on their grandchildren contributed to their sense of resilience. This involved maintaining a sense of responsibility to their grandchildren, having hope for their grandchildren’s futures and finding enjoyment in the grandmother–grandchild relationship. The findings reveal that, by engaging in various resilient processes, South African grandmothers raising grandchildren perceive themselves and their families as having strategies they can utilise in order to successfully cope with adversity. Findings also highlight the need for prevention and intervention efforts designed to promote grandmothers’ resilience, as well as the resilience of their grandchildren.

KEY WORDS—South Africa, grandmothers raising grandchildren, resilience, grandmothers.

* Human Development, Virginia Tech, Blacksburg, USA.

† College of Social Work, The Ohio State University, Columbus, USA.

‡ Social Work, North-West University - Mafikeng Campus, Mmabatho, South Africa.

§ School of Teacher Education and Training, North-West University, Mmabatho, South Africa.

Introduction

Grandparents around the world, particularly grandmothers, play critical roles in their families by offering a variety of instrumental and emotional support (Gibson and Mace 2005; Settles *et al.* 2009). Unique circumstances such as war, disease and poverty add to the strain placed upon grandmothers to support their adult children, grandchildren and other relatives (Mhaka-Mutepfa, Cumming and Mpofo 2014). For grandmothers who assume responsibility for their grandchildren, this role comes with significant demands, and the circumstances that lead to custodial grandparenting typically exacerbate the normative challenges of meeting the physical, educational and emotional needs of children (Mhaka-Mutepfa, Cumming and Mpofo 2014). Care-giving may also compromise grandmothers' own health and personal security. Infrastructure that supports care-giving grandparents varies widely around the world (Settles *et al.* 2009). Poorer countries tend to offer fewer resources; low levels of awareness and limited access further reduce the likelihood that grandparents will obtain needed support. Countries in sub-Saharan Africa, in particular, have experienced challenges that result in significant grandparent involvement in families (Settles *et al.* 2009). The current study focused on South Africa, where Black grandmothers are particularly likely to be raising their grandchildren (Chazan 2008; Child Trends 2013; South African Human Rights Commission 2011).

Many Black South African families continue to face significant challenges to their wellbeing since Apartheid ended and citizens voted in the country's first free elections in 1994. Apartheid racially divided residential communities, education and services, with non-Whites typically finding sub-standard resources (Gradin 2013). Twenty years later, many of the disparities caused by Apartheid have improved (*e.g.* years of education) but some remain great, and some calculations indicate greater disadvantage experienced by non-White South Africans (Gradin 2013). Add to this troubling information that 18 per cent of South Africans between the ages of 15 and 49 were diagnosed with HIV/AIDS in 2012 (UNAIDS 2013) and that 2.5 million South African children have been orphaned because their parent(s) died from HIV/AIDS (UNAIDS 2013; UNICEF 2013), and it becomes abundantly clear that South African families have many different demands with which to contend.

A major issue for some Black South African families is providing care to children in the absence of the child's parents. Children's parents in South Africa are absent for a number of reasons. For instance, poverty has driven many Black South African men and women to migrate to other areas, seeking work in cities or in the mines (Amoateng and Richter 2007; Collinson *et al.* 2009). Families have responded with a

tradition of multi-generational care-giving (Amoateng and Richter 2007), particularly care-giving on the part of grandmothers (e.g. Chazan 2008). Additionally, due to the HIV/AIDS epidemic, parents may be too ill to support the household (Boon *et al.* 2010) or may die and leave their children behind. Thus, South African grandmothers, like many other grandmothers around the world, raise young relatives because the parents are unemployed, unfit for parenting, sick or deceased, or have abandoned their children (Boon *et al.* 2010; Madhavan 2004). This is set within a cultural context of grandmother involvement in the care of grandchildren, multi-generational households, strong extended family ties, and viewing children as 'belonging' to and being the responsibility of the family (Ankrah 1993; Nyasani, Sterberg and Smith 2009).

Statistics support the essential role that South African grandmothers play in raising their grandchildren, as they represent the primary care-givers in nuclear and extended families. Seventy per cent of South African children live in a home with another relative (usually the grandmother) besides their parents (Child Trends 2013). Within the North West Province of South Africa, which was the location of this study, approximately 61 per cent of children not living with both parents (31 per cent of the population of children) live with a grandparent (South African Human Rights Commission 2011). Grandmother involvement in child rearing is crucial to the health and wellbeing of South African children – research has associated children's health and survival with the involvement of grandmothers in their lives (Gibson and Mace 2005). Grandfathers may or may not be present in these households or active in the care of grandchildren; they do not figure in the existing literature on South African grandparents raising grandchildren. In sum, in the face of economic and health demands, grandmothers prove critical sources of support, marshalling material, instrumental and emotional resources that benefit their grandchildren and communities. However, they sometimes lack the means to provide needed help and support.

Challenges facing South African grandmothers

Black South African grandmothers raising grandchildren in the absence of income-earning parents often struggle to maintain their physical, financial, psychological and social wellbeing as they simultaneously manage their own ageing (Chazan 2008; Hlabiyago and Ogunbanjo 2009; Kuo and Operario 2011). For instance, among a sample of grandmothers raising grandchildren, most grandmothers met the clinical criteria for moderate anxiety while one-third experienced a major depressive disorder, and others

experienced physical health problems (Kuo and Operario 2011). In terms of their physical health, grandmothers often experience chronic conditions such as arthritis, diabetes and hypertension (Chazan 2008) and may not have the financial resources or ability (*e.g.* lack of time or transportation) to seek medical assistance (Chazan 2008; Muliira and Muliira 2011). Financially, evidence consistently suggests that grandmothers experience difficulty finding employment or other sources of income, which often results in problems providing basic necessities such as food, clothing and shelter for themselves and their grandchildren (Chazan 2008; Nyasani, Sterberg and Smith 2009). Other examinations of the needs of South African grandmothers raising grandchildren point to grandmothers struggling with social isolation (Muliira and Muliira 2011), the stress of family conflicts (Hlabyago and Ogunbanjo 2009; Nyasani, Sterberg and Smith 2009) and difficulties with child discipline (Hlabyago and Ogunbanjo 2009). Whatever the specific form of adversity, stressors experienced by grandmothers can accumulate across time and across the ecological layers (*e.g.* home, community) inhabited by the grandmothers and their families, which may leave them even more vulnerable to the impact of any single form of adversity (Walsh 2003, 2012).

In light of these challenges, there is formal support available to South African grandmothers raising grandchildren. In particular, government old-age pensions represent an important source of income for grandmothers over 60 (Boon *et al.* 2010). However, many women begin caring for grandchildren before they are eligible for such grants (Chazan 2008). Small grants to care-givers of children (Nyasani, Sterberg and Smith 2009) offer a financial lifeline as well. These include child support grants for primary child care-givers, foster care grants for at-risk children placed legally in another's custody, and disabled child care grants for children who live at home and require full-time care (Chazan 2008; Delany *et al.* 2008). Even though these resources are available, grandmothers may not know to access these grants and those who have report difficulty obtaining them (Schatz and Ogunmefun 2007). Documentation requirements and lengthy waits for application approval, transit to grant distribution centres and queues to receive payments at the centres have prevented some grandmothers from accessing funds that are modest but crucial to their survival (Hlabyago and Ogunbanjo 2009).

Resilience and grandparents raising grandchildren

Studies of the characteristics of South African grandmothers and the strains they face provide crucial information about areas to target for intervention and policy reform. However, existing research on South African grandmothers

raising grandchildren lacks information about how grandmothers work to sustain themselves and their grandchildren, despite the challenges. Moreover, previous research has failed to examine the notion that some grandmothers may actually achieve personal and relational growth in the face of adversity. This is unfortunate, as the concept of resilience would suggest that people, regardless of their particular circumstances, have the ‘ability to withstand and rebound from disruptive life challenges’ (Walsh 2012: 399).

Resilience is a dynamic process in which individuals demonstrate positive adaptation or outcomes in the face of risk or significant adversity (Masten 2001; Rutter 1987). Resilience is considered common and normative, such that all individuals demonstrate some degree of resilience unless their protective systems are severely compromised (Masten 2001). Additionally, because resilience is conceptualised as a multi-dimensional process that changes over time and across circumstances, resilience is not a trait that someone does or does not possess (Luthar, Cicchetti and Becker 2000). Rather, as protective and vulnerability factors emerge and evolve, individuals may demonstrate degrees of resilience or resilience in some domains and not others (Luthar, Cicchetti and Becker 2000). In conceptualising resilience, it is also important to note that resilience is complex and reflects the interactions of one’s personal attributes, adaptive processes or behaviours, and the quality of one’s proximal (*e.g.* family, friends) and distal (*e.g.* cultural norms) environments (Hayslip and Smith 2013; Leipold and Greve 2009).

Walsh’s family resilience model

Though there are numerous conceptualisations of resilience, to gain insight into resilience among South African grandmothers, this study utilised Walsh’s (2003, 2012) family resilience model. Walsh’s model focuses on understanding successful adaptation to normative and non-normative challenges affecting individuals and their family systems. Reflecting a shift from viewing distressed families as broken to families who are challenged, Walsh’s (2003, 2012) model also highlights how all individuals and families can heal and grow, emerging from challenges better prepared to cope with the next challenge or difficult circumstance. This model was selected to inform this particular study because of its systemic and relational focus, which aligns with South African grandmothers’ cultural context of strong extended family ties and familial responsibility, especially to children (Ankrah 1993; Nyasani, Sterberg and Smith 2009). The model’s emphasis on processes within families that promote resilience also aligns with long-standing calls within the larger resilience literature to examine more carefully the mechanisms (*i.e.* the how) of resilience (Luthar, Cicchetti and Becker 2000; Rutter 1987).

In the case of South African grandmothers, like other conceptualisations of resilience (e.g. Luthar, Cicchetti and Becker 2000; Masten 2001; Rutter 1987), Walsh's (2003, 2012) model also emphasises that resilience is influenced by the multiple nested contexts (e.g. families, neighbourhoods, community resources and federal policies) that grandmothers and their families occupy. Similarly, it emphasises how grandmothers' resilience, in the context of on-going and new stressors, is dynamic and will vary with time and across the family lifecycle. It is important to note that, like other articulations of resilience, Walsh's model conceptualises resilience as existing in degrees, such that a grandmother may demonstrate low levels of resilience in response to one obstacle or at one point in time, and greater resilience in another context. According to this model, all grandmothers and families would have some degree of resilience, which would contribute to their overall individual and systemic functioning and wellbeing.

In presenting her family resilience model, Walsh (2003, 2012) focuses on a number of adaptive (resilient) processes (Leipold and Greve 2009) that contribute to individual and family resilience. Specifically, Walsh identifies several key processes that could contribute to grandmothers' ability to respond successfully to risk or significant adversity (Masten 2001; Rutter 1987). Some of these adaptive processes reflect the grandmother's and the family's *belief systems*, wherein grandmothers who are able to make meaning out of their adverse circumstances, who maintain a positive outlook about their situation, and have spiritual or transcendent beliefs that provide a sense of purpose and meaning are the most resilient (Walsh 2012). Additionally, Walsh's model suggests that resilient grandmother-headed families have effective *organisational patterns* including flexibility, interpersonal connectedness, and the ability to mobilise resources and access various formal and informal supports effectively (Walsh 2003, 2012). Finally, effective *communication*, which includes clarity of communication and open emotional expression, as well as collaborative *problem-solving*, are associated with grandmother and family resilience (Walsh 2003, 2012). Figure 1 provides additional information about the various resilient processes included in Walsh's (2003, 2012) model.

Resilience among grandparents raising grandchildren

Although resilience among South African grandparents raising grandchildren has received limited attention, in the United States of America (USA), examinations of grandparents' resilience have become increasingly common (Hayslip and Smith 2013). Previous studies demonstrate that custodial grandparents find a number of benefits associated with raising grandchildren. These include experiencing fulfilment associated with parenting a

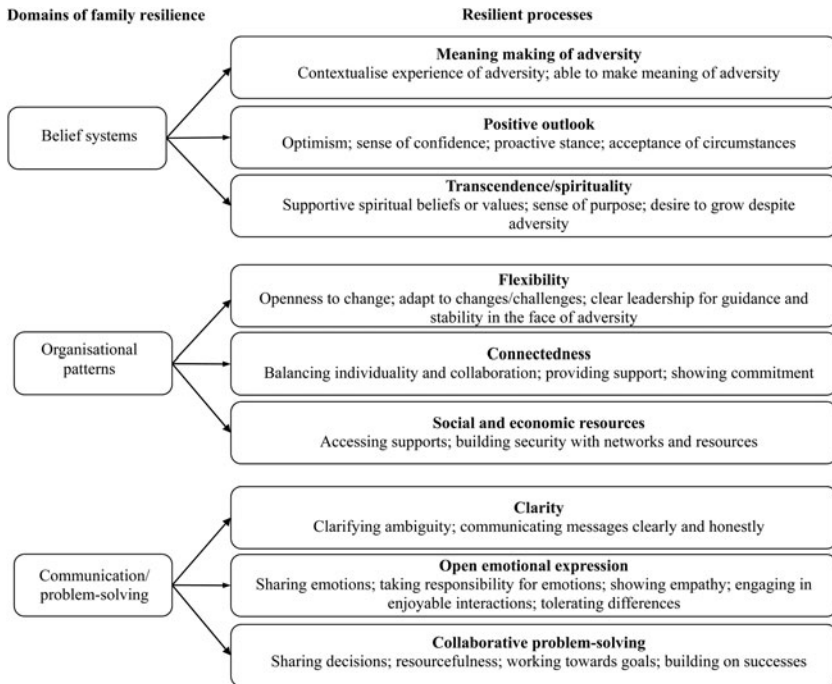


Figure 1. Walsh's (2003, 2012) family resilience model.

second generation of children, enjoying the love and affection of their grandchildren, achieving a new sense of purpose, and sharing a grandchild's life in a more fun and relaxed manner than they experienced with their own children (Bailey, Letiecq and Porterfield 2009; Dolbin-MacNab 2006; Waldrop and Weber 2001). As indicated by Figure 1, these benefits primarily align with Walsh's (2003, 2012) ideas about belief systems, such as making meaning of adversity, maintaining a positive outlook and a sense of transcendence/spirituality. They also align with notions that open emotional expression and connectedness are key processes associated with family resilience (Walsh 2003, 2012).

In addition, a number of individual, relational, and contextual factors and processes have been associated with grandparent resilience. Such research has significant practice implications, as interventions can focus on developing grandparents' resilience. Emerging research suggests that grandparents can receive formal support and learn a variety of skills that can enhance their resilience (e.g. James and Ferrante 2013; Kelley, Whitley and Campos 2012; Zausniewski, Musil and Au 2013). Specific factors that have been associated with grandparents' resilience include resourcefulness (Musil et al. 2013), a sense of empowerment (Cox and Cheseck 2012),

optimism (Castillo, Henderson and North 2013), positively appraising the care-giving situation (Smith and Dolbin-MacNab 2013), utilisation of active problem-solving skills (Castillo, Henderson and North 2013) and accessing informal and formal sources of support (Gerard, Landry-Meyer and Roe 2006). The parallels to Walsh's (2003, 2012) resilience model are again apparent, as these factors reflect maintaining a positive outlook (sense of empowerment, positive appraisals), flexibility (resourcefulness), social and economic resources (informal and formal supports) and collaborative problem solving (resourcefulness, active problem-solving skills).

The present study

While the accumulation of severe adversity could overwhelm the ability of some South African grandmothers to demonstrate their resilience (Masten 2001), Walsh's (2003, 2012) family resilience model suggests that most grandmothers are able to keep going or 'bounce forward', at least to a certain degree (Walsh 2003: 10). As such, in this particular study, which was part of a larger investigation of the needs and experiences of South African grandmothers raising grandchildren, we utilised a family resilience perspective to examine grandmothers' strategies for 'bouncing forward' as an individual and family, despite the challenges that have been thoroughly documented in the literature (Chazan 2008; Hlabyago and Ogunbanjo 2009; Kuo and Operario 2011). Our goal was not to evaluate grandmothers' resilience objectively, nor did we assume that all grandmothers were equally resilient. What we were interested in exploring, given that this topic has received limited empirical attention, was grandmothers' perceptions of the strategies (*i.e.* the adaptive processes) that contributed to their subjective sense of resilience. Subjective evaluations of one's resilience are part of a comprehensive understanding of resilience (Food Security Information Network 2014; Luthar, Cicchetti and Becker 2000). Thus, the research question guiding this study was, 'What adaptive processes and behaviours do South African grandmothers raising grandchildren perceive as contributing to their personal sense of resilience?' By identifying the resilient processes at work, they can then be used to inform the development of community support to empower grandmothers and grandchildren alike.

Methods

Sample

Participants were recruited through two grandparent luncheon clubs, which provide social activities and a lunchtime meal to older adults in the

community. After receiving approval from the luncheon club management committees, the researchers were invited to attend luncheon club meetings for data collection. Prior to the researchers' attendance, announcements about the research study were made and grandmothers raising grandchildren were informed that they could participate, if they were interested. Seventy-five grandmothers volunteered to participate in the study. Another 14 grandparents who volunteered for the study were excluded from our analysis; these were grandparents who were not caring for their grandchildren on a full-time basis or grandfathers who described care provided by a grandmother (*i.e.* they were providing a negligible level of care to their grandchildren). Excluding the grandfathers is in accordance with existing literature suggesting that grandmothers are primarily involved in the care of their grandchildren (Amoateng and Richter 2007; Chazan 2008; Gibson and Mace 2005) and qualitative recommendations associated with purposeful typical case sampling (Patton 2002). Thirty-three (44%) of the grandmothers were from one luncheon club, while 42 (56%) were recruited from a second luncheon club. Both luncheon clubs were situated in villages within the municipal area of Mahikeng, the capital of the North West Province of South Africa.

The majority of the grandmothers reported living in rural areas ($N = 42$; 56%), 21 (28%) reported living in villages and 12 (16%) reported living in town. On average, grandmothers were 66 years old and ranged in age from 38 to 85. All of the grandmothers were Black Africans. Grandmothers reported having spent an average of 15 years raising between one and 23 grandchildren. On average, however, grandmothers reported that they had raised five grandchildren in their lifetimes, and their grandchildren's ages had ranged from less than one year to 35 years of age. At the time of the study, grandmothers were raising an average of three grandchildren, but ranged from one to ten grandchildren. Five grandmothers specifically reported raising both grandchildren and great-grandchildren, though they did not always make clear distinctions related to how they were related to the children they were raising. For the sake of simplicity, in this article, we will describe the children in these families as 'grandchildren'.

In terms of household composition, grandmothers reported fluid living arrangements involving various family members (*e.g.* adult children, nieces, nephews, siblings, *etc.*) entering and leaving their homes depending on their circumstances (*e.g.* employment, illness, *etc.*). As grandmothers' living arrangements did not resemble conventional households (Chazan 2008), capturing their complexity proved challenging. However, at the time of the interviews, 23 (31%) grandmothers were the only adult in the home; 21 (28%) lived with their grandchildren and at least one other adult, often the grandchildren's mother(s); five (7%) grandmothers were

living in a home with their husbands and their grandchildren; and another five (7%) were living in households with their husbands, adult children and grandchildren. Information about the household composition for the remaining grandmothers was missing.

Grandmothers reported multiple reasons for raising their grandchildren. Common reasons for the care-giving arrangement included parental unemployment ($N = 30$; 40%), parental death ($N = 25$; 33%) and parental relocation for work ($N = 21$; 28%). These totals exceed 100 per cent because the grandmothers could indicate multiple reasons for the care-giving arrangement. Other reasons mentioned by grandmothers included parental (usually paternal) abandonment, neglect or poor parenting, multi-generational households, teenage pregnancy, divorce or remarriage, and parental illness. Most grandmothers did not explicitly state HIV/AIDS as a reason underlying their care-giving arrangement, perhaps out of discomfort or stigma about discussing it (Nelson Mandela Foundation 2005). Similarly, parental substance abuse was not mentioned as a contributing factor, despite evidence of significant rates of substance abuse among young adults within the North West Province (Johnson *et al.* 2014).

Financially, almost all ($N = 74$; 99%) of the grandmothers reported receiving some type of monthly grant from the government. The main types of grants received by the grandmothers in this study were old-age pensions ($N = 53$; 71%), child support grants ($N = 46$; 62%) and foster child grants ($N = 9$; 12%). The old-age pension, which is available to individuals aged 60 years or older, is intended to support the grandparent and was R1,200 per month at the time of data collection. Child support grants are available for up to six grandchildren within the grandmother's care and provided R280 per month per child. Foster child grants, which were only available to those grandmothers raising grandchildren who were legally part of the foster care system, provided R770 per month per child. While a cost of living comparison is difficult to compute given a lack of data for the North West Province, by way of comparison, one combination meal (*i.e.* sandwich, side item and drink) at a fast food restaurant in South Africa averages approximately R45 (Numbeo 2014). Grandmothers could be receiving more than one grant per month, often an old-age pension and a child support grant or a child support grant and a foster care grant. In addition to these grants, there were a few participants who also were receiving pensions from a previous employer ($N = 6$; 8%), a care dependency grant for a grandchild with a severe disability ($N = 4$; 5%) or court-ordered child support from the parent (usually the father, $N = 2$; 3%).

For a third of the participants ($N = 24$; 32%), governmental grants were their only source of income. Grandmothers earned additional money by selling sweets, nuts, vegetables and chips alongside the roads or near

schools. They also earned money by doing washing, sewing or other domestic work. Still others recycled trash to sell, sold livestock or worked for agricultural projects in return for food. Few grandmothers indicated any type of formal or steady employment, and most reported that they could not rely on their adult children for financial assistance, as they were also unemployed. Data from the North West Province indicate that 24–33 per cent of older adults were chronically poor (May 2003) and that 63 per cent of children in the province lived in poverty in 2011 (Meintjes and Hall 2013). Approximately 37 per cent of the children in the North West Province lived in a home with no source of income, and 14 per cent of the children in the province experience hunger (Hall 2013; Hall, Nannan and Sambu 2013).

Data collection procedures

After receiving Institutional Review Board (IRB) approval along with local approval of the study by the luncheon club management committees and key informants familiar with the grandmothers in the community (Creswell 2013; Patton 2002), grandmothers were informed about the study and what participation would entail. This occurred during announcements made during their luncheon club meetings. These announcements were made in the weeks and months preceding data collection. As noted previously, the research team attended two different luncheon club meetings. During these luncheon club meetings, the researchers introduced themselves and summarised what participating in the study would involve. Interested participants identified themselves to the interviewers, who were trained pairs of South African and American college students.

The interview teams received extensive training on conducting structured interviews. This training addressed how to establish a relationship with the grandmothers, how to ask questions in accordance with the interview protocol and how to ask for clarification of unclear or vague interview responses (Patton 2002). In addition to receiving didactic training on these topics, the interview teams also practised these skills under the supervision of an investigator with extensive qualitative interviewing experience (Patton 2002). Each interviewer received feedback on his or her skills and practised, under close supervision, any skills that needed improvement. Prior to data collection, investigators deemed all interviewers as having demonstrated some mastery of qualitative interviewing skills. In addition to interviewing skills, interviewers were trained in IRB guidelines regarding participants' right to refuse to answer items and what to do with a participant demonstrating high distress (Patton 2002). Again, all interviewers were given opportunities to practise these skills, for the purposes of demonstrating their proficiency prior to actual data collection.

Grandmothers elected whether they wanted to be interviewed in English or Setswana, the language commonly spoken by grandmothers in the region. Once this was decided, the grandmothers were read the informed consent form, were given the opportunity to ask questions about participation in the study, and gave their verbal and written consent. The interviews, which lasted between 20 and 30 minutes, were conducted in semi-private rooms. Grandmothers received no compensation for their participation, as providing compensation was deemed by the key informants as being potentially coercive and culturally inappropriate.

Due to logistical challenges, interviews were not able to be audio or video recorded. As such, during the interviewer training sessions, emphasis was placed on transcribing participant responses as accurately and in as much detail as possible (Patton 2002). The use of interview teams facilitated the process of accurately recording grandmothers' responses—both interviewers transcribed grandmother's responses and, after each interview, the interviewers collaboratively reviewed the responses to ensure that they had been recorded as accurately as possible (Patton 2002). For those interviews conducted in Setswana, interview teams followed a translation and back-translation process during and after the interviews to ensure accurate documentation of the participants' responses.

Interview protocol

The structured interview protocol, which was developed by the US-based research team and revised with input from South African collaborators, consisted of a series of open-ended questions. Reviewing the interview protocol with our South African collaborators allowed us to refine the wording of the interview questions so that they would be more understandable to the grandmothers and more culturally appropriate. The protocol was also translated into Setswana.

The first part of the interview addressed demographic characteristics of the grandmothers, their grandchildren and their households. Grandmothers provided information about their gender, age and living arrangements. Grandmothers also reported how many grandchildren they had ever raised, the ages of their grandchildren, how long they had been raising their grandchildren and the reason for the care-giving arrangement. Demographic questions about the household focused on household constellation, the number and types of grants received by the grandmother, and ways that the grandmothers made money. The second part of the interview included questions related to challenges and needs associated with raising grandchildren, and specific to this study, questions about positive aspects of raising grandchildren and sources of strength or resilience. Examples of interview questions most

relevant to this particular analysis include ‘What aspects of raising your grandchildren are good or enjoyable?’ and ‘Despite the challenges and needs that you have, what helps you continue to raise your grandchildren?’ In the third part of the interview, grandmothers were asked to describe where they would and would not seek help for a variety of difficulties. They were also asked to explain any barriers they experience related to obtaining help. Finally, the grandmothers reflected on how raising their grandchildren had impacted them, their grandchildren and the larger family system.

Data analysis

After all of the interviews were completed, data analysis began with each interview team reviewing the interview transcripts in order to clarify all translations, note any specific circumstances relevant to participants’ responses to the interview questions (*e.g.* an interview question that required clarification for the grandmother, or that a grandmother was emotional during the interview, *etc.*), and to ensure that all handwriting was legible. This was done under the supervision of the investigators as an additional step beyond those outlined previously, to ensure that transcriptions reflected grandmothers’ interview responses as closely as possible.

Formal analysis of the data began by the first author reading and re-reading the interview responses. After multiple readings, the first author began to note possible concepts in a separate document (Strauss and Corbin 1998). Whenever possible, *in vivo* coding (Strauss and Corbin 1998) was used, meaning that participants’ actual words or phrases were used to develop concept names. Following this process, concepts were grouped together into related topics or themes using the constant comparative method (Strauss and Corbin 1998), which involves an iterative process of going back and forth between data coding and analysis to refine the themes, explicate their properties and interconnections, and examine their relationship to the larger issue under investigation. Once a preliminary list of themes was developed and refined, the themes were shared with the other members of the research team for review. Following this review, the first author returned to the data and used the team’s feedback to continue revising the emerging concepts and themes. After this revision process, a second coder was brought in to code the data, again using the constant comparative method (Strauss and Corbin 1998). The second coder and the first author worked together to merge their coding into a combined list of themes. Any discrepancies were resolved via discussion and reviewing the data.

Trustworthiness of the data analysis was ensured through the use of multiple strategies (Creswell 2013; Lincoln and Guba 1985). First, in a

debriefing session among the research team immediately following the completion of data collection, it was noted by the South African researchers that many of the issues raised in the interviews were similar to those noted in clinical practice with these families. This provided some evidence of the transferability (Creswell 2013; Lincoln and Guba 1985), or the applicability of the findings to similar contexts, of the data. Second, as part of the more formal analysis of the data, the emerging themes were developed, reviewed and discussed by multiple researchers and coders—including researchers from South Africa as well as the USA. When discrepancies in the interpretation of the data arose, consensus was reached among the researchers, with emphasis given to the insights and interpretations of the South African members of the research team. This process allowed us to take multiple perspectives on the data, consider competing explanations for the findings and, ultimately, lent credibility (Creswell 2013; Lincoln and Guba 1985) to the conclusions we drew from the original data. Finally, during the analysis, we found that we reached saturation with the themes, such that additional analyses resulted in no new information.

Findings

To contextualise the perceived resilience and resilient processes among the South African grandmothers in this study, it is necessary to understand the difficulties or challenges they experienced. The challenges experienced by the grandmothers generally paralleled existing literature on South African grandparent care-givers (Chazan 2008; Hlabyago and Ogunbanjo 2009; Kuo and Operario 2011; Nyasani, Sterberg and Smith 2009) and included serious financial difficulties (N = 69; 92%), including difficulty paying for basic necessities (*i.e.* housing, food, clothing) and grandchildren's school expenses. Grandmothers (N = 20; 27%) also reported difficulty managing their grandchildren's mental health and behaviour problems (*e.g.* hyperactivity, delinquency) and issues related to adolescent development (*e.g.* dating and substance use). Some participants associated their physical and mental health problems with the stress of care-giving (N = 40; 53%); for instance, grandmothers described struggling with hypertension, heart problems and diabetes, and explained that these health problems were exacerbated by the demands of care-giving and a lack of time and resources to care for themselves. They also described age-related limitations such as being too tired to care for their grandchildren adequately. Finally, grandmothers reported experiencing anxiety and depression stemming from the responsibility and stress associated with raising their grandchildren.

Despite this significant adversity and the difficulties care-giving poses for grandmothers' overall health and wellbeing, our analysis revealed that grandmothers perceived themselves as engaging in a number of resilient processes. Together, grandmothers described how these resilient processes helped them 'keep going' in the face of challenges. According to participants, they also helped them find happiness and satisfaction in their roles as grandparents raising grandchildren, as well as feel more engaged with their communities. [Table 1](#) provides a summary of the resilient processes described by the grandmothers in this study, and how those processes reflect aspects of Walsh's (2003, 2012) model of family resilience.

Relying on spirituality and religion

Approximately half ($N = 35$; 46%) of the grandmothers noted spirituality and religion as a source of strength in the face of adversity. In particular, participants talked about relying on prayer as a way of remaining strong and hopeful. For example, one 68-year-old grandmother, who was raising two young grandchildren due to parental unemployment, described her views on how prayer helps sustain her when she said, 'Despite the problems, I am always praying and asking for help because I believe that prayer causes change'. This grandmother reported extreme financial distress as well as a heart condition and significant psychological distress. Similarly, a 46-year-old grandmother raising two school-age grandchildren due to the death of their mother in childbirth explained, 'I am strong by the grace of God and try to keep it up', while another 82-year-old grandmother explained how 'God will keep me going'.

In addition to praying for strength to meet their families' needs, the grandmothers also reported praying for guidance in how to 'bring them [their grandchildren] up the right way' and praying that their grandchildren would become independent and self-sufficient adults. Finally, grandmothers also reported praying for assistance in obtaining basic necessities (e.g. money, food or clothing) and other needs such as the grandchild's educational expenses and medical care. As an example, one grandmother, who was 60 years old and raising an abandoned grandchild, shared her belief that prayer helps fulfil her needs for food and other basic necessities when she said, 'God helps when I pray, often someone will give me something [I need]'.

Accessing instrumental support

A large majority ($N = 67$; 89%) of grandmothers perceived themselves as being resilient, despite experiencing challenges, by accessing available

TABLE 1. Summary of study findings

Theme/sub-themes	N	%	Link(s) to Walsh's model ¹
Relying on spirituality and religion: <ul style="list-style-type: none"> • Praying for strength and hope • Praying for guidance and assistance 	35	46	Belief systems: <ul style="list-style-type: none"> • Transcendence/spirituality
Accessing instrumental support: <ul style="list-style-type: none"> • Grants and pensions • Family members • Other grandmothers/community members • Grandchildren 	67	89	Organisational patterns: <ul style="list-style-type: none"> • Social and economic resources Communication/problem-solving: <ul style="list-style-type: none"> • Collaborative problem-solving
Seeking emotional support and companionship: <ul style="list-style-type: none"> • Social support from grandmothers • Companionship from grandchild 	28	37	Organisational patterns: <ul style="list-style-type: none"> • Connectedness • Social and economic resources
Focusing on the grandchild: <ul style="list-style-type: none"> • Sense of responsibility • Hope for the grandchild's future • Enjoyment of grandchildren 	55	73	Belief systems: <ul style="list-style-type: none"> • Meaning making of adversity • Positive outlook Organisational patterns: <ul style="list-style-type: none"> • Flexibility • Connectedness

Notes: N = 75. 1. Walsh (2003, 2012).

instrumental support. Grandmothers used these supports to help meet their basic needs (*e.g.* food, clothes). One of the main instrumental supports that grandmothers accessed was the grants and pensions available through the South African government. Some of these grants supported the grandmothers themselves (*e.g.* old-age pensions), while others supported the grandchildren (*e.g.* child support grants). These grants and pensions were key sources of financial support – as one 62-year-old grandmother raising her young grandchild due to parental unemployment explained, ‘The child care grant helps to meet our needs’. For this family, who was living in a home with no electricity, the grandmother’s old-age pension and the child support grant were their main sources of income.

Other grandmothers described getting money or other instrumental assistance (*e.g.* help with home projects, child care, food parcels) from their adult children and extended family members. However, the extent to which family support enhanced grandmothers’ perceived resilience was highly variable. Many adult children and family members were unemployed and struggling financially themselves and, as a result, were not consistently

able to help the grandmothers. As one 46-year-old grandmother of two noted, 'they [family members] help where they can, but resources are limited'. A 72-year-old grandmother who had raised seven grandchildren in her lifetime shared, 'I ask my own children for help – if they have things, they help'. However, when family members could provide assistance, obtaining and utilising these resources was noted as important to grandmothers' sense of being able to manage the financial challenges associated with raising their grandchildren.

In the absence of family support, grandmothers would rely on neighbours and friends for instrumental assistance. Some grandmothers would even pool their financial resources, including money obtained from the government grants or from selling vegetables or snacks, to help other families. For example, one 74-year-old grandmother raising three grandchildren due to 'sick' mothers and absent fathers explained how the grandmothers in her rural community, 'come together to raise funds to buy groceries and share with other families'. Similarly, a 67-year-old grandmother who earned money to support herself and her five grandchildren by selling food and household products described how she allows other grandmothers to defer payments to her, as a way of providing them with needed support: 'People who buy from me often have to pay me later and I honour that; I accept payment later'. The general spirit of the community of grandmothers working together to support one another, which is known in South Africa as 'Ubuntu', was summarised nicely by the 73-year-old grandmother raising three grandchildren due to 'improper care' when she said, 'I'm extremely happy to share what I've been God given with others like my food, home, bed'.

Another source of instrumental support, especially for grandmothers who were in poor health or had age-related limitations, was the grandchildren. Grandmothers described how it was helpful to have their grandchildren around to fetch water, go shopping and assist with household chores (*e.g.* cooking and cleaning). For example, one 72-year-old grandmother raising two grandchildren explained: 'They love me so much – when I am sick they hug me, bring me water, cook for me and even clean'. These grandmothers tended to see raising their grandchildren as being mutually beneficial – they provided homes for their grandchildren, while the grandchildren provided them with needed assistance. As a 60-year-old grandmother raising one grandchild due to parental abandonment put it, 'I send her [granddaughter] to fetch water. I teach my grandchild things. Make me a cup of tea. We help each other'.

In obtaining assistance from their grandchildren, it should be noted that grandmothers expected their grandchildren to help out and having their grandchildren provide this assistance without complaint was viewed an

important part of the grandchild showing respect for the grandmother's care-giving efforts. One 61-year-old grandmother of two adolescent grandchildren, whose mother was killed in an accident, highlighted how the assistance she received from her grandchildren communicated their respect for her when she described what helped her 'keep going' in terms of her care-giving responsibilities: 'When I ask them to fetch water, they do. They do not fight with me. They respect me very much and do what I ask of them'.

Seeking emotional support and companionship

In addition to accessing sources of instrumental support, 28 (37%) grandmothers in this study were also active in accessing social and emotional support from a number of sources, particularly other grandmothers raising grandchildren. Grandmothers would come together, through church or luncheon clubs, to share stories, engage in craft projects or gardening, socialise, seek advice and gain emotional support. For example, a 66-year-old grandmother raising an adolescent grandchild whose mother had left for Johannesburg to find employment explained how the social aspects of the luncheon club helped her stay strong in her parenting role: 'I talk to the other grandmothers at the luncheon about how to handle different needs of the children'. For the grandmothers in this study, these social connections helped to combat feelings of stress and isolation. As one 80-year-old grandmother of a five-year-old grandchild explained, 'When stressed, I get out and ... visit friends to be with other grandmothers and share stories about grandchildren'. This particular grandmother had already raised two other grandchildren into adulthood. Another grandmother, who was 69 years old and raising three grandchildren because the parents were 'too busy', shared, 'Coming together with other [grandmothers] keeps away lonely feelings'. To the grandmothers, the support that they gave and received from one another was key to their sense of resilience and overall coping.

Although grandmothers were a key source of emotional support for one another, the grandmothers' wellbeing and sense of resilience were also enhanced by the companionship they received from their grandchildren. Grandmothers described how they would be alone without their grandchildren and how the companionship of their grandchildren kept them from feeling isolated. They also appreciated having someone to talk to, as well as having a companion for doing various activities and going places. For example, one 62-year-old grandmother of a toddler explained how she likes 'to talk to my grandchild. I do not like to be alone'. In talking about the companionship they received from their grandchildren, grandmothers indicated that the support and companionship they received from their

grandchildren was vital to their mental health, in that it helped them not feel so stressed and depressed about their care-giving responsibilities. One 84-year-old grandmother, who had raised five grandchildren over the last 20 years due to parental unemployment or urban migration, reported that grandchildren 'keep you company, occupied. I don't get lonely. If you're lonely, your mind can become depressed. The result is depression when you are lonely'.

Focusing on the grandchild

One of the most important aspects of the grandmothers' perceived resilience was maintaining a positive focus on their grandchildren (N = 55; 73%). Keeping this positive focus, in spite of great adversity, helped the grandmothers find a sense of purpose in their care-giving responsibilities. Additionally, the focus on their grandchildren contributed to strong feelings of love towards their grandchildren and the grandmother's own sense of happiness and fulfilment. Within this larger theme, three sub-themes were apparent. These included the grandmothers' sense of responsibility to their grandchildren, their hopes for their grandchildren's futures, and their love and enjoyment of their grandchildren.

Sense of responsibility. In the interviews, the grandmothers described feeling a sense of responsibility for their grandchildren. In many cases, this sense of responsibility or duty spanned the generations, as one 49-year-old grandmother of three grandchildren explained, 'I was raised by my grandmother so I feel I should do that for my grandchildren'. The grandmothers with this strong sense of responsibility recognised that, in many cases, there was no one else who could provide for their grandchildren. As a 49-year-old grandmother raising three grandchildren from two different adult daughters explained, 'it is the only choice for my [grand]child, nothing else to do, I can't and won't kick them out'. Another grandmother highlighted her sense of duty when she said, 'They have nowhere else to go and no one else to help them'.

In recognising their duty to their grandchildren, grandmothers also acknowledged that the circumstances underlying the care-giving arrangement were not their grandchildren's fault and that the grandchildren should not be blamed or held responsible for what had happened. This idea was illustrated by the grandmother who said, 'the children are young and innocent, I cannot blame them or leave them by themselves'. This particular grandmother was 82 years old and was raising five grandchildren and great-grandchildren, including five-month-old twins, due to parental unemployment. Generally, the grandmothers felt obligated to provide for

their grandchildren, no matter the degree of difficulty. This was deemed as satisfying by the grandmothers and they believed it provided them with a sense of purpose and fulfilment. For example, one 50-year-old grandmother of a three-year-old grandchild shared, 'I am happy because I am always there for them [when] they need me most'.

Hopes for the grandchild's future. Despite the challenges associated with caring for their grandchildren, grandmothers emphasised how their desire to give their grandchildren a better life kept them strong and helped them cope. In particular, grandmothers described trying to address and resolve some of the emotional wounds (*e.g.* grief, abandonment) carried by their grandchildren. However, the grandmothers also described how they were taking an active role in laying the foundation necessary in order to give their grandchildren a better future.

In terms of trying to resolve emotional wounds, grandmothers described how they viewed their love as a potential source of healing for their grandchildren. In particular, grandmothers focused on their desire to 'repair' their grandchildren's previous hurts and losses, particularly the death of their mothers or abandonment by their parents. For example, one 70-year-old grandmother, who had raised seven grandchildren over a period of 22 years, explained how she focused on giving her grandchildren a great deal of love and affection because 'I lost my mother at 14 years old ... I don't want my grandchildren to go through the same thing'. Similarly, a 62-year-old grandmother raising seven grandchildren described how she is, 'hurt by [the] children being abandoned, so I want to give my love to my grandchildren'. Grandmothers were hurt and saddened when grandchildren had experienced difficult circumstances and did their best to address these issues by being available to their grandchildren and communicating their love to them. For some of the grandmothers, directing their love to their grandchildren was also a way that they dealt with their own grief about the loss of their adult children.

Beyond working to address their grandchildren's emotional wounds, focusing on how they were bettering their grandchildren's future lives was an additional source of strength for the grandmothers. Specifically, grandmothers talked about how it helped them 'keep going' by focusing on what they were doing to better their grandchildren's lives in terms of promoting their education, teaching them life skills (*e.g.* cooking, caring for a home) and building positive character traits. One 85-year-old grandmother, who was raising a 16-year-old grandchild due to paternal abandonment and maternal unemployment, described how she was trying her best to raise her grandchild properly when she explained, 'When you raise a child well, in the future they will be able to be independent—I want the [grand]child

to turn out well'. Similarly, a 72-year-old grandmother, who was raising five grandchildren due to parental unemployment and abandonment, described the strength she derives from seeing her grandchildren develop when she said, 'Watching my babies be so energetic and learning in school. They are just good kids. They do chores without being told and never complain. It just helps me a lot'. She went on to say, 'I love to see them growing healthily and going to school for a better education'. For the grandmothers in this study, the daily stressors of their lives were offset by the knowledge that their efforts were putting their grandchildren on a better, more promising path for the future.

Enjoyment of grandchildren. In addition to all of the ways that focusing on their grandchildren helped the grandmothers 'keep going', many grandmothers simply derived fulfilment from their love and enjoyment of their grandchildren. For these grandmothers, their relationships with and love for their grandchildren were sources of great happiness. As one 72-year-old grandmother, who had been raising grandchildren for the last 13 years, explained, 'I love them, what can I do? It gets hard, but I still love them'. Another grandmother, who was 82 years old and raising five grandchildren, explained that she 'likes playing [with] and holding them [her grandchildren], seeing them laugh and be happy'. Still another shared, 'I have less money now, but a lot more love', while another grandmother said, 'I am happy to have her [the granddaughter] around and spend time with her. I enjoy teaching her how to cook. Happy to be with her ... I like to spend time with her, teaching to cook, clean'. This grandmother was 66 years old and had raised four other grandchildren besides her current adolescent grandchild.

Other sources of grandmothers' happiness in their relationships with their grandchildren, some of which have already been discussed, were their appreciation of the instrumental assistance received from their grandchildren, seeing their grandchildren successfully grow and develop, and the emotional support and companionship their grandchildren provided. Overall, grandmothers' feelings of love were important to their perceived resilience, as enjoyable relationships with their grandchildren helped them to stay active and engaged and to remain focused on the greater purpose of their care-giving. As a 71-year-old grandmother raising an adolescent grandchild shared, 'They [grandchildren] keep me active and help me forget my own problems'.

Interestingly, it appeared that the grandmothers' enjoyment of their grandchildren was further enhanced when their grandchildren reciprocated positive feelings, namely love and respect, to their grandmothers. One 59-year-old grandmother raising five grandchildren due to parental

death and unemployment explained what helped her cope with the challenges of raising her grandchildren when she said, 'They [the grandchildren] have respect for me and love me. They make me happy'. Another grandmother, who was 83 years old and had been caring for children for the last 66 years and had raised 12 grandchildren (she was currently raising three adolescent grandchildren), described the one thing that helped her manage the difficulties she experienced when she said, 'The love and warmth I gave my grandchildren, along with their appreciation'. Finally, one 62-year-old grandmother raising a six-year-old grandchild described the value of the love she receives from her grandchild in terms of her own wellbeing when she shared, 'the love and affection that my grandchild gives back to me always keeps me strong'. Thus, while grandmothers' enjoyment of their grandchildren was often unconditional and contributed to their resilience, it was certainly enhanced when their grandchildren reciprocated their positive feelings and showed their grandmothers respect and appreciation.

Discussion

As a result of a number of factors, including the HIV/AIDS epidemic, urban migration, unemployment and adult mortality, Black South African grandmothers have responded by providing critical support to their grandchildren (Boon *et al.* 2010; Chazan 2008; Madhavan 2004). Grandmother involvement in the care of grandchildren is also a strong cultural tradition, which extends to include the view that the family has a responsibility or obligation to care for its children (Ankrah 1993; Nyasani, Sterberg and Smith 2009). However, existing literature suggests that assuming responsibility for raising their grandchildren is not without difficulty for South African grandmothers. Specifically, there is significant evidence suggesting that grandmothers experience serious financial difficulties, psychological distress, as well as health problems, social isolation and parenting challenges (Chazan 2008; Hlabyago and Ogunbanjo 2009; Kuo and Operario 2011; Muliira and Muliira 2011; Nyasani, Sterberg and Smith 2009).

Despite evidence of the adversity experienced by South African grandmothers, little research has examined their resilience, or ability to 'withstand and rebound from disruptive life challenges' (Walsh 2012: 399). By examining resilience among the grandmothers, as guided by Walsh's (2003, 2012) family resilience model, we were able to provide valuable insight into how the grandmothers believed they were sustaining themselves and their grandchildren, despite their challenging contexts. While the purpose of the study was not to evaluate grandmothers' resilience or

whether they were engaging in the processes they described, nor do we assume that all of the grandmothers were indeed ‘bouncing forward’ (Walsh 2003: 10), the findings from this study provide an important counterpoint to the more negative focus that has predominated the previous South African grandparent care-giving literature. Specifically, our findings highlight South African grandmothers’ perceptions of their own resilience, a perspective that is relevant to a multi-dimensional understanding of resilience (Food Security Information Network 2014; Luthar, Cicchetti and Becker 2000). This information also provides important direction for potential interventions and other services that could be implemented to help grandmothers, their grandchildren and the community foster resilience in this common family structure.

In her model of family resilience, Walsh (2003, 2012) suggests that *belief systems* are key to individual and family resilience (Figure 1). In the current study, and as documented in Table 1, the grandmothers described engaging in resilient processes that intersect with each of Walsh’s (2003, 2012) elements of belief systems—making meaning of adversity, having a positive outlook, and holding transcendent or spiritual beliefs. Of these, grandmothers’ *spirituality* and religion was perceived as central to helping them stay strong and cope in the face of multiple challenges. Specifically, grandmothers described how prayer and faith helped them find purpose in caring for their grandchildren, and gave them hope that they could manage their challenges or that God would provide what they needed. A reliance on spirituality and religion as a means of coping and resilience has also been identified in studies of African American grandmothers (Ellison et al. 2001) and has been associated with enhanced grandmother health (Bachman and Chase-Lansdale 2005; Neely-Barnes, Graff and Washington 2010).

Beyond relying on their spirituality, grandmothers also described themselves as maintaining a *positive outlook* and *making meaning of adversity* (Walsh 2003, 2012). In particular, grandmothers maintained a positive outlook by focusing on their enjoyment of and companionship with their grandchildren and made meaning of their circumstances by focusing on the positive impact they were having on their grandchildren’s lives and futures. These resilient processes ultimately helped the grandmothers feel like they were coping with the daily hassles and stressors associated with raising their grandchildren. Literature on resilience among US grandparents raising grandchildren confirms positive cognitive strategies as being beneficial to grandparents’ overall adjustment and wellbeing. Specifically, positively appraising the care-giving situation (Smith and Dolbin-MacNab 2013) and maintaining an optimistic attitude (Castillo, Henderson and North 2013) have been linked to enhanced grandparent (and grandchild) wellbeing. Finally, in addition to these positive cognitive strategies, seeking

emotional support and assistance from other grandmothers was another way of making meaning – by doing this, grandmothers perceived that they were normalising their experiences and their stress by sharing stories and advice with other grandmothers.

Consistent with Walsh's (2003, 2012) model of family resilience (Figure 1), grandmothers also described resilient *organisational patterns* within their families. On the most basic level, the *flexibility* within the family structure such that the grandmothers were playing multiple roles (*i.e.* parent and grandparent) with their grandchildren reflects a certain degree of resilience, according to Walsh. Beyond this, one particularly notable resilient organisational pattern was the grandmothers' strong sense of *connectedness* to their grandchildren. Grandmothers described feeling a deep sense of responsibility and obligation to care for their grandchildren, perhaps as a reflection of their internalisation of cultural expectations for families and grandmothers (Ankrah 1993; Nyasani, Sterberg and Smith 2009). Their perceptions of connectedness were also borne out of the grandmothers' assessment that their grandchildren had no other options besides them, in terms of receiving care. This sense of connectedness was not only linked to a sense of duty or obligation; grandmothers also described experiencing a great deal of pleasure in their relationships with their grandchildren. These benefits included feelings of love, as well as sense of companionship. For many grandmothers, their grandchildren were the primary people that kept them company and provided them with needed emotional support. The importance of the grandparent–grandchild relationship to grandparent wellbeing and resilience has been found in a number of studies, such that a close, loving relationship with the grandchild provides grandparents with a sense of satisfaction and enjoyment (Dolbin-MacNab 2006; Dolbin-MacNab and Keiley 2006). Grandchildren, as a source of support, may be particularly important for South African grandmothers who might be experiencing significant social isolation due to a lack of transportation or financial resources.

Interestingly, the findings suggested that grandmothers also had high expectations for their grandchildren in terms of assistance and appreciation of their care-giving efforts. Specifically, grandmothers indicated that they expected their grandchildren to assist them with household chores, errands and other activities. While assistance with these tasks was beneficial to the grandmothers and this type of family reciprocity may be a normative expectation for adolescents in families, the grandmothers perceived that their sense of satisfaction and connectedness to their grandchildren was further enhanced when their grandchildren were respectful, returned their affection and expressed their appreciation for their care-giving efforts. This finding highlights the systemic nature of resilience, which

suggests that stressors and sources of adversity impact the entire family system; as such, resilience within one person within the system has the potential to impact positively all other family members and promote the well-being of the entire family system (Walsh 2012).

In addition to a sense of connectedness, grandmothers' ability to *access social and economic resources* (or resourcefulness; Walsh 2003, 2012) was another example of their felt resilience, as was their *collaborative problem solving* (Walsh 2003, 2012). Grandmothers described their resourcefulness by sharing how they pooled financial resources and goods, and worked as a community to assist other families in need. Grandmothers also revealed their ideas about their problem-solving skills and resourcefulness in the ways they described accessing instrumental support via government grants, obtaining assistance from their grandchildren, and seeking resources from other family and community members. Resourcefulness, as a source of resilience, has been demonstrated to be beneficial to custodial grandmothers' mental health (Musil et al. 2013). Similarly, grandparents who engage in active problem-solving strategies (Castillo, Henderson and North 2013) and who are successful in accessing both formal and informal support (Gerard, Landry-Meyer and Roe 2006) demonstrate better outcomes as well. Thus, for the grandmothers in the current study, being creative about addressing problems and making use of any and all available resources was key to their perceived resilience and to feeling as though they could manage the challenges associated with raising their grandchildren.

Study limitations

Although this study provides valuable information about resilience among South African grandmothers raising grandchildren, it is not without limitations. First, by asking grandmothers to describe their perceptions of their own resilience, we are not able to draw conclusions about the degree to which the grandmothers were *actually* resilient or the impact of their resilience on their wellbeing. Nonetheless, subjective evaluations of one's own resilience are relevant to a multi-dimensional and comprehensive understanding of resilience (Food Security Information Network 2014; Luthar, Cicchetti and Becker 2000). Thus, grandmothers' self-assessments represent an important starting point, given that resilience among South African grandmothers raising grandchildren has received relatively limited empirical attention.

Methodologically, while it was beneficial to have Setswana-speaking interviewers, the interview teams still included an individual who may have been perceived by the grandmothers as an 'outsider'. This may have led some participants to be more reticent in their responses to the interview

questions. At the same time, the use of interview partners helped to address the limitation of being unable to audio- or video-record the interviews. Due to not being able to record the interviews, it is possible that some subtleties or nuances in responses were lost, but the presence of two interviewers, one of whom lived in Mafikeng, and the extensive training received prior to data collection, helped ensure that information was fully and reliably captured. Third, the grandmothers who participated in this study were regular participants in the luncheon clubs where the data were collected. As such, these were grandmothers who were already making efforts to access support and seek assistance. This could mean that the grandmothers in this study were already more resilient than other grandmothers who had not sought support, therefore biasing the results. Despite these limitations, however, the findings provide a unique and needed glimpse into resilience among South African grandmothers raising grandchildren.

Future directions and conclusions

Despite evidence that South African grandmothers raising grandchildren experience significant social, physical, psychological and economic adversity (Chazan 2008; Hlabyago and Ogunbanjo 2009; Kuo and Operario 2011; Muliira and Muliira 2011; Nyasani, Sterberg and Smith 2009), research has yet to focus on the ways in which grandmothers experience themselves as being resilient. The findings from this study demonstrate that South African grandmothers, much like grandparents raising grandchildren in other cultural contexts, perceive themselves as engaging in a number of resilient processes that they believe benefit themselves and their families. While the study findings represent a significant contribution to a more holistic understanding of grandparents raising grandchildren within the South African context, and extend the understanding of grandparents raising grandchildren globally, future research is still needed. For instance, future studies could focus on further identifying resilient processes among South African grandmothers and linking them to indicators of well-being, such as physical health and psychological health. Additionally, in accordance with a systemic perspective on resilience (Walsh 2012), future research could also link grandmothers' resilience to their grandchildren's adjustment. Further research is also needed to understand contextual variations in resilience – for instance, future studies could examine the extent to which resilience varies by geographic location (*e.g.* urban *versus* rural), available family members or access to support services, among others. Finally, in order to gain a more comprehensive understanding of the role of resilience in the lives of South African grandmothers and their grandchildren, future research should employ longitudinal designs, in order to follow these

families over time. While these recommendations are suggested for future research on South African grandparents, given the apparent similarities in resilient processes across cultures documented by this study, these types of studies would also further the understanding of resilience among grandparents raising grandchildren in other cultural contexts as well.

Beyond the implications for future research, the findings from this study also have implications for practice and intervention within the South African context. Given emerging research suggesting that grandparents can learn skills that enhance their resilience (James and Ferrante 2013; Kelley, Whitley and Campos 2012; Zausniewski, Musil and Au 2013), these findings point to the possibility of providing South African grandmothers with culturally appropriate training focused on resilient processes such as benefit finding (*i.e.* perceiving benefits from having faced a significant life challenge), empowerment and active problem solving (*i.e.* actively working towards resolving a problem). Grandmothers can also be assisted in accessing the formal support (*i.e.* government grants) available to them, as well as forming groups that offer social support and a means of sharing or pooling resources. In terms of policy, the findings point to how formal support can be beneficial to grandmothers' overall resilience and wellbeing and should be as easy to access as possible. Whatever the form of the intervention, bolstering South African grandmothers' resilience is likely to have a positive impact on their grandchildren, as well as on other members of the family system (Walsh 2012). As the resilience of the family system improves, these families may be able to respond more effectively to adversity and crises, thus preventing further negative outcomes.

In summary, the South African grandmothers in this study confronted serious challenges to their health and wellbeing on a daily basis. Yet, like many grandparents raising grandchildren around the world, they also experienced an intense commitment to and love for their grandchildren. The grandmothers in this study described an ability to see the positives within their situations and showed creativity in how they accessed needed resources and addressed adversity. These women are a crucial resource to the future of South Africa's children and, as such, deserve significant support and respect from their local communities and beyond.

Acknowledgements

We gratefully acknowledge the data collection assistance of Julia Aloe, Alexis Cunningham, Britanee Hodson, Katie Lewis, Katlego Lobelo, Kedibone Mokhuane, Tebogo Israel Mowday, Kagola Obakeng, Mutle Onalenna, Miriam Piilonen, Donald Seleke, Leigh Serroka, Aletta Shabele, Kathryn Shaw, Kelly

Skahan, Anjelica Smith, Sarah Terrell, Sarah Tianti, Kutlwano Tigele, Nosizwe Tshabalala, Phutiyyagae Tshepo and Monokwe Yvonne. We also want to express our appreciation for the valuable insights of Innocentia Saane, and the support of the luncheon club management committees. Finally, we extend our gratitude to the grandmothers who were so willing to talk with us and share their stories. This study was reviewed and approved by the Institutional Review Board at Virginia Tech (VT-IRB-12-537). It was also reviewed and approved by the Research Ethics Committee of the North-West University–Mafikeng Campus (approval number NWU-00119-14-sg). In terms of financial support, this study was funded by the Center for Gerontology at Virginia Tech. The financial sponsor played no role in the design and execution of the study, nor in the analysis and interpretation of the data or the preparation of this paper.

References

- Amoateng, A. Y. and Richter, L. M. 2007. *Social and Economic Context of Families and Households in South Africa*. HSRC Press, Cape Town, South Africa.
- Ankrah, E. M. 1993. The impact of HIV/AIDS on the family and other significant relationships: the African clan revisited. *AIDS Care*, **5**, 1, 5–22.
- Bachman, H. J. and Chase-Lansdale, P. L. 2005. Custodial grandmothers' physical, mental, and economic well-being: comparisons of primary caregivers from low-income neighborhoods. *Family Relations*, **54**, 4, 475–87.
- Bailey, S. J., Letiecq, B. L. and Porterfield, F. 2009. Family coping and adaptation among grandparents rearing grandchildren. *Journal of Intergenerational Relationships*, **7**, 2/3, 144–58.
- Boon, H., Ruiter, R. A. C., James, S., van den Borne, H. W., Williams, E. and Reddy, P. 2010. Correlates of grief among older adults caring for children and grandchildren as a consequence of HIV and AIDS in South Africa. *Journal of Aging and Health*, **22**, 1, 48–67.
- Castillo, K., Henderson, C. and North, L. 2013. The relation between caregiving style, coping, benefit finding, grandchild symptoms, and caregiver adjustment among custodial grandparents. In Hayslip, B. and Smith, G. C. (eds), *Resilient Grandparent Caregivers: A Strengths-based Perspective*. Routledge, New York, 25–37.
- Chazan, M. 2008. Seven 'deadly' assumptions: unravelling the implication of HIV/AIDS among grandmothers in South Africa and beyond. *Ageing & Society*, **28**, 7, 935–58.
- Child Trends 2013. *World Family Map 2013: Mapping Family Change and Child Well-being Outcomes*. Available online at <http://worldfamilymap.org/2013/wp-content/uploads/2013/01/WFM-2013-Final-lores-11513.pdf> [Accessed 2 June 2014].
- Collinson, M., Clark, S. J., Gerritsen, A. A. M., Byass, P., Kahn, K. and Tollman, S. 2009. *The Dynamics of Poverty and Migration in a Rural South African Community, 2001–2005*. Available online at <http://www.colorado.edu/ibs/pubs/pop/pop2009-0010.pdf> [Accessed 5 June 2014].
- Cox, C. and Chesek, E. 2012. Taking grandparent empowerment to Tanzania. A pilot project. *Journal of Intergenerational Relationships*, **10**, 2, 160–72.
- Creswell, J. W. 2013. *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. Sage, Thousand Oaks, California.
- Delany, A., Ismail, Z., Graham, L. and Ramkisson, Y. 2008. *Review of the Child Support Grant: Uses, Implementation and Obstacles*. Community Agency for Social Enquiry, Johannesburg, South Africa.

- Dolbin-MacNab, M. L. 2006. Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, **55**, 5, 564–75.
- Dolbin-MacNab, M. L. and Keiley, M. K. 2006. A systemic examination of grandparents' emotional closeness with their custodial grandchildren. *Research in Human Development*, **3**, 1, 59–71.
- Ellison, C. G., Boardman, J. D., Williams, D. R. and Jackson, J. S. 2001. Religious involvement, stress, and mental health: findings from the 1995 Detroit Area Study. *Social Forces*, **80**, 1, 215–49.
- Food Security Information Network 2014. *Resilience Measurement Principles: Toward an Agenda for Measurement Design*. Available online at http://www.fsincop.net/fileadmin/user_upload/fsin/docs/resources/FSIN_2qjan_WEB_mediumres.pdf [Accessed 5 March 2015].
- Gerard, J. M., Landry-Meyer, L. and Roe, J. G. 2006. Grandparents raising grandchildren: the role of social support in coping with caregiving challenges. *International Journal of Aging and Human Development*, **62**, 4, 359–83.
- Gibson, M. A. and Mace, R. 2005. Helpful grandmothers in rural Ethiopia: a study of the effect of kin on child survival and growth. *Evolution and Human Behavior*, **26**, 6, 469–82.
- Gradin, C. 2013. Race, poverty, and deprivation in South Africa. *Journal of African Economies*, **22**, 2, 187–238.
- Hall, K. 2013. Income poverty, unemployment and social grants. In Berry, L., Biersteker, L., Dawes, A., Lake, L. and Smith, C. (eds), *South African Child Gauge 2013*. Available online at <http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2013/Gauge2013ChildrenCountDemography.pdf> [Accessed 3 June 2014].
- Hall, K., Nannan, N. and Sambu, W. 2013. Child health and nutrition. In Berry, L., Biersteker, L., Dawes, A., Lake, L. and Smith, C. (eds), *South African Child Gauge 2013*. Available online at <http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2013/SouthAfricanChildGauge2013.pdf> [Accessed 3 June 2014].
- Hayslip, B. and Smith, G. C. (eds) 2013. *Resilient Grandparent Caregivers: A Strengths-based Perspective*. Routledge, New York.
- Hlabyago, K. E. and Ogunbanjo, G. A. 2009. The experiences of family caregivers concerning their care of HIV/AIDS orphans. *South Africa Family Practice*, **51**, 6, 506–11.
- James, L. and Ferrante, C. 2013. Skip generations: a strength-based mentoring program for resilience grandparent caregivers. In Hayslip, B. and Smith, G. C. (eds), *Resilient Grandparent Caregivers: A Strengths-based Perspective*. Routledge, New York, 167–83.
- Johnson, K., Dada, S., Burnhams, N. H., Parry, C., Bhana, A., Timol, F., Fourie, D., Kitshoff, D., Nel, E. and Weinmann, R. 2014. *South African Community Epidemiology Network on Drug Use. Research Brief*. Available online at <http://www.mrc.ac.za/adarg/sacendu/sacenduBriefJune2014.pdf> [Accessed 19 January 2015].
- Kelley, S. J., Whitley, D. M. and Campos, P. E. 2012. African American caregiving grandmothers: results of an intervention to improve health indicators and health promotion behaviors. *Journal of Family Nursing*, **19**, 1, 53–73.
- Kuo, C. and Operario, D. 2011. Health of adults caring for orphaned children in an HIV-endemic community in South Africa. *AIDS Care*, **23**, 9, 1128–35.
- Leipold, B. and Greve, W. 2009. Resilience: a conceptual bridge between coping and development. *European Psychologist*, **14**, 1, 40–50.
- Lincoln, Y. S. and Guba, E. G. 1985. *Naturalistic Inquiry*. Sage, New York.
- Luthar, S. S., Cicchetti, D. and Becker, B. 2000. The construct of resilience: a critical evaluation and guidelines for future work. *Child Development*, **71**, 3, 543–62.

- Madhavan, S. 2004. Fosterage patterns in the age of AIDS: continuity and change. *Social Science and Medicine*, **58**, 7, 1443–54.
- Masten, A. 2001. Ordinary magic: resilience processes in development. *American Psychologist*, **56**, 3, 227–38.
- May, J. 2003. *Chronic Poverty and Older People in South Africa*. Working Paper 25. Available online at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1754421 [Accessed 8 June 2014].
- Meintjes, H. and Hall, K. 2013. Demography of South Africa's children. In Berry, L., Biersteker, L., Dawes, A., Lake, L. and Smith, C. (eds), *South African Child Gauge 2013*. Available online at <http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2013/Gauge2013ChildrenCountDemography.pdf> [Accessed 6 June 2014].
- Mhaka-Mutepfa, M., Cumming, R. and Mpofu, E. 2014. Grandparents fostering orphans: influences of protective factors on their health and well-being. *Health Care for Women International*, **35**, 7–9, 1022–39.
- Muliira, R. S. and Muliira, J. K. 2011. Health-promoting practices and the factors associated with self-reported poor health in caregivers of children orphaned by AIDS in Southwest Uganda. *African Journal of AIDS Research*, **10**, 4, 479–86.
- Musil, C. M., Jeanblanc, A. B., Burant, C. J. and Zausniewski, J. A. 2013. Longitudinal analysis of resourcefulness, family strain, and depressive symptoms in grandmother caregivers. *Nursing Outlook*, **61**, 4, 225–34.
- Neely-Barnes, S. L., Graff, J. C. and Washington, G. 2010. The health-related quality of life of custodial grandparents. *Health and Social Work*, **35**, 2, 87–97.
- Nelson Mandela Foundation 2005. *South African National HIV Prevalence, HIV Incidence, Behaviour, and Communication Survey, 2005*. Available online at <http://www.wsu.ac.za/hsrc/html/2152-9.pdf> [Accessed 27 June 2014].
- Numbeo 2014. *Cost of Living in South Africa: Prices in South Africa*. Available online at http://www.numbeo.com/cost-of-living/country_result.jsp?country=South+Africa [Accessed 18 June 2014].
- Nyasani, E., Sterberg, E. and Smith, H. 2009. Fostering children affected by AIDS in Richards Bay, South Africa: a qualitative study of grandparents' experiences. *African Journal of AIDS Research*, **8**, 2, 181–92.
- Patton, M. 2002. *Qualitative Research and Evaluation Methods*. Third edition, Sage, Thousand Oaks, California.
- Rutter, M. 1987. Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, **57**, 3, 316–31.
- Schatz, E. and Ogunmefun, C. 2007. Caring and contributing: the role of older women in rural South African multigenerational households in the HIV/AIDS era. *World Development*, **35**, 8, 1390–403.
- Settles, B. H., Zhao, J., Mancini, K. D., Rich, A., Pierre, S. and Oduor, A. 2009. Grandparents caring for their grandchildren: emerging roles and exchanges in global perspectives. *Journal of Comparative Family Studies*, **40**, 5, 827–48.
- Smith, G. C. and Dolbin-MacNab, M. L. 2013. The role of negative and positive caregiving appraisals in key outcomes for custodial grandmothers and grandchildren. In Hayslip, B. and Smith, G. C. (eds), *Resilient Grandparent Caregivers: A Strengths-based Perspective*. Routledge, New York, 3–24.
- South African Human Rights Commission 2011. *South Africa's Children: A Review of Equity and Child Rights*. Available online at www.unicef.org/southafrica/SAF_resources_factschildrens11.pdf [Accessed 3 June 2014].
- Strauss, A. and Corbin, J. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Sage, Thousand Oaks, California.

- UNAIDS 2013. *UNAIDS Report on the Global AIDS Epidemic – 2013*. Available online at http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/unaids_global_report_2013_en.pdf [Accessed 4 June 2014].
- UNICEF 2013. *South Africa Statistics*. Available online at http://www.unicef.org/infobycountry/southafrica_statistics.html [Accessed 4 June 2014].
- Waldrop, D. P. and Weber, J. A. 2001. From grandparent to caregiver: the stress and satisfaction of raising grandchildren. *Families in Society*, **82**, 5, 461–72.
- Walsh, F. 2003. Family resilience: a framework for clinical practice. *Family Process*, **41**, 1, 1–18.
- Walsh, F. 2012. Family resilience: strengths forged through adversity. In Walsh, F. (ed.), *Normal Family Process*. Fourth edition, Guilford, New York.
- Zausniewski, J., Musil, C. M. and Au, T. 2013. Resourcefulness training for grandmothers: feasibility and acceptability of two methods. *Issues in Mental Health Nursing*, **34**, 6, 435–41.

Accepted 29 July 2015; first published online 21 September 2015

Address for correspondence:

Megan Dolbin-MacNab,
Virginia Tech – Human Development,
Family Therapy Center of Virginia Tech (0515),
840 University City Blvd, Suite 1,
Blacksburg, VA 24060, USA

E-mail: mdolbinm@vt.edu