

CAREGIVING AND CHRONIC ILLNESS AMONG GRANDMOTHER CAREGIVERS IN KWAZULU-NATAL, SOUTH AFRICA

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During 2016, there were a total of 110,000 AIDS-related deaths in South Africa. Although South Africa has by far one of the most expansive antiretroviral treatment programs in the world, the prevalence of HIV/AIDS is the highest in the world with nearly a fifth of the country's adult population infected with the disease. Due to the nature of the epidemic and patterns of transmission among the population, there are 2.3 million children in South Africa who have lost one or more parents to AIDS or related morbidities. Much of the policy and academic discussions have focused on the social and economic burden of these vulnerable and orphaned children but there has been little attention to the adults, particularly grandmothers, who are forced to carry the weight of this social problem.

The HIV/AIDS crisis created a change in family structures in which grandparents have become the surrogate parents of their grandchildren who have lost a parent or more to AIDS. Older individuals are more likely to be affected rather than infected by HIV/AIDS compared to younger adults as they are often tasked with the burden of caring for their ill adult children and soon become the primary guardians of their orphaned grandchildren. Although KwaZulu-Natal accounts for the largest proportion of the elderly and orphan population, this crisis extends to other provinces such as neighboring Mpumalanga in which one in three older adults are grandparent caregivers. Furthermore, much of this undue burden is cast on women, a sizable proportion of households throughout the country are headed by elderly women between the ages of 70-79 years.

As a result, these women lose a substantial amount of security and support. They experience a double burden throughout their lives such as becoming carers while losing their own caregivers. In addition to the loss of physical support, the assurance of monetary provisions is

rescinded. Moreover, these grandmother caregivers are required to redirect their government pensions to provide for the offspring of their bereaved children. Moreover, the mental and physical toll associated with caregiving may result in accelerated deterioration. Lastly, the economic strain of HIV/AIDS places limitations on the number of resources available to these individuals such as monetary assistance and health services.

My dissertation, "The Synchronicity of Caregiving and Chronic Illness among Grandmother Caregivers," will qualitatively explore and explain the lived experiences of grandmother caregivers in KwaZulu-Natal. The objective of this dissertation to examine the obstacles that they face in their daily lives and the impact of these experiences on their health trajectories as aging and older women. I have begun the start of an eleven-month fieldwork stint in which I will be situated near the Ezingoleni District. I will be working with a multi-faceted HIV/AIDS organization which currently facilitates over 50 support groups with a membership of over

2000 grandmother caregivers. My data collection will incorporate ethnographic analysis rooted in constructivist grounded theory in which I will incorporate a macro and micro-level analysis to examine grandmother caregivers and the institutional and environment factors that shape their livelihoods. Prior to my departure, I had participated in the 2018 AFLI Domestic Intensive Summer Program in which I studied beginning Zulu. I presented some of my preliminary findings from the institutional ethnographic component of my project at the 2018 African Studies Association meeting in Atlanta, Georgia and will be conducting fieldwork in KwaZulu-Natal until August 2019.

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