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Extended family childcare arrangements in a context of AIDS: collapse or adaptation?

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Families are subjected to a number of social, economic, political and demographic challenges. In recent years, the AIDS epidemic has constituted a major challenge for already poor families due to its wide reaching social, economic and health consequences. The devastating consequence of HIV and AIDS is being seen through the prolonged illness and death of family members of prime working age which impacts on family livelihoods and the ability to provide for and protect its members. This paper forms part of a review – commissioned by the Joint Learning Initiative on Children and HIV/AIDS – of qualitative studies of how families in southern Africa have changed, and are changing, as a result of the impact of HIV and AIDS. This paper presents results of how extended family childcare arrangements are changing as a result of the AIDS epidemic. In a southern African context, family denotes a wider array of relations than biological parents and their children – with children growing up amongst a multitude of relations sharing responsibility for their care and upbringing (Chirwa, 2002; Verhoef, 2005). Recently, there has been growing interest in the capacity of the extended family to care for the increasing number of children whose parents have died. However, literature on the role of the extended family in caring for orphaned children remains contradictory. One approach – the social rupture thesis (Chirwa, 2002) – suggests that the extended family network is collapsing under the strain of AIDS. On the other hand, families are portrayed as resilient and dynamic entities which are adapting their systems of childcare in response to the epidemic (Kuo, 2007). In line with Abebe and Aase (2007) and Adams, Cekan, and Sauerborn (1998), this paper proposes a continuum of survival rather than a polarisation of extended family childcare arrangements.

Keywords: extended family; childcare; rupture; dynamic; survival

Introduction

Families are subjected to a number of social, economic, political and demographic challenges. In recent years, the AIDS epidemic has constituted a major challenge for already poor families due to its wide reaching social, economic and health consequences. The devastating consequence of HIV and AIDS is being seen through the prolonged illness and death of family members of prime working age which impacts on family livelihoods and the ability to provide for and protect its members.

Despite the numerous challenges facing families, they remain an important social security system (Amoateng & Richter, 2003; Foster, 2000; Ntozi & Zirimenya, 1999). Faced with pressure from the effects of HIV and AIDS, families will not necessarily respond uniformly. Some will survive depending on varied factors, especially those relating to social capital and material endowment, while others will collapse.

This paper forms part of a review – commissioned by the Joint Learning Initiative on Children and HIV/AIDS (JLICA) – of qualitative studies of the impact of AIDS on families and households, how families and households were responding to the effects of HIV and AIDS, and of how families and households were adapting to the changes engendered by the epidemic (Mathambo & Gibbs, 2008). The purpose of the review was to provide pointers to action that would lead to actions to strengthen families facing pressure from the effects of the AIDS epidemic. This paper focuses on how extended family childcare arrangements in southern Africa have changed, and are changing, as a result of the impact of HIV and AIDS.

Conceptual framework

The paper starts from the premise that there is no universal family, and that family units are structured, organised and function differently across time and space (Segalen, 1986). However, family usually represents kinship, hierarchy, mutual ties and obligations, and security (Chirwa, 2002; Preston-Whyte, 1978).

In most societies, nuclear and extended family types tend to co-exist (Ntozi & Zirimenya, 1999; Segalen, 1986). Members of an extended family may

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belong to two or more nested nuclear units – within which they contribute to the day-to-day running of the households including sharing responsibility for childcare. Thus, they will enjoy some privileges and protection within these households. For example, they should be able to expect that their children will be cared for by other adult members in these nuclear households, should they not be in a position to do so themselves.

In most of sub-Saharan Africa, family depicts more than biological parents and their children. For example, a father's brothers or a mother's sisters would be classified as "senior" and "junior" fathers or as "senior" and "junior" mothers, depending on whether they are older or younger than a child's biological parents (Chirwa, 2002, p. 98). In such a context, children grow up amongst a multitude of relations who share in their upbringing and care – with responsibility for childcare ordinarily following the kinship hierarchy.

Chirwa's (2002, p. 99) characterisation of a southern African family (see Figure 1) clearly depicts how childcare would customarily be arranged in the event of a father's death. A deceased brother's classificatory brothers – his obvious brothers – are customarily obligated to take primary responsibility for the care and support of his children and wife (Oleke, Blystad, & Rekdal, 2005).

Methodology

Four approaches were used to search for documents for the review. Firstly, electronic databases and journals were searched using a combination of search terms. Keywords used in the search were: HIV, AIDS, family, household, impact, changes, responses, coping and coping strategies. Electronic databases searched were the following: African Journals Online, EBSCOHOST – Academic Search Complete, Family and Society Studies Worldwide and Sociological Abstracts.

Secondly, an extensive bibliographical database, maintained by the Child, Youth, Family and Social Development (CYFSD) research programme at the Human Sciences Research Council in South Africa, on orphaned and other vulnerable children, was searched. CYFSD maintains a bibliographical database which contains references relating to vulnerable children, HIV and AIDS, and families. This database was searched using keywords mentioned above.

Thirdly, reference lists of sourced articles were used as secondary sources of documents. Finally, authors of papers in the Strengthening Families Learning Group of the JLICA set up informal networks through which grey literature was sourced and shared.

The search yielded 1757 articles. We manually searched through to exclude articles that were not qualitative studies. Many studies were quantitative in their approach. Others were focused on individuals rather than households and families. In the end the review consisted of 88 documents.

Documents included in the review presented qualitative data – particularly anthropological, ethnographic and sociological accounts of how families were conceptualised, how a stress such as AIDS was impacting on families and how families were responding to AIDS. These documents were available in electronic or print format.

The final documents were sorted for analysis into the categories of: (1) social rupture; (2) families as dynamic entities; and (3) survival mechanisms. These

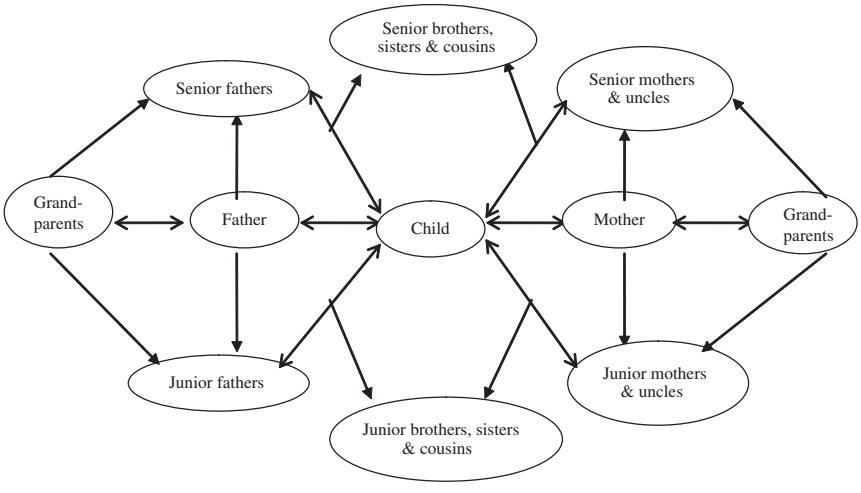

Figure 1. Characterisation of a southern African family (Chirwa, 2002, p. 99).

categories emerged from our reading of the documents and our use of Chirwa (2002) and Adams et al. (1998), alongside our own theoretical standpoint. Our theoretical standpoint was premised on an understanding that some families would be able to mitigate the strain of the AIDS epidemic – to varying degrees – while others would not be able to do so. Studies were then slotted into one of the three categories, which are presented below. While in many ways creating an artificial separation between these studies that does not necessarily exist, our approach was a synthesis of the theoretical conceptualisations of the family as they appeared in the documents.

Results and discussion

Social rupture

The social rupture thesis (Chirwa, 2002) suggests that the extended family cannot cope with the demands currently placed on it by childcare because of AIDS (Cross, 2001). The implication of the social rupture thesis is that the extended family is disintegrating under the additional strain of AIDS and that children's care – at a "satisfactory" level – is not assured.

Some qualitative research supports this analysis. In this model, children may find themselves excluded from relationships with kin and other family members and are forced to form their own households (Chirwa, 2002). One study from South Africa emphasised that there has been an increase in households formed by children only and also those headed by young adults because of the impact of HIV and AIDS (Mturi, Xaba, & Sekokotla, 2005). These studies focus on how the extended family is unable to absorb additional children and these orphaned children are cut out of family and social relationships. Foster and Williamson (2000) state that this is particularly the case for children from families with little regular contact with relatives who may find themselves abandoned if they are orphaned with the eldest sibling likely to take care of his/her younger siblings.

While the social rupture thesis may be quite dominant in explanations of change of extended family childcare arrangements, it misses the diversity of households, and the varied and nuanced nature of childcare and fostering arrangements (Abebe & Aase, 2007; Chirwa, 2002; Foster, 2000; Meintjes & Giese, 2006).

Furthermore, this understanding denies the dynamism of the family to evolve and proactively respond to the demands placed on it, and also the role that social relationships and processes play in children's lives and experiences (Chirwa, 2002). As other studies recognise, the extended family has always been changing and adapting to broader social and economic shifts; labour migration, the emergence of a cash economy, urbanisation, famine, war, political change and so forth (Foster, 2000; Madhavan, 2004; Nyamukapa & Gregson, 2005).

Families as dynamic entities

The second approach, families as dynamic entities, recognises that the family is a fluid set of relationships that is constantly evolving to meet the demands placed upon it and that in the majority of cases, social rupture is not actually apparent (Abebe & Aase, 2007; Chirwa, 2002). Rather families are, and have always been, restructuring and reshaping constantly in response to wider social and economic factors and the AIDS epidemic is just one of the many forces that is causing households and family caring arrangements to change.

For instance, Madhavan (2004) points out that in South Africa grandparents have always been important in the provision of childcare, because of the structure of *apartheid*. Migratory labour patterns saw parents living away from children and children cared for by grandparents or other kin as necessary. Grandparents, because of HIV and AIDS, once again have to resume primary caring for children, but this time it is often permanent rather than temporary, as the middle generation of parents has died. Other research in South Africa (Hosegood, Preston-Whyte, Busza, Moitse, & Timaeus, 2007) and in Thailand (Safman, 2004) also supports this view.

Similarly, Kuo (2007) drawing on her research in KwaZulu-Natal, South Africa, speaks of an expanding conception of family – to include both kin and kith – and a rearrangement of roles and responsibilities. As such, family and the notion of relatedness are being reconfigured to include a wider network of kin and social relations. In relation to childcare arrangements, Kuo's (2007) study identified that neighbours were increasingly looking after or taking in orphaned children. Chirwa (2002) put forward a similar point of view that rather than households and families rupturing under the burden of orphans and childcare, new innovative and alternative childcare strategies are emerging in response to the epidemic.

While the analysis of families as dynamic entities is an important counter to the social rupture thesis, identifying that households and families do respond, Abebe and Aase (2007, p. 2060) see this "polarised" view of childcare arrangements as limited as it downplays the differential impact of the epidemic on individual households and individual household

coping capacity. Thus, they distinguish between extended family capacity to provide materially for children (economic capacity), willingness to care and provide psychosocial support (emotional capacity) and capacity to equip children with socially and culturally appropriate skills (social capacity). Instead of clustering extended households as collapsing under the strain of the epidemic, it is critical to recognise that some households may be emotionally and socially capable to care for children while not able to meet the material needs of children.

In addition, Verhoef (2005) cautions against idealising or romanticising extended family networks. She calls for a reality check and for acknowledgement that some childcare arrangements may be far from their cultural ideal. As such, neither the social rupture thesis nor the families as dynamic entities approach to understanding childcare arrangements and changes in the context of HIV and AIDS is sufficient to capture the complexity of the situation.

Survival mechanisms

Rather than a polarised view of childcare arrangements, in line with Abebe and Aase (2007) and Adams et al. (1998), we propose a continuum of survival approach which ranges from failure to cope (i.e., household rupture) to successful coping (i.e., a capable household). Along this continuum, see Figure 2, a family would mobilise resources corresponding to the type and level of distress being experienced. One family would do better than others – depending on its resilience, access to resources, social capital and the intensity and duration of the crisis being faced (Adams et al., 1998). It is important to note that a family's fortune may change periodically, placing it at different points along a continuum at different points in time.

To use a survival approach to household and family responses to HIV and AIDS around childcare, requires a broader analysis of the mechanisms households and families draw on. There has been much emphasis on the multiple mechanisms that families use to mitigate the impact of the AIDS epidemic. These mechanisms are not necessarily peculiar to the epidemic, but may have been used previously to shoulder other types of adversity. These include

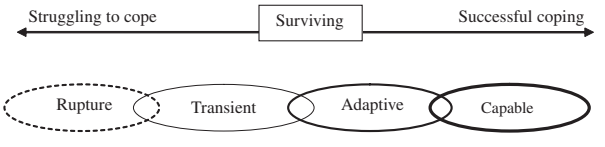

Figure 2. Continuum of household survival (adapted from Abebe & Aase, 2007).

inter-family transfers, customary practices such as widow inheritance and child migration (Baylies, 2002; Nyamukapa & Gregson, 2005; Young & Ansell, 2003). These mechanisms may well have changed and adapted in response to the AIDS epidemic, and to broader patterns of social change. We review the important mechanisms that were identified in the literature and relate them to household and family responses to HIV and AIDS, and childcare.

Transfers

In our review of the literature, transfers – ranging from cash and gifts to the provision of care – emerged as an important response to the AIDS epidemic. Household access to these is uneven – with better resourced and connected households having more than their poorer counterparts (Baylies, 2002; Hilhorst, van Liere, Ode, & de Koning, 2006). Furthermore, Grant and Palmiere (2003) found that transfers were generally short-lived – not lasting longer than six months – in urban Zimbabwe after an AIDS-related death. Within the extended family, strength or weakness of kinship ties can determine the type of support children could access after the death of their parents. As such, Baylies (2002, p. 622) portrays the extended family network as a "safety net with holes", because it offers differential protection – depending on an individual's status within the network.

Customary practices

When a husband has died, his kin decide which of his obvious brothers inherits his wife and children – to ensure continuity of the family line and guarantee children's welfare by their paternal kin. While the practice of widow inheritance is still common in eastern and southern Africa, a number of studies have noted a decline in this practice (Gwako, 1998; Ntozi & Zirimenya, 1999; Nyamukapa & Gregson, 2005; Oleke et al., 2005). This decline has partly been attributed to the disappearance of obvious brothers, who have left children in the care of their maternal kin rather than their paternal kin. In societies where property is inherited through the male line – as is the case in most of sub-Saharan Africa – children in the care of maternal kin grow up unsure about where they belong and what their rights are, particularly relating to claiming their property rights (Oleke et al., 2005).

Child migration

Another common survival mechanism is the re-configuration of households – with children being

sent to live in other households. In southern Africa, children have always purposively migrated between a fixed set of relatives within the extended family for a number of reasons (Ansell & Van Blerk, 2004; Foster, 2000; Goode, 1982; Goody, 1982; Kayongo-Male & Onyango, 1984; Madhavan, 2004). Children can be sent to "foster-parents" in order to strengthen relations or friendships, to facilitate access to better educational opportunities, to offer companionship to childless couples or grandparents, to offer additional labour when needed, to instill discipline in a difficult child and to reduce strain on limited household resources (Ansell & Van Blerk, 2004; Goody, 1982; Madhavan, 2004). Studies by Madhavan (2004) in South Africa and by Oleke, Blystad, Moland, Rekdal, and Heggenhougen (2006) in northern Uganda have documented a recent shift from purposive to crisis fostering.

While some crisis migrations may be successful, studies found that some children experienced difficulties within their receiving households. For example, they were removed from friendship circles offering them solace after parental death, they found it difficult to form new relationships, they were resented by poor households taking them in out a sense of obligation, they received less food, were allocated more household work and sent to different schools due to their lack of power within the new households (Abebe & Aase, 2007; Castro, Orozco, Aggleton, Eroza, & Hernandez, 1998; Oleke, Blystad, Fylkenes, & Tumwine, 2007; Van Blerk & Ansell, 2006; Young & Ansell, 2003).

When looking at survival mechanisms, it is necessary to remember households may be able to respond materially but not emotionally or vice versa to the demands of additional childcare. In addition, household capacity to respond can change with time and place. At any one time, a family could be adapting but not necessarily coping successfully. Baylies (2002) and Rugalema (2000) have, however, questioned the applicability of the concept of coping in resource-constrained settings.

Additionally, the survival continuum approach foregrounds the importance of the wider social and economic context in which households and families exist and struggle.

Conclusion and recommendations

Although evidence on the capacity of the extended family to fulfill its childcare responsibilities was found to be polarised, the extended family remains a critical safety net. This paper suggests that the extended family system be viewed realistically, given the dual epidemic of AIDS and poverty. Given the important role of poverty in shaping household and families capacities to respond effectively to new childcare arrangements, economic strengthening – through cash transfers – should be primary, as this will ease the financial burden of care and improve economic capacity to care.

While family environments and childcare arrangements are flexible and fluid, and capable of responding to challenges – this is unsuccessful at times. Rather than total collapse or rupture, it is evident that conceptions of family, relatedness and childcare responsibilities are innovatively being reconfigured to include a wider network of kin and social relations.

Children's living arrangements may be less than ideal in a context of AIDS and poverty. However, positive behaviours of support and solidarity – within families – should be acknowledged and encouraged, rather than only focusing on the negative. Instead of singularly focusing on the failings of the extended family system, it should be openly acknowledged that most children continue to be cared for by their extended kin – albeit by their maternal kin.

Child migration has usually been flagged as a customary African practice and as a viable survival strategy. In a context of AIDS, the real impact of child migration on individual children and the costs to receiving households – of taking in additional children – needs attention. Material, moral and practical support to families could be channeled through community initiatives, because they tend to have a better understanding of local realities than external agencies.

Only by conceptualising households and families as responding in multiple ways along a survival continuum, which is made up of capacity and ability to provide for children's material needs, willingness to provide care and support for children and their ability to equip children with social skills to cope with changes, can the complexity of household and family responses to HIV and AIDS be properly captured. Responses need to recognise these changes and work to support families and households where necessary.

References

Abebe, T., & Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine*, *64*, 2058–2069.

Adams, A., Cekan, J., & Sauerborn, R. (1998). Towards a conceptual framework of household coping: Reflections from rural West Africa. *Africa*, *68*(2), 263–283.

Amoateng, A.Y., & Richter, L. (2003). The state of families in South Africa. In J. Daniel, A. Habib, & R. Southall

(Eds.), *State of the nation: South Africa 2003–2004* (pp. 242–267). Cape Town, South Africa: HSRC Press.

Ansell, N., & Van Blerk, L. (2004). Children's migration as a household/family strategy: Coping with AIDS in Lesotho and Malawi. *Journal of Southern African Studies*, *30*(3), 673–690.

Baylies, C. (2002). The impact of AIDS in rural households in Africa: A shock like any other? *Development and Change*, *33*(4), 611–632.

Castro, E., Orozco, E., Aggleton, P., Eroza, E., & Hernandez, J. (1998). Family responses to HIV/AIDS in Mexico. *Social Science & Medicine*, *47*(10), 1473–1484.

Chirwa, W. (2002). Social exclusion and inclusion: Challenges to orphan care in Malawi. *Nordic Journal of African Studies*, *11*(1), 93–113.

Cross, C. (2001). "Sinking deeper down": HIV/AIDS as an economic shock to rural households. *Society in Transition, 32*(1): 133–147.

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health and Medicine*, *5*(1), 55–62.

Foster, G., & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on children in Sub-Saharan Africa. *AIDS*, *14*(Suppl. 3), S275–S284.

Goode, W.J. (1982). *The family*. Englewood Cliffs, NJ: Prentice-Hall.

Goody, E.N. (1982). *Parenthood and social reproduction: Fostering and occupational roles in western Africa*. Cambridge, UK: Cambridge University Press.

Grant, M., & Palmiere, A. (2003). When tea is a luxury: The economic impact of HIV/AIDS in Bulawayo, Zimbabwe. *African Studies*, *62*(2), 213–241.

Gwako, E.L.M. (1998). Widow inheritance among the Marigoli of Western Kenya. *Journal of Anthropological Research, 54*(2): 173–198.

Hillhorst, T., van Liere, M., Ode, A., & de Koning, K. (2006). Impact of AIDS on rural livelihoods in Benue State, Nigeria. *Journal of Social Aspects of HIV/AIDS, 3*(1): 382–393.

Hosegood, V., Preston-Whyte, E., Busza, J., Moitse, S., & Timaeus, I. (2007). Revealing the full extent of household's experiences of HIV and AIDS in rural South Africa. *Social Science & Medicine*, *65*, 1249–1259.

Kayongo-Male, D., & Onyango, P. (1984). *The sociology of the African family*. New York: Longman.

Kuo, C.C. (2007). *Dynamic 'families': Caring for children orphaned by AIDS in KwaZulu Natal, South Africa*. Thesis, Master of Philosophy in Development Studies, University of Oxford.

Madhavan, S. (2004). Fosterage patterns in the age of AIDS: Continuity and change. *Social Science & Medicine*, *58*, 1443–1454.

Mathambo, V., & Gibbs, A. (2008). *Qualitative accounts of family and households changes in response to the effects of HIV and AIDS: A review with pointers to action*. Joint Learning Initiative on Children and HIV/AIDS. Retrieved from www.jlica.org

Meintjes, H., & Giese, S. (2006). Spinning the epidemic: The making of mythologies of orphanhood in the context of AIDS. *Childhood*, *13*(3), 407–430.

Mturi, A.K., Xaba, T., & Sekokotla, D. (2005). *Assessment of circumstances facing contemporary families in South Africa*. Durban, South Africa: School of Development Studies, University of KwaZulu Natal.

Ntozi, J.M., & Zirimenya, S. (1999). Changes in household composition and family structure during the AIDS epidemic in Uganda. In J.C Caldwell, I.O. Orubuloye, & J.P.M. Ntozi (Eds.), *The continuing African AIDS epidemic* (pp. 193–209). Canberra, Australia: Health Transition Centre, Australian National University.

Nyamukapa, C., & Gregson, S. (2005). Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe. *Social Science & Medicine*, *60*(10), 2155–2167.

Oleke, C., Blystad, A., Fylkenes, K., & Tumwine, J. (2007). Constraints to education opportunities of orphans: A community-based study from northern Uganda. *AIDS Care*, *19*(3), 361–368.

Oleke, C., Blystad, A., Moland, K.M., Rekdal, O.B., & Heggenhougen, K. (2006). The varying vulnerability of African orphans: The case of the Langi, northern Uganda. *Childhood*, *13*(2), 267–284.

Oleke, C., Blystad, A., & Rekdal, O. (2005). 'When the obvious brother is not there': Political and cultural contexts of the orphan challenge in northern Uganda. *Social Science & Medicine*, *61*, 2628–2638.

Preston-Whyte, E. (1978). Families without marriage: A Zulu case study. In W. Argyle, & E. Preston-Whyte (Eds.), *Social system and tradition in Southern Africa* (pp. 55–83). Oxford: Oxford University Press.

Rugalema, G. (2000). Coping or struggling? A journey into the impact of HIV/AIDS in southern Africa. *Review of African Political Economy*, *27*(86), 537–545.

Safman, R. (2004). Assessing the impact of orphanhood on Thai children affected by AIDS and their caregivers. *AIDS Care*, *16*(1), 11–19.

Segalen, M. (1986). *Historical anthropology of the family*. Cambridge, UK: Cambridge University Press.

Van Blerk, L., & Ansell, N. (2006). Children's experiences of migration: Moving in the wake of AIDS in southern Africa. *Environment and Planning D: Society and Space*, *24*, 449–471.

Verhoef, H. (2005). A child has many mothers': Views of child fostering in northwestern Cameroon. *Childhood*, *12*(3), 369–390.

Young, L., & Ansell, N. (2003). Young AIDS migrants in Southern Africa: Policy implications for empowering children. *AIDS Care*, *15*(3), 337–345.