

Intergenerational Care and Human Development: Grandparent-Led Child-Rearing in Rural KwaZulu-Natal through a Life Sciences Education Lens

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This study explores the complex and often under-acknowledged role of grandparents, particularly grandmothers in raising grandchildren within rural KwaZulu-Natal, South Africa. Grounded in a transformative paradigm and framed through the lens of Indigenous Knowledge Systems (IKS), the research investigates how economic hardship, chronic illness, and cultural resilience intersect in grandparent-headed households. A concurrent triangulation mixed-methods design was employed, enabling simultaneous collection and analysis of both quantitative and qualitative data to strengthen reliability through corroboration and contextualisation. The quantitative component drew on secondary data from a nationally representative dataset, focusing on a sub-sample of 2,100 KwaZulu-Natal households where grandparents were primary caregivers. Key indicators such as caregiver age, income sources (e.g., old-age pensions, child grants), food insecurity, and children's school attendance were examined. Descriptive statistics and interpretive analyses revealed notable associations between caregiving intensity and structural vulnerabilities such as poverty, illness, and food insecurity. The qualitative strand offered deeper insight into the lived realities behind these numbers. In-depth, semi-structured interviews were conducted with 21 grandparent caregivers (19 grandmothers and 2 grandfathers), purposively selected from Ulundi, Eshowe, and Melmoth. Narratives revealed the emotional labour, cultural transmission, and moral responsibility embedded in caregiving roles. This thematic analysis was informed by a feminist ethics of care framework, which highlights the gendered nature of caregiving and foregrounds how grandmothers bear an unfair share of responsibilities, often unrecognised and unsupported by formal systems. Additionally, resilience theory provided a lens through which to interpret how these caregivers adapt to adversity, including poverty, chronic illness, and social isolation, while still maintaining nurturing and protective roles over their grandchildren. Findings demonstrate that grandmothers carry a heavier responsibility of caregiving responsibilities, often without adequate state support, yet remain central to sustaining household stability and preserving intergenerational identity. This study affirms the need for integrated, culturally grounded policy responses that formally recognise and support the essential role of grandparent caregivers in rural child-rearing systems. By amplifying Indigenous voices and practices within social care, the research contributes to broader discourses in life sciences education, child development, and post-apartheid policy reform.

Key words: Grandparent Caregiving, Kwazulu-Natal, Indigenous Knowledge Systems, Feminist Ethics Care, Intergenerational Care, Life Sciences Education, Chronic Illness, Policy Development

DOI : 10.5281/zenodo.17280499

Introduction

In many rural communities across South Africa, the extended family structure plays a central role in child-rearing practices. KwaZulu-Natal, known for its rich cultural heritage and high HIV/AIDS prevalence rates, has seen a dramatic increase in grandparent-headed households over the past two decades. These demographic changes have been driven by a confluence of socio-economic factors, including the migration of working-age adults to urban centres, the loss of middle-generation parents to chronic illness, and broader economic instability. As a result, grandparents, often elderly and economically disadvantaged, are stepping into primary caregiving roles, often without formal support from social or legal systems (Gumede et al., 2022; Stats SA, 2025).

Traditionally, grandparents in isiZulu communities have held respected roles as elders, mentors, and transmitters of Indigenous knowledge. Today, however, they face unrecognized caregiving responsibilities under stressful conditions. While their roles are critical, these grandparents often navigate systemic gaps in healthcare, education, and social protection. This study seeks to illuminate the lived realities of such caregivers, highlight the support systems they rely on, and evaluate the policy implications of grandparent-led caregiving in contemporary rural KwaZulu-Natal.

1.2 Problem Statement

Despite the increasing prevalence of grandparent-led households in rural KwaZulu-Natal, there remains a significant gap in the understanding and recognition of the multifaceted roles these caregivers play. Much of the available research tends to generalize caregiving experiences without delving into the cultural, gendered, and socio-economic nuances specific to Indigenous South African contexts. The challenges faced by grandparents, ranging from legal recognition to healthcare access, are compounded by a lack of targeted policies and scholarly attention. These limitations not only threaten the well-being of both caregivers and grandchildren but also risk the erosion of Indigenous knowledge systems passed down through intergenerational relationships.

In 2023, approximately 6.7 million grandparents were living with 9.7 million children aged 0–17. Of these grandparents, the majority, 69.3% were grandmothers. Additionally, around 3.4 million grandparents were identified as heads of households, living with nearly 8 million children in the same age group. Among these heads of households, 64.5% were grandmothers, while 35.4% were grandfathers, highlighting the significant caregiving role that grandmothers continue to play across generations (Maluleke, 2025).

In households led by grandparents, 56.4% of children who had their mothers present, whereas only 5.1% lived with their fathers. A small proportion (6.5%) lived with both parents, while 32.1% lived with neither. Provincially, KwaZulu-Natal recorded the highest proportions of children living with their fathers (34.3%), with their mothers (25.8%), and with neither parent (27.9%). In contrast, the Western Cape reported the highest percentage of children residing with both parents, at 27.0% (Maluleke, 2025).

1.3 Purpose of the Study

The primary purpose of this study is to explore the role of grandparents in raising their grandchildren in rural KwaZulu-Natal, focusing on their lived experiences, challenges, and cultural contributions. Specifically, the study aims to:

- Document the socio-economic, health, and legal realities faced by grandparent caregivers.
- Understand the cultural and pedagogical functions of grandparents in the context of Indigenous Knowledge Systems.
- Analyse the extent of state and community support available to these caregivers.
- Provide policy recommendations that are culturally sensitive and grounded in empirical data.

The study adopts a mixed-methods approach to offer both statistical insights and in-depth qualitative perspectives, ensuring a comprehensive understanding of the caregiving landscape.

1.4 Literature Review

The phenomenon of grandparent caregiving in South Africa is closely tied to the HIV/AIDS epidemic, socio-economic disparities, and traditional kinship systems. Studies by Jennings et al. (2021) and Xaba (2021) underscore the increasing caregiving roles undertaken by grandparents in the absence of parents, particularly in rural and peri-urban areas. These caregiving arrangements are often informal, leaving grandparents without legal guardianship or access to child-related social grants.

Indigenous Knowledge Systems (IKS) offer a vital lens through which to interpret the role of elders in caregiving. Gumede et al. (2022) emphasize that in isiZulu culture, caregiving is not merely a response to necessity but a culturally enshrined duty. Grandparents serve as moral compasses, spiritual guides, and preservers of linguistic and environmental knowledge. Yet, despite this cultural value, public policy rarely reflects the importance of these roles.

Furthermore, Rusere et al. (2025) highlight the health burdens faced by elderly caregivers, particularly in rural contexts where healthcare services are limited. Their research demonstrates the correlation between caregiving intensity and poor subjective health outcomes. This aligns with feminist ethics of care, which critique the invisibility and undervaluation of domestic and intergenerational labour performed by women.

Existing literature affirms the necessity for more inclusive and culturally aware approaches to caregiving support, particularly in legal and health policy domains. However, there remains a dearth of empirical studies that centre rural, Indigenous experiences in KwaZulu-Natal, a gap this study aims to address.

2. Theoretical Framework

The study draws upon two intersecting frameworks the Feminist ethics of care and resilience theories.

2.1 Feminist Ethics of Care

A feminist ethics lens highlights the gendered nature of caregiving. Grandmothers bear more than their fair part of responsibilities, often unacknowledged and unsupported by formal systems. Understanding care through this ethical perspective elevates its social value (Bourgault, 2025).

2.2 Resilience Theory

This theory provides a framework to interpret how grandparents adapt to structural limitations such as poverty, ill-health, and social isolation, while still maintaining nurturing and protective roles over their grandchildren (Rusere et al., 2025).

3. Methodology

3.1 Mixed Methods Design

This study employed a concurrent triangulation mixed-methods approach, which allows the researcher to collect and analyse both qualitative and quantitative data simultaneously. This design was chosen to ensure that the statistical patterns found in national datasets could be complemented by the contextual richness of lived experiences. The mixed-methods strategy strengthens the reliability and validity of the study through corroboration and contextualisation (Creswell & Plano Clark, 2021).

3.2 Quantitative Component

The quantitative strand of the study aimed to capture the scope and socio-economic patterns of grandparent-led households in rural KwaZulu-Natal. The analysis utilised secondary data from *Child Series Volume IV* by Statistics South Africa (2025), a nationally representative dataset. A sub-sample of 2,100 households from KwaZulu-Natal was extracted, focusing on configurations where grandparents were the primary caregivers. Key indicators included caregiver age, household composition, income source (e.g., old-age pension, child support grants), food security (measured by HFIAS indicators), health status (self-reported chronic illness), and children's school attendance. Descriptive statistics and cross-tabulations were used to assess prevalence and association patterns. Where appropriate, chi-square tests were applied to determine statistically significant relationships (e.g., between caregiving intensity and food insecurity).

The quantitative component helped establish the scale and demographic profile of grandparent caregiving, offering a view of structural vulnerabilities and systemic exclusions. The national representativeness of the data allows for broader generalisability of these patterns across KwaZulu-Natal, however at a small scale.

3.3 Qualitative Component

The qualitative strand of the study provided depth, emotional texture, and cultural insight into the caregiving experiences of grandparents.

3.3.1 Participants

A purposive sample of 21 grandparent caregivers (19 grandmothers and 2 grandfathers) was selected based on age (55+), custodial responsibility (primary caregivers), and rural residence. Participants were drawn from three culturally and geographically distinct rural communities: uLundi, Eshowe, and Melmoth.

3.3.2 Data Collection

Semi-structured interviews were conducted in isiZulu, guided by an open-ended interview schedule. Questions probed areas such as caregiving motivation, intergenerational relationships, traditional knowledge transfer, health challenges, access to services, and emotional wellbeing.

Quantitative Component

The quantitative data utilised in this study were drawn from secondary sources, specifically the *Child Series Volume IV* (Statistics South Africa, 2025) by Maluleke. This nationally representative dataset was accessed through the Statistics South Africa data repository, with relevant ethical clearance and data-use permissions in place.

For this study, a focused sub-sample of 2,100 households was extracted, representing rural households in KwaZulu-Natal where grandparents were identified as the primary caregivers. The sub-sample was stratified by district and household type to maintain regional diversity and to ensure statistical representativeness. Data were filtered using key variables such as caregiver age (55 years and older), relationship to child, income sources, health status, and school attendance of children under their care. Data descriptive and inferential analyses was done. Data integrity and consistency checks were carried out to ensure reliability. The use of existing national datasets provided both scope and rigour, capturing broad socio-economic patterns with policy relevance.

3.3.3 Data Collection: Qualitative Component

The qualitative data collection was deeply rooted in community engagement, cultural sensitivity, and ethical care, especially given the generational and emotional weight of the subject matter.



Semi-structured interviews were conducted face-to-face in isiZulu, the participants' home language, to honour linguistic integrity and enable richer narrative expression. Interviews took place in familiar and comfortable community settings, such as local community halls, churches, or participants' homes, depending on individual preference and accessibility.

Each interview lasted between 20 and 40 minutes. In line with ethical research practice, verbal and written consent was obtained, and participants were assured of anonymity, confidentiality, and the voluntary nature of their participation.

The interview guide was thematically designed, with open-ended questions exploring themes such as:

- a. Motivations and circumstances of caregiving
- b. Intergenerational relationships and conflicts
- c. Cultural responsibilities and transfer of traditional knowledge
- d. Emotional and physical health impacts
- e. Navigation of state services (e.g., clinics, social grants, schools)

Interviews were transcribed and translated from isiZulu to English by the researcher with care taken to preserve cultural meaning. Reflexive notes were also kept capturing non-verbal cues, silences, and emotional undertones that enriched the interpretation of the narratives. The rhythm of caregiving in rural KwaZulu-Natal is not only heard in footsteps moving between home and clinic, or hands preparing porridge at dawn, it moves through the quiet resilience of grandmothers whose lives have become both sanctuary and school for their grandchildren.

I entered these communities not as a distant observer, but with ears tuned to the wisdom of the elders, heart aware of the emotional gravity embedded in every shared story. From the first "Sawubona" to the final "Hamba kahle," the data collection was rooted in cultural respect and ethical humility. I met these grandparents in homes where plastic chairs creaked under the weight of truth, and in churches where whispered prayers accompanied the telling of hard memories.

Theme 1: Cultural Authority as Pedagogical Stewardship

"Ngiyinsika yomuzi." Meaning, *I am the pillar of the home.*

One could not miss the authority carried in the voices of these elders. They were not loud or demanding, but firm and full, like a tree that has stood for decades and still provides shade. These grandparents were not simply *raising children*; they were actively shaping future citizens, transmitting ancestral memory, ecological knowledge, and moral vision. Proverbs like *"Izandla ziyagezana"* (hands wash each other), flowed like rivers through conversations as daily curriculum.



Children learned more than chores. They learned *who they are*. One grandmother traced clan history over a fire while another described medicinal plants she gathered with her grandchild, adding, “*Uma ingane ikhula ngaphandle kothisha bomndeni, ilahlekelwa yisisekelo sayo.*” Their caregiving was teaching, and their homes rivers, fields and mountains were classrooms without chalkboards, yet deeply instructive.

Theme 2: Economic Vulnerability of Caregiving Elders

“*Bathi uma uthatha ipesheni, usucebile. Kodwa amaphakethe awanalutho.*” They say you are rich once you get a pension, but your pockets are still empty.



Financial strain echoed in every household I entered. The pension was stretched to its limits, divided among groceries, school shoes, transport fare, and the hidden costs of caring their grandchildren. Grandparents spoke not of complaints, but of *sacrifice reimagined as duty*. Inaccessible child grants, bureaucratic hurdles, and informal caregiving arrangements meant many received no supplementary support. One gogo shared how she skipped her own clinic appointments to escort her grandchild to school. Another rationed food so that the younger ones could eat. Their bodies bore the brunt; their spirits bore the silence. This was not just caregiving. It was economic devotion, unpaid and unrecognised, wrapped in layers of emotional fatigue.

Theme 3: Caregiver Health Sacrifice and Physical Burden

“*I come last.*”

This refrain haunted me. It came not with bitterness, but with weary clarity.



Caregivers carried more than just groceries and toddlers, they carried chronic illnesses, delayed check-ups, and untreated pain. Their own bodies, already weathered by time, became both *the tool and the cost of care*. One elderly woman, her hands swollen with arthritis, said simply, “*Ngiyayeka ukuya eklinikhi ukuze ngihambise izingane esikoleni.*” The sacrifice was embodied, inscribed in muscle and bone. Invisible health labour remained invisible. No health worker asked if the grandmother was coping. No system monitored the caregiver’s fatigue. Yet, without her, the child’s survival would falter. She stood in the gap, *unseen but indispensable*.

Theme 4: Psychological Meaning and Spiritual Anchoring

“Abazukulu ngabathunywa bakaNkulunkulu.” Grandchildren are messengers from God.



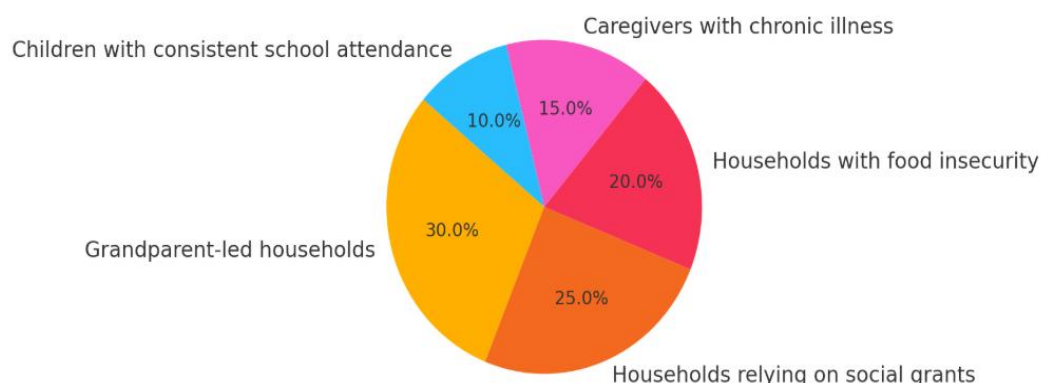
Amidst the strain, I encountered grace. For many participants, caregiving was not an unfortunate obligation, but a sacred calling. They spoke of prayer not only as practice, but as psychological medicine. Faith was not merely held in Sunday rituals, it was sewn into daily life: a whispered hymn while preparing breakfast, a candle lit before dawn, the names of ancestors called before decisions were made. When the burden grew heavy, they turned inward and upward. “*Uma ngikhathazekile, ngiyathandaza bese ngikhululeka emoyeni.*” (When I am worried, I pray and feel relieved.) In the absence of therapists and counsellors, spirituality provided scaffolding, lifting what policy forgot.

These were not stories of defeat, but of deep resilience shaped by Ubuntu and spiritual purpose. These narratives do not merely describe caregiving, they redefine it. Grandparent caregivers in rural KwaZulu-Natal are more than caretakers; they are cultural custodians, economic providers, embodied sacrifices, and spiritual anchors. Their daily actions bridge generational divides, and their homes serve as sanctuaries where life sciences, of the human spirit, of ecological knowledge, of intergenerational continuity, are lived, not taught.

What emerges is a call to re-centre Indigenous epistemologies in caregiving policy, to value informal pedagogies, and to recognise unpaid care as both labour and legacy. These elders are not surviving. They are building, quietly, powerfully, persistently, the foundations of future societies.

5. Analysis of Findings

5.1 Quantitative Interpretive Analysis



Graph: Pie chart on the distribution of key characteristics among grandparent-led households in rural KwaZulu-Natal. The data highlighted the layered vulnerabilities and resilience patterns that define grandparent-led households. Representing **30% of the sample**, these households have emerged as a pivotal unit of caregiving, often operating on the fringes of formal recognition within public policy. In many African and global South contexts, grandparent caregivers, predominantly women, shoulder both emotional and material responsibilities for younger generations, frequently in the absence of parental figures due to migration, illness, or socioeconomic pressures (Matovu, Whitley & Young, 2024).

Approximately **25% of** these households are heavily dependent on social grants, specifically old-age pensions and child support grants, as primary income sources (Ebbinghaus, 2021). This reliance reflects constrained access to labour markets and other economic opportunities for elderly caregivers. These grants, while vital, often represent subsistence-level support and point to the critical role of the state in maintaining household viability. The disproportionate dependency also reveals systemic inequities embedded in social protection frameworks that do not adequately differentiate for caregiving intensity or household composition.

The presence of **food insecurity in 20%** of households illuminates the strain caregiving places on already fragile material resources. Food insecurity not only threatens physical health but also intersects with emotional and cognitive wellbeing, particularly significant in intergenerational households where children's developmental needs are high. Studies affirm that food access in such contexts is often shaped by unpredictable income streams and uneven food distribution mechanisms (Suri & Ray, 2025).

Health burdens are further compounded by the **15% prevalence of chronic illness** among caregivers. Elderly women face double jeopardy; the physical decline associated with aging and the cumulative impact of lifelong poverty and labour. Chronic conditions such as hypertension, diabetes, and arthritis interfere with caregivers' ability to meet household demands, with direct consequences for dependent children's welfare (Lalani et al., 2025).

Yet, in the face of adversity, the data reveals a compelling insight. **The school attendance among children remained at 10%**, suggesting an enduring commitment to education (Carvalho, Coutrim & Moreira, 2025). While this figure may appear modest, within the broader context of socioeconomic and health-related pressures, it points to the resilience of caregiving households and the high value placed on schooling. However, the quality and consistency of attendance likely vary, and this area demands further qualitative exploration to unpack the educational experiences of children in such households.

Table 1: Summary of Key Indicators in Grandparent-led Households

INDICATOR	PREVALENCE (%)	INTERPRETIVE INSIGHT
Grandparent-led Households	30%	Reflects a core demographic in caregiving, often overlooked in mainstream policy design.
Reliance on Social Grants	25%	Highlights economic precarity and state dependency in these caregiving contexts.
Food Insecurity	20%	Signals material vulnerability with direct implications for household nutrition and health.
Caregiver Chronic Illness	15%	Suggests cumulative health burdens affecting elderly caregivers' capacity to provide care.
School Attendance	10%	Implies education remains a priority despite socio-economic and health-related challenges.

5.2 Qualitative Analysis

Saldaña Coding Analysis of Qualitative Themes

To analyse the qualitative findings using Saldaña's Coding Method (2021), a layered and rigorous process that involves assigning initial **CODES** using descriptive coding, identifying patterns and condensing into **CATEGORIES**, grouping categories into **THEMES** and **SUB-THEMES**. Below is a detailed Saldaña- coding system analysis of the four qualitative themes from study findings.

5.2.1 Theme 1: Cultural Authority as Pedagogical Stewardship

The thematic analysis of the qualitative data, guided by Saldaña's coding system, revealed a deeply entrenched cultural and moral framework underpinning the role of grandparent caregivers. Using first- and second-cycle coding, we identified the following categories: *moral and cultural duty*, *knowledge transmission*, *identity preservation*, and *pedagogical caregiving*. These categories coalesced into a central theme of Cultural Authority as Pedagogical Stewardship, with two core subthemes emerging: *Elders as Knowledge Holders* and *Cultural Continuity*.

Subtheme 1: Elders as Knowledge Holders

Participants consistently described themselves as repositories of Indigenous wisdom. As one grandmother explained, "*Ngiyinsika yomuzi*" (I am the pillar of the home), capturing both her emotional centrality and her intellectual authority. This subtheme reflects how grandparents function as "living libraries," actively transferring ecological knowledge, moral values, spiritual teachings, and oral histories to their grandchildren. Their roles extended beyond nurturing to include instructional caregiving rooted in Ubuntu principles. Traditional medicinal knowledge, clan history, proverbs, and idiomatic wisdom were all transmitted informally in domestic and community settings.

Subtheme 2: Cultural Continuity

Beyond the transmission of knowledge, grandparents described their roles as central to the preservation of cultural identity. Many spoke about instilling respect for elders, communal responsibility, and spiritual alignment, values that are increasingly eroded by modernisation and urban migration. One participant stated: "*Uma ingane ikhula ngaphandle kothisha bomnden, iphuthelwa yisisekelo sayo.*" (When a child grows up without the family's teachers, they miss their foundation.) This insight points to how grandparents perceive themselves as the final guardians of cultural continuity in an era of fragmentation.

Taken together, these findings highlight that caregiving, within this context, operates as a pedagogical, spiritual, and moral act. Grandparent caregivers serve not only as emotional anchors but also as educators and identity architects. Their authority is not based on formal training but on ancestral lineage and community respect. This aligns with Indigenous Knowledge Systems which regard elders as pivotal to holistic education and community cohesion (Gumede et al., 2022).

This theme, therefore, reflects how caregiving in rural KwaZulu-Natal is inextricably tied to epistemological stewardship. These elders are not merely 'raising children' in a biological sense; they are cultivating future custodians of culture, often without institutional support or formal recognition. In educational terms, they are informal but indispensable co-educators, anchoring the life sciences of human identity, ecology, and spiritual wellness in the everyday lives of the young.

Theme1:

Cultural Authority as Pedagogical Stewardship

Subthemes 1: Elders as Knowledge Holders

2: Cultural Continuity

5.2.2 Theme 2: Economic Vulnerability of Caregiving Elders (economic strain)

The second emergent theme, *The Economic Vulnerability of Caregiving Elders*, was derived from a combination of first-cycle descriptive and values coding, followed by second-cycle pattern coding in accordance with Saldaña's qualitative framework. Codes such as "*pension dependency*," "*pockets are still empty*," "*budget insufficiency*," and "*food insecurity*" pointed toward consistent financial strain experienced by grandparent caregivers. These codes clustered into the following second-cycle categories: *financial inadequacy*, *overextended social support*, and *invisible labour costs*.

Two prominent **subthemes** emerged: *Inadequacy of Formal Support and Care as Economic Sacrifice*.

Subtheme 1: Inadequacy of Formal Support

Grandparents, particularly grandmothers, relied almost exclusively on the state-provided old-age pension to support households often comprising multiple dependents. As one participant poignantly stated, "*Bathi uma uthatha impesheni, usucebile. Kodwa amaphakethe awanalutho*" (They say once you get a pension, you are rich. But your pockets are still empty). This statement captures both the irony and desperation embedded in the socio-economic conditions of these caregivers.

The child support grant system, while available, was often inaccessible due to bureaucratic hurdles, lack of formal guardianship, or the stigma attached to formal welfare processes. This subtheme underscores the mismatch between policy design and caregiving reality; grandparents are expected to provide for children without equitable or proportionate economic assistance (Blundell, Fernandes & Moran, 2024).

Subtheme 2: Care as Economic Sacrifice

A recurring narrative was the invisible economic labour performed by grandparent caregivers. Beyond budgeting limited financial resources, they also bore hidden costs, such as foregoing their own medical care, rationing food, or

abandoning informal income-generating activities to care for children full-time. The pension, intended for the elder's sustenance, was redirected toward school fees, uniforms, clinic transport, and basic groceries for grandchildren. Participants often framed this not as a complaint but as an extension of familial duty, albeit one laced with emotional and physical fatigue.

One respondent narrated: "*Ngiyayeka ukuya eklinikhi ukuze ngihambise ingane esikoleni.*" (I delay going to the clinic so that I can take the child to school.) This is not merely a logistical conflict, it is a profound expression of how caregiving becomes an economic sacrifice with real health implications.

This theme demonstrates how grandparent-led caregiving in rural KwaZulu-Natal exists within a structural deficit, where formal mechanisms of support are inadequate, and the emotional labour of care is entangled with unremunerated economic labour. These findings align with feminist economic critiques of unpaid care work, wherein the value of caregiving is simultaneously central to societal survival and marginalised in state policy frameworks (Rusere et al., 2025).

Theme 2: Economic Vulnerability of Caregiving Elders (Economic Strain)

Subtheme 1: Inadequacy of Formal Support

2: Care as Economic Sacrifice

5.2.3 Theme 3: Caregiver Health Sacrifice and Physical Burden

The third theme, *Caregiver Health Sacrifice and Physical Burden*, emerged from a sustained pattern of bodily strain, deferred self-care, and emotional fatigue that characterises the lived experience of many grandparent caregivers. Using first-cycle descriptive and values coding, salient codes included "*chronic illness (diabetes, hypertension)*," "*clinic visit postponement*," "*fatigue*," and the emotionally resonant "*I come last*" refrain. These were collapsed into second-cycle categories such as *deferred self-care*, *health trade-offs*, and *physical strain of caregiving*. From this coding process, two subthemes were distilled: Embodied sacrifice and invisible health labour.

Subtheme 1: Embodied Sacrifice

This subtheme speaks to the physical and emotional cost of caregiving, often absorbed silently by aging caregivers. Many participants are themselves living with chronic conditions, such as hypertension, arthritis, and diabetes, but delay or cancel medical appointments to prioritise the health and educational needs of grandchildren. One participant noted, "*Ngiyayeka ukuya eklinikhi ukuze ngihambise ingane esikoleni.*" (I postpone my clinic visit to take the child to school.) This is more than a logistical shuffle; it is an act of embodied sacrifice, where the body becomes both a site of care and a casualty of care.

The phrase "*I come last*" encapsulates the psychological framing many grandparents use to rationalise this health compromise. Their selflessness, rooted in Ubuntu and intergenerational responsibility, reflects deep cultural values, but it also reveals the internalisation of sacrifice that may be both celebrated and problems that need fixing.

Subtheme 2: Invisible Health Labour

While these elders are playing a key role in sustaining households, their own health needs remain largely invisible within formal health systems. Despite being frontline caregivers, they are not recognised as such in most medical or welfare frameworks. This invisibility translates into under-assessment of caregiver stress, unmonitored medication routines, and absent psychosocial support.

The concept of "*invisible labour*," often associated with gendered or unpaid work, takes on a dimension: pain, fatigue, and emotional depletion are carried within the body without acknowledgment, support, or relief. Caregivers endure not only in the home but also within a system that lacks appropriate metrics for recognising their dual vulnerability, as elderly patients and as primary carers.

Theme 3: Caregiver Health Sacrifice and Physical Burden

Subtheme 1: Embodied Sacrifice

2: Invisible Health Labour

5.2.4 Theme 4: Psychological Meaning and Spiritual Anchoring

The final theme, *Psychological Meaning and Spiritual Anchoring*, emerged powerfully through participants' narratives as they articulated their caregiving not merely as duty, but as spiritually infused purpose. Using first-cycle descriptive and values coding, key codes included "*joy in caregiving*," "*God-sent grandchildren*," "*spiritual calling*," and "*resilience through prayer*." These were synthesised into second-cycle categories such as *meaning-making through care*, *spiritual grounding*, and *emotional resilience*.

This last theme reflects how caregiving is sustained not only by routine but by ritual, not only by necessity but by meaning. It reveals how spirituality is embodied, lived through daily acts of devotion, self-denial, and intergenerational care. In the absence of formal psychological support, these caregivers draw upon faith as infrastructure, building inner strength that holds both body and household together.

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Two **subthemes** were distilled from this pattern: Caregiving as calling and faith as emotional infrastructure.

Subtheme 1: Caregiving as Calling

Participants frequently positioned their caregiving role not only as cultural responsibility but as a divinely ordained mission. One recurring phrase, “*Abazukulu ngabathunywa bakaNkulunkulu*” (Grandchildren are messengers from God), reflected a deep belief that these children arrived in their lives not by accident but through spiritual intention. This orientation towards caregiving as a calling, rather than a burden, offers emotional resilience and a reframing of suffering into sacred service. Grandmothers often expressed this with quiet pride and reverence, positioning themselves not as victims of circumstance, but as vessels of intergenerational healing. Such narratives serve as emotional scaffolding, allowing them to absorb hardship with dignity and purpose.

Subtheme 2: Faith as Emotional Infrastructure

Beyond formal religious identity, faith operated as a psychological anchor that enabled participants to withstand economic, physical, and emotional adversity. Daily prayer, ancestral rituals, and church fellowship were cited as essential tools for coping with the weight of caregiving. One participant shared, “*Uma sengikhathele, ngiyathandaza bese ngikhululeka.*” (When I am tired, I pray, and I feel relieved.) In a context where mental health services are scarce or culturally stigmatised, faith practices function as indigenous psychosocial interventions. These practices provide not only personal solace but also communal belonging, offering a sense of being held, by God, by ancestors, and by the church community.

This theme reflects how caregiving is sustained not only by routine but by ritual, not only by necessity but by meaning. It reveals how spirituality is embodied, lived through daily acts of devotion, self-denial, and intergenerational care. In the absence of formal psychological support, these caregivers draw upon faith as infrastructure, building inner strength that holds both body and household together.

Theme 4: Psychological Meaning and Spiritual Anchoring

Subtheme 1: Caregiving as Calling

2: Faith as Emotional Infrastructure

Through the lens of Saldaña’s coding framework, this analysis reveals how caregiving by grandparents in rural KwaZulu-Natal is not a one-dimensional survival strategy. It is a deeply moral, cultural, spiritual, and economic act, intricately shaped by their social and historical realities. The codes reflect a spectrum of resilience, vulnerability, and culturally rooted pedagogies, reinforcing the need for context-specific policy reform and greater inclusion of Indigenous knowledge systems in caregiving policy discourse.

Table: Saldaña Coding Framework of Grandparent Caregiving in Rural KwaZulu-Natal

CODES	CATEGORIES	THEMES	SUB-THEMES
“Ngiyinsika yomuzi” (I am the pillar of the home); storytelling; clan history; traditional medicine; proverbs; idioms; oral histories	Knowledge transmission; Pedagogical caregiving	Cultural Authority as Pedagogical Stewardship	Elders as Knowledge Holders
Teaching respect; communal values; Ubuntu; intergenerational teaching	Identity preservation; Moral and cultural duty	Cultural Authority as Pedagogical Stewardship	Cultural Continuity
“ <i>Bathi uma uthatha ipensheni, ucebile...</i> ”; child grant inaccessibility; bureaucratic hurdles; lack of legal guardianship	Pension dependency; Policy-practice mismatch	Economic Vulnerability of Caregiving Elders	Inadequacy of Formal Support
Foregone clinic visits; rationing food; prioritising school fees; “ <i>Ngiyayeka ukuya eklinikhi...</i> ”	Invisible labour costs; Overextended social support	Economic Vulnerability of Caregiving Elders	Care as Economic Sacrifice
“I come last”; chronic illness (arthritis, diabetes); missed medical visits; emotional fatigue	Deferred self-care; Physical strain	Caregiver Health Sacrifice and Physical Burden	Embodied Sacrifice
Caregiver stress; unmonitored health; no psychosocial support; dual vulnerability	Unacknowledged caregiving burden; Lack of health system recognition	Caregiver Health Sacrifice and Physical Burden	Invisible Health Labour
“ <i>Abazukulu ngabathunywa bakaNkulunkulu</i> ”; divine purpose; ancestral duty; sacred service	Meaning making through care; Spiritual calling	Psychological Meaning and Spiritual Anchoring	Caregiving as Calling
Daily prayer; church fellowship; ancestral rituals; “ <i>Ngiyathandaza bese ngikhululeka emoyeni</i> ”	Spiritual grounding; Emotional resilience	Psychological Meaning and Spiritual Anchoring	Faith as Emotional Infrastructure

5. Discussion

This study's mixed-methods approach has unveiled a rich, multi-layered understanding of the role grandparents play in raising grandchildren in rural KwaZulu-Natal. The findings confirm that caregiving in this context transcends mere physical or economic support, it is deeply embedded in cultural, spiritual, and pedagogical frameworks that sustain both the caregiver and the child.

The theme of **Cultural Authority as Pedagogical Stewardship** highlights grandparents as central custodians of Indigenous Knowledge Systems (IKS). Their caregiving is an active cultural practice that preserves community identity and moral values through storytelling, traditional medicine, and the transmission of Ubuntu. This resonates strongly with Gumede et al. (2022), who emphasize elders as living libraries of cultural wisdom, sustaining continuity amidst rapid social change.

However, the theme **Economic Vulnerability of Caregiving Elders** starkly reveals the material precarity that underpins these cultural roles. Pension dependency and social grants, while critical, are insufficient to meet the complex needs of multi-generational households. This aligns with findings by Rusere et al. (2025), who document how economic strain compromises caregiving quality and health. The invisibility of the economic and emotional labour grandparents provide demands urgent policy attention.

The theme **Caregiver Health Sacrifice and Physical Burden** further complicates this picture by showing how health challenges, especially chronic illness, intersect with caregiving responsibilities, forcing many grandparents to deprioritize their own well-being. The postponement of clinic visits and embodied fatigue underscore a systemic failure to accommodate the unique needs of elder caregivers, an issue also noted by Jennings et al. (2021).

Finally, the **Caregiving as Spiritually Grounded Resilience** theme reveals the profound psychological and spiritual dimensions underpinning caregiving. The conceptualization of grandchildren as divine gifts provides emotional sustenance and reframes hardship as meaningful service. This indigenous psychosocial resilience challenges Western-centric mental health paradigms and calls for culturally nuanced support mechanisms that honor spiritual worldviews (Xaba, 2021).

Together, these themes demonstrate caregiving as a complex, culturally situated practice fraught with economic hardship and health risks but also fortified by deep cultural and spiritual resources. Recognition and support for grandparent caregivers must therefore integrate this holistic perspective to be effective.

6. Conclusion

Grandparent caregivers in rural KwaZulu-Natal embody resilience, cultural knowledge, and emotional fortitude. They are society's unsung heroes, nurturing the next generation under conditions of strain and silence. This study contributes to the urgent call for systemic recognition, support, and integration of these caregivers into both policy frameworks and educational paradigms. They occupy a position in the care and upbringing of grandchildren, serving as cultural custodians, economic providers, health negotiators, and spiritual anchors. This study highlights their invaluable contribution amidst systemic neglect, economic vulnerability, and health challenges. The caregiving role is far more than a response to crisis; it is a culturally embedded stewardship that sustains Indigenous knowledge, social cohesion, and resilience across generations. Policy and social support structures currently fall short in acknowledging the complexity of these caregiving dynamics. There is an urgent need for multidimensional interventions that address economic, legal, health, and psychosocial needs while affirming the cultural and spiritual identity of caregiving grandparents.

7. Limitations of the Study

While this study offers rich qualitative insights, several limitations must be acknowledged. The research was conducted in a rural area of KwaZulu-Natal. Although culturally rich, the findings may not be generalisable to urban contexts or other provinces with differing socio-economic dynamics. Most participants were grandmothers. While this reflects caregiving realities, the voices and perspectives of grandfathers remain underrepresented and warrant further exploration. The study focused on caregiver narratives. Including perspectives from social workers, educators, and healthcare practitioners might have enriched the institutional understanding of support gaps.

8. Ethical Considerations

Ethical clearance was obtained from the university ethics committee. All participants gave written informed consent, and interviews were conducted with cultural sensitivity and confidentiality.

9. Implications for Life Sciences Education

The findings carry significant implications for life sciences education, especially in rural and Indigenous contexts:

Integrating Indigenous Knowledge and Pedagogy

Grandparents are vital transmitters of Indigenous knowledge, including traditional medicine, environmental stewardship, and human development. Life sciences curricula should incorporate these knowledge systems through collaborative pedagogy that engages elders as co-educators, thus bridging Western science and Indigenous epistemologies.

Holistic Education on Care and Health

Education should address the interconnectedness of biological, emotional, and spiritual health. Incorporating elders' lived experiences and culturally grounded health practices enriches student understanding of health beyond biomedical models. From a legal and educational standpoint, this calls for a reconfiguration of economic policy instruments, such as the introduction of a Grandparent-Child Support Addendum (GCSA), to reflect the compound

responsibilities shouldered by elder caregivers. Without such reforms, these elders remain economically vulnerable, and by extension, so too do the children in their care.

Empowering Grandparent Caregivers as Educational Partners

Life sciences education can expand to include caregiver support and capacity-building. Training programs for grandparents on child development, nutrition, and chronic disease management could enhance caregiving quality while respecting cultural practices. This theme challenges biomedical and policy frameworks to redefine what it means to be a “patient” when that patient is also a caregiver. It necessitates integrative healthcare approaches that assess not only the elder’s chronic conditions but also the *care ecology* in which they live. For example, routine clinic check-ups should include structured questions on caregiving roles, stress indicators, and functional health literacy. The data reinforces the call for community-based caregiver wellness interventions, possibly through mobile health outreach or localised support groups facilitated in isiZulu. These approaches would honour both the biological realities and the cultural contexts of caregiving elders in rural KwaZulu-Natal.

Promoting Resilience and Psychosocial Well-being

The spiritual frameworks that sustain grandparents highlight the need to integrate psychosocial resilience into life sciences pedagogy. This approach nurtures emotional intelligence and cultural sensitivity in learners. This theme necessitates a more nuanced understanding of *psychosocial resilience* in rural caregiving contexts. Mental health policies and interventions often overlook or undervalue the spiritual-cultural frameworks through which individuals process stress, grief, and purpose. Thus, health and education initiatives must move beyond Western diagnostic categories and integrate indigenous epistemologies of healing, wholeness, and purpose. For life sciences education, this insight repositions elders not merely as custodians of biological knowledge (e.g., medicinal plants or nutrition), but as spiritual-ethical educators who shape children’s worldviews. Their role in transmitting resilience through faith is a pedagogical intervention, one that binds emotional, cultural, and spiritual strands of child development. By embracing these directions, life sciences education can not only improve health and caregiving outcomes but also contribute to the preservation and revitalization of Indigenous knowledge systems, honouring grandparents’ roles as both educators and caregivers.

10. Policy Recommendations

The findings of this study call for urgent, context-specific policy responses that acknowledge the multifaceted roles of grandparents in child-rearing. Policy interventions must move beyond material relief to embrace the cultural, health, and pedagogical dimensions of caregiving.

Recognition of Grandparents as Primary Caregivers

Government and social welfare systems must formally recognise grandparents, particularly grandmothers, as legitimate and essential caregivers. This could involve issuing co-guardian certificates and enabling easier access to child support grants for skipped-generation households.

Culturally Responsive Health Interventions

Public health programmes must be redesigned to accommodate the unique needs of elder caregivers. Clinic operating hours, medication delivery systems, and health education materials should be adapted to suit their schedules and cultural contexts. Mobile health services and home-based care should prioritise households led by elder caregivers.

Enhanced Financial Support

Social grants need restructuring to reflect the actual cost of raising children. This includes extending top-up grants for multigenerational households and introducing a “caregiver grant” specifically for older persons raising minors. Current pension amounts are insufficient and out of step with inflation and household demands.

Integration of Elders into Educational Ecosystems

The Department of Basic Education and local schools should integrate grandparents as knowledge holders and community educators. Programmes such as “Living Libraries” or intergenerational storytelling projects can serve both curricular and community goals, helping preserve Indigenous Knowledge Systems while strengthening learner identity and engagement.

Psychosocial and Spiritual Support Services

Support programmes for grandparents must include culturally attuned psychosocial services that validate their emotional and spiritual coping strategies. Counselling and peer-support groups rooted in African spiritual and communal values can reduce emotional burnout and affirm caregiving as meaningful work.

11. Areas for Future Research

Given the complexity of grandparent caregiving in African contexts, several areas call for deeper scholarly attention. Future studies should examine how Indigenous scientific and life knowledge is transmitted through caregiving, especially in relation to biodiversity, medicinal plants, and spiritual ecology. There is a need for focused research on the roles, challenges, and strengths of male elder caregivers to build a more inclusive caregiving framework. Research tracking the physical and mental health outcomes of caregiving grandparents over time would provide critical data for health policy and service delivery. Exploring the educational trajectories of children raised by grandparents could help schools tailor interventions and support mechanisms. Collaborative projects involving grandparents in the co-creation of life sciences educational materials can lead to richer, culturally embedded curricula. In sum, this study opens a critical window into the everyday heroism and cultural labour of grandparents. Future research must build on this

foundation with both rigour and respect, grounding inquiry in the lived realities and Indigenous wisdoms that sustain communities.

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