



The Necessity for a Needs Assessments towards Meeting the Needs of Grandparents Caring for Grandchildren Orphaned by Aids

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Abstract: This study addressed the problem posed by the HIV and AIDS epidemic with regards to its impact on elderly grandparents caring for grandchildren orphaned by AIDS. As a result of having to care for their AIDS-orphaned grandchildren, elderly grandparents face challenges, such as financial constraints, health problems, social isolation, and mired intergenerational relationships. This study therefore aimed at engaging stakeholders to collaborate towards coming up with intergenerational education based strategies to address the needs of grandparents caring for AIDS-orphaned grandchildren in the Kingdom of Eswatini. To achieve the aims of the study, I employed a qualitative design situated within a transformative philosophical paradigm utilising a participatory action research approach to inquiry. The intergenerational relationship theory, activity theory and the continuity theory were the theoretical frameworks that informed this study. Ten grandparents formed the action learning set and eight stakeholders participated in focus group discussions. Data generation was done over three cycles employing several action learning set meetings, drawing activities, narratives and storytelling as well as focus group discussions. The participatory action research process was inductively analysed and thematically interpreted. Findings suggest that grandparents taking care of AIDS-orphaned grandchildren have needs that compromise their well-being. Nonetheless, if stakeholders effectively collaborate to come up with intergenerational programmes that address these needs, grandparents in the Kingdom of Eswatini could keep active and continue to play a parental role even at late life. Basing on the findings of the study, I then developed an intergenerational education model that could be employed for sustainable grandparenting in intergenerational households. The model could also be adapted to other contexts to improve support for elderly grandparents who are the primary caregivers of their grandchildren.

Keywords: Collaborative construction, educational model, intergenerational, grandparents, grandchildren, orphaned

1. INTRODUCTION

The focus of this study was to examine the problems faced by elderly grandparents who have to care for their AIDS-orphaned grandchildren, and how an intergenerational relationships education model may be used to mitigate them. The study aim was to investigate how these grandparents can be supported within the contexts of education theory to cope with an intergenerational relationship with grandchildren, despite their advanced age, that make the task burdensome (McLeod, 2018). In fact, teaching and learning of the non-formal and informal education type should have been part of the mosaic of intervention strategies that Kaplan and Perez-Porter (2014) harped upon in their own analysis.

According to Erik Erikson's theory of psychosocial development, individuals at 65 years and above slowdown in productivity and might even prefer to explore life as retired senior citizens, rather than be involved in caring for grandchildren. However, Erik Erikson also contends that if these elderly people consider themselves to be unproductive, they might feel guilty about their past, and guilt leads to despair and depression (McLeod, 2018). This implies that the task faced by grandparents of looking after their AIDS-orphaned grandchildren might, in fact, be beneficial despite the former's advanced age. Thus, by being involved in an intergenerational relationship with their AIDS-orphaned grandchildren, elderly grandparents might find a new meaning for life and enjoy active engagement in the task.

Globally, the number of people living with HIV is estimated to be around 36.9 million, and

940,000 people die because of AIDS-related illnesses (UNAIDS, 2018). In Eastern and Southern Africa there are 19.6 million adults and children living with HIV. In the same regions, there are 800,000 new HIV infections in both children and adults. There are 380,000 AIDS-related deaths per annum (UNAIDS, 2018). In the Kingdom of Eswatini, there are 210,000 people living with HIV and 3,500 AIDS-related deaths per year (Avert, 2018).

Since the first HIV case was reported in the Kingdom of Eswatini in 1986, the disease has had a devastating impact on the Eswatini population, as it had on other sub-Saharan African countries. A study conducted by UNICEF (2018) reveals that grandparents in sub-Saharan Africa were the most affected group in the population, as they were left to look after grandchildren who had lost both parents to AIDS. In this context, Huber et al. (2008) define grandparents as those aged 60 and above who experience challenges such as poverty, little education, health problems, unstable families, mental-related illnesses and an absence of social support. Yet, despite these challenges, grandparents are expected to look after AIDS-orphaned grandchildren who are estimated, globally, to be 17 million in number. About 90% of these children live in sub-Saharan Africa (UNAIDS, 2018). In the Kingdom of Eswatini alone, 56,000 children aged between 0 and 17 were orphaned because of AIDS, according to a 2015 report (Wanjiku, 2015). In addition, a survey undertaken by UNAIDS (2018) reported that there was an increase in the number of AIDS-orphaned grandchildren aged between 0 and 17. UNAIDS (2018) reported that there was an exponential increase in this figure between 1990 and 2009, and thereafter a slight decrease until 2016. According to UNAIDS (2018), AIDS related deaths dropped owing to access to antiretroviral medication. However, despite this decrease in the number of deaths, there is still a large number of AIDS-orphaned grandchildren who need to be looked after by their grandparents.

The prevalence of HIV and AIDS in African societies has also changed the status quo in family settings. The mortality rate has increased in the economically productive age group of those between the ages of 15 and 64, leaving the economically unproductive age group, including grandparents, to take care of grandchildren (Ministry of Sports, Culture, and Youth Affairs, 2015). Grandparents raising grandchildren encounter the challenges of limited financial support, coping with their own chronic illnesses and accessing educational resources (Baker & Silverstein, 2008; Carr et al., 2012; Yancura, 2013; Lee et al., 2015). The grandparents may also lack emotional, social and peer support (Hayslip & Goldberg-Glen, 2000; Lee et al., 2015; Segalo et al., 2016), experience disintegrated extended families (Sithole, 2009; Eagle, 2009), and face difficulties in relating to their grandchildren because of the large generation gap (Shakya et al., 2012; Lee et al., 2015; Ngwenyeni, 2016). Grandchildren today belong to

Generation Z, also known as post-millennials, whereas their grandparents belong to either the Baby Boomer generation, born between 1945 and 1964, or Generation X, born between 1965 and 1980 (Beall, 2017).

In this study, I focus on grandparents above 60 years. There is a large age difference between grandchildren and their grandparents. This problem can seriously affect the successful mitigation of the challenges already faced by grandparents, who, in old age, experience the physiological changes associated with growing old such as menopause, physical deterioration and reduced income (Mokone, 2006). Mokone (2006) argues that the generation gap is more profound between grandparents and grandchildren than between parents and children.

There is a vast difference in experiences and expectations regarding life by grandparents who are at a stage where they need to slow down from a physical and psychosocial perspective. Thus, grandparents cannot rely on past parenting experiences to enable them to raise their grandchildren. When they were parents, they were younger and possibly physically fit; there was less of a generation gap.

Despite all the above problems, elderly grandparents are still expected to care for their AIDS orphaned grandchildren when they might expect to have been taken care of by their own children. This view is supported by Smith and Segal (2018) who contend that it is natural for elderly grandparents to feel uncertain about bringing up grandchildren. They may feel burdened by having this responsibility that ought to be handled by their children. Thus, they need significant support if they are to cope with the intergenerational relationship challenges that they face as elderly

grandparents caring for AIDS-orphaned grandchildren. This support might even contribute to the well-being of these elderly grandparents if it leads to them perceiving the task as meaningful intergenerational engagement and activity that, according to the activity theory, leads to a sense of purpose in the final years of their lives.

Statement of the Problem

Elderly grandparents of AIDS orphans face stress, worry, and grief owing to additional responsibilities and fear of the unknown (Smith & Segal, 2018; Bennell, 2005). In addition, as their grandchildren are likely to suffer grief and stress owing to the loss of their parents who used to take care of them, these grandparents have to attend to the particular emotional needs of their AIDS-orphaned grandchildren. This is a challenging. Besides social and emotional support, grandparents probably need to provide financial security to their orphaned grandchildren, particularly with regard to health-care and education in line with emerging trends. Thus, grandparents might find themselves in a quandary as they are expected to provide these grandchildren with essentials, such as food, shelter, clothing, school fees and medical care task, and elderly grandparents of AIDS-orphaned grandchildren may even feel guilty because they perceive themselves as bad parents. In particular, anger and resentment may result from the fact that the elderly grandparents' peers, who are probably not looking after grandchildren, are enjoying life.

Objectives of the study

- To achieve the research aim, the study did the following:
- Engage grandparents in identifying the challenges they face in caring for grandchildren orphaned by AIDS.
- Engage grandparents and stakeholders in developing education-based strategies to help minimise the challenges.
- To translate the findings of the empirical study into an education model and guideline for improving intergenerational support or care given by grandparents to their AIDS orphaned grandchildren.

Research Questions

- What are the challenges faced by grandparents in caring for grandchildren orphaned by AIDS?
- How can grandparents and stakeholders be engaged in developing education-based strategies to minimise the challenges?

2. LITERATURE REVIEW

Theoretical Framework

Since the study sought to better understand and appreciate the intricacies of intergenerational relationships education which affect grandparents caring for grandchildren orphaned by AIDS, I adopted an intergenerational relationship theory based on a behaviour change model. The above combination was chosen due to the fact that the elderly grandparents caring for grandchildren orphaned by AIDS at Eswatini face stress, worry and grief owing to additional responsibilities and fear of the unknown (Smith & Segal, 2018). A behaviour change model based on education was deemed as essential to provide the framework for the approach in the development of health promotion programmes. The behaviour change model that was seen as ideal was the Whole Person Wellness Model that targets the six-wellness dimensions (physical, emotional, spiritual, intellectual, occupational and social). The implication is that improved wellness enhances the overall functional fitness of grandparents caring for grandchildren orphaned by AIDS.

Related Literature

Challenges Faced by Grandparents in Raising Grandchildren Orphaned as a result of aids-related deaths

The impact of HIV and AIDS has placed an insurmountable burden on the extended family systems, hence, disrupting family patterns. As parents die due to AIDS-related illnesses, a majority of orphans (90%) are cared for by their extended family, especially grandparents (Kidman & Thurman, 2014; Monasch&Boerma, 2004). According to a study conducted by UNICEF (2018), grandparents in sub-Saharan Africa were the most hard-hit group in the population, as they were left to be the primary

caregivers at their advanced age, to their grandchildren who had lost both parents to AIDS. Grandparents, in many sub-Saharan African countries, are defined as those aged ≥ 60 and are characterised by the prevalence of poverty, little or no education, health problems, unstable families, mental-related illnesses and absence of social support (Huber et al., 2015). In the following paragraphs, I elaborate on the challenges.

Grandparents Being Parents Again

The escalating numbers of HIV/AIDS orphans place a burden on grandparents who would traditionally be cared for at this time in their life, rather than take responsibility for the care of others. In many sub-Saharan African settings, grandparents have traditionally been the first choice foster parents (Littrell et al., 2012). In the context of the burden of loss of income, grandparenting, for these elderly caregivers, may be incapacitated, to provide fully for orphaned grandchildren's basic needs, and that caretaker's responsibilities can thus be detrimental to the grandparents' health and well-being (Nyambedha et al., 2007; Ssengonzi, 2007; WHO, 2002). According to the Guardian (2010) grandparents in Eswatini have assumed the role of parents to their grandchildren in spite of the frail state and physical challenges they face as a result of age and not having an income.

According to a study conducted by Kidman and Thurman (2014), caring for these grandchildren is not one-dimensional; it involves a lot of facets which include paying attention to their medical, financial and emotional needs.

A study conducted by Parker and Short (2009) also showed that the grandparents encounter the financial difficulty of paying for treatment of their ill children, funerals and also the loss of income support once their children succumb to the disease. However, the financial and emotional stress culminating from the loss of a child, as if that is not enough, is further exacerbated by the emotional impact their grandchildren face from losing their parents.

In this study, the grandparents caring for grandchildren orphaned by AIDS and I discussed the challenges they face. I also got them to share their lived experiences. Neglecting the needs of the grandparents adversely affects their abilities as caregivers, and they contemplate, and are uneasy about, the future of their grandchildren should they themselves pass on as well (Guardian, 2010). The Guardian (2010) further asserts that national responses in Eswatini mainly target the grandchildren and little is done to meet the needs of the grandparents. This is especially true regarding grief counselling, safe and adequate housing, economic security, and support in raising grief-stricken grandchildren, breaking stigmatisation, and safety from gender-based violence.

In this study, the grandparents caring for grandchildren orphaned by AIDS and I had discussions focusing on how best to mitigate the challenges such as parenting and difficulties they encounter as caregivers daily. Previous studies explored the challenges faced by grandparents as caregivers of their grandchildren orphaned by AIDS and also on intervention strategies to help meet the needs of the grandparents without making them active participants in the research. The strength of my research lies in the fact that it focuses on including the grandparents in this study.

Socio-economic Factors

According to Mohale (2013), HIV and AIDS have shown the ability to distort the social and economic structure of society due to its potential to affect adults at their prime working age. This poses a burden to the grandparents of the grandchildren orphaned by AIDS as they have to provide financial support for their ill children when they lose income, as well as the orphaned grandchildren when their parents succumb to the disease. Kidman and Thurman (2014) concur with the findings by Mohale (2013) in that grandparents caring for grandchildren who have lost parents as a result of AIDS-related illnesses also experience economic impacts, including heightened poverty and greater food insecurity.

Similar studies carried out by Lia et al. (2015) and Sithole (2009) on psychological resilience among children affected by parental HIV and AIDS revealed that HIV and AIDS brought severe and long-term financial strains. These strains include loss of income, increased health care expenses and disruption of savings. Lia et al. (2015) further posits that these may indirectly affect children's living conditions and quality care, especially for the grandchildren and this could aggravate physical and emotional stress on the grandparents, as they have to scrape the bottom of the barrel in order to meet

the grandchildren's needs. Many grandchildren are subject to food insecurity, lack of necessary medical care, child-headed households, child labour, school drop-outs, sexual exploitation and inadequate care were often reported in subSaharan Africa (Cluver et al., 2012). Grandchildren orphaned by AIDS in Eswatini are also hard hit by these factors which increase stress on the grandparents caring for them. This leads to the grandparents selling their acquisitions to provide financial support to their grandchildren.

However, it is also worth noting that these grandchildren have special needs that increase the burden on the grandparents (Cluver& Gardener, 2007; Cluver&Orkin, 2009; Govender et al., 2011; Kidman & Thurman, 2014). These special needs include a high probability of them being HIV positive, experiencing grief, experiencing AIDS-related stigma, having emotional stress and behavioural problems. However, the grandparents have no formal training on how to handle these additional challenges in taking care of their grandchildren orphaned by AIDS and they receive limited external support (Kidman & Thurman, 2014; Van Durme et al., 2012). In this study the grandparents and discussed ways to best handle or overcome these social, psychosocial and economic factors.

A study conducted by Safman (2004) in Thailand concurs with the above findings as it showed that grandparents caring for AIDS-orphaned grandchildren encountered economic burdens. These burdens exacerbate the issue of poverty if their grandchildren do not receive a formal education, coupled with emotional stress because there is a scarcity of solutions.

According to Mohale (2013), stigmatisation is another factor that may exacerbate the challenges faced by grandparents caring for their grandchildren orphaned by AIDS. Mohale (2013) believes that some grandparents cope with the effects of stigma by not disclosing the cause of death of their children and keep it discreet. This is likely to disadvantage them from getting financial support. Lesar et al. (1995) posit that stigmatisation and secrecy are not the only factors; grandparents may also encounter problems of their orphaned grandchildren being HIV infected, resulting in special health and mental needs which further compounds the situation.

The socio-economic factors faced by grandparents caring for grandchildren orphaned by AIDS place them in a potentially vulnerable situation because HIV and AIDS rob them of their main source of economic support. Mohale (2013) adds that grandparents who had anticipated getting financial assistance from their children find themselves now struggling to provide care and support for their grandchildren orphaned by AIDS. This compels the grandparents to practice small-scale farming and trading to sell their produce for income as well as selling fruits and vegetables at market places.

The socio-economic factors as discussed are based on research carried out on the grandparents caring for grandchildren orphaned by AIDS. This study differs from the preceding studies in that I did not only conduct research on the grandparents, but they had also a resounding voice in the study. The contributions made by the grandparents were used to design an intergenerational relationship education model to address the socioeconomic needs of grandparents caring for grandchildren orphaned by AIDS.

Lack of Social Support

In an African context, social support refers to support groups, respite care, access to services such as health care, education and spirituality, that grandparents caring for grandchildren orphaned by AIDS could access. According to Hayslip and Shore (2000), grandparents, especially grandmothers, caring for grandchildren who sought out formal aid from professionals showed lower psychosocial adjustment problems compared to those who did not. As social support, extended families help grandparents by providing instrumental forms of care such as emotional support, behavioural management of grandchildren and the entire role satisfaction (Mohale, 2013). Mohale (2013) further alluded that formal social support programmes include pensions, unemployment benefits, housing benefits, self-help groups, home-based care groups, and social security benefits.

However, grandparents do not only need formal social support, but informal social support is necessary too. A study carried out by Philips et al. (2008) in Hong Kong revealed that informal social support such, as the size of social effects, residential place of the grandparent (urban or rural), and type of housing (public or private) were found to be more important predictors of psychological well-being. The results showed that grandparents who are contacted more by other extended family

members, living in rural or old urban areas and dwelling in public houses, received more social support. Low social support to the grandparents caring for their grandchildren orphaned by AIDS can affect their psychological well-being as well as their health (Mohale, 2013; Philips et al., 2008). However, this study seeks to find out from the grandparents caring for their grandchildren orphaned by AIDS the kind of social support they need during parenting. The recommendations from the grandparents will be used to design an intergenerational relationship education model to address the psychological needs of grandparents caring for grandchildren orphaned by AIDS.

Disciplinary Problems

A study conducted by Mohale (2013) showed that grandparents especially grandmothers faced disciplinary problems with their grandchildren. As a result of the intergenerational gap between grandparents and grandchildren, conflicts were common (Nyasani et al., 2009). The study by Nyasani et al. (2009) also revealed that the common disciplinary problems for the grandchildren included peer pressure, lack of interest in school, the wastefulness of the available meagre financial resources, early initiation into sexual activity, poor academic performance, reluctance to receive any psychological intervention, and teenage pregnancy. The main worry of most grandparents, including those in Eswatini, is that the grandchildren do not understand their situation and its causes, which exasperates them making the vicious cycle of poverty perennial and new HIV infections prevalent (Nyasani et al., 2009; Schatz & Gilbert, 2012).

On another note, the grandparents have raised their children using corporal punishment as a way of instilling discipline and this is no longer the status quo as they are now expected to use positive discipline to instil discipline in their grandchildren. The African Charter on the Rights and Welfare of the Child (United Nations, 1990) is strongly against the use of corporal punishment. It states clearly in its document, article 16 that: “Children should be protected from torture, inhuman, or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse.”

In the same vein, the Kingdom of Eswatini enacted a Sexual Offences and Domestic Violence

Act in 2018 which aimed to protect people from domestic violence or sexual assault (Eswatini Government Gazette Extraordinary, 2018). This advocates for the use of positive discipline by all stakeholders, especially those taking care of children. This imposes a challenge on the grandparents as they lack information and essential experience on what positive discipline is and how best they can administer it as they raise their grandchildren.

In addition, the grandparents find it difficult and inappropriate to discuss issues of sexual and reproductive health issues such as sex and sexuality which leads their grandchildren soliciting conflicting information about sex and sexuality (Mohale, 2013). This further result in grandchildren making unwise and impulsive decisions and choices about sex and access to support services. However, most of the grandparents in Eswatini are not educated and this makes them place their focus more on providing for their grandchildren, rather than investing in quality education for their grandchildren which will ensure that their future is secured. This study explored various strategies which facilitated the grandparents with an opportunity to come up with viable methods in dealing with disciplinary problems.

3. RESEARCH METHODOLOGY

This study was rooted in qualitative research for three reasons. First, qualitative research is human centered (Willig, 2001) because it allowed the researcher to gather data and seek participants` opinions on findings about their experiences in understanding the needs of grandparents caring for grand children orphaned by AIDS. Second, both Patton (2002) and Silverman (2006) have indicated that in qualitative research, researchers could study participants` experiences in length, breath, depth and detail with greater openness since researchers are not constrained by predetermined categories of analysis. Third, qualitative research is a discovery – oriented approach in the natural environment (Thomas & Nelson, 2001). In the context of this study, qualitative research suffices because it enabled the researcher to make extensive interactions with the grandparents caring for grand children orphaned by aids. For the purpose of this study, the researcher perceived qualitative study as one that

sought to confirm existing theories using thick descriptions of interview data portraying what actually obtained in the selected cases based on the participants' lived experiences.

4. RESEARCH DESIGN

The study employs participatory action research (PAR) whose locus is to provide solutions that address the contextual challenges affecting society through involving the participants in crafting solutions that are responsive to the context (Kemmis et al., 2014). Participatory action research (PAR) is a genre of action research. Action research is generally considered to be a systematic way of generating and analysing data in order to bring in interventions for changing the status quo and generating practical knowledge (Kemmis et al., 2014).

I have particularly opted for this genre of action research because it ties in with the transformative paradigm, which is my chosen philosophical paradigm. My research has an agenda for social change which embodies the view of pooling knowledge in defining a problem as a way of mitigating the problem. It is underpinned by the ontological assumption that encompass action being value laden and a moral commitment. The researcher is viewed in relation to participants in their social contexts (Leavy, 2017). In PAR the researcher assumes the role of facilitator, guide, formulator and summariser of knowledge (Cohen et al., 2011) so that he/she collects data in non-threatening methods.

5. FINDINGS AND DISCUSSION

The dominant narrative that emerged from the grandparents was that of financial challenges. Limited finance is a key challenge facing elderly caregivers in Africa at large (Mhaka-Mutepfa et al., 2014) and Eswatini included. Data revealed that grandparents' financial challenges exist because of unemployment, no history of employment, and lack of financial support from remaining family members. At their age, the elderly are not able to engage in paid work and income generating activities and their only source of income are the meagre social grants they receive from the government which rarely meet their needs. Participants expressed disappointment at the amount they receive as social grants popularly known as, *imbashayabogogo* from the government meant for their upkeep. *Imbashayabogogo* literally means something so small that can fit into one hand. One of the participants remarked:

My son, we are starving. The grant we are getting is too little to meet most of our needs. It gets finished the first day we are paid. Our needs are just too many because of the large number of grandchildren I am raising. I wish the government can increase our social grants. [P3]

This demonstrates the fact that by design the social grant cannot sustain the livelihood of a family in its entirety. The government avails the grant with an understanding that it is a supplementary kind of assistance. For these vulnerable grandparents, the grant unfortunately adds no recognisable relief since they solely rely upon it for all their needs. This translates into a situation where intergenerational households regularly face shortage of basic needs such as food, secure shelter, medication, infrastructural development and educational needs for the grandchildren. The foregoing are physiological needs that require satisfactory gratification before higher order needs may be satisfied (Maslow, 1987; McLeod, 2020). In the following sections, I shed more light on the needs that the grandparents raised during the action learning set (ALS) meetings.

Grandparents caring for grandchildren who have lost parents because of AIDS-related illnesses experience heightened poverty and greater food insecurity (Mohale, 2013). Looking at the high cost of food, the social grant given to the elderly at Eswatini is too little to buy enough food for a month even for a small family. According to the World Bank Report (2020), the poverty datum line in Eswatini stands at US \$1.90 and the support structure provided for by the Eswatini Government is far below this line and food insecurity is negatively impacting intergenerational households. Some participants remarked:

Ladies and gentlemen, life is tough sometimes we survive on one meal per day because the situation will be calling for that. My grandchildren go to school on an empty stomach and with no money for break. My grandchildren are always sad because of this situation. [P9]

We are surviving because of my kind neighbours who always assist us with food parcels. If it wasn't [for] them, we could have [been] long gone. Sometimes I feel like committing suicide but because of my grandchildren, I soldier on. [P3]

*Siteimaliyekutsengakudlakanjalonemandlaekulimaasisenawongobesesikhulile*We don't have enough money to buy food and the energy to grow crops is no longer there. [P6]

Such a set-up results in grandparents getting frustrated and you would hear them use such words as *uneasy, harassed, stressful, hurt, and frustrated* when narrating their scenarios. Through the ALS members' participation in drawing, I observed that emotions that grandparents had earlier concealed surfaced. The drawing exercise provided an open space for the elderly to thwart their feelings on how lack of food was affecting them and how they were handling it.

6. CONCLUSION

It is very clear that grandparents taking care of AIDS-orphaned grandchildren were experiencing challenges regarding their financial, health and social support needs and current parental practices. Nonetheless, the aim of this study was not only to present an account of the grandparents' needs, but also to enable grandparents taking care of AIDS-orphaned grandchildren at Eswatini to improve their livelihoods through engaging different stakeholders to collaborate and come up with educational intergenerational programmes that would alleviate the plight of the grandparents.

RECOMMENDATIONS

For the payment of social grants, I recommend that it is increased to meet the poverty datum line and be paid monthly instead of after every three months.

NGOs work with the government to assist the grandparents and grandchildren to meet their different needs. In our focus group meetings, it emerged that there is no synchronisation by NGOs in terms of offering assistance to the grandparents and grandchildren. This leads to same type of assistance being offered by the NGOs. I therefore recommend that instead of them competing to offer assistance they must do needs assessments together and share the responsibilities afterwards.

It is a fact that there is a wide gap between the grandparents and their grandchildren. It is therefore important that an intergenerational relationship education programme be put in place to help bridge the gap between grandparents and their grandchildren. The two groups of people should be able to learn from each other. Workshops must be conducted to help these two generations to bridge their differences.

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