Aging without a safety net?:
Generational reciprocity relationships and AIDS in rural South Africa

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Abstract
Using qualitative interviews, we explore the impact of the AIDS epidemic on generational reciprocity relationships, from the perspective of young and old rural South Africans. Typically in developing countries, adult children provide monetary support and care to aging parents reciprocating for care given while growing up. This relationship may be changing in South Africa due to high unemployment rates among working aged adults, as well as the 21.5% national HIV-prevalence rate among 15-49 year-olds, leading to elderly parents frequently subsidizing the livelihoods of and/or outliving their adult children. In this paper we compare the ways in which older and younger respondents discuss notions of financial, emotional, and physical generational reciprocity in households where a recent AIDS death occurred and those without. Understanding current expectations of the older parent-adult child relationship will assist in developing policies that respond to the needs of adults, the elderly and their households.

Background

Families live with HIV/AIDS, not just individuals. The impact of HIV is not isolated to those who died, but affects entire families—the results of which are intergenerational, ranging from grandparents to adults to children (Rotheram-Borus, Flannery, Rice, & Lester, 2005). Due to the disappearing middle generation, the elderly in South Africa, and in other high prevalence countries, are more commonly caring for their orphaned grandchildren (Booysen & Arntz, 2002). Some have suggested that there is a significant weakening of the extended family safety net, with a growing proportion of orphans being cared for by grandparents, rather than by aunts and uncles, who were traditionally the ones taking care of orphans (Foster, 2000). This transition has been termed 'crisis fostering,' where marginalized widows, grandmothers, or single women with limited or no social support from their husbands' kin or from male breadwinners are caring for orphans (Oleke, Blystad, and Rekdal, 2005). There is evidence that the safety net of extended family to care for HIV orphans in South Africa is fast becoming overwhelmed and reaching a saturation point (Townsend and Dawes, 2004).

In addition to the burdens that AIDS places on families, households in South Africa also must contend with very high rates of labor migration and unemployment. The social and political legacies of apartheid brought about families that were "stretched" or "dispersed" between rural and urban contexts (Murray 1981; Ross 1996). Under apartheid, the labor migration system forced black men to seek jobs in the mines and urban areas, which resulted in lengthy spousal separation, child fosterage, and other family configurations that negatively affected family members' welfare (Houghton 1960). While the demise of apartheid lifted all restrictions on movement and residence, the challenge of finding employment remains today. Migration continues to be a very important means of connecting to people, places and resources. Indeed, Posel (2007) argues that circular migration has actually increased in the post- apartheid era,

particularly for women. The absence of these adults from their households due to migration often leads older adults to provide for the children left in the rural areas (May 2003; Schatz 2007). Although this form of caregiving is not new (Madhavan 2004), the additional burden of productive adults' inability to find work means that older adults at times actually financially subsidize their adult children while they are unemployed or are looking for work (Ogunmefun & Schatz 2007).

South Africa is a special case among high HIV prevalent countries for other reasons. First, compared to many developing countries, South Africa has a fairly advanced and decentralized public health system. Second, women over the age of 60 and men over the age of 65 receive a non-contributory state pension, giving them the potential for a healthier lifestyle and better access to health care services, and more resources to assist kin infected and affected by HIV/AIDS. The pensions themselves may serve to shift some of the reciprocal intergenerational relationships, as older adults are, as, if not more, likely than their children to have a regular, although small (approximately equivalent to 100USD per month), monthly income through the pension. These funds are often pooled at the household level and used by all family members, rather than just the older adult who received the pension (Case & Deaton 1998; Duflo 2003; May 2003; Schatz & Ogunmefun 2007).

The focus of much media coverage and research is most often on the impact of AIDS on orphans and vulnerable children, but as the elderly take on burdens and responsibilities, we also need to explore their changing roles and expectations. The HIV/AIDS epidemic that is ravaging South Africa means that the elderly—particularly elderly women—are increasingly taking on burdens (financial, physical and emotional) related to care giving for sick adult children and fostered and orphaned children. The savings of older people are often wiped out by the costs of caring for sons and daughters who are suffering or have died of AIDS (Chipfupa, 2005). Many older people cannot work and instead of spending time cultivating crops, are consumed with caring for their sick children (Chipfupa, 2005). As unemployment, migration and AIDS take away the incomes and presence of productive adults from the household, older individuals may be losing the financial, physical and emotional care that they expected in their old age. The elderly often use their old age pensions to cope with the additional financial burden of supporting orphaned grandchildren (Booysen & Arntz, 2002), as well as migrating and unemployed adult children (Schatz & Ogunmefun 2007). Despite the pensions older adults receive, many rural and urban households live below the poverty line and struggle to make ends meet. This raises the questions of priorities within households, and the ways in which household members regard their responsibilities to one another. Are household elders' health care needs perceived as being as immediate as other needs in multi-generational households? Are older adults looking to the younger generation to assist them in their old age? What happens when the middle generation is no longer there to assist? Are younger individuals feeling they have a responsibility to care for their elders?

As in many African countries, in South Africa, children are expected to care for frail parents, although material resources may prevent them from doing so (Masamba, 1984; Oshomuvne, 1990). There is a pattern of life-long reciprocity, which includes financial, physical and emotional care. First parents are expected to provide these forms of care to their growing children. When their children reach working age, the expectation is that they in turn care for their aging parents. Reciprocity relationships are particularly important in developing countries where institutionalized social programs for elderly are weak or nonexistent. South Africa's pension program may not fully meet the needs of the elderly, with AIDS straining already scarce resources and creating demands to pool household incomes. Understanding current expectations

of the parent-child relationship will assist in developing policies that respond to the needs of young adults, the elderly and their households.

Households affected by AIDS were more likely than unaffected households to have more family members, lower monthly incomes and expenditures, and lower proportions of members in employment (Bachmann & Booysen, 2004). Affected households were also more severely affected by illness, which imposed a greater burden, and less likely to recover from an illness, than unaffected households (Bachmann & Booysen, 2004). One further reciprocity issue that AIDS raises is a perhaps a lesser feeling of obligation to care for the elderly among those for whom the elderly care: "The ties that connect orphan children to caregivers are not as strong as those that connect them to their birth parents, and may not support as much reciprocal obligation throughout later life" (Cross, 2001, p 145). The additional burdens that AIDS, migration and unemployment are placing on households may add to intergenerational tensions, or at least alter the expectations that younger and older household members have of one another.

The purpose of this paper is to explore parent-child reciprocity relationships in the current socioeconomic and health climate of rural South Africa, from the perspective of young and old rural South Africans. In this paper we define the generations largely by age: looking at the responses of those aged 50+, compared with those between the ages of 18-49. The relationship between the young and old may be changing in South Africa due to high unemployment and migration rates among working aged adults, as well as the 21.5% national HIV-prevalence rate among 15-49 year-olds, leading to elderly parents frequently financially subsidizing and/or outliving their adult children. We explore the ways in which older and younger respondents discuss notions of financial, emotional, and physical generational reciprocity by comparing households where an AIDS death has occurred and households where there has been no AIDS death in the recent past.

Methods

Qualitative interviews were conducted in the summer of 2007 in a rural location in South Africa with two household members, varying in age and gender, in 30 households. Two households had only one member, so only one individual was interviewed. The research team conducted semi-structured interviews with 58 men and women in all. The sample included 10 households, which had experienced an HIV/AIDS death in the prior 3 years; 10 households that had experienced a non-HIV/AIDS adult-death during that time and 10 that had experienced no deaths in the household during the three years.

The research focuses on gendered and generational roles, responsibilities and relationships in the households. The semi-structured interviews included discussions of division of labor, patterns of decision-making, intra-household tensions and cooperation, generational contributions to knowledge, and care giving strategies for the sick and surviving household members, especially orphans. The interviews lasted about 1-2 hours each. The research team trained local staff in the site in qualitative interviewing techniques, as well as the aims of the project. The interviews were conducted in the local language of the area by the local staff, recorded and fully transcribed and translated into English.

The analysis methods for this paper are loosely based on grounded theory (Strauss & Corbin 1990). The authors each read the interviews for themes, open-coded the transcripts using emerging words, phrases, and ideas. Together, the team used the open-codes to build a coding tree, which was used to code the remaining transcripts. Using Nvivo as a tool, we coded the interviews for themes related to expectations of care, generational tensions or cooperation, and

ideas about reciprocity of generational relationships. We then generated outputs of each code by the three strata of households to explore differences in the ways old and young in these different types of households expressed these ideas.

Expected Findings

The findings from the analysis will provide insight into the following issues:

1) What are the main concerns of the elderly in terms of household dynamics and generational relationships?
2) What are the main concerns of the younger generation in terms of household dynamics and generational relationships?
3) Do elderly in HIV affected household worry more about financial coping?
4) Do elderly in HIV affected households report having greater financial responsibilities to the household?
5) Do elderly in HIV affected households have greater decision-making power?
6) Do younger household members report having more responsibilities to supporting households (financially and/or through contributing household labor) than those in unaffected households?
7) Are household activities less gendered in HIV affected households?
8) Do elderly in HIV affected households state more health related problems?
9) Do members of HIV affected households state more financial worries?

The value of these findings can be seen in numerous ways. First, it contributes to the growing body of literature on the role of the elderly in Africa. Second, it enables us to assess the additional impact of HIV mortality from that of unemployment and other stressors. Third, it allows us to ascertain how unique HIV really is amongst the numerous challenges that families in rural South Africa face. Fourth, it offers needed guidance in the design of appropriate intervention efforts that do not undermine existing social support systems. Finally, it moves us forward in differentiating various levels of vulnerability for individuals and households. The need to appreciate and respond to diversity even within HIV affected families cannot be emphasized enough. These analyses move us in this direction.

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